Presentation Overview

- As CHCs across the country implement new Practice Management and EMR systems to comply with meaningful use criteria, Cumberland often sees mistakes made in the selection and implementation of the new systems.
- Cumberland seeks to manage selection and implementation projects in such a way that the objectives of the project are achieved in a timely manner with minimal business impact.
- This webinar will provide you with the leading mistakes that are often made in this process, and how best to avoid them.
Cumberland Consulting Group Overview

- Based in Brentwood, TN, Cumberland is a national technology implementation and project management firm serving ambulatory, acute and post-acute providers.
- Cumberland is a member of the Tennessee Primary Care Association and the National Association of Community Health Centers.
- Cumberland provides three types of services:
  - Strategic Information Technology Planning
  - System Selection
  - System Implementation
Matt Abrams, Partner

- 15 years of consulting experience
- Focuses on implementing practice management and electronic medical records systems for community health centers and Federally Qualified Health Centers that improve patient care and increase health center revenue
- Selected CHC Clients:
  - Unity Health Care, CHCANYS, Community Health Centers (FL), D.C. Primary Care Association, HCNNY, Whitman Walker, SOME, LCDP, Mary’s Center, Family & Medical Counseling Svc., Bread for the City, Grace Hill Neighborhood Health Centers
- Certified Project Management Professional (PMP)
- Experience using application software to drive clinical and operational process improvement
The Top 10
10. Incomplete Picture of Funding Sources

In addition to payor-funded care, CHCs often receive funding from grants, charitable organizations and other funding sources.

However, many CHCs do not track these funding sources in their practice management systems.

Grants and other funding sources can be built as payors in PM systems to better track the usage of funds.

Considerations:

- Unless third-party payor sources are built in your PM system, your PM financial reporting will not provide a complete picture of care funding.
- Insufficient tracking = Inaccurate view of funding sources
9. Conducting a Subjective Selection Process

Before looking into a software system and walking through a demo, CHCs should undergo a requirements definition process.

Comprehensive assessment of your specific workflow, needs and services – in order to select an EMR system that will support your best practices and strategic initiatives

**Considerations:**
- Develop a weighted, objective scoring tool based on detailed requirements
- Run the selection as a project with clear objectives and milestones
- Include all appropriate stakeholders
- Vendors will demonstrate the best features of their application and downplay shortcomings
- Discovery-day process
8. Missing Opportunities: Revenue Cycle Process Improvement

Although EMRs may provide enhanced revenue cycle capabilities, don’t assume a new EMR will automate all revenue cycle reimbursement processes and solve all financial issues.

It is important to invest time on the front-end to thoroughly evaluate processes, staff and workflow THEN structure claims management process and configure software to enforce your best billing practices.

Considerations:
- Processes for follow-up (clinical coding and payor)
- Front-end eligibility verification
- Use of a clearinghouse
7. Missing Opportunities: Sliding Fee Scales and Fee Schedules

- Ensuring your new PM/EMR system is capable of implementing Sliding Fee Scales is an important step, but ensuring sliding fee scales are implemented correctly is another matter.
- Implementing a new PM system provides an opportunity to reevaluate fee schedules and sliding fee scales.

Considerations:
- In multi-location CHCs, SFSs may not be consistent across all care locations.
- Don’t confuse fee schedules with reimbursement rates. Fee schedules should be built based on the cost of services, not the reimbursement rate. Reevaluate fee schedules before going live on the new system.
- Financial counseling processes may not be adequate. Evaluate whether services should be enhanced before go-live.
6. Failure to Capture Relevant Reporting Data

- Capturing appropriate data begins at patient registration. It is important to train your staff to capture all required demographics (not dummy data) for your patient population in compliance with regulatory and funding sources.

Considerations:
- Add required data elements to registration screens
- Develop appropriate training material and reinforce best practices for data capture
- If the data are not collected, you can’t report on them
- UDS Reporting, Other funding sources (e.g., Ryan White)
5. Failure to Incorporate Supportive Services

- We recognize CHCs have additional services that off-the-shelf products won’t typically support, such as dental, behavioral, and/or case management.
- You should clearly define which of these services are in the scope of your EMR plans and which may require separate systems.

Considerations:
- Behavioral sessions may require group scheduling, rather than 1:1 patient/provider entries
- Dental scheduling is more complex and may involve resource/chair utilization – most PM systems can’t handle this
- Each unique service area presents unique documentation styles and needs
4. Installing Rather Than Implementing

- Common misconception: Implementing EMR is a technology / IT department project
- Unlike simply installing a new software program, successful EMR implementations involve stakeholders from the entire organization and should be viewed as a major change in an organization’s operations.
- These projects are clinical quality and process improvement projects, the new software should be a byproduct of the process redesign effort.

Considerations:
- Assembling a team of clinical, operational, administrative and IT stakeholders to remain engaged throughout the effort
- Determine project’s real costs (hardware, software and services)
- Incentivize staff as appropriate
3. Depending on the Software Vendor to Manage the Project

- Vendors are in the business of building and installing software - not analyzing your operations and determining best practices.
- It is critical that organizations manage the effort themselves with the software vendor in support of the organization’s goals.

Considerations:

- PM/EMR implementations are major initiatives that impact financial, operational and clinical processes.
- Engage experienced resources to define project budgets, staffing, scope, milestones, risks, mitigation strategies and communication plans.
- Monitor project progress and take corrective actions if necessary.
- Bad news doesn’t get better with age.
- You have one chance. Don’t reinforce bad processes. Get it right the first time.
2. Failure to Build a Winning Team

Some organizations spent years un successfully trying to implement EMRs before securing the right resources.

A winning team consists of:
- Administrative and clinical personnel
- An experienced project manager (preferably a certified PMP) leading implementation
- A team with experience working in CHC / FQHC settings and experience with selected software
- Resources with exclusive focus (full-time) on implementation throughout the project and report directly to the health center NOT in addition to their day-job
1. Inappropriate Governance

- The first step should be recognizing EMR implementation is not simply a technology project, it is an organizational change that will likely require more time and resources than expected and will impact short-term productivity.
- Most issues can be addressed by an engaged executive team.
- Without the full support of the executive staff the effort will be problematic. It is important to develop and enforce a strategic internal communications plan and company-wide campaign in support of the project.

Considerations:
- Champion the project to reduce resistance
- Avoid low clinical adoption
- Set a course and lead the organization through the change