

Client Case Study



PROVIDER **HEALTH** SERVICES

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Abstract

Provider Health Services (PHS) is a nationally recognized healthcare service organization practicing in post-acute care settings across America. PHS needed a true EHR partner that was tailored to their unique long-term care (LTC) workflow and provided the tools to: improve assessments, speed recovery and ensure security. The following case study explores how PHS:

- Successfully implemented an EHR specifically designed around the practice's workflow to address the faults of their existing documentation methods.
- Prepared their staff for the technology learning curve to overcome the fear of introducing a new technology to the practice.
- Improved doctor retention and expanded the practice by 350% via rapid implementation and scalable technology.



Provider Health Services (PHS) Background

PHS is a unique healthcare service organization where innovation and personal passion about the well-being of people are the hallmarks of how we operate. PHS is an employer of uniquely skilled and talented Practitioners (Physicians and Nurse Practitioners) practicing in Post-Acute settings across America. PHS provides an innovative solution to the increasing transitional care clinical challenges in post-acute settings, such as Skilled Nursing, In-Patient Rehabilitation, Long-Term Care Nursing, and Assisted Living Facilities.



gEHRiMed Company Background

gEHRiMed is the first ONC-certified EHR designed exclusively for long-term/post acute care (LTPAC) practitioners, by LTPAC physicians. The MIPS-ready EHR solution is written as a fault-tolerant, cloud-based, web service which is 100% paperless. The design incorporates an end-to-end HIPAA compliant security safeguard that prevents unintended PHI exposure. gEHRiMed addresses the unique needs of the LTPAC setting, provides policy support and enhances productivity.

Industry Background - Dissatisfaction with EHRs

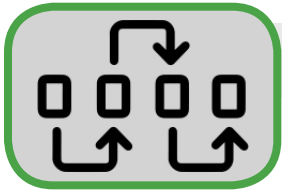
In 2014 the American Medical Association (AMA) partnered with AmericanEHR to better understand the factors that are influencing professional dissatisfaction from the introduction of the Electronic Health Record (EHR) ¹. The study found only 34% of practitioners listed they were “satisfied” or “very satisfied” with their EHR (a 27% drop in satisfaction from 2010). Furthermore, of the physicians who responded to the 2014 survey:

- 55 % said it was difficult/very difficult to use their EHR to improve efficiency
- 72 % said it was difficult/very difficult to use their EHR to decrease workload
- 54 % indicated that their EHR system increased their total operating costs
- 43 % said they had not yet overcome productivity challenges associated with implementation of their EHR¹

The study was conducted in response to a 2013 RAND study, sponsored by the AMA, titled “Factors affecting physician professional satisfaction and their implications for patient care, health system and health policy.” This study identified a number of issues related to physician use of EHR systems and noted that for many physicians current EHR functionality has led to professional dissatisfaction². A common negative theme documented for worsened professional satisfaction was **“User Interfaces That Do Not Match Clinical Workflow: Beyond data entry, physicians and their colleagues described EHR user interfaces that, in important ways, hampered rather than facilitated their clinical workflow. Non-intuitive order entry was particularly problematic.”**²

While practitioners recognized EHRs can improve certain aspects of their job, such as: better access to patient data and improved communication with patients and practitioners; the majority of practitioners who interact with EHRs directly listed common complaints of time-consuming data entry, cumbersome/bulky technology that slowed workload and compromised patient interactions. Also, medical practices fear introducing a new technology to the company due to physician turnover from complicated new workflows and long implementation timelines. However, regardless of the complaints and practitioner pushback, there has been increased pressure from The Centers for Medicare & Medicaid Services (CMS) requirements to transition practices from paper to a certified electronic health record technology (CEHRT).

The Advancing Care Information (ACI) component of the new MIPS rule makes it near impossible to successfully pass MIPS and avoid penalties in the upcoming participation years without the use of a CEHRT. Therefore, how do practices successfully deploy an EHR without compromising their practices?



PHS Practice Challenge - Workflow

PHS had utilized several medical charting options over the years prior to the implementation of gEHRiMed, a CEHRT designed for LTC practitioners. Similar to most practices, PHS started out documenting on paper. While the practice appreciated the simplicity of the one-page paper template, they experienced issues with proper reconciliation of the notes, misplaced and illegible documentation, lost faxes/scans to billing delaying or overall preventing the posting of payment.

PHS also previously implemented EHRs from two of the largest and most well-known EHR companies in the industry. PHS stated the widely used and popular EHRs tended to be the most bulky and clumsy of the EHRs they deployed in the past. Issues with connectivity, transmittal, note synchronization and practitioner disconnect were frequent complaints amongst the practice.

PHS and gEHRiMed Solution - Workflow

While most practices find paper notes to be easier than learning a new technology, paper is no longer a viable documentation tool in the medical setting. Apart from misplaced/lost and illegible notes, CMS is acutely aware of the benefits of practitioners adopting a CEHRT for structured data capture to improved disease management. CMS regulations are actively enforcing practitioners to transition from paper to a CEHRT in an effort to more efficiently share patient data.

“Practitioners liked gEHRiMed and we immediately realized an appreciation for the virtual (cloud) EMR process...”

**- Dennis Simoneaux,
President, PHS**

“User Interfaces That Do Not Match Clinical Workflow.” PHS implemented two of the largest and most-popular EHRs in the industry, however they were not designed for the highly-specific environment of long-term care practitioners.

Instead of multiple specialties, gEHRiMed remains focused on the LTC setting, and has established predictive templates that are tailored solely to LTC practitioners' workflow. Figures 1A. and 1B. show the differences between a traditional/ambulatory EHR workflow and gEHRiMed's long-term-care-specific workflow. Recognizing all data is captured by the practitioner, gEHRiMed's workflow allows practitioners to logically tab through the entire encounter sequence.

Since gEHRiMed is designed for PHS' workflow, PHS found the software to be, 'simpler' and 'intuitive,' the team also developed a high opinion of the cloud-based data storage: Dennis Simoneaux, President/COO PHS, "Practitioners liked gEHRiMed and we immediately realized an appreciation for the virtual (cloud) EMR process vs. having to synchronize at the end of each day to communicate notes - like we did with the other EMRs." The cloud solution enabled PHS to access their shared data anytime and ensured everyone had the most up-to-date patient information; no longer relying on end-of-day synchronizations to 'communicate notes,' or fear of losing notes.

Figure 1A. Office Workflow

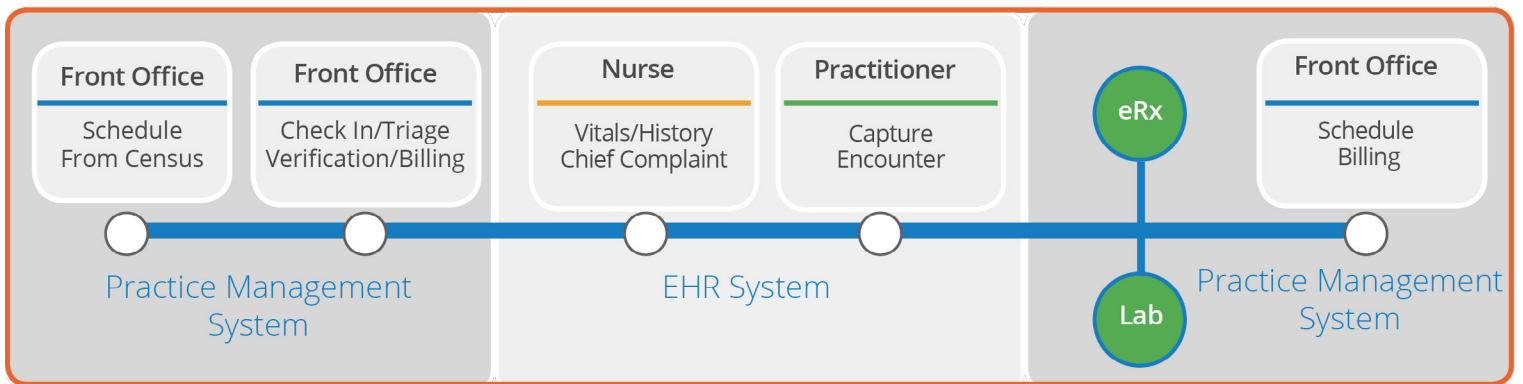


Figure 1B. Long-Term Care Practitioner Workflow

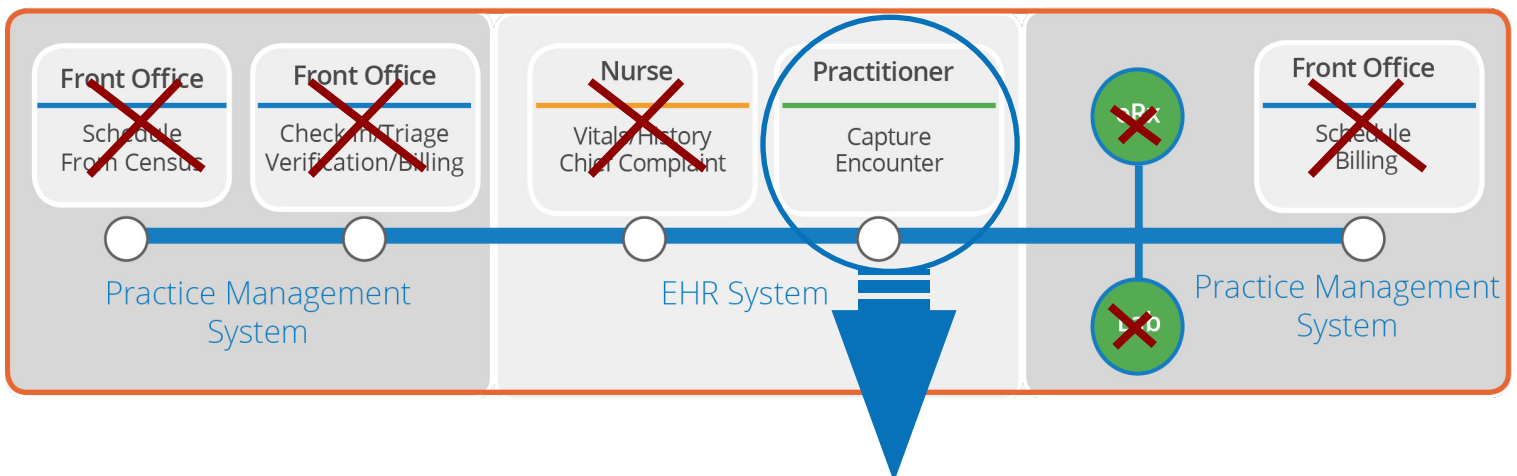


Figure 1C. gEHRiMed Workflow

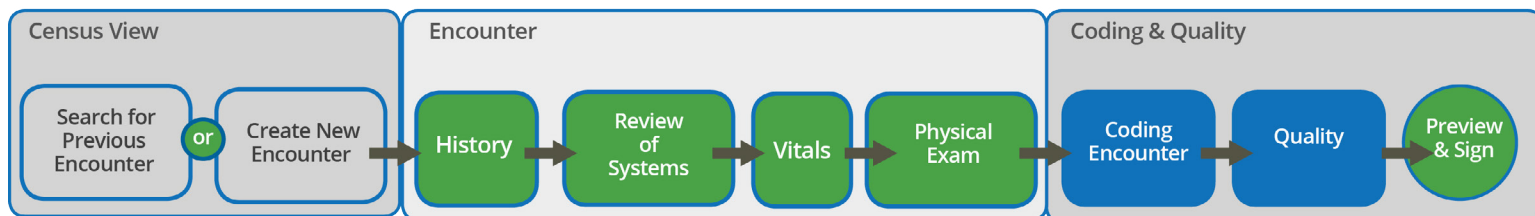
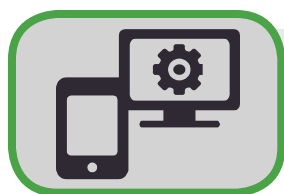


Figure 1. Difference in workflows between a general practitioners and LTC practitioners. **Figure 1A.** depicts an ambulatory workflow, with practitioner assistance from front office team and nurses. **Figure 1B.** represents the LTC practitioner workflow and assumes all data is captured by the practitioner. **Figure 1C.** outlines the gEHRiMed workflow to illustrate all data is captured by the practitioner, without help from front office or nurses.



PHS Practice Challenge – Introducing a New Technology:

The introduction of a new technology creates a learning curve for practitioners and therefore initially reduces productivity and can induce anxiety. Practices fear the enforced technology will also catalyze practitioner turnover and disrupt revenue and security within the practice. PHS needed to once again introduce a new technology to their team; in order to be successful, PHS needed to collectively overcome the barriers and perceived limitations involved in implementing a new technology.

PHS and gEHRiMed Solution – Introducing a New Technology:

An effective training and communication plan coupled with realistic timelines are key to a successful implementation. gEHRiMed’s implementation timeline is about 30 days* and is comprised of four easy steps:

- 1. Practice Customization:** Implementation plans are specific to the practice’s needs. gEHRiMed designs an implementation plan that is tailored to the practice and then develops custom templates and reports.
- 2. Practice Integration:** Existing patient data is seamlessly integrated and billing automation is established.

3. Train the Trainer: To ensure all existing and new team members of the practice are effectively trained, gEHRiMed devised the 'Train the Trainer' plan. gEHRiMed requests all practices designate a Tier 1 role to one or more employees. The Tier 1 serves as the primary point of contact between gEHRiMed the practice. The implementation team then devotes two separate training sessions to train Tier1 members on how to effectively train practitioners and administrative members.

4. Regulatory Pace: gEHRiMed understands every practice has an optimum regulatory requirement pace. Whether it's avoiding penalties or earning incentives gEHRiMed's in-house Regulatory Team helps practices with a tailored solution to successfully complete CMS requirements.

PHS Enhanced Implementation:

“As a provider, the transition was very smooth. It was very easy to learn and pick up on... all [practitioners] state how much easier gEHRiMed is to use than systems they have used in the past.”

- Bonnie Dupre, NP, PHS

PHS recognized implementing an EHR is more than reviewing the functionality of the product. The training needed to be meaningful and specific to the roles, with targeted messaging so users experienced the true benefits of the system and felt encouraged that the software

will enhance their day-to-day productivity. The President/COO of PHS hosted two-hour training sessions that were conducted in small cohorts to allot for specificity, personal attention, and Q&A's. PHS' implementation process was very successful because practitioners and administrators felt supported with time dedicated to their needs and learning patterns. According to Bonnie Dupre, NP, PHS, "As a provider, the transition was very smooth. It was very easy to learn and pick up on.....I teach orientation to our new hire Nurse Practitioners; all state how much easier gEHRiMed is to use than systems they have used in the past. Most Nurse Practitioners feel at ease after charting just a few test patient notes."

* Dependent upon practice size and practice deployment goals

Company Expansion

As previously stated, many practices fear introducing a new technology will cause practitioner turnover. However due to the ease of use and specific workflow of gEHRiMed, gEHRiMed encounters practice expansion and increased practitioner retention amongst their clients. Since PHS implemented gEHRiMed (2014 - 2016) the practice has experienced nearly a 350% company expansion.

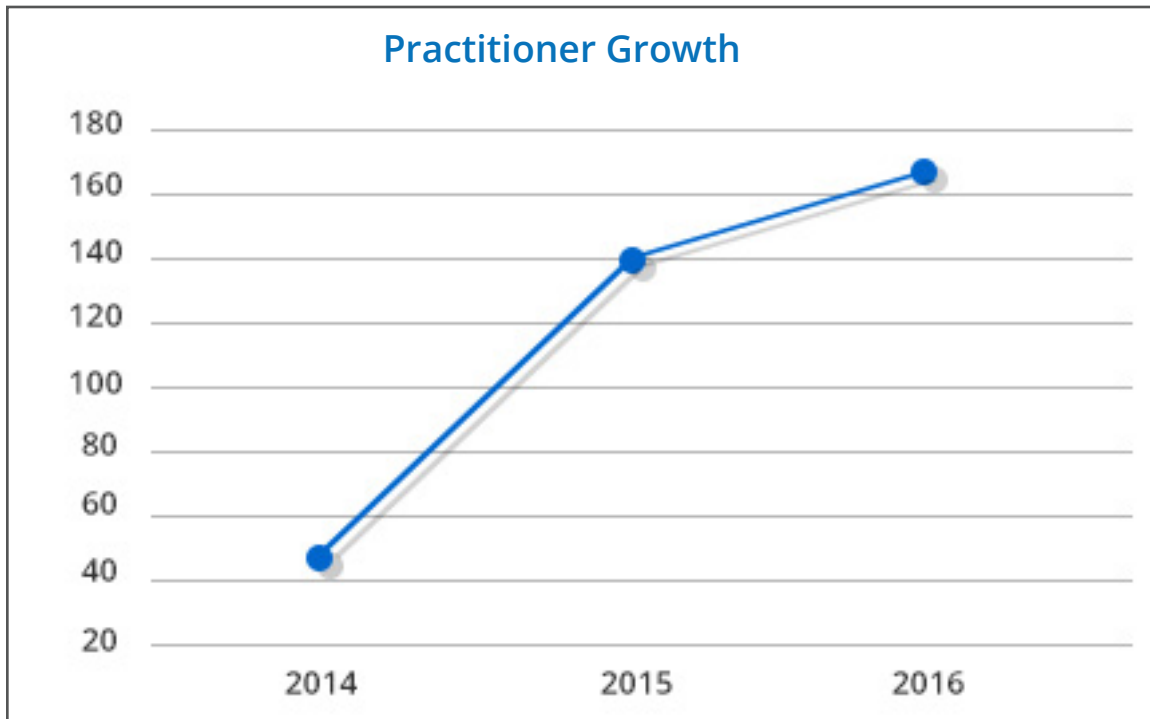


Figure 2. PHS Practitioner growth since implementation of gEHRiMed (2014 - 2016).

Key Takeaways:

1. Research vendors with interfaces that match clinical workflow.
2. Establish an effective training and communication plan, support and sustain members throughout the technology shift.
3. Aim to achieve a quick implementation turnaround time.
4. Prepare and support practice members through implementation and provide ongoing training for user feedback.
5. Select a certified vendor that will help meet regulatory requirement goals.

References:

1. "Physicians Use of EHR Systems 2014". American EHR and American Medical Association (AMA). <http://www.americanehr.com/research/reports/Physicians-Use-of-EHR-Systems-2014.aspx> (2014)
2. Friedberg et al. "Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy" Rand Corporation. http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR439/RAND_RR439.pdf (2013)



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