Value Benefits Project—Journey to Care Delivery Improvements
March 2, 2016

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Patty Newcomb, BSN, Delivery Director, CTG

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Conflict of Interest

Patty Newcomb, BSN

Has no real or apparent conflicts of interest to report.

Carol Martin, RHIA, CPHQ, LSSGB

Has no real or apparent conflicts of interest to report.
Agenda

• STEPS™ Benefit Realization and Session Description
• Roper St. Francis and HARBOR
• Value Reimbursement
• Governance and Project Framework
• Choosing Value Metrics for Benefits Realization
• Preparing Value Teams for Success
• Managing System Build and Workflows
• Value Caveats and Lessons Learned
• Skill Assessment to Benefits
• Questions
Learning Objectives

• Illustrate how value metrics “fits” with the new payment model requirements
• State why you introduce value benefits at the beginning of an EHR project
• Describe the need for a strong governance framework to support realization of benefits
• Describe the best approach for defining a list of benefits
Introduction to STEPS™ Benefit Realization

• Satisfaction
  – Decrease medication order to administration times
  – Reduce medication order clarifications by pharmacy team
  – Improve timeliness in completion of rehab evaluation for SNF
  – Increase specific patient/family education documentation
  – Increase efficiencies within quality reporting

• Treatment/Clinical
  – Decrease avoidable medication events
  – Improve availability of evidence-based orders and decision support aids
  – Enhance antibiotic stewardship
  – Improve access to patient information at point of care

• Savings
  – Paper and forms use
  – Pharmacy
  – Surgical supply
  – Do Not Final Code, Clean Claims
Session Description

• Focus on first year of Value/Benefits Realization Project where executives chartered a project team to choose key metrics to predict what value could be achieved post implementation of a new clinical information system in 2016 by addressing:
  – Decreased avoidable events
  – Reduced operational costs
  – Increased clinical effectiveness
  – Improved patient experience
Glossary of Terms

Value

- A measurable improvement to patient safety, quality care, organizational cost, or user experience utilizing Cerner’s solutions and services.

Value Benefit Metrics

- A set of client-defined metrics that contain numerators, denominators, and exclusion definitions, and are measurable and supported by Cerner workflow and functionality.
- The Value Benefit Metrics are linked to HARBOR strategic goals and aligned with Cerner solutions to be implemented, and have clear targets and benefit estimates.
- A Value Benefit ideally has a single key metric, however, may have multiple metric statements due to the need to address benefits across patient stay.

Value Benefit Measurement Plan

- A mutually agreed upon and documented plan including a description of value metric and calculation, target goal with inclusion of desired changes in technology, workflow, content, process and policy to drive adoption of the changes required to achieve desired benefits.

Value Benefit Monitoring and Remeasurement Process

- A documented process that explains who, how, and when remeasurement activities will occur to analyze adoption and achieve/sustain benefits.
Value Reimbursement

Carol Martin
Roper St. Francis

• The only private, not-for-profit healthcare system in the Lowcountry
  • 657 beds

• 5,400+ teammates
  • Among Charleston’s largest non-governmental, private employers

• 800 physicians representing every medical specialty
Roper St. Francis

- 100+ Facilities in 7 Counties
- 16 Diagnostic Centers
- 5 Emergency Rooms
- 3 Full-Service Hospitals
- 5 Ambulatory Surgery Centers
- 3 Air Transport Helipads
- 3 After-Hours Clinics
- 1 Rehabilitation Hospital
Value Reimbursement

THERE'S MORE IN STORE
CMS' QUALITY-BASED PAYMENT INITIATIVES WILL PUT MORE THAN 7% OF PAYMENT AT RISK

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<th>Year</th>
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*Medicare payments are reduced 1% starting in 2015 with an increasing percentage point each year thereafter up to 5% in 2018.
Value Reimbursement

Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)

2016:
- 85%
- 30%

2018:
- 90%
- 50%
Evidence That Payments Are Linked To Value

In January 2015, HHS announced a plan to tie 30 percent of traditional fee-for-service, Medicare payments to quality or value through alternative payment models such as ACOs and bundled payments by 2016. By 2018, 90 percent of payments will reflect VBC and other alternative models.

Aetna announced plans to move 50 percent of their contracts to value-based models by 2018, and increase to 75 percent by 2020.

United Health Care covers nearly 11 million members with value-based payments. These arrangements have tripled in the past three years to total payments of $36 billion. United expects payments tied to value-based arrangements to reach $65 billion by the end of 2018.

Humana has announced its intention to have 75 percent of its individual Medicare Advantage members covered under ACOs by end of 2017.
Governance and Project Framework

Carol Martin
## HARBOR Guiding Principles

Beliefs, behaviors, and value system necessary to achieve HARBOR’s vision.

<table>
<thead>
<tr>
<th>Category</th>
<th>Guiding Principle</th>
<th>Executive Owner</th>
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<tbody>
<tr>
<td>Patient Focused</td>
<td>Put patients first in all decisions</td>
<td>CMO</td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>Commitment to quality, patient safety, and coordinated care</td>
<td>CPO</td>
</tr>
<tr>
<td>Decision-Making</td>
<td>Timely, definitive, inclusive decision making</td>
<td>CEO</td>
</tr>
<tr>
<td>Benefits Realization</td>
<td>Support system strategies and identified system benefits</td>
<td>CFO</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Well-planned, efficient implementation</td>
<td>CNO</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Collaborative, creative problem solving fostering open dialogue</td>
<td>CNO</td>
</tr>
<tr>
<td>Integration and Standardization</td>
<td>Commitment to enterprise standards and one patient record</td>
<td>CNO</td>
</tr>
<tr>
<td>Communications</td>
<td>Frequent, targeted, and open communications</td>
<td>Marketing</td>
</tr>
<tr>
<td>Adoption</td>
<td>Expected adoption by physicians, clinicians, and other end users</td>
<td>CMO</td>
</tr>
<tr>
<td>Engagement</td>
<td>Active participation of stakeholders in design and implementation</td>
<td>COO</td>
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Value Benefits Project Timeline

- 4/1/2015 - 6/15/2015: Governance & Project Framework
- 9/1/2015 - 1/10/2016: Kickoff Meetings
- 1/1/2016: Baseline Data Analysis
- 6/3/2016: GO LIVE!
- 7/5/2016 - 12/31/2016: Remeasurement & Performance Review
- Team meetings 1 per month
- 1/1/2015
- 1/1/2015 - 3/27/2015: Approve Metrics
- 6/19/2015 - 8/30/2015: Baseline Data Requested Alignment – FSV Sessions
- 7/1/2016: Transition to Quality
- 10/1/2016
- 12/30/2016
Why is Governance So Important?

- **Value Benefits** is a complex project—includes clinical, operational, and financial metrics
  - Old governance and decision making may not work
- **Executive leadership** and managers must be aligned and communicate the importance of value benefits.
  - Provides and receives information on risks and issues to success
  - Assists with resource constraints and barriers to baseline
  - Supports a robust strategy for physician adoption and support—linking safety, quality, and overall benefits as a goal
  - Assists with performance improvement strategy
Value Team Framework

HARBOR Quality Value Benefits Council

HARBOR Quality Value Benefits Council Lead

Harbor Value Project Lead

Value Metric Lead
Physician Champion
Clinical/Ancillary
Clinical IS/Analyst
Vendor SME
Quality/Finance SME

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# Roles and Responsibilities

<table>
<thead>
<tr>
<th>Quality Council Lead</th>
<th>Project Lead</th>
<th>Physician Champion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitate Council meetings</td>
<td>• Work with teams to develop plan and adoption strategy</td>
<td>• Support teams through baseline analysis and development of interventions</td>
</tr>
<tr>
<td>• Develop agenda and schedule QVB Council meetings</td>
<td>• Complete baseline data collection per measure methodology</td>
<td>• Assist with adoption and change management for physician and clinical workflows</td>
</tr>
<tr>
<td>• Review and approve project deliverables</td>
<td>• Monitor future-state workflow and build to assess impact</td>
<td>• Monitor future-state workflow and optimization activities that may affect outcomes</td>
</tr>
<tr>
<td>• Present project status updates to senior staff</td>
<td>• Support re-measurement activities; assist with change management</td>
<td>• Assist with issue and risk remediation activities</td>
</tr>
<tr>
<td>• Assist project and metric leads in driving change to support attainment of benefits</td>
<td>• Guide teams through issue and risk remediation</td>
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### Roles and Responsibilities

<table>
<thead>
<tr>
<th>Value Team Lead</th>
<th>Team Members</th>
<th>Vendor SME</th>
</tr>
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<tbody>
<tr>
<td>• Facilitate team meetings</td>
<td>• Attend meetings and support activities</td>
<td>• Attend meetings</td>
</tr>
<tr>
<td>• Identify measure targets with Council lead</td>
<td>• Provide advisory expertise to teams during intervention development</td>
<td>• Share how technology and workflow changes will support value realization</td>
</tr>
<tr>
<td>• Work with team to submit plan and adoption strategy focusing on technology and process accelerators</td>
<td>• Support data collection and reporting for data collection</td>
<td>• Keep teams informed of build and workflow status</td>
</tr>
<tr>
<td>• Assist with baseline data collection and establish targets</td>
<td>• Monitor future-state build and workflows</td>
<td>• Assist team with issue and risk remediation activities</td>
</tr>
<tr>
<td>• Monitor and share approved future-state workflow and build to assess impact</td>
<td>• Engage with peers to promote adoption of new workflows and process</td>
<td>• Notify team of optimization changes and decisions that may affect remeasurement</td>
</tr>
<tr>
<td>• Complete remeasurement activities</td>
<td>• Communicate issues and risks</td>
<td></td>
</tr>
<tr>
<td>• Guide teams through issue and risk remediation</td>
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<tr>
<td>• Attend touch-base calls and communicate project status</td>
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Choosing Value Metrics for Benefits Realization

Patty Newcomb
HARBOR Project Framework

Roper St Francis’ value benefits supports our strategic initiatives using an interdisciplinary team focus to achieve adoption of future state by:

- Meet with stakeholders to discuss current value state
- Align future state gaps with strategic goals
- Choose 15 metrics to achieve value and benefits

- Develop a program structure, communication; identify RSF owners to develop baseline methodology
- Work with vendor to review scope and design for future workflow and reporting activities
- Validate value/benefits approach and obtain buy in from HARBOR Steering Committee
- Meet with service line executives to identify and confirm staff involvement

- Educate teams on framework, roles, and responsibilities
- Collect and analyze baseline data
- Facilitate lead and kickoff sessions
- Advise teams on adoption strategies
- Work with vendor to develop reports

- Implement and monitor plan
- Develop dashboard
- Identify/report issues and risks
- Re-measure
- Address performance issues with adoption strategy

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Polling Question

• In Choosing a Value Metric, which attributes should one consider?
  
  – A: Required by CMS
  – B: Measureable and quantifiable
  – C: Of interest to hospital leadership
  – D: Measureable but not quantifiable
• Areas below RSF performance target
• Focusing on Clinical Quality and Cost Excellence (Strategic Pillars)
  • Vendor-enabled optimization opportunity
    • Measureable
  • Quick win versus longer term project
• Existing vendor best practice and evidence from literature
HARBOR Value Metrics

- Improve medication allergy history documentation
- Increase medication reconciliation
- Decrease ADEs related to Warfarin
- Decrease ADEs related to Prasugrel
- Decrease days per Abx therapy (antibiotic stewardship)
- Decrease C Diff rate
- Increase IV to PO conversions
- Decrease order clarifications
- Increase CPOE rate
- Decrease verbal and telephone orders
- Improve BCMA surveillance
- Improve timeliness of PT evaluations
- Increase documentation of patient-specific education
- Increase adoption of HF, CVA, Fragility Fracture, Sepsis, Pneumonia order set
- Decrease paper and forms costs
- DNFB, DNFC days
- Clean Claims Denials
- ALOS
## HARBOR Benefits and Accelerators

<table>
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<tr>
<th>Benefits</th>
<th>HARBOR Accelerators</th>
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| Decrease in avoidable events          | Computerized Physician Order Entry  
BCMA scanning and surveillance  
Lab specimen scanning  
Pharmacy verification |
| Reduction in operational costs        | Paper and forms costs  
Surgical inventory costs  
Clinical workflow efficiencies (i.e. order clarifications)  
Pharmacy costs (IV to PO med conversions)  
HIM reporting |
| Increased clinical effectiveness      | Clinical decision support  
Drug/drug, drug/alert, drug/lab interactions  
Evidence-based order sets (power plans)  
Patient screening and reminders (HAI) |
| Improved patient experience           | Patient portal—access to health information  
Care continuity (i.e. summary of care)  
ePrescribing  
Patient education |
Preparing Value Teams for Success

Patty Newcomb
Prepare for the Team’s Success

• Identify Value team membership
• Determine Value team commitment
• Establish Value team education
  • Complete baseline measurement
  • Review best practice/available evidence/lessons learned
  • Review future-state accelerators from technology
  • Provide value teams with start-up tools/materials
  • Create project—give teams access
• Convene Value team lead planning meetings
• Convene kickoff meetings
• Hold lead status calls
• Design remeasurement strategy
• Develop/generate reports
• Communicate outcomes
Value Benefit Metric: Decrease the percentage of patients who are prescribed /administered warfarin without an INR test AND (later) with INR result over 3.5

Strategic Pillar: Quality and Patient Safety

Lead: Vicky Value

Rationale: RSF has established the use of Normalized Ratio (INR) testing as an integral part of warfarin treatment. To prevent the incidence of the patient receiving warfarin without an INR test and result, RSF is developing reference content and warfarin management orders that include INR testing. In addition, results will flow to the provider’s message center per protocol. Education, training and adoption monitoring will support benefit realization.

Baseline: 90%  
Threshold: 95%  
Target: 100%  

Value/Benefit Drivers

Potential EMR Capabilities
- CPOE and Order Sets
- Anticoagulation PowerForm
- Warfarin Mgmt M Page
- Lab results flow to provider message center
- Report monitoring incidence of warfarin administration without INR orders/results

Workflow/Content Requirements
- Review/Test/Implement future state WF and content (order sets) supporting warfarin (anticoagulants) ordering and administration
- Understand the provider workflows for M pages
- Understand clinical quality measure requirements for reporting related to discrete data needs

Process/Policy Requirements
- Review/alignment of RSF policy and protocols to aid with compliance/adoption
- Education /training strategy for providers, nursing and pharmacy
- Strategy to monitor process adoption and address issues with compliance

Potential Risks
- Warfarin orders do not contain INR order and reminder that results need to be review/signed by pharmacy/provider before med administration
- May need approval for custom report if report is not part of standard EMR reporting
Value Team Intervention Checklist

- *What* is the impact of the change or intervention?
- *When* will the change occur?
- *Who* will be impacted?
- *Where* will this change occur (in each location)?
- *Is* there policy in place that supports the change?
- *What* is the best way to communicate the change to all stakeholders?
- *How* will we know if the change is adopted? (what will we do to monitor the change?)
- *What* format will the data or information be presented in for analysis?
- *What* do we do if some process owners do not adopt the change as expected? (performance improvement and engagement strategies)
- *Who* do we involve now to be proactive in the discussions that need to occur in the future?
Managing System Build and Workflows

Patty Newcomb
# Value Benefits Include Monitoring Processes to Collect the Data

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<td>Low – Mod Risk, Continue to Monitor</td>
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<td>3 Yes</td>
<td>No Risk, On Track</td>
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<table>
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<tr>
<th>Value Team Group</th>
<th>Metric Name</th>
<th>Denominator</th>
<th>Numerator Statement</th>
<th>Data Sources</th>
<th>Decision - what is a positive numerator or count for this metric?</th>
<th>Status Check - Workflow and Content</th>
<th>Status Check - Remeasurement Reporting Specifications</th>
<th>Notes</th>
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<td>Medication Allergy History Documentation</td>
<td># of inpatients in reporting period</td>
<td># of inpatients with medication allergy histories completed within 24 hours of admission (nursing policy)</td>
<td>Cerner Millennium - Allergy Profile</td>
<td>Entry of one allergy in the profile (follows MU)</td>
<td>Built and tested? Yes/Yes Source: Molly, Theresa and Henry</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
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<td>Medication History</td>
<td># of inpatients in reporting period</td>
<td># of inpatients with complete medication histories within 24 hours of admission (nursing policy)</td>
<td>Cerner Millennium - Medication History Profile</td>
<td>Entry of one medication in the medication history profile (follows MU)</td>
<td>Built and tested? Yes, Yes Source: Molly, Theresa and Henry</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
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<td>Medication Reconciliation at Admission</td>
<td># of inpatients in reporting period</td>
<td># of inpatients who were reconciliation records that are completed by provider at admission</td>
<td>Cerner Millennium - Medication Reconciliation Profile</td>
<td>All Medication Recon profiles signed by physician and NPs</td>
<td>Built and tested? Yes, Yes Source: Henry</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
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<td>Warfarin Orders Without INR Results</td>
<td># of inpatients in reporting period</td>
<td># of inpatients who were administered warfarin without INR order (no results)</td>
<td>VTE advisor - Warfarin and INR orders Warfarin Order INR Order/Result</td>
<td>VTE advisor and warfarin order and no documented rationale for not ordering INR</td>
<td>Built and tested? 11/19 VTE advisor and warfarin power plans are built. Both in validation. Need to inquire about testing plan - Doreen will check with Colby</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
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<td>Warfarin Mismatch Orders</td>
<td># of inpatients in reporting period</td>
<td># of patients with medication history of warfarin and who were ordered warfarin at a higher dosage than original therapeutic dose and with INR &gt;5</td>
<td>Pharmacy-Verification Medication History with Warfarin Medication and Warfarin Orders; VTE advisor content</td>
<td>Any patients with warfarin doses at a lower dose than restart dose AND have INR &gt; 5</td>
<td>Built and tested? No (11/19)</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
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<td>Preventing ADEs related to Prasugrel Med Interactions</td>
<td># of inpatients in reporting period</td>
<td># of inpatients who have prasugrel orders AND who met criteria for prasugrel contraindications in reporting period</td>
<td>Prasugrel Orderable Discern Rule with Reference Text - Contraindicated in Patients with Past History with TIA and CVA ICD-10 code</td>
<td>Any patient with contraindications (past TIA/stroke) that have orders for OR were administrated prasugrel</td>
<td>Built and tested? Build of tiscern rule is completed. Need to inquire about testing plan - Doreen will check with Colby</td>
<td>Outstanding</td>
<td>See meeting min from 11.19 with Cerner</td>
<td></td>
</tr>
</tbody>
</table>
Value Caveats and Lessons Learned

Carol Martin
Value Caveats and Lessons Learned

- HARBOR value benefits (cost savings and cost avoidance) will be achieved over multiple years.
  - Most organizations show incremental benefits over time.
  - The adoption of new workflows and content takes time.
  - Include later phased in applications (Anesthesia go live in Phase 2)
  - Some benefits may have been achieved with the first CIS implementation (Paper to Forms Costs)
- Establishing baseline has some challenges:
  - Resource and time constraints
  - Methodologies need to be analyzed
  - Legacy system may have limitations to data retrieval
  - May have to recollect baseline data and analysis
  - ICD-10 conversion and revenue downstream impacts
- Provider training and support is essential—two-thirds of our value metrics are linked to provider workflows.
- Attend change control sessions – secure those data entry workflows!
- Don’t wait to discuss remeasurement strategy with vendor—many of the reports are queries or custom reports.
• Physician adoption is key to achieving proper documentation and entry/updating of problem list that supports coding.
  – Leadership will need to have a clear and consistent message that can be linked to metric achievement to support driving this imperative change.
• A robust physician support program that is “ongoing” is critical.

Sentara Health, Davies Winner 2010—Each hospital and physician practice had a medical director who provided leadership and consulted with the medical staff during implementation. The hospital Physician IT Steering Committee and the Medical Staff Officers Council provided implementation oversight and direction.”
Self Assessment to Benefits

Patty Newcomb
Assessment Considerations

- Do your business and clinical leaders and users understand the new value-based requirements from the government, payers, and patients?
  - If they don’t see the pieces coming together, this is a key to realign vision, messaging, and governance.
- How does your organization view value benefits as an integral process? How do they measure success of a large initiative?
- Have you linked the benefits to your business strategy?
- Who owns benefit achievement at your organization?
- Does your organizational messaging support a vision that improves care and lowers cost?
- Can stakeholders at all levels of the organization articulate a value benefits vision?
• Do you have a governance framework in place for value benefits?
• Does Clinical leadership participate in decision making?
• Do you have a formal value benefits framework or plan to describe the key activities, resources and timeline?
• What is your process for choosing value metrics?
• What sources of data did you use to collect baseline measurements?
• Have you researched best practice and benchmarks/targets for each measure activities and/benefit?
• Do you have a communication plan that informs stakeholders on a regular basis?
• Do you have a repository for project material?
Assessment Considerations (Continued)

• What is your plan to monitor the build and testing of workflows and content that supports remeasurement?

• Do you have copies of applicable organizational policies and procedures? Are they in alignment with future-state workflows? How will you escalate the need for changes if desired?

• Have you documented all value-metric workflows to support education and adoption of the future value state?

• What is your plan to educate the teams on metric goals, measurement criteria, future-state workflows, and remeasurement strategies?

• What is your plan to receive information on future decisions around build, testing, and training of end users in workflows supporting value benefits?
Assessment Considerations (Continued)

- Do you have a plan for remeasurement?
- How will you generate reports and disseminate them to stakeholders?
- Do you have analytical resources to support your project?
- What is your data quality or validation plan?
- Where will reports be located (online or email)?
- Who will send the reports out with what type of message?
- Who will answer questions about the reports?
- What is your performance improvement strategy? Who will own the discussions with the providers?
Summary of STEPS™ Benefit Realization

• Satisfaction
  – Kickoff sessions have been very successful with staff from three facilities and interdisciplinary care teams discussing evidence based approaches along with system accelerators to bring benefits to all
  – Leadership recently incorporated value metrics into strategic vision for Enterprise

• Treatment/Clinical
  – Focus on BCMA value metric resulted in approval for ED and Surgical Services implementation
  – Increased focus to adoption of order sets focusing on readmissions and HAI
  – Increase focus on system attributes for antibiotic stewardship
  – Increased focus on patient centeredness
Industry Research and Resources

National Quality Forum (NQF)
- Provides a library of endorsed measures from multiple stewards

Hospital Compare
- Displays how well hospitals provide recommended care to their patients
  - www.hospitalcompare.hhs.gov

The American Hospital Directory
- Provides data and statistics including Medicare claims data and hospital cost reports
- Centers for Medicaid and Medicare Services (CMS)

Healthcare Financial Management Association (HFMA)
- “The healthcare finance industry’s leading professional association”
  - https://www hfma.org/

QualityNet
- Provides healthcare quality improvement news, resources, and data reporting tools.
  - https://www.qualitynet.org/

EHR Incentive Programs
- Provides Meaningful Use Program Measures for Medicare and Medicaid
Questions

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