

HRSA Health Information Technology and Quality Webinar

**“Tips For Preventing Scope Creep and Cost
Over Runs When Implementing a Health IT
System”**

Date: 2/17/2012

US Department of Health and Human Services
Health Resources and Services Administration

Office of Health Information Technology and Quality

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HealthIT@hrsa.gov

- US Department of Health and Human Services
- Health Resources and Services Administration

Upcoming HRSA Health IT and Quality Announcements

- **HIMSS Jobmine for Safety Net Providers** (Free Job Postings for HRSA Grantees and Safety Net Providers). Email hfigge@himss.org for more information.
- **Competency Exam for Health IT Professionals** , vouchers available for free exams, email healthit@hrsa.gov
- **Next HRSA Health IT and Quality Webinar, “Using Health IT to Increase Patient Safety”**, March 23, 2pm EST, Registration Open
- The new HRSA “Network Guide” will be released on the HRSA Health IT website today
- February’s HRSA Health IT and Quality Newsletter Now Available
- New State Medicaid Contacts Resources Available on CMS’s EHR Incentive Program Website.
- HHS Announces Intent to Delay ICD-10 Compliance Date, Please see CMS ICD-10 Website for More Information.

Introduction

Presenters:

- Salliann Alborn-Community Health Integrated Partnership
- Juanita Tryon-Community Health Integrated Partnership
- Ryan Beyer-Community Health Integrated Partnership
- Brett Tracy-Community Health Centers of Arkansas, Inc.
- Dr. Mark Chustz-Green County Hospital



Greene County Hospital

Implementation Process

Evaluation vs. Stagnation

- Request for Proposal Process
- Site visits and reference checking

Vendor Selection

- Narrow down RFP respondents
 - Cost
 - Be sure pricing includes
 - Required hardware
 - Internal IT expenses,
 - Do you have adequate IT support?
 - Review each module in proposals, some will not be necessary to meet meaningful use
 - References from hospitals that have attained meaningful use already
 - Be sure to talk with whoever was in charge of implementation, not just the administrator
 - Implementation time lines from vendor
 - Some vendors may not be able to start implementation for 6-9 months
 - Ask vendor to share economic risk of project with you

Stop Looking for Perfect Vendor They Don't Exist

- All have strengths and weaknesses
- When checking references ask about quality of support.
 - Does the vendor support line staff respond promptly
 - Do they know what they are talking about.

Important Implementation Items

- Assign one person to lead clinical implementation process, ideally a nurse.
 - Computer literate
 - Optimistic
 - Workaholic
 - Self starter
 - Authoritative, but with great social skills

Other Implementation Ideas

- Communicate importance of attaining meaningful use goals system wide
- Create financial incentives for both leaders and followers involved in the process
- Keep your eye on the prize, weekly updates necessary. Not a project you can hand off
- Find a physician champion when possible
 - May not be your youngest MD, might be MD most concerned about hospital's survival

Stay Flexible

- Be prepared to ditch the beautiful plan you start with
- Predict having to go to back up plan
- Have a back-up plan
- Don't give up, it will get crazy in spots
- Celebrate success where and when you find them, don't wait until it's all done, It's never all done

Contact Info

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Tips for Preventing Scope Creep and Cost Over Runs

(When Implementing a Health IT System)

presented by:

*J. Brett Tracy, MHA, CPC
Health IT/Research Director*

Community Health Centers of Arkansas, Inc.
Arkansas Primary Care Association

Overview

■ 2009-Primary Care Association Awarded HCCN Grant

- Assist Members with EHR/PM Implementation/HIT Equipment

- Implement Clinical Data Warehouse for Population Health Management

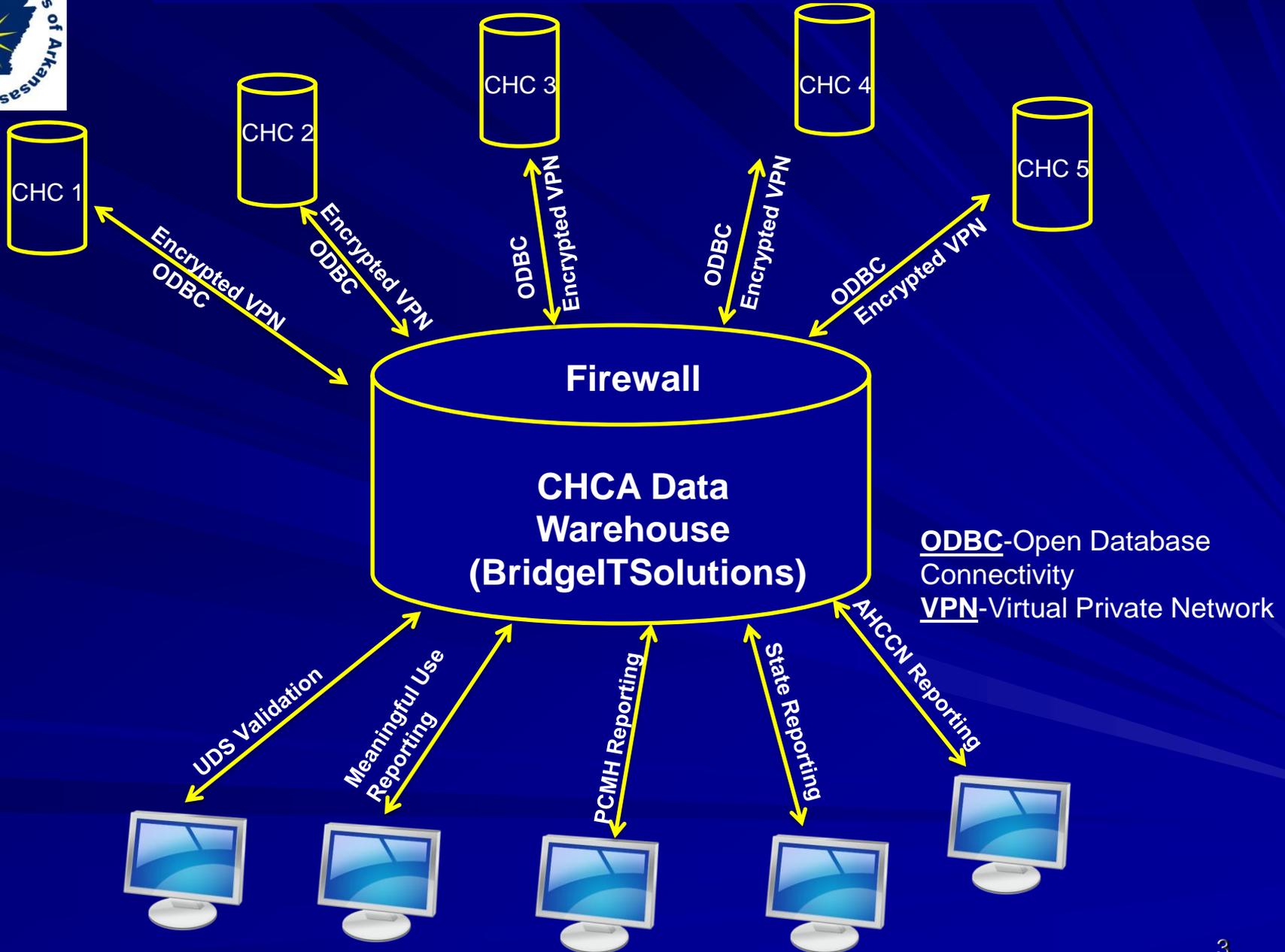
■ 2010-2011-6 HCCN Members Implement EHR/PM Systems

■ 2011-Launch Clinical Data Warehouse with 5 Arkansas CHCs Data Warehouse Technology

■ 2012-Connected 6th Arkansas CHC to Data Warehouse



CHCA Data Warehouse Architecture/Reporting



AHCCN Members

- Boston Mountain Rural Health Center, Inc.
- CABUN Rural Health Services, Inc.*
- Community Health Centers of Arkansas, Inc.*
- Corning Area Healthcare, Inc.*
- East Arkansas Family Health Center, Inc.*
- Jefferson Comprehensive Care System, Inc.*
- Lee County Cooperative Clinic, Inc.*
- Mainline Health Systems, Inc.*
- Mid-Delta Health Systems, Inc.

*-Original Members

Grants/Revenue Sources

■ September 2009-“AHCCN”-Arkansas Health Center Controlled Network

■ July 2011-UAMS Partnership

–“Development and Implementation of a Community Health Center-based data warehouse for systematic, state-wide breast cancer screening”

■ January 2012-Arkansas Blue Cross & Blue Shield

–Grant to support PCMH efforts for Arkansas CHCs and sustain the data warehouse

■ PCA Membership Dues

Partners

- BridgeIT Solutions
- Curas Support
- Dell
- Heckman Consulting
- University of Arkansas for Medical Sciences (UAMS)
 - Fay W. Boozman College of Public Health
 - Winthrop P. Rockefeller Cancer Institute
- VirtualCHC/Michigan PCA
- Vonacom Solutions

Workflow Analysis to Control Costs

- Establish detailed Project Work Plans
 - Identify Time Bound Deliverables
 - Identify Responsible Staff
 - Obtain Leadership Buy-In
 - Utilize Leadership/Project Management Staff to Monitor Progress

Project Management Tools

- Microsoft Project
- Microsoft Office-Excel
- Sage Accounting Software
- Microsoft SharePoint
- Project Manager/Contract Negotiation Manager/CFO Collaboration on all expenditures

Vendor Relations

- Dedicated Purchasing/Contract Negotiation Staff
- Detailed RFPs for Projects
- On-going Project/Vendor Monitoring
- On-going Management Evaluation of Project Expenses

Staff Involvement- Maintain Project Scope

- Everything is a Team Approach
- Regularly Scheduled Staff meetings
 - Discuss Work Plans
 - Obtain Buy-In
 - Dedicated Evaluation Staff
 - Open Forum for Cost Reduction Ideas

Avoiding “Analysis Paralysis”

- Be Persistent
- Hold Vendors Accountable
- Utilize Staff Meetings to Address Roadblocks
- Collaborate with other PCAs/HCCNs
- Be Transparent with Stakeholders/Members

Lessons Learned

- Ensure thorough vetting process for hardware/software vendors
- Be realistic about IT costs and implementation timelines
- Establish relationship with EHR companies and support vendors
- Obtain and incorporate buy-in from all CHC participants
 - Senior Leadership
 - IT Management

Vision

- Connect all 12 Arkansas CHC Members to Data Warehouse
- Continue to address population health management
- Pursue additional funding for Network enhancement and improving patient care
- Assist Arkansas CHCs with reporting needs
- Assist external partners in grant collaboration
- Use real-time data to demonstrate Arkansas CHCs' effectiveness and efficiency of care delivery
- Utilize data for legislative advocacy and grassroots efforts

Vision (Continued)

- Utilize data warehouse for PPACA/Patient Reform Initiatives
- Utilize data warehouse in tandem with Health Information Exchange
- Leverage data warehouse for working with external organizations
- Facilitate Problem Solving/Sharing of Best Practices with Members
- Focus on Risk Prevention/Management, and Utilization Review
- Focus on Quality Improvement



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Tips for Preventing Scope Creep & Cost Over Runs When Implementing a Health IT System

Health Resources & Services Administration
Office of Health Information Technology and Quality
Friday February 17, 2012

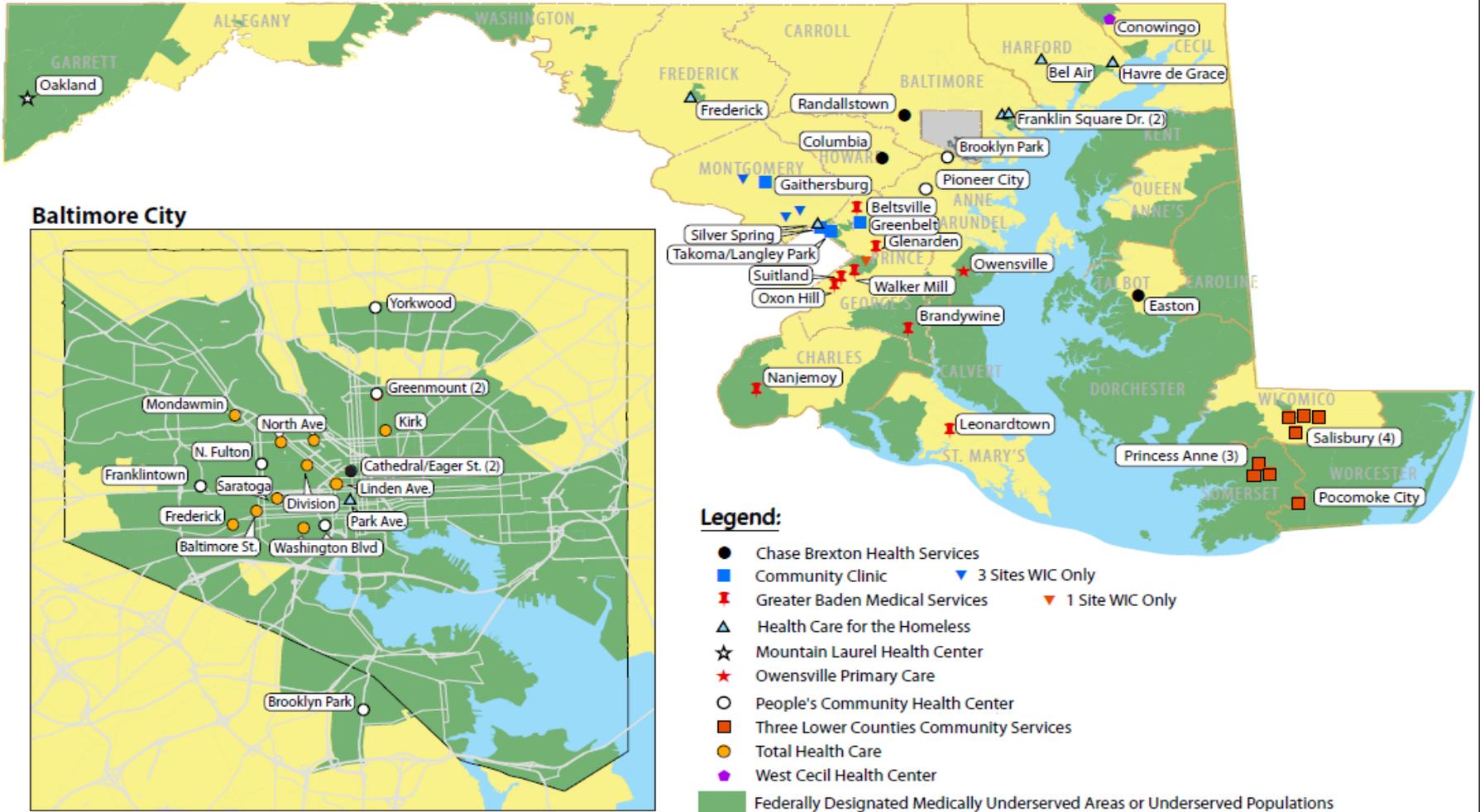
Presenters: Salliann Alborn
Juanita Tryon

Community Health Integrated Partnership

- Founded in 1996 by eight (8) federally qualified health centers (FQHC)
 - To provide services & programs that support Maryland's FQHCs
 - Services & programs provided on a shared services, shared resources basis
 - Services & programs are designed to improve health center operations & contain costs
- Provide FQHCs with management, financial, quality improvement, & technology services
 - Management services – credentialing, strategic planning, billing/reimbursement consulting, community development/health center expansion, training, workflow re-engineering
 - Quality improvement - Performance improvement & patient outcome reporting, program initiatives (medical home, ED aversion/diversion) & patient satisfaction surveys
 - Financial – revenue cycle management, Medicare & Medicaid billing compliance, monthly operational & financial benchmark reporting
 - Health information technology – practice management, electronic health record, e-prescribing system & health information exchange (HIE)

Community Health Integrated Partnership

Health Center Delivery Sites



Map updated on July 21, 2010 by BNIA-JFI

Implementing Health IT

- Experience implementing Health IT at the Network level
 - Practice Management System
 - Represented CHIP's first network-wide implementation of a single source solution
 - Established the “building blocks” for future initiatives by developing a standardized work plan format defining scope of effort, deliverables & milestones
 - Electronic Medical Record (EMR)
 - Utilized the same implementation methodology
 - CHIP assisted network & non-network members with the EMR implementation process

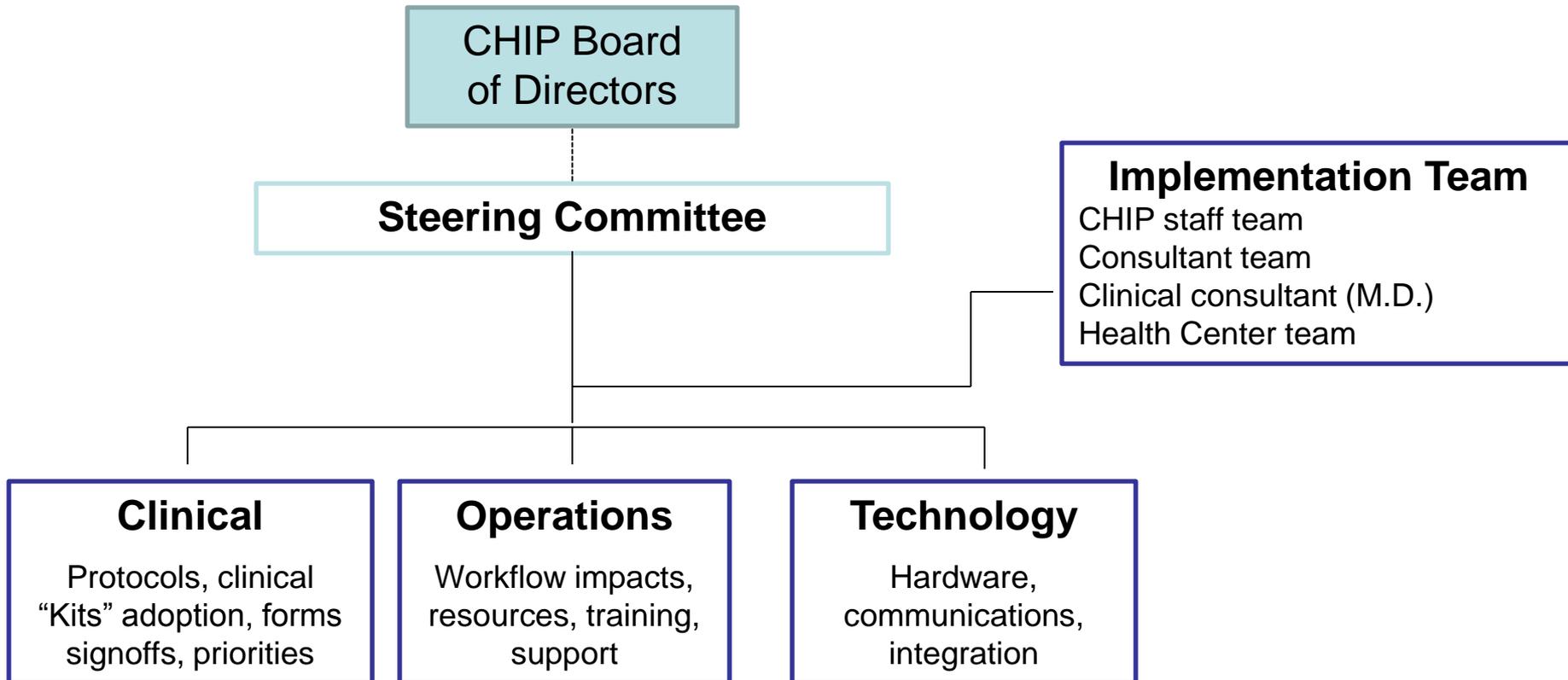
- CHIP senior leadership team has been together since 2002 & have established working relationships with health centers

Implementing Health IT

- Avoiding scope creep & budget over runs requires several elements
 - Strong project governance
 - Effective communication strategy
 - Well-defined project scope
 - Budget & funding sources
 - Comprehensive multi-level work plans
 - Ability to manage multiple project & resources
 - Strong sense of commitment by all project participants

Project Organization & Governance

- Engagement of key staff at the network & health center levels



- Effective communication throughout project is critical to a successful implementation
 - Establish a “feedback loop” to ensure information is widely disseminated
 - Create an environment where feedback is welcomed & acted upon
 - Projects of this magnitude have significant impact on health center operations; need to ensure there is an outlet for staff to express concerns
 - Communication helps maintain interest & enthusiasm over long project duration
 - Channels for communication include Board, Steering & Workgroup committees, HC project team meetings, newsletters, webinars, etc.

Defining Project Scope

- Involve Board Members, Clinical Leadership & Operational Forums, Health Centers teams, etc.

- Project scope should include all tasks related to the planning, implementation & post-implementation phases
 - Identify key project elements (i.e. software, interfaces, reporting, communications, network design (NOC), chart migration, etc.)

 - Conduct site assessments & interview key staff to learn operational, clinical & technical needs

 - Address often overlooked items of reporting, quality improvement, ongoing training, health center organizational growth & federal/state requirements (i.e. Meaningful Use)

 - Conduct site visits to other networks with an EMR to learn more about the implementation challenges & post-implementation support structure & reporting needs

Managing Project Costs

➤ Project Budget

- Project budget should identify both implementation and ongoing costs
 - Best way to manage cost over runs is to develop a comprehensive detailed project budget initially
 - CHIP overall project budget included a budget for each health center
 - Understanding the ongoing costs needed to support the project, assist in determining the project sustainability post-grant funding
- Review vendor contracts, prior to signing, to identify previously unidentified costs (i.e after hours support, upgrade costs, technical support, annual increases applied to software maintenance, etc.) & adjust project budget
- Agreements (i.e. MOA) with consultants should include clear expectations & language regarding cost overrun responsibilities
 - Review workplan/deliverables weekly to identify & monitor out of scope items to plan accordingly

Managing Implementation Process

- Assign internal project manager responsible for keeping the project on time, on task & within budget
- Comprehensive multi-level work plans
 - Network Board / Steering Committees / Sr. Mgmt Team Level
 - Provide the overall project plan, milestone accomplishments & challenges needing resolution or mid-course corrections
 - Work plan format provides goals, objectives, timelines, responsible party & current status for ease of review
 - Network Staff Level
 - Team members managing the details & sequencing of activities
 - Work plan details tasks, responsible parties, timeline, milestones.
 - The team is re-balancing/re-sequencing work plan to ensure effective resource utilization
 - Health Center Level
 - Work plan tailored to the health center specific activities
 - Key element to the work plan is the current & future state workflow analysis

Avoiding “Analysis Paralysis”

- Determining when is “good” enough?
 - User acceptance testing of forms & workflows provides best feedback regarding clinical content

- Consider pairing an operational & clinical team member together for content review to understand the totality of the issue that is causing the paralysis

- Utilize the project scope definition & work plan as your guide
 - Testing new ideas /thoughts that arise against the work plan
 - Do they take us in new directions?
 - Do they cause a loss of focus?
 - Establish change procedure process for handling
 - Otherwise you may run out of \$\$ or time before the project is complete

- Clinical content development is major cause of analysis paralysis
Remember! Clinical content refinement is on dynamic process

- Utilize the “parking lot” for items that begin to distract from the implementation process

Points to Ponder

- Suggest meeting with a HCCN / Health Center who has utilized the application for a minimum of 1-2 years
 - This visit should occur prior to the vendor contracting & is in addition to the normal due diligence effort
 - Hosting site must have candid discussion regarding project & lessons learned/challenges
- Conduct a vendor “demo day” where the final candidates are available to the project stakeholders to review the applications side by side
- Use the first site pilot as the model to work through newly identified or unknown issues as a result of the implementation process
- Post-Implementation support is a key component to the planning process
 - The EMR is a dynamic application requiring ongoing maintenance, development and support

CHIP Contact Information

If you have any questions, please call:

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