



## *You have an EMR...but, now What?*

March 24, 2010

prepared for:



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Business in the Right Direction. Go West.

- 
- ❖ *Playing Ball*
  - ❖ *Managing Change*
  - ❖ *Making an Impact:*
    - ◆ *Data Integration*
    - ◆ *“Meaningful” Application*
  - ❖ *Appendix – About West Monroe Partners*

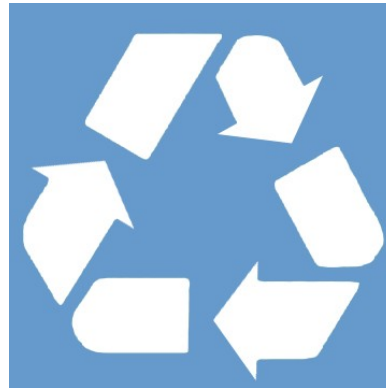
## *Playing Ball – Broad and Complex Field*

*The healthcare landscape is becoming increasingly more broad and complex...*

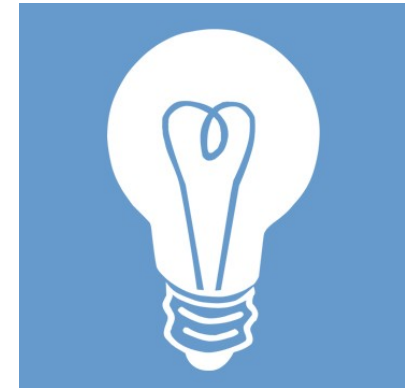
*tomorrow's healthcare organization must be built on a platform of information-driven transparency; one that illustrates:*



compelling **Cost Savings**



repeatable **Outcomes**



plausible **Innovation**

### Care Providers

- Declining reimbursements
- Evolving care delivery model driven by consumer choice
- Increasing technology demands fostered by the Government
- Reduced medical necessity denials via standardized reimbursements
- Customizable care delivery models
- Adoption and integration of enterprise-wide electronic health records and IT standards

## *Playing Ball* – The 5C's of today's Healthcare landscape

### The 5 Cs:

#### 1. Cost

- ❖ Optimize Business Processes (claim submissions, enrollment, collections, approvals, & product development)
- ❖ Reduce IT Spend

#### 2. Compliance

- ❖ Regulatory (HIPAA/PHI, CMS, HEDIS/NCQA, FDA, other State based Disclosures)
- ❖ Internal (Audit, Quality and Data Standards)

#### 3. Collaboration

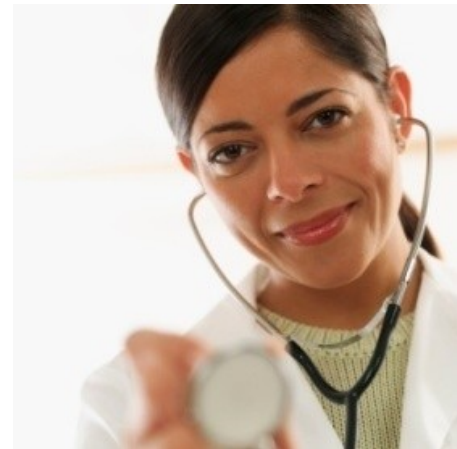
- ❖ Business and IT alignment
- ❖ Transaction & Consumer/Member/Patient touch point coordination across the Healthcare value chain

#### 4. Currency

- ❖ Aggregation of real-time data
- ❖ Transparency of information at the point of interaction

#### 5. Channel

- ❖ Automation via self-service electronic mediums
- ❖ Sub-segments by disease state and new cohorts



## *Playing Ball* – Principal Components of Healthcare Reform

### The “ABCDE” of today’s Healthcare:

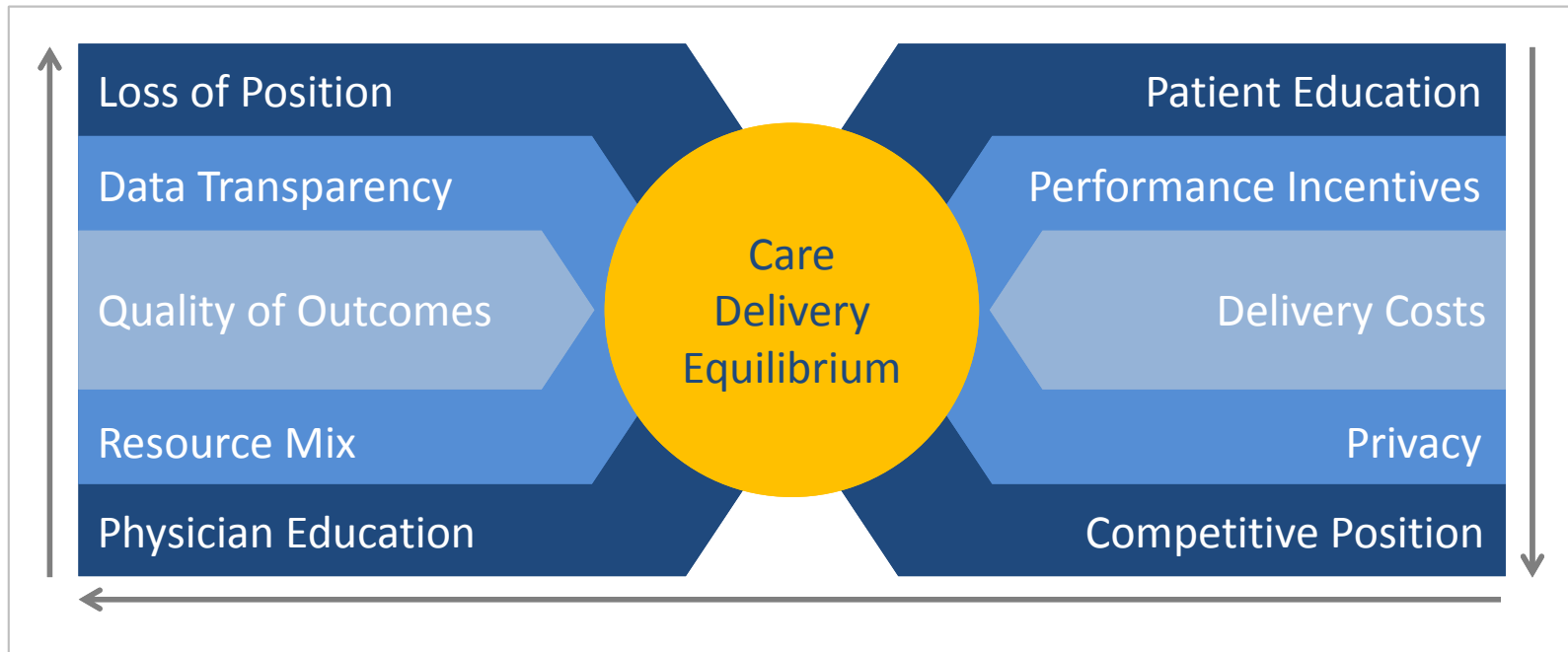
- ◆ Access
- ◆ Best Quality
- ◆ Cost
- ◆ Disparities
- ◆ Effectiveness



### President Obama’s FY 2010 Budget overview:

- ◆ Reduce long-term growth of health care costs for businesses and government.
- ◆ Protect families from bankruptcy or debt because of health care costs.
- ◆ Guarantee choice of doctors and health plans.
- ◆ Invest in prevention and wellness.
- ◆ Improve patient safety and quality care.
- ◆ Assure affordable, quality health coverage for all Americans.
- ◆ Maintain coverage when you change or lose your job.
- ◆ End barriers to coverage for people with pre-existing medical conditions.

## *Playing Ball – Balancing Cost, Quality, & Outcomes*



***Achieving equilibrium is the responsibility of every member of the Healthcare Ecosystem, including the Patient***

## *Playing Ball –Care Coordination Goals & Objectives*

Policy Priorities	Care Goals	2011 Objectives	2013 Objectives	2015 Objectives
<b>Improve care coordination</b>	<ul style="list-style-type: none"> <li>•Exchange meaningful clinical information among professional health care team</li> </ul>	<ul style="list-style-type: none"> <li>•Exchange key clinical information among providers of care</li> <li>•Perform medication reconciliation at relevant encounters</li> </ul>	<ul style="list-style-type: none"> <li>•Retrieve and act on electronic prescription fill data</li> <li>•Produce and share an electronic summary care record for every transition in care</li> <li>•Perform medication reconciliation at each transition of care from one health care setting to another</li> </ul>	<ul style="list-style-type: none"> <li>•Access comprehensive patient data from all available sources</li> </ul>
<b>Engage patients and families</b>	<ul style="list-style-type: none"> <li>•Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health</li> </ul>	<ul style="list-style-type: none"> <li>•Provide patients with electronic copy of- or electronic access to- clinical information per patient preference</li> <li>•Provide access to patient-specific educational resources</li> <li>•Provide clinical summaries for patients for each encounter</li> </ul>	<ul style="list-style-type: none"> <li>•Offer secure patient- provider messaging capability</li> <li>•Provide access to patient-specific educational resources in common primary languages</li> <li>•Record patient preferences</li> <li>•Documentation of family medical history</li> <li>•Upload data from home monitoring devices</li> </ul>	<ul style="list-style-type: none"> <li>•Access for all patients to PHR populated in real time with data from EHR</li> <li>•Patients have access to self-management tools</li> <li>•Electronic reporting on experience of care</li> </ul>

*Meaningful Use*



## *Managing Change*—Serving multiple constituents

*EMR Adoption should foster the consistent utilization of information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff and accessed by patients and payers*

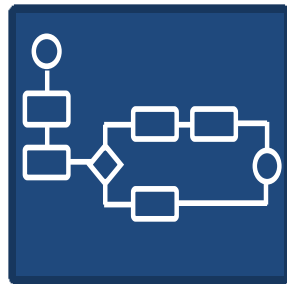
### People

- Heightened Demand for Solutions
- Multiple Unique User Demands
- Clinical Reporting Demands
- Impatience for Solutions



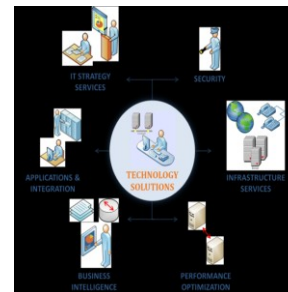
### Process

- Admit/Discharge
- Document Workflow
- Data Workflow
- Patient Experience
- Communication
- Claim Submission and Reimbursement



### Technology

- Cost
- Access
- Security
- Standards & Tools
- Integration & Interoperability

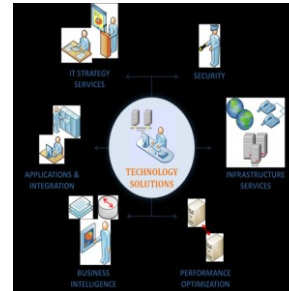
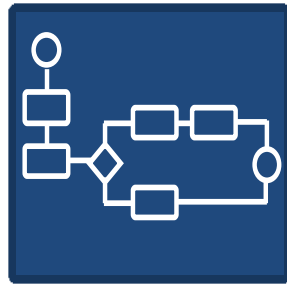


### Strategy

- Financial Results
- Competitive Market Pressures
- Capital & Operational Funding
- Physician Adoption
- Clinical Protocols
- Regulatory alignment



## Managing Change—Reasons for Failure



- *Missing or incomplete business case prior to implementation*
- *Rapid Implementation without proper end-user and broader stakeholder buy-in*
- *Lack of coordinated training and super user support*
- *Lack of common readiness assessments and workgroups*
- *Lack of thorough vendor selection and evaluation for best fit*
- *Poor vendor implementation coordination and management*
- *Ineffective data interface and support*
- *Misaligned incentives*
- *Budget overruns*
- *Inability to justify/track spend*
- *Slow adoption and limited use*

**Lack of pre-defined Vision**

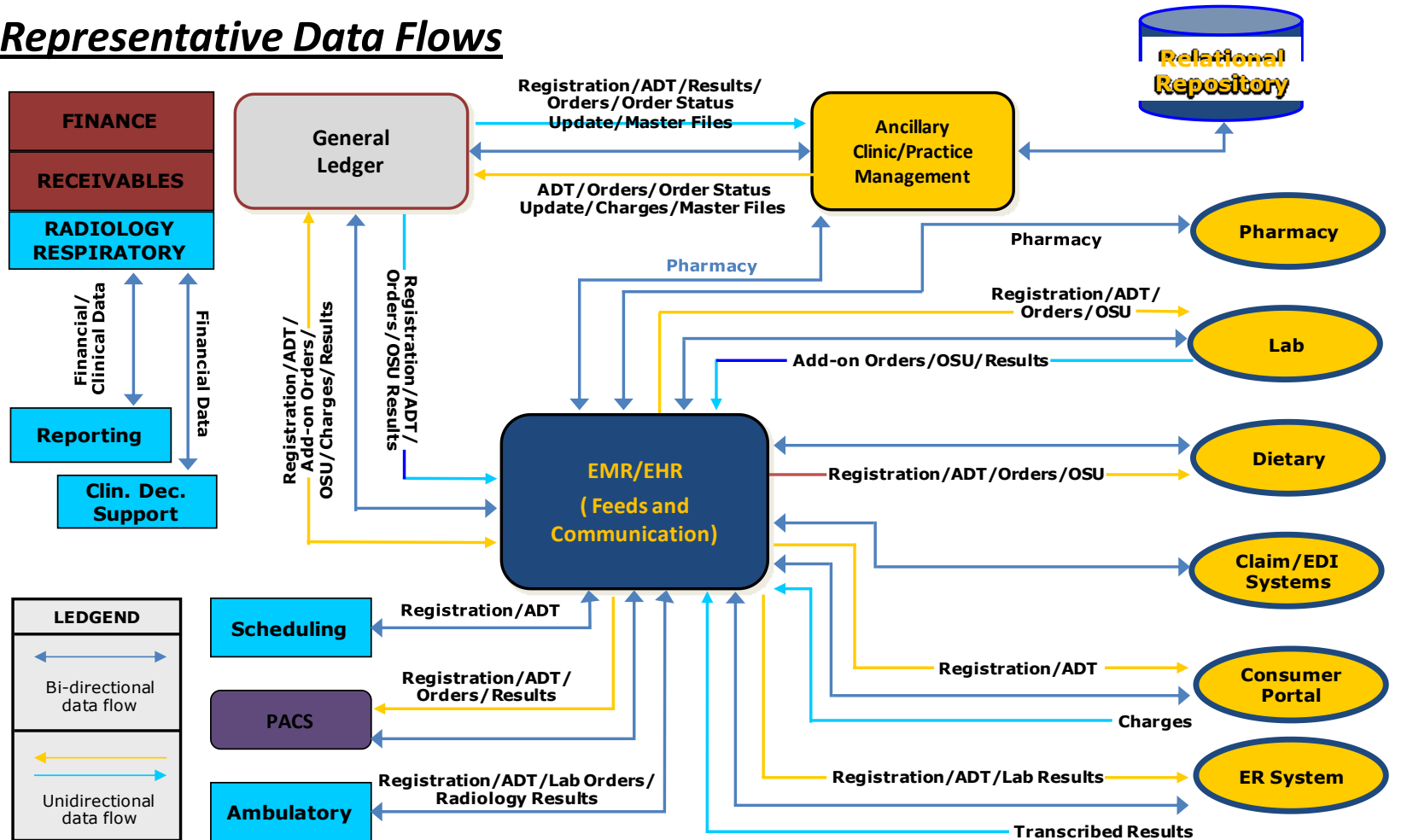
**De-Installation Consideration**

## *Managing Change*—Questions for gauging success

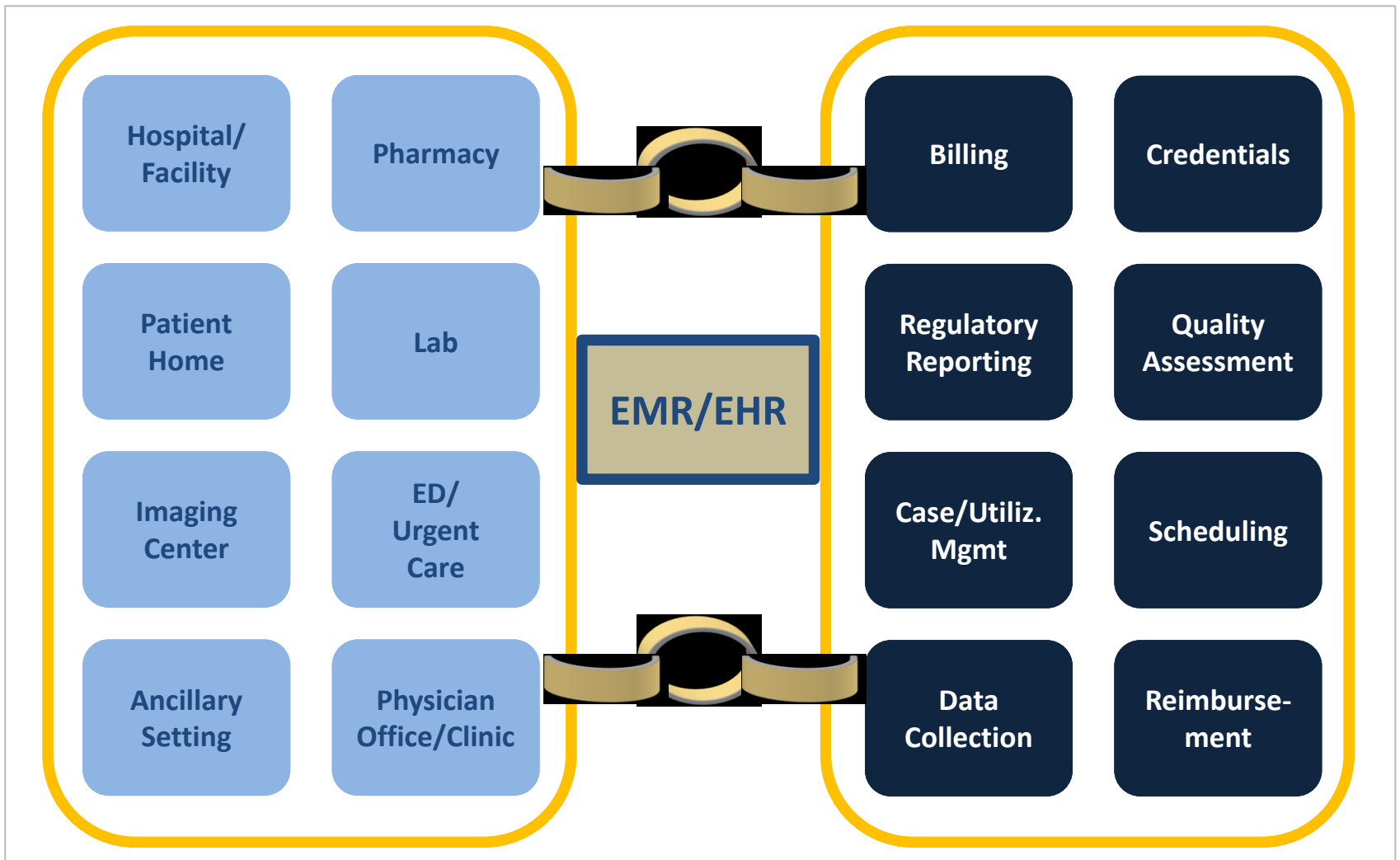
- ❖ Are providers behaving in a unified manner to serve patient's needs?
- ❖ Are patients being engaged in the coordination of their care?
- ❖ Do any technical barriers exist with regards to maximizing data flow and electronic communication to foster a longitudinal view of the patient experience?
- ❖ What clinical, operational, and financial results am I seeing(post implementation)?

## Making an Impact—Mapping new Data Relationships

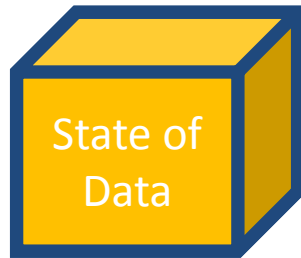
### Representative Data Flows



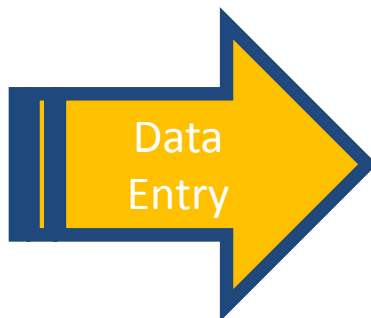
## *Making an Impact*—Linking Point of Care and Administration Data



## Making an Impact—Common Data Behavior



- ◆ Data in motion
- ◆ Data at rest
- ◆ Data in use
- ◆ Data disposed



- ◆ Typing
- ◆ Templates & “Macros”
- ◆ Voice Recognition
- ◆ Handwriting Recognition  
– Pen Tablet PCs
- ◆ Scanning
- ◆ Interfaces
- ◆ Dictation with  
Transcription in EMR

- ❖ To ensure comparability of clinical data across the enterprise
  - **common data**
- ❖ To facilitate enterprise clinical decision support
  - **common logic**
- ❖ To facilitate enterprise reporting and advanced analytics
  - **common reports, business intelligence**
- ❖ To facilitate enterprise standard clinical practice for providers and patients
  - **common workflow – reduced unwarranted variation – where appropriate**
- ❖ To enhance development agility by creating re-usable application components and services
  - **common infrastructure**
- ❖ To Move from Contractual measures are moving away from claims based measures to outcomes measures
  - **Common clinical data elements and clinical values**

## Making an Impact—Meaningful Care Delivery Application Needs

Clinical Excellence & Risk Avoidance	Productivity Management	Financial Management	Patient & Revenue Growth	Strategic Planning
<ul style="list-style-type: none"> <li>• Sentinel events</li> <li>• Infection control</li> <li>• Evidence based practice</li> <li>• Drug seeker</li> <li>• Drug diversion</li> <li>• Medication process</li> <li>• Clinician variance</li> <li>• Patient safety</li> <li>• Patient satisfaction</li> <li>• Continuity of care</li> <li>• Quality of care</li> <li>• Patient quality of life (outcome, wellness, pain, etc.)</li> <li>• Disease registry</li> <li>• Chronically ill patient</li> </ul>	<ul style="list-style-type: none"> <li>• Divert avoidance</li> <li>• Patient flow</li> <li>• Bed utilization</li> <li>• Surgery</li> <li>• Protocol compliance</li> <li>• Order set compliance</li> <li>• Supply chain</li> <li>• Clinician productivity</li> <li>• Evidence based clinician development</li> <li>• Clinician retention</li> <li>• Schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Fee schedule optimization</li> <li>• Contract optimization</li> <li>• Reimbursement surveillance</li> <li>• Eligibility</li> <li>• Charge integrity</li> <li>• Billing</li> <li>• Collections</li> <li>• Cost</li> <li>• Cash</li> <li>• Pay-for-performance incentive</li> <li>• Performance (ROI)</li> <li>• Subrogation and Judgment Lien</li> </ul>	<ul style="list-style-type: none"> <li>• International medicine</li> <li>• Clinical trials recruitment</li> <li>• Patient referral</li> <li>• Catchment</li> <li>• Patient &amp; employer outreach</li> <li>• Research grant</li> <li>• Procedure volume</li> <li>• Business development</li> </ul>	<ul style="list-style-type: none"> <li>• Service line design</li> <li>• Facilities planning</li> <li>• Payer mix optimization</li> <li>• Clinician recruitment</li> <li>• Public / media relations</li> <li>• Workforce</li> <li>• System / delivery network optimization</li> <li>• HIT stimulus funding</li> </ul>

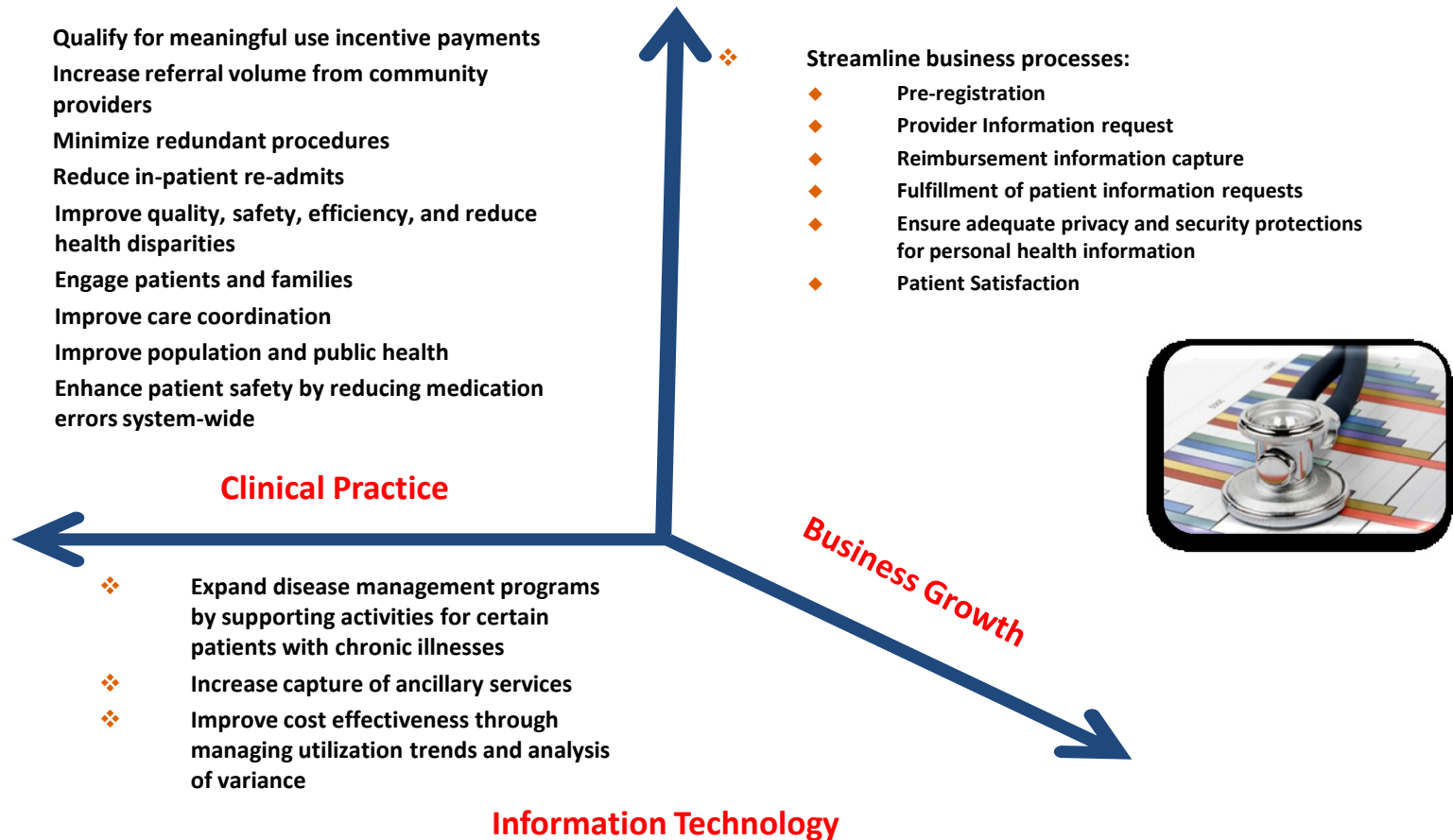
## *Making an Impact– Meaning of High Performance Medicine*

### *Clinical Operations at the intersection of Business and Technology*

- ❖ Qualify for meaningful use incentive payments
- ❖ Increase referral volume from community providers
- ❖ Minimize redundant procedures
- ❖ Reduce in-patient re-admits
- ❖ Improve quality, safety, efficiency, and reduce health disparities
- ❖ Engage patients and families
- ❖ Improve care coordination
- ❖ Improve population and public health
- ❖ Enhance patient safety by reducing medication errors system-wide

#### Streamline business processes:

- ◆ Pre-registration
- ◆ Provider Information request
- ◆ Reimbursement information capture
- ◆ Fulfillment of patient information requests
- ◆ Ensure adequate privacy and security protections for personal health information
- ◆ Patient Satisfaction



- ❖ Expand disease management programs by supporting activities for certain patients with chronic illnesses
- ❖ Increase capture of ancillary services
- ❖ Improve cost effectiveness through managing utilization trends and analysis of variance



Questions?

Comments?



Thank You!

## Appendix—About West Monroe Partners



- ❖ Background: Established in 2002 by a team from Arthur Andersen with **extensive global consulting experience**.
- ❖ Geographic coverage: We serve clients across North America from offices in Chicago, Columbus, Dallas, Montreal, New York, Seattle, and Toronto.
- ❖ People: We have more than **250 experienced consultants**, hand-picked from leading consulting firms and corporations.
  - ◆ Approximately 20 Healthcare Consultants across Business and Technical domains
  - ◆ Exclusive Alliances with Industry Subject Matter Experts
- ❖ Organization: **We are 100-percent employee owned**. We answer to our people and our clients only.
- ❖ Growth: We are growing at a rate in **excess of 50% per year**.
- ❖ Scope: We are a **full-service business and technology** consulting organization.
- ❖ Clients: We actively serve **more than 150 clients** across a range of industries.
  - ◆ Approximately 10% (and growing) of client base is currently Healthcare
  - ◆ Over \$1M invested to develop innovative Healthcare Industry Solutions
- ❖ Markets: We serve clients of all sizes. Our structure, **flexible approach**, and broad capabilities particularly appeal to middle-market clients.
- ❖ Solutions: Our unique solutions help clients optimize the vital business processes and systems that drive business results.

## Appendix—About West Monroe Partners

- ❖ In 2009, Crain’s Chicago Business named West Monroe Partners one of its 20 Best Places to Work in Chicago – in particular, recognizing the firm for our work environment.



- ❖ In 2008, Crain’s Chicago Business announced West Monroe Partners as one of its “Fast Fifty” – a compiled list, audited by Deloitte, of the fastest-growing public and private companies in the Chicago area based on 4-year revenue growth.



- ❖ In 2007 and 2009, Consulting Magazine selected West Monroe Partners as one of “The Best Firms to Work For” – an initiative that is a comprehensive, independent source of opinion about the quality of life within the consulting profession's top firms.



- ❖ In 2006 and 2007, West Monroe Partners was named one of “Chicago’s 101 Best and Brightest Companies to Work For” by the National Association of Business Resources. The award recognizes excellence in human resources practices. West Monroe Partners’ selection highlights our unique culture and our commitment to innovative workplace practices.



- ❖ In 2005, Consulting Magazine selected West Monroe Partners as one of its seven “Small Jewels”—consulting firms, though smaller in size, that have distinguished themselves through client service, thought leadership, recruiting, and other practices.

