The New EMR

How Incorporating EBP & CDS Can Improve Outcomes & Agency Efficiency

2014 NAHC Annual Meeting
Phoenix, AZ

Karen Utterback, RN, MSN
VP Strategy & Business Development
McKesson Extended Care Solutions

Andrea Devoti, RN, MSN, MBA
CEO, Neighborhood Health
Objectives

- Identify how evidence-based practice (EBP) concepts apply to home care and hospice clinical practice
- Explain national IT standards that include CDS as a component of an EMR, integrated with EBP
- Discuss one organization’s EHR journey using an EMR that integrates CDS and EBP
What is Evidence?

- When a theory or hypothesis is tested objectively such as in an experimental or controlled environment.
- Measurement of an intervention’s effectiveness in achieving an outcome that creates lasting changes.
- Published in scientific literature such as professional journals, books or government reports.
- Consensus of experts

Level of Evidence
What is EBP?

Evidence-based practice is a problem-solving approach to health care that incorporates the conscientious use of current best evidence from well-designed studies, a clinician’s expertise, and patient values and preferences. Fineout-Overhold, Melyn, 2005

All three of these key components must be present for evidence-based practice to be effective.

EBP Scientific Model
Why do we need EBP?

**Status of America’s Health Care**

- 30% of healthcare spending -$750 Billion- for ineffective or redundant care. \[BC/BS\] 2012
- 54% of acute care and 56% of chronic care conformed to the medical literature. \[McGlynn, 2003\]
- Patients have a 50% chance of receiving the most advisable care \[RWJ, 2010\]

Why do we need EBP?

**Medical Mistakes**

- Number 3 killer in the US after heart disease & cancer
- 10,000 serious complications occur each day
- 400,000 people a year - Over 100,000 a day – die
- Cost: $1 trillion each year

\[McCann, 2014\]
Home Care & Hospice Impact

- Patient outcomes are 28% better when clinical care based on EBP rather than tradition
  
  Fineout-Overholdt, 2012

- More care doesn’t mean better care - Medicare patients in higher spending regions receive more care but outcomes and satisfaction is the same.
  
  Fischer, et. al, 2003

Home Care & Hospice Impact

- Basing practice & care on evidence is integrated into the Affordable Care Act (ACA).

- ACOs are required to promote evidence-based medicine and coordinate care through using it.

- Reimbursement will soon focus on achieving & measuring patient-centered outcomes rather than just delivering care & paying per visit.
Home Care & Hospice Impact

*Using evidence-based clinical practices does not conflict with being regulatory compliant and licensed, and if it does, the agency should have a process for addressing the issues*  

- The POC is developed using physician orders and clinician expertise.  
- Agency policies & procedures should support EBP.  
- Physicians should be open to EBP questions.

Clinical Decision Support

*Assures that the “5 Rights” of clinical decision support are consistently present:*

*Right Information to the Right person in the Right format through the Right channel at the Right time*

Berner, 2009
Clinical Decision Support

➤ A sophisticated HIT component - doesn’t stand alone.

➤ Provides knowledge & person-specific information, intelligently filtered or presented at appropriate times, to clinicians, staff, patients, & others.

➤ Includes tools and interventions: computerized alerts and reminders, clinical guidelines, order sets, patient data reports and dashboards, documentation templates, and clinical workflow tools.

Clinical Decision Support

➤ Supports clinicians through a logical patient assessment, provides prediction of risk, and makes suggestions based on care guidelines.

➤ Hall, 2013

➤ Common features
  • Knowledge-based (dx, drug interactions, guides).
  • Rules & relationships that combine knowledge with patient-specific information.
  • Communication mechanism that provides relevant information back to the clinician as care is delivered.

  Berner, 2009
7 Benefits of a EMR with CDS

1. Streamlines workflow
2. Helps increase clinical accuracy & productivity
3. Supports the use & adherence to EBP
4. Helps increase clinician satisfaction & improves retention
5. Helps improve patient outcomes
6. Helps maximize agency resources
7. Helps position the agency for opportunities
One Organization’s EMR Journey and Benefits

Using an EMR that Integrates CDS and EBP

Andrea Devoti, RN, MSN, MBA, CHCE

Real title for my portion:

How NOT To Do Things
Neighborhood Health

- Neighborhood has used an EHR in some manner since 1995
- Initially just Home Care RNs
- 2003: Went live on system for entire agency

With upgrade in 2003

All staff
- CNAs on telephony
- Large learning curve for some
- Some change management education
- Went well
  - Lost a few staff
2013

• Beta site for new product
• Incorporates decision support and evidence-based practice
• Much discussion by managers and IT regarding how to change product

2013 continued

• Selected small pilot group
  – “Super” users
• Training for them on use
• Only small group of managers and QI staff trained on Omaha system, basis of program
2013 continued

• Trained small group on program changes and flow
• No training on change theory, evidence-based practice, decision support or assessment
• Due to some technical issues, we delayed complete integration for a month

2013 continued

• When resumed, began training a bit differently
• Still heavy emphasis on hands-on
  – Little on theory or assessment
Therapy Response

- Therapy staff did well in general
- A few struggled, but majority like the system
- Flows the way the therapists perform their visits

Nursing Response

- Nursing staff who had been with Neighborhood struggled
- New staff who knew nothing else did better than existing staff
  WHY?
- Sad realization that for the most part, nursing staff had been assessing the OASIS, not the patient
EBP and CDS only functions properly if you maximize assessment skills of clinician and accurately enter data. Our staff lacked skills and knowledge or it was dormant that they needed to succeed. Assessment must be done in a logical sequence with one system completed before moving on.

Brought to light all of our “warts”
- Assessment issues
- Productivity issues
- Clinical judgment weakness
- Management failures
Now

• We are in a better place
  – But with much pain
• Productivity increased
• Staff on disciplinary process if not making progress
• Individualized instruction for many, with a trainer going into the homes
• Reviewing assessment skills as well as documentation

Now

• Patient outcomes improving
• Accuracy and productivity increasing
• Staff satisfaction increases once they stop fighting the system
• Still several projects ongoing
### What are my suggestions before major clinical changes?

- **Assess your staff!**
  - Even if you have good outcomes, what kind of assessment skills do your staff have and use?
- **Educate them on the background**
  - Who, what, when, where and particularly, **HOW**
  - We failed to do this

### What’s In It For the Clinicians?

- Personal time
- Accuracy
- Decreased being overwhelmed
What’s In It For The Patients?

• Clinical assessment of condition

• Accurate and timely communication between the staff

• Enhanced care coordination

• Increased outcomes

What’s In It For The Organization?

• Decreased overtime

• Increased quality

• More timely billing

• Hopefully, increased satisfaction and decreased staff turnover
Will I Do It Again?

Yes, but manage differently

Projects We Are Still Working On

- Clinical competence
- Scheduling efficiency
- Productivity
Questions?

Carolyn Humphrey, RN, MS, FAAN  
cjhumphrey@bellsouth.net

President, CJ Humphrey Associates  
Louisville, KY

Andrea Devoti, RN, MSN, MBA, CHCE  
adevoti@vnacc.com

CEO, Neighborhood Health  
West Chester, PA

References


Blue Cross/Blue Shield (2012). Building tomorrow’s healthcare system: The pathway to high quality, affordable care in America.  

References


http://www.healthcareitnews.com/print/81561


Resources


Resources

http://www.healthit.gov/policy-researchers-implementers/cds-implementation
