Hitting a Grand Slam

4 Trends that Streamline Clinical Operations & Save Financial Resources

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The Four Trends...
- Evidence-based Clinical Practices
- Clinical Decision Support Systems
- Electronic Health Record (HRT) and Information Technology (IT) national events are impacting providers and professionals
- Importance of standardization to support patient-centered care and care-giver communication and collaboration

Today’s Objectives
- Translate evidence-based practice (EBP) terms and concepts to homecare and hospice clinical practice
- Recognize how a clinical decision support system (CDS), using EBP, can:
  - Improve patient outcomes;
  - Increase clinician accuracy & productivity, & retain clinical staff;
  - Streamline QR
Take Home

- Identify creative approaches to maximize your IT Investment & increase QR Efficiency in your own agency.
- Analyze themes and action plans identified by participants.

Healthcare Today

“Knowledge - Statistics, Evidence and Mistakes - is the enemy of disease...The third revolution in healthcare will be driven by knowledge, technology and patients.”

Sir Muir Gray, Chief Knowledge Office of Britain’s National Health Service

An EBP Refresher 😊

Evidence-based practice is a problem-solving approach technical care that incorporate the conscientious use of current best evidence from well-designed studies, a clinician’s expertise, and patient values and preferences.  

Fineout-Overhold, Melynk, 2005

All three of these key components must be present for evidence-based practice to be effective.
The EBP Paradigm
Fineout-Overholt, et al, 2005

Nurses Know EBP
Nurses use EBP in their education & current practice

Why EBP?
Our National Health
- 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
- 98,000 people die each year from preventable medical errors  
  Nat Ac Press, 2009
Why EBP?

Local Perspective
- Decrease variability across clinicians and providers
- Accurate & comparable benchmarking
- Achieve efficient, effective patient outcomes
- Decrease costs
- Meet accreditation & licensure standards
- Decrease adverse events
- Positively affect HH Compare Scores

Why EBP?

Positing for NOW!
- Basing practice & care on evidence integrated into Affordable Care Act (ACA).
- ACOs are required to promote evidence-based medicine and coordinate care through the use of t
- Focus on achieving patient-centered outcomes rather than just delivering care
- Telehealth and other enabling technologies.

Regulations

“We have to follow the regulations”
“Regulations were never meant to tell clinicians how to practice.”
Increasingly, agencies will be licensed on their use of best practice.

Using evidence-based clinical practices does not conflict with being compliant and licensed, and if it does, everyone in the agency should know the procedure to move the issue forward.
Physician’s Orders

- Clinicians develop their skilled Plan of Care in conjunction with physician orders.
- Agency policies & procedures support EBP.
- Physician’s should be open to EBP questions.

EBP in the “Real World”

- Referrals
- During a Visit
- Physician Communications

The New Healthcare System

*National Health Goals – The Triple Aim*

**Better patient health** (improved patient outcomes)

**Better care** (increased standardization, use of evidence-based practice, clinician collaboration)

**Lower costs** (more efficiency, quantifiable data for reports)
Current & Future Demands of a EHR

- Published Scientific Literature
- National Guideline Centers
- EBP Centers & Resources
- Statistical Analysis

- Regulatory – CMS, etc.
- Government Health Resources
- National & International Sources
- Homecare & Hospice Associations
- Specialty Professional Organizations
- Specialty Disease Organizations
- Scope of Practice Documents

How EHRs Work

Meaningful Use

Using certified electronic health record (EHR) technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

Compliance should result in:

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health systems
Why Meaningful Use Matters

- Automation of workflow and processes
  - What you do with the available information is what matters, "meaningful use"
- Automation of individual care settings
  - You can't share what you don't have
- Incentives to drive adoption of setting specific applications
  - Interoperability between disparate systems is key
- Connectivity between stakeholders
  - It's about them - get them involved
- Transforming the role of patients

Standard Language

Federally required Patient Assessment standards:

- Clinical LOINC®
  - Endorsed Vocabulary Content:
    - International Classification of Functioning, Disability and Health (ICF) for the functioning and disability domains
    - SNOMED-CT for exact and "usefully related" content matches
- HL7® (Health Level Seven®), Version 2.4 and higher messaging and Clinical Document Architecture (CDA)
- RxNorm - Standardized nomenclature for drugs and drug delivery devices

Interoperability

Ability for diverse systems and organizations to work together, including the ability to exchange information and use the information that has been exchanged.

- Improve Care Coordination
- Improve patient outcomes
- Continuity of care plan
Interoperability

Therapist Assessment identifies “risk for falls — Low”

Physician/Nurse Practitioner identifies “Risk for falls = Low”

SNOlED CT - MAPPING MECHANISM

“At low risk for fall” [439430008]

SNOlED CT

Patient Engagement

Patients as Partners

- Patient Portals
- Consistent Messages from all providers
- Continuing reinforcement & feedback
- Develop relationships
- Consistently higher compliance
- Better outcomes

Moving Forward

2010 - 2013
Rules, Regulations & New Funding

2014 - 2016
Mandates, Pilots & Exchanges

2017+
New Normal

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**Meaningful Use Defined-Phase 1**

- CPOE (for Medications)
- Drug to Drug and Drug to Allergy interaction checks
- Demographics, gender, race, ethnicity, DOB, preliminary cause of death
- Problem List
- Medication list
- Medications allergy list
- Vital Signs

**Clinical Decision Support**

- Calculate and transmit CMS quality measures
- Electronic copy of health records
- Electronic copy of discharge instructions
- Clinical Summaries
- Exchange key clinical information
- Privacy and Security

**Clinical DS Definition**

- Provides knowledge and patient-specific information, intelligently filtered or presented at appropriate times to enhance health.
- Variety of tools to enhance decision-making in the clinical workflow.
- Tools can include computerized alerts and reminders to care providers and patients;
- Include clinical guidelines; condition-specific order sets; focused patient data reports & summaries; documentation templates; diagnostic support, and contextually relevant reference information, among other tools.

**A Year in the Life of a Chronically Ill Patient**

- 6 Social Workers
- 13 Meals
- 5 Hospital Admissions
- 6 Weeks Skilled Nursing Care
- 22 Weeks Home Care
- 19 Clinic Visits
- 5 Community Referrals
- 37 Physicians
- 2 Home Care Agencies
- 22 Nursing Homes
- 4 Occupational Therapists
- 16 Physical Therapists
- 6 Months Home Care

*Source: Archer, B. (2011)*
CDS Can...
Improve Patient Outcomes
- Personalized Assessments & Care Plans
- Avoid multi physician, multi pharmacy use
- Interdisciplinary care plan not multidisciplinary.
- Focus on patient’s complete health & well-being.
- Self-management support
- Monitoring & empowerment – Telehealth

CDS Can...
Increase Clinician Accuracy & Productivity
- Respects training & practice patterns.
- Reminds things planned but don’t have to remember;
  - Alerts, visit schedules, etc.
- Provides information when clinicians are unsure;
  - Can hover over areas for reminders – EBP, tips, etc.
- Present EBP alternatives to support their decision making
- Corrects errors clinicians have made;
  - Like spell check, EBP reminders, etc.

CDS Can...
Streamline Quality Review
- Dynamic comprehensive assessment – accurate & consistent documentation.
- Reduce time spend auditing and reviewing clinical documentation.
- Required documents for billing result from the assessment & care planning process.
- Queues up documents for review based on clinical variation and deviation from EBP
- Supports exception-based review
CDS Can...

*Position the Organization for Opportunities*
- Provides holistic view of patient care.
- Efficient sharing with other providers and payers.
- Identifies those at risk for high utilization
- Evidence-based practice guidelines
- Improved efficiency, cost-benefit, provider & patient satisfaction
- Timely initiation of services
- Transition to appropriate level of care

The 5 Rights of CDDS

*CDS Should provide*
- Right Information to the
- Right person in the
- Right format through the
- Right channel at the
- Right time

What You’re Doing 😊
Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself; but) how can I provide for this right thing to be always done?

Florence Nightingale
Notes on Nursing: What it is and What it is Not

References
References