The Patient Journey

The Guided CarePath helps create a single streamlined patient experience through the entire journey of a total joint replacement.
Guided CarePath

Smart Checklists for Patients

Delivered online and available 24/7 from home
Optimize Your EMR for Orthopedics

Essential Strategies that Drive Patient Engagement, Financial Success and Physician Happiness
Joe Greene

University of Wisconsin Hospital and Clinics
Department of Orthopedics and Rehabilitation
Program Manager, Outreach and Development

OrthoVise, LLC
CEO and Owner
Objectives

- Appreciate the current EMR landscape
- Philosophically discuss the EMR and orthopedics
- Appreciate the continuum of EMR adoption
- Learn specific operational and IT optimization strategies
- Understand opportunities to leverage your EMR and your Healthcare Information Technology investment
The implementation environment is stabilizing
  - At least in the United States!

Incentives will diminish
  - 19.2 billion disbursed by CMS to 440,998 registered providers

Attrition and consolidation of vendors
  - Shift to enhanced support and service

Shift to an international focus
  - At least with large vendors
“We are at about 50% EHR adoption and about 5% workflow adjustment.”

Farzad Mostashari MD
Former National Coordinator, Health Information Technology
U.S. Department of Health and Human Services
"The systems on the front line have to be usable so that doctors actually want to interact with the electronic health record, or [so that] nurses or others can access critical information that will eventually not just save money or improve the quality of care but save lives,"

Karen Desalvo MD
National Coordinator, Health Information Technology
U.S. Department of Health and Human Services
US Hospital Implementations
2012 and 2013

*Source: HIMSS Analytics vendor database, clinical data repositories; report generated on 11/05/2013.
Leveraging your Investment

- Clinical and Business Analytics
- Reporting
- Quality and Safety
- Outcomes
- Population Health
- Interoperability
"Simply implementing computer systems won't dramatically improve quality overnight. Very careful system design and configuration, along with a lot of thoughtful human process improvement, are necessary in order to make the technology truly helpful"
The EMR and Orthopedics
Sound Familiar?

“The system is great for a family practice doc – it just isn’t set up for an orthopedic surgeon. We have very different needs.”

“I’m spending an extra 3 hours every clinic day completing my documentation and orders”

“I’m an orthopedic surgeon, I want to be in the operating room, not spending all of my time documenting in the system”
“My staff can’t do what they used to be able to do for me once we moved to this EMR”

“I’m seeing 25% less patients than I used to be able to”

“I’m not happy, and my life outside of work is being affected.”

“I’ve just decided not to see as many patients as I used to”
Orthopedics is Different

- High Volume
- High Margin
- Highly Competitive and Driven Physicians
- Increasingly Specialized

“Specialty clinics have many unique workflows – these require specialized tools. Like all specialties, orthopedics must be treated uniquely”
“There are three key elements of success. The first is opportunity. The second is recognizing it, and the third is the effort to make it happen.”
The EMR: A Necessary Sense of Urgency?

- We view the EMR as an opportunity
- For driving service delivery changes that may have been indicated for a long time
- Staffing, Workflow, Access, Triage, Quality, etc.
“An EMR implementation magnifies the need for changes that are indicated to meet the future needs of healthcare service delivery.”
The Continuum of EMR Adoption
Stages of EMR Utilization

Implementation

Stabilization

STOP
Focus is on addressing key issues and establishing a baseline of user productivity and happiness. During this phase, solutions tend to be technical in nature and operations are dependent on the implementation team for guidance.
Operationalization

Shift in governance and accountability to operational groups. Clinical operations begin to reduce their reliance on the implementation team for guidance and focus turns to using the system to support operations and operational goals.
Optimization

 Longer-term efforts to extract business value from your system, increasing alignment between system and organizational objectives. System enhancements are driven by operational priorities and clinicians and the IT team moves into a supporting role.
Operationally Driven Project

Why Shift?

- Patient Centered
- Changes are Physician and Clinician Driven
- Local Ownership of Issues
- Facilitate Business and Operational Processes
- To Utilize Available IT Resources More Efficiently
Stages of EMR Utilization

- Implementation
- Stabilization
- Operationalization
- Optimization
Specific Optimization Strategies
Specific Strategies

- EMR Specific Enhancements
- Staffing and Workflow Enhancements
- Orthopedic Service Delivery Innovation
EMR Specific Enhancements

- Security assignments
- Documentation strategy
- Optimization team formation
- Order Handling
- Reporting and Analytics
- Content Build
Staffing and Workflow Enhancements

- Workflow Philosophy
  - Eliminate all physician non-value added activity
  - Optimally this means the physician:
    - Maximizes face time with patients
    - Sees patients that they convert to surgeries
    - Performs essential orders and documentation only
The Impact of Athletic Trainers in a Sports Medicine Practice: Improving Efficiency and Productivity

Background
This quality improvement study objectively quantified time spent on tasks for physician extender staff. Physician extender types included athletic trainers (ATEs), and non-athletic trainers (physical therapists, orthopaedics, and primary care resident and fellowship). The data was collected on a large cohort of 1,543 patient encounters (n=1,408 ATE, n=135 non-ATE) at the UW Health Sports Medicine Clinic in Madison, WI. The practice is a high-volume academic sports medicine center comprised of 5 primary care sports medicine (PCSM) physicians and 6 orthopaedic sports medicine (OSM) surgeons. The clinic model employed 3 PGs per surgeon clinic and 2 PGs per primary care physician clinic.

Specific Aims
- To determine the specific impact of physician extenders on a sports medicine practice.
- To determine the time on task spent by various types of physician extenders on the complete range of tasks excluded within the delivery of patient care.
- To determine which type of physician extender provided the most efficient and effective care in our delivery model.
- To identify opportunities to increase physician value-added time. Value-added time is defined to be time with patients and the opportunity to see more patients.
- To establish baseline data for each portion of a standard physician visit.

Methods
For a total of eight weeks - March 7th through April 29th, 2011, each physician extender was required to fill out an electronic clinic flow assessment for every patient encounter (Figure 1).

Results
The mean total clinic visit length was 54.6±17.3 minutes (m) for PCSM and 41.7±15.1m for OSM, and the mean TOT was 25.8±13.9 m/s and 30.4±12.5m respectively. "New" encounters had the greatest mean TOT (33.3±15.7m) followed by "Return" (25.2±14.1m) and "post-operative" (17.9±8.2m). Average physician essential activity (patient encounters, case presentation, and direct patient care) was similar between PCSM (11.4±5.5m) and OSM (10.2±1.6m), but clinic visits were longer in the total clinic visit category (Figure 2). ATE patients had lower mean TOT per visit (25.7±8.1m) compared to non-ATE (32.0±6.2m), a difference of 6.2±1.5m per visit (Chart #3). ATE patients had lower average TOT on all patient care tasks, except on patient education where they spent on average of 2.4±0m compared to 1.1±1m for non-ATE (Chart #3).

Conclusions
A sports medicine patient care delivery model that effectively employs ATEs resulted in improved physician efficiency, by reducing time spent in non-essential activity during each patient visit. This time savings could be used to improve patient throughput, thereby increasing patient access to physicians and revenue generated. Our findings indicate that the athletic trainer is the most efficient physician extender provider in our clinic setting.
To Scribe or Not to Scribe?

- Joint Commission and CMS recognition
- High volume surgeons
- Technologically challenged surgeons
- Orthopedics: Ideally you have someone who can document for every 20-22 patients daily
- Formal Scribe vs. Fully Enabled Allied Health Provider
The Impact of Scribing

- Improved patient satisfaction
- Improved provider satisfaction
- Documentation is enhanced from a content and billing standpoint
- Don’t stop at just scribing!
A Note on HPI Documentation

- A 1997 CMS Rule (Pre EMR) that defines HPI (History of Present Illness) documentation as the responsibility of the provider.

- Check with your Medicare Carrier (Novidien, WPS, etc.) on their interpretation of this rule.

- Scribing is allowed if the scribe is in the room and records the information in the presence of the provider.

- Even with conservative interpretation, don’t lose sight of the overall value.
Step One

- Chief Complaint
- Pain Scale Rating
- Vitals
- Past Medical History
- Medication Reconciliation
- Allergy Review
- Education Preferences
Step Two

- Brief History
- Physical Examination
- Order Radiographs
- Start Documentation
- Present Case to Physician
Step Three

PHYSICIAN FACE TIME
Step Three

The Extender Role

- Documentation of HPI
- Order Entry
- Billing/Charges
- Start/Finish Documentation
Step Four

- Patient Education
- Exercise Prescription
- Letters
- DME Fitting
- Billing/Charges
- Follow Up Instructions
- AVS Preparation
Surgical Conversion Rate

The most important ambulatory metric?

- The percentage of available new appointments that are converted to surgery within a given time frame.

- Exceptional global overall measure of:
  - Scheduling and registration
  - Access programming
  - Triage and patient placement
  - Ancillary staff utilization
  - Physician utilization
Canadian Study: PLOS ONE
July, 2013

- *Surgery or Consultation: A Population-Based Cohort Study of Use of Orthopaedic Surgeon Services*

- October 2004 – September, 2005

- 477,945 patients visited an orthopedic surgeon in Ontario, Canada

- 79.3% of patients did not receive surgery after 18 months

- 20% surgical conversion rate
Cost Containment or Revenue Generation

A Balancing Act
Staffing and Workflow Enhancements: Takeaways

- Fully enable your extenders
- Maximize surgical conversion rate
- De-centralize build
- Create an “Optimization Team”
- Integrate your IT Analyst: Teach them about what you do and what you need. Don’t assume they know.
Orthopedic Service Delivery

Innovation is critical!

- Smart Staffing and Workflows
- Access, Triage, and Patient Placement
- Immediate Care Clinics
- Post Surgical Care
- Bundling and Analytic Utilization
- Care Management
Leveraging Your Investment
“I am becoming increasingly convinced that what is truly important in healthcare is inversely related to what is easily measurable.”

Vernon Weckerth PhD
Professor Emeritus
University of Minnesota
Masters of Public Health
ISP Executive Study Program
Leveraging Your Investment

- Registry Reporting
- Functional Outcomes Reporting
- Quality and Safety Reporting
- Business and Clinical Analytics Reporting
The AJRR Registry

- Sponsored by the AAOS and Industry
- Knee and Hip Arthroplasty
- 235+ Institutions and Growing Quickly
Own the Bone Registry

- Sponsored by the AOA
- Fragility fracture prevention
- Reporting and Education Components
- Requires cloud data entry by clinicians
- EMR should facilitate
NASS Spine Registry

- NASS Sponsored
- In development
Patient Reported Outcomes

- Getting Data In and Data Out
- Very Challenging IT and Operational Workflows
- Tablet vs. Kiosk vs. Portal
- Real Time Access to Outcomes Data
- Copyright and Cost Implications
Quality and Safety Reporting

- Surgical Site Infections
- AHRQ Patient Safety Indicators
- SCIP Measures
- Readmit Rates
- Hospital Acquired Conditions
Business Analytics

- Volume and Access Measures
- Surgical Conversion Rate
- Revenue by Procedure Code
- Volume by Zip Code
- Referring Provider Volume
- Key Indicators: ie. Charges, Payments, Days in A/R, Adjustments
“Having what you want is a function of letting go of what you have”

Anonymous
“Problems cannot be solved with the same level of awareness that created them.”

Albert Einstein
Thank You

Time for Questions
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