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Fast & Furious: eRx/EPCS Implementation and Optimization

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Conflict of Interest

Connie L. Saltsman, Pharm.D., MBA, CPHIMS

Risa C. Rahm, Pharm.D., CPHIMS

Have no real or apparent conflicts of interest to report.

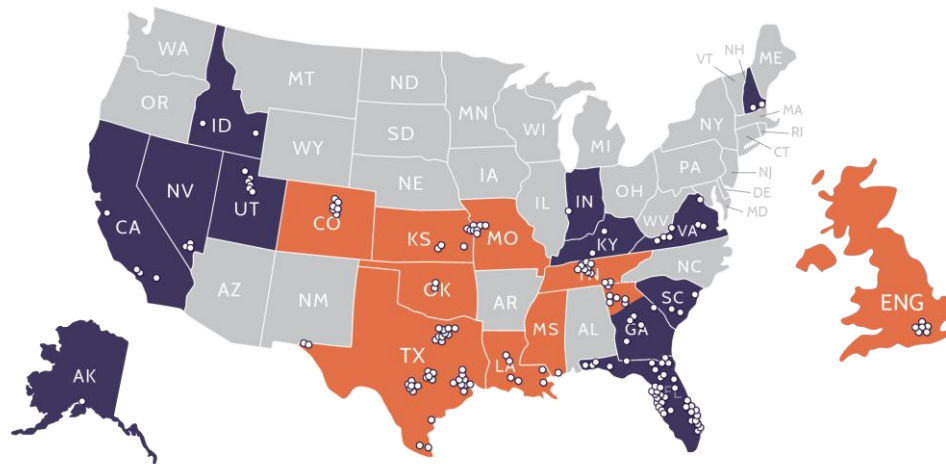
Agenda

- What is ePrescribe?
- Initial ePrescribe Implementation
- Lessons Learned
- ePrescribe Optimization Project

Learning Objectives

- Discuss the Project Management approach of a wide scale ePrescribe implementation in a short timeframe
- Explain tools and techniques used to support simultaneous go lives
- Discuss lessons learned from an optimization project focused on ePrescribe

Helping more people in more places



Our hospitals care for
27M+ patients annually

- Admissions – 1,800,000
- Deliveries – 210,000
- ER visits – 7,500,000
- Physician Clinic Visits – 8,000,000
- Surgeries – 1,400,000

170+ Hospitals in the
U.S. and 6 in the U.K.

118 Ambulatory Surgery
Centers

51 Freestanding ERs

241,000 employees

- 79,000 nurses
- 47,000 allied health professionals
- 37,000 affiliated physicians
- 3,100 employed physicians & 1,000 practitioners

Elevator Speech

- ePrescribe enables providers to send electronic prescriptions to participating pharmacies.
- Real-time insurance eligibility and formulary checking is performed within the EHR. Some EHRs include integration with third party vendors.



Benefits of ePrescribe

- Enhances patient and physician satisfaction
- Completes the vision for a complete discharge medication reconciliation process
- Meaningful Use:
 - Discharge medication orders are queried for a drug formulary and transmitted electronically
 - Stage 2
 - 90 day period in 2017: 10%
 - 90 day period in 2018: 10%
 - Stage 3
 - 90 day period in 2018: 25%

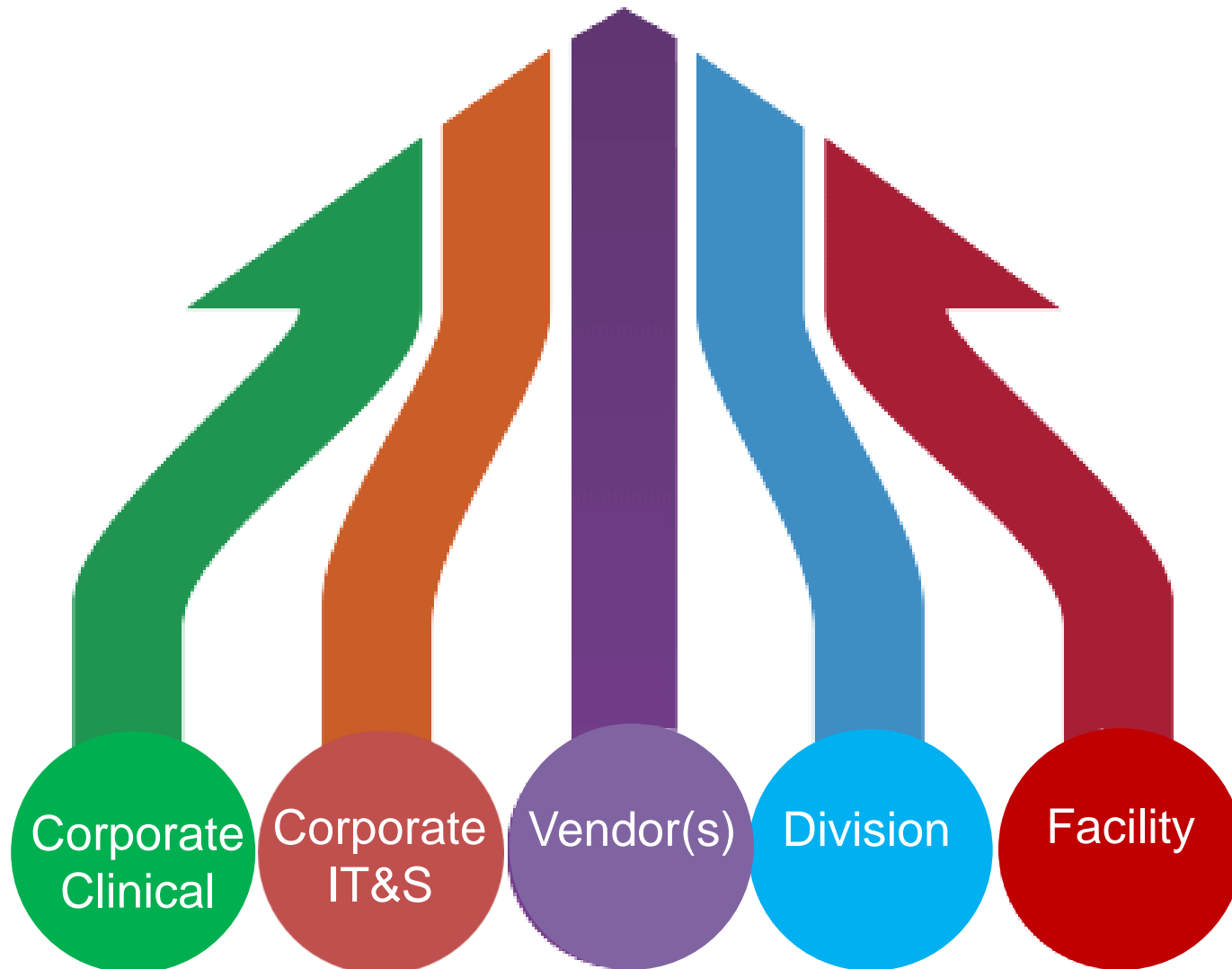
Definitions

- EPCS:
 - Electronic Prescribing of Controlled Substances
- Two factor authentication:
 - Also know as 2FA or TFA
- NPI:
 - National Provider Identifier

https://www.deadiversion.usdoj.gov/mtgs/drug_chemical/2012/gallagher.pdf

https://www.deadiversion.usdoj.gov/fed_regs/rules/2008/fr0627

Five Key Groups for Success



Teams

Corporate: Clinical	Responsible for organizing and managing the implementation, education and training, and MU adoption
Corporate: IT&S	Responsible for technical and system setup, product management, and customer support
Vendor(s)	Ensure functionality and work with HCA teams to determine best practices and troubleshooting
Division	Ensure EHR dictionaries and system parameters are set accordingly for ePrescribe, complete pre-assessments and testing
Facility	Responsible for end user ePrescribe functionality to ensure all physicians and clinicians are authorized, provisioned, trained, and supported

What facility roles were key in your eRX implementation?

- A. Medical Staff Office
- B. Physician Champion
- C. IT Director
- D. All of the above

Key Facility Roles

- CEO, CMO, CNO
- Physician Champion
- Physician Support Coordinator (PSC)
- Nurses and Unit Champions
- Medical Staff Office
- IT Director
- CPOE Pharmacy Lead
- Marketing Director
- Facility MU Coordinator

Resource Requirements

•Physician Security Coordinator (PSC) – Provider Provisioning Phase 1

- Provider setup for non-controlled ePrescribing

•3-5 hours per week, ongoing

•Physician Security Coordinator - Provider Provisioning Phase 2 – EPCS

- Provider setup for EPCS (ePrescribe controlled substances)

•8-10 hours per week once EPCS begins and ongoing

- PSC encourages physician adoption, ensures training and registration setup, and soft and hard token management

•Facility CPOE Clinical Lead, Unit Champions

- Project leads, and user “at the elbow” support, ensures training, troubleshooting

•8-10 hours per week after soft go live

•Division IT Pharmacists, Facility Pharmacy Leads

- Complete Pharmacy pre-assessment, dictionary and parameter setup, EHR Testing

•8 hours per week for assessment and testing

•5 hours per week for go live support

•Division Clinical Analysts –

- Assist with additional RXM parameter setups and testing

•1-2 hours per week

•Medical Staff Office Team

- helps PSCs and CPOE Clinical Leads confirm credentialing information, missing emails addresses and updates to Provider dictionary (if PSCs don’t have access) for eRx activation

•1-2 hours per week





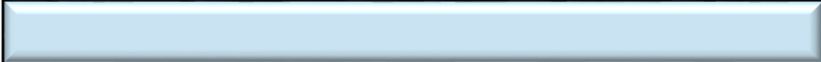
Project Management





- Structured approach
- Coordinated by Corporate Clinical Group
- Assigned coordinators to each division
 - Project Management
 - Workflow questions
 - Issue escalation
 - Support
- Weekly checkpoint calls
- Key milestones updated weekly
- Bi-weekly status reports to Leadership
- Weekly ePrescribe “office hours” for all facilities
- ePrescribe setup and testing checklist

Sample Milestone Status Report

Division	Responsible Party								
ePrescribe Key Milestone Activities									
Week 1 (ending 8/12)									
EPCS Authorization Letter for PSCs signed and returned to Jim Hester	PSC Mgr	8/11	8/15	8/20	8/11	8/11			
PSCs schedule Admin training (Phase 1)	PSC								
Week 2 (ending 8/19)									
Prioritized Provider lists reviewed	DAC								
PSCs complete Admin training (Phase 1)	PSC								
Week 3 (ending 8/26)									
Facility Assessment Complete	Div IT PHA								
PSCs complete EPCS training (Phase 2)	PSC								
Nurses and Case Mgmt complete NUR 1 training (pref pha) - Add %	DAC								
Week 4 (ending 9/2)									
PSCs begin Provisioning process (practice manual entry)	PSC								
Nur live with entering "Preferred Pha"	DAC								
Week 5 (ending 9/9)									
Division Help Desk Engaged	DIV CSS								
PSCs begin preparing Bulk upload spreadsheets Phase 1 and Phase 2	PSC								
Super User, Master Trainer Support Schedule Finalized	DAC								

Implementation – Key Facility Milestones

Key Milestones	Weeks							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Soft Go live	Rolling
<u>Facility Kick-off</u>								
<u>PHA Facility Assessment and Remediation</u> Division and Facility IT Pharmacists								
<u>Division System Testing</u> Interfaces on in TEST								
Nursing training (9 min. video) updating “Preferred Pharmacy”								
Nursing begin entering Preferred Pharmacy in LIVE								

Key Milestones	Weeks							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Soft Go Live	Rolling
Provider Prioritization: Determine providers for soft go live								
Phase 1 PSC Training: (Non controlled) – WebEx								
Phase 2 PSC Training: EPCS (controlled) training - WebEx								
Provider Provisioning: PSCs begin registering providers (Phase 1 & 2)								

Unit Champion Best Practices

- Unit Champions:
 - Comfortable with teaching others including Providers
 - Will **remain in staffing** for the ePrescribe project
 - Recommendations: Identify multiple Champions per unit to cover multiple shifts
 - Charge nurses
 - Unit Educators
 - Unit Managers
- Required Education
 - Complete the 3 mandatory online courses
 - Preferred Pharmacy
 - Finalizing the Discharge Plan and Checking Transmission Status
 - Provider Workflow

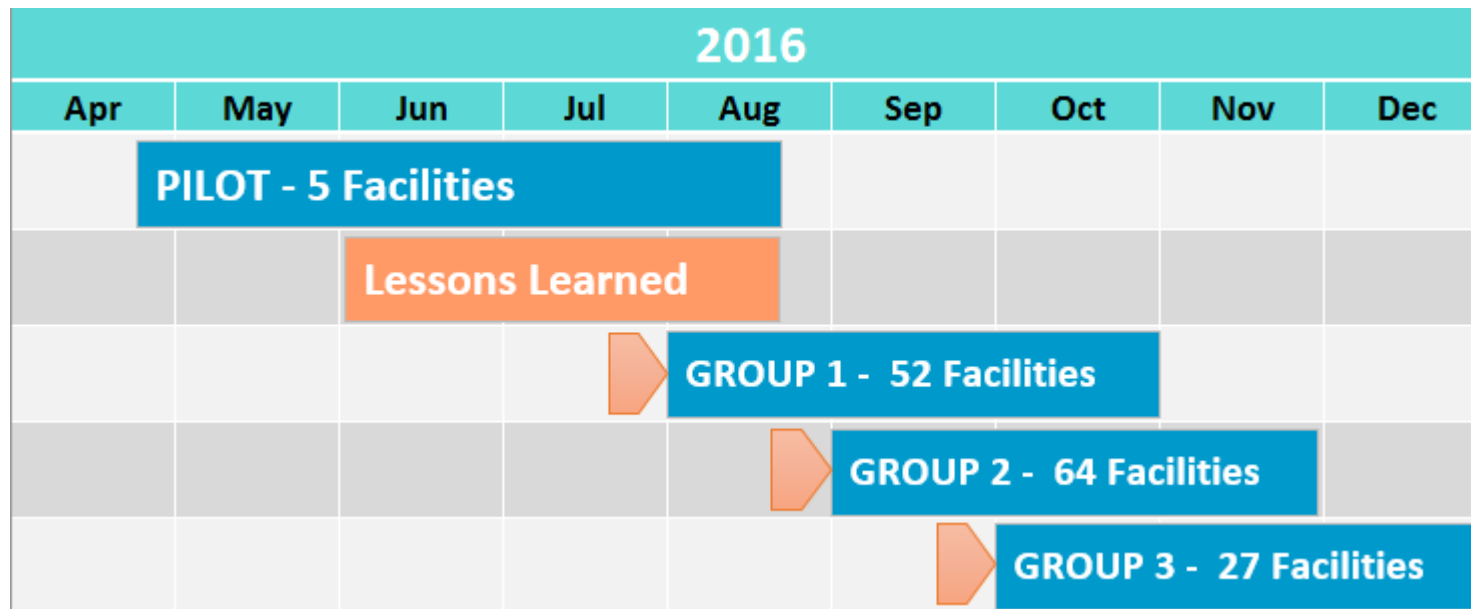
Provide Provisioning & Training

- Provisioning Training
 - Integral to the success of the project
 - Conducted via weekly training WebEx classes
 - Phase 1 (non-controlled)
 - Phase 2 EPCS (controlled)
- End User Provider Training
 - Provider Workflow – (18 minute video)
 - In-person review at provisioning

Nursing Training Expectations and Support

- Nursing Training Expectations
 - Nursing staff must have 100% completion on the 2 mandatory online courses:
 - Preferred Pharmacy
 - Finalizing the DC Plan and Checking transmission statuses
- Support
 - Facility CPOE Clinical Lead and Unit Champions
 - End user “at the elbow” support
 - Ensures training
 - Troubleshooting

Roll Out Approach



Lessons Learned During Roll Out

- Preferred Pharmacy
 - Begin nursing entry early
 - Include Case Management and Pharmacists in training
 - Develop process to accommodate patients that would prefer to have printed prescriptions
 - “Paper Rx Preferred”

Determining the patient's preferred pharmacy - When?

- A. 24 hours prior to discharge
- B. During home med rec
- C. During registration process
- D. During discharge med rec

Preferred Pharmacy Selection

- Preferred Pharmacy Selection
 - Updating the Preferred Pharmacy Selection is vital to the success and utilization of the ePrescribe functionality
 - A current preferred pharmacy must be entered to transmit prescriptions
 - Training to enter the preferred pharmacy is via a 9 minute online video
 - Report utilized to monitor compliance of Preferred Pharmacy
 - The charge nurse will review and ensure all patients have their Preferred Pharmacy entered
 - It is recommended that the report is spooled by location each shift
- Workflow Process
 - Entered during registration process
 - Entered/validated by nursing staff during home medication list documentation

Lessons Learned During Roll Out

- After soft go live, roll providers on gradually each week
- Start slowly with EPCS
 - Identify 2 provider champions to validate facility settings
 - Slow roll out to subsequent providers
- Post EPCS implementation in a division
 - Subsequent facilities chose to big bang implementation approach

Optimization Project

- ePrescribe compliance evaluated after completion of implementation project
- At that point, the 2018 MU expectation was 25% for a calendar year

Barriers to Success

- Competing projects
- Limited resources
- Executive Sponsor & Champion Support
- Workflow and behavior changes
- Evolving technology
- End user clinicians not fully understanding the downstream impact of their component
- Reluctance to change
- New expectations for patients to know their preferred pharmacy
- Learning curve for participating pharmacies

Impacts on Clinical & Operational Workflows

- Additional workload for multiple disciplines
- Change in discharge process
- Patients no longer receiving physical copy of prescriptions
- Component of multiple clinicians workflows and therefore no clear ownership

Project Management

- Dashboard developed
- Goals identified
- Focus on facilities below or near goal
- Gap analysis completed
- Weekly checkpoint calls
 - Review of re-education status
 - Focus on preferred pharmacy goals
 - Review of ePrescribing compliance
 - Sharing best practices

Examples of Re-education

- Preferred Pharmacy
- Validation of ePrescribing status prior to patients discharge
- Workflow to review if pharmacy is open at discharge
- Updated patient education at discharge for ePrescribe process

Optimization Best Practices

- Identify providers with high utilization of discharge medication reconciliation
- Utilize appropriate leadership support
- Validate provider ePrescribe provisioning
- Validate technical setup

Questions

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- *Please don't forget to complete the online session evaluation*

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