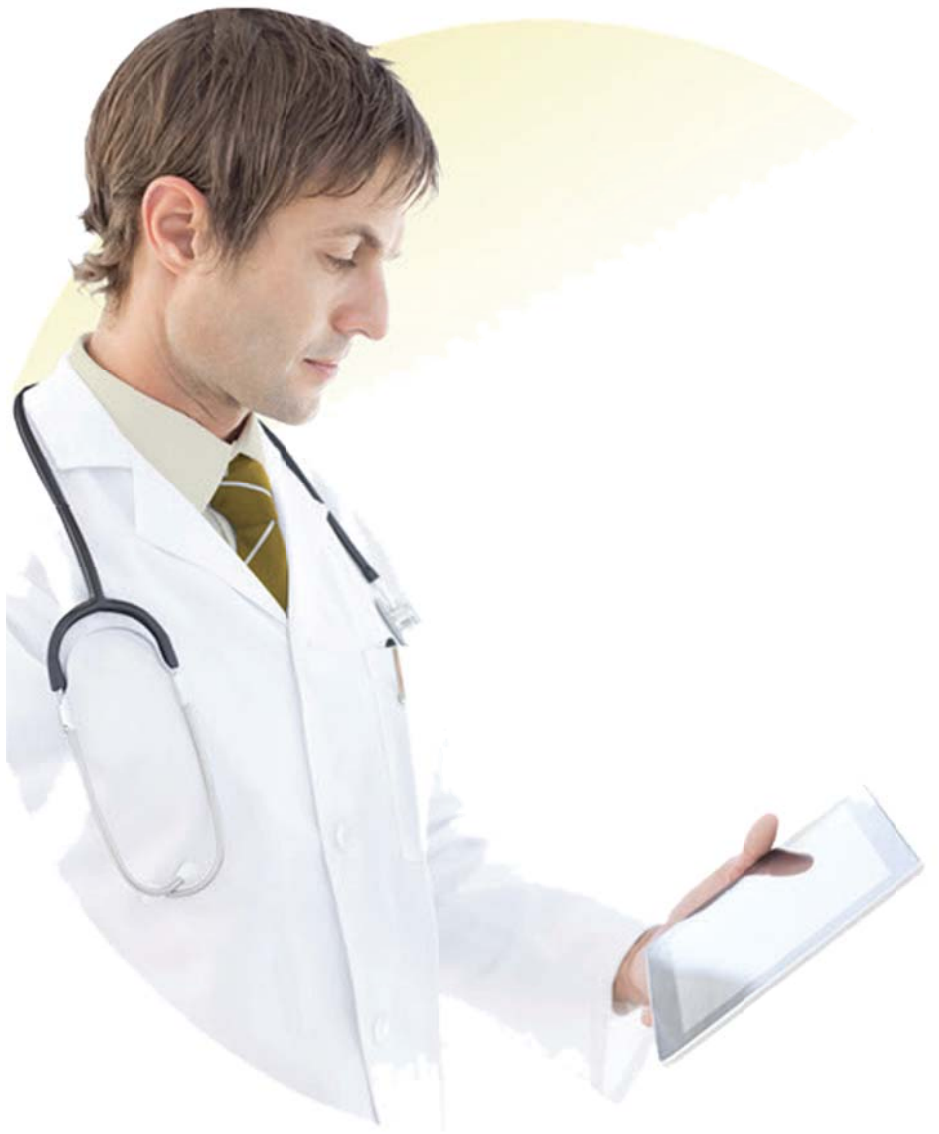




HIMSS Analytics

HIMSS Analytics Stage 7 Case Study

Altru Health System



Profile

Altru Health System is a community of over 4,200 health professionals and support staff, including 216 physicians and 63 mid-levels (nurse practitioners and physician assistants) committed to caring for the region for more than 100 years. Serving more than 200,000 residents in northeast North Dakota and northwest Minnesota, we provide an array of services to meet the needs of patients of all ages and levels of health.

There are 45 physician specialties and care is offered in three hospital locations, 12 Grand Forks practice locations including Altru Cancer Center and 12 regional practice locations.

As a member of the Mayo Clinic Care Network, we are helping to bring Mayo Clinic's knowledge and expertise to the Red River Valley. Together, we share a common philosophy, commitment and mission to improve the delivery of health care through high quality, data driven, evidence-based medical care and treatment.

The Challenge

Altru Health System has always placed a high value on Information Technology. Altru has a long history of being on the 100 Most Wired Hospital's listing, an achievement built on vendor-provided solutions enhanced vigorously through in house development. Similar to many organizations, we reached the point where the existing functionality couldn't provide answers to ever-increasing industry demands and our development potential wasn't able to meet the growing EMR needs.

Altru has always placed a strong emphasis on system integration. Our Enterprise vision was based on the core design of a single, integrated record for each patient across various care settings while allowing for enterprise-wide implementation of registration, scheduling functionality and seamless corresponding billing workflows.

Our existing system included a heavily manual paper requisitioning process for professional billing. This had to be eliminated and replaced by a solution that could produce accurate claims, allow paperless collection processes and streamline data entry while reducing the number of our A/R days. Our existing order management and documentation capabilities were flawed by inconsistency and inefficient, error-prone paper flows and heavy usage of dictation.

Implementation Overview

In 2008, we embarked on a system selection process that resulted in naming Epic as our vendor of choice. We signed the contract in November of 2008 and that marked the beginning of a Clinical and Business Transformation process that culminated with a "Big Bang" Go Live on April 1st of 2010.

The scope of the implementation included all of Altru Health System's facilities. The following application modules were part of that implementation scope: Enterprise Registration, Enterprise Scheduling, Hospital and



Professional Billing, HIM, EpicCare Inpatient Clinical System, EpicCare Ambulatory Electronic Medical Record, Inpatient Pharmacy, Emergency Department, Radiology RIS, Operating Room Management System, Anesthesia Information Management System, Nurse Triage, Laboratory, Oncology Information System, Obstetrics/L&D Information System.

Altru has been filmless since 2007 and part of our Epic implementation scope was a full PACS/Epic/RIS/Transcription integration involving all modalities.

Resulting Value / ROI

Altru Health System has successfully qualified for E-Prescribing incentives offered by CMS.

Altru has qualified to receive the maximum incentive available for our Eligible Hospitals and Eligible Providers through the Meaningful Use program. We completed our attestation for Stage 1 (both years), Stage 2, Year 1 and we are well positioned for successful attestation for Year 2 of Stage 2.

Immediately after go live, we significantly reduced our dictation/transcription by over 70% resulting in reduced costs for chart handling, paper charts and other supplies. We also freed up over 19,000 square feet of chart filing floor space to be used for other health system needs. As a result of our providers documenting online into the EMR our HIM staff has been reduced saving the organization over \$2.5 million in salaries per year. HIM alone has seen over \$10 million dollars saved over the last 4 years.

Reduced number of duplicate procedures: We have realized significant savings and witnessed significant decreases in the number of unreimbursed procedures. Outside of the obvious money savings this effort has provided, it also has helped improve our patient satisfaction.

One of our strategic goals was to extend our EMR functionality to our care partners within our region, namely to the network of Critical Access Hospitals in order to improve the sharing of information and improve longitudinal care. We have managed to quickly extend Epic to eight Critical Access Hospitals creating an amazing conjunction of interoperability, care coordination, ability to exchange data and streamline incoming referrals while affirming the foundation for an excellent population health management system.

Overall, significantly improved financial returns – increased charges, reduced billing costs, increased collections, and notable improvements in coding. Furthermore we have reduced number of AR days from ~80 to 40 or less.

The ability to collaborate easier with other organizations on research and other projects such as the Statin Choice Decision Aid with Mayo Clinic and the Cardiovascular Wizard Study – (Provider and patient decision support that prioritizes actions to reduce CV risk) with Health Partners.

Lessons Learned

Providers should work with their vendor to determine how far in advance they can populate patient charts with clinical data, so that providers do not have to start with a clean slate during their first electronic visit with the patient. Despite fairly ambitious conversions we still had to conduct chart abstraction – due caution should be exercised so that staff with proper clinical background are performing the actual abstraction.



Reducing patient volume during the initial “go-live” period reduces staff anxiety. It’s best to schedule all appointments during this period as if they were new patient appointments or cut workload up to a reasonable degree and then ease back to full productivity when appropriate.

Our choice of “Big Bang” implementation as unorthodox as it seemed to us initially was indeed the right choice. The shorter the transition from paper charts to electronic health records, the better the chance of success. If the transition is too slow, the practice may get frustrated and revert back to paper records. In addition, hybrid processes that rely in part on electronic tools and stay in part manual are very error prone and a possible source of frustrations.

An implementation frequently follows the psychological roller coaster of the Gartner Hype-Cycle, in which unrealistic expectations reach a peak just prior to implementation. A “trough of disillusionment” and a recovery phase may be sped up by proper and realistic and transparent settings of expectations, timely planning for change management and proper preparation for workflow changes.

Lack of unconditional leadership support with the skills, knowledge and engagement to manage the project or absence of a strong clinical champion may be detrimental to the project. Physician leadership is the key.

Lack of staff to provide sufficient real-time support during go-live when the risks are greatest, the learning potential is highest and when staff need training the most may lead to costly mistakes and put patient safety in jeopardy.

“Altru Health System has invested a lot of time and effort into improving technology that we use to serve our patients. We are pleased to have received this top HIMSS Stage 7 designation, as it acknowledges the effort that our staff have put into our EMR initiative. We believe our current system has us prepared to meet future health care challenges for years to come.”

Mark Waind, CHCIO
Administrative Director of IS
Altru Health System

