Optum Physician EMR Implementation Overview

Getting Started . . .
EMR Implementation Overview - Agenda

- Goals
- Best Practice Recommendations
- Available Training Sessions
- Recommended Training Process
- Training for Optum Physician EMR Modules
- Planning Your EMR Implementation
- Planning your Conversion from Paper Health Records
- Planning for Progress Notes
- Incremental Adoption for Progress Notes
- Planning for Disaster Days
- Additional Optum Physician EMR Portals
- Other Project Team Responsibilities During Implementation
- What it Means to “Go Live”
- Monitoring Workflows After “Go Live”
- Reviewing the Benefits and Opportunities
- Viewing EMR Training Sessions & Accessing Help
- Taking the Next Step
- Questions and Answers
Goals for Successful Implementation

- **Promote a non-stressful implementation!**
  - Plan, Plan, Plan and then plan some more
  - Communicate changes to **all** staff members
  - Work with staff for buy in; need everyone on-board for successful implementation

- **Prevent loss of productivity!**
  - Review current workflow to understand all area of patient flow.

- **Achieve live use of all EMR contracted components!**
Best Practice Recommendations

<table>
<thead>
<tr>
<th>For a practice that is . . .</th>
<th>Then . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>New to EMR</td>
<td>Implement components of EMR over time which promotes staff acceptance &amp; develops content gradually</td>
</tr>
<tr>
<td>Transitioning from another EMR application or a “start up” practice that wants to begin with EMR</td>
<td>Implement all components of EMR simultaneously</td>
</tr>
</tbody>
</table>
Planning Your EMR Implementation

Assign Project Manager or Champion

- Coordinates with Optum Physician EMR Implementation Specialist, and communicates with internal staff
- Leads *EMR Project Planning Team* and determines participants - Include Physician or Clinical Champion
- Attends all weekly meetings with Optum Physician EMR Implementation Specialist
Planning Your EMR Implementation

*Establish the EMR Project Planning Team's responsibilities*

- Become subject matter experts within your practice
- Communicates cultural and workflow changes to all clinical users
- Defines new clinical workflows in your practice using Optum Physician EMR
- Help drive adoption, ensure training is completed, and that users understand their new responsibilities
- Helps to decide if workflow changes are needed to increase efficiency

Decide meeting frequency with Optum Physician EMR’s Implementation Specialist

(Usually one hour weekly meetings for 8–12 weeks)
Tasks for EMR Project Planning Team

- Considers the determining factors for the implementation timeline such as:
  - Planning your conversion from paper charts (AKA to some as: Data Pre-loading or Chart Abstraction)
  - Gradual or simultaneous “Go Live” dates
  - Training time and training method used
  - Practice time, readiness validation
  - Targeted “Go Live” dates
- Commits to defined implementation timeline
- Decides when to schedule internal staff meetings to discuss planning and changes
- Reviews current workflows to see if improvements can be made or changes need to be made.
Planning Your EMR Implementation

Possible Changes for EMR Project Planning Team to Consider:

✓ Deciding where printers are located. (Printing rx, Clinical Summaries, Pt Education, Orders)
✓ Utilizing Clinical Today Dashboard (ToDo’s, Check In/Out)
✓ E-prescribing responsibilities
✓ Reviewing, linking & signing lab results
✓ Documenting patient notes; during or after patient visit
✓ Capturing Meaningful Use information
Planning Your EMR Implementation

*Information EMR Project Planning Team Needs to Communicate:*

- ✔ Project timeline
- ✔ Team responsibilities
- ✔ Cultural changes
- ✔ Who is impacted by the changes
- ✔ New workflow changes in practice
- ✔ Staff’s new responsibilities
Planning Your EMR Implementation

Finding Local IT Vendors

- Ask sales to provide you with a list who may assist with hardware purchase, network installation, etc…
- Ask other local practices for references

Planning for Hardware

- Deciding to go wireless or wired network within the office
- Deciding where printers need to be installed for access and security.
- Choosing the hardware - Tablets, Laptops & PCs
- Determine method of data entry each user desires
  - How does the provider want to enter clinical information?
  (Refer to next slide for chart)
Planning Your EMR Implementation

Chose method of entry - Using keyboard, handwriting recognition, voice recognition, quick text, dictation, or a combination?

<table>
<thead>
<tr>
<th>Date Entry Method</th>
<th>Pure Tablet</th>
<th>Convertible Tablet/Laptop</th>
<th>Laptop</th>
<th>Desktop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type/Keyboard</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Handwriting Recognition</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Use Stylus</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Voice Recognition</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dictation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Planning Your EMR Implementation

Planning for Hardware

- Meeting Optum Physician EMR’s technical requirements
- Comparing devices & prices

Determining Printer Needs

- New locations for printers? (near provider, front desk)
- Add another printer?
- Separate printer for controlled substances?
- Printer connected to a network or local?
Planning Your EMR Implementation

Planning for Hardware

✓ Determine Scanner Needs
  - Incoming paper and historical charts
  - A Twain Scanner Driver must be installed to scan directly to Optum Physician EMR
    - Driver can be obtained from Manufacturer’s website
  - Resource for Scanning Services or Equipment
    - Donnegan Systems: www.donnegan.com

Determining Paper Needs

➢ Is secure paper needed for controlled substances? (regular printer)
➢ Resources to order paper
  - rxpaper.com
  - rxsecurity.com
Planning Your EMR Implementation

### Network Readiness Form (NRF) from your PM Implementation Packet:

The NRF contains the minimum requirements for PCs, networks, and plug-ins to efficiently run Optum Physician EMR. If any requirement is not met, you may experience problems when attempting to log into or utilizing Optum Physician EMR. PCs/networks that are below any minimum requirement stated need to be updated to meet the requirement prior to the scheduled Optum Physician EMR go live date.

<table>
<thead>
<tr>
<th>Component</th>
<th>Requirement</th>
</tr>
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</table>
| Bandwidth Formula | Bandwidth Formulas to Use  
---Cable or DSL: Bandwidth required= total # of users x 300kb=____kb (1024kb=1mb)  
Example: 5 users with a Cox connection would need a 1.5mb connection.  
T1 or Dedicated/Regulated Bandwidth: Bandwidth required = total # of users x 60kb=____kb (1024kb=1mb)  
Example: 25 users would require 1.5mb which is a full T1 |
| Bandwidth Test | Can be completed at [http://www.speedtest.net](http://www.speedtest.net) |
| Operating System | Windows XP/Vista/Windows 7 (With all current Service packs and updates) |
| CPU Processor | Pentium 4, 2.0GHZ or greater |
| Physical Memory | Windows XP: 1 GB  
Windows Vista/Windows 7: 1.5 GB |
| Monitor | At least 17” screen with 1024 x 768 resolution |
| Internet Browser | Internet Explorer v7.0, v8.0 and v9.0 |
| Redundant Internet | You must have two, redundant internet connections with different internet service providers (ISPs). This provides the practice with a backup internet connection in the instance that your primary internet connection has any issues/ is not working. Your primary internet connection must meet all of our minimum requirements and the secondary connection must provide enough bandwidth to sustain your practice during an outage of the primary internet provider. |
| Compatibility Mode (Internet Explorer v8.0 Only) | For IE v8.0 and v9.0 Compatibility View must be turned on to display pages in CareTracker correctly |
| Remove Third-Party Toolbars from Browser | Remove all third-party toolbars, such as Google, Yahoo, Bing, and AOL, from Internet Explorer. Third-party toolbars have been known to cause random performance and functionality issues within CareTracker. |
| Setup Tabbed Browsing | Directions on setting up tabbed browsing are available in the CareTracker Help System (HELP > Getting Started > CareTracker System Requirements). |
| Disable Pop-up Blocker | Pop-ups must be allowed from [www.caretracker.com](http://www.caretracker.com) |
| Trusted Site | Add [www.caretracker.com](http://www.caretracker.com) and [https://rapidrelease.caretracker.com/duplicate-login.htm](https://rapidrelease.caretracker.com/duplicate-login.htm) as trusted sites |
| Page Setup: | File > Page Setup  
Delete default margins, remove header and remove footer |
If the test is unsuccessful, contact WebEx Customer Support at (866) 229-3239. |
| Adobe Flash (required for accessing Recorded training sessions) | Version 9.0 or greater  
Available Training Sessions

Recorded Online Sessions

- Access from anywhere, anytime, as often as you want at no charge

Live Instructor Led Sessions

- Instructor led, full series of training
  - 5 day training, 1hr per day, Monday – Friday
  - Block training, 2.5 hrs per day, Tuesday & Thursday
  - Flexible scheduling that allows users to learn as needed, one session at a time, or all in a series
Recommended Training Process

Physician & Staff Training

1. Listen to recorded online recorded sessions
2. Complete task workbooks
3. Register & attend instructor led sessions if needed to complete tasks
4. Attend weekly Project Management meetings with Optum Physician EMR Implementation Specialist & learn to apply feature and functionality to your workflows in your practice
Training for Optum Physician EMR Modules

**Clinical Today**

✓ Clinical Dashboard, Quick Tasks, ToDos, Mail, eFaxing, Visit Capture, Document Management, Population Management

**e-Prescribing**

✓ Medication Drug History Import, Medication Administration, Adding Problems, Medications, Allergies

✓ New and refill prescriptions

**Health History Panes**

✓ Vital signs, chart summary review, patient care management, flowsheets, loading information from paper chart, patient registries
Training for Optum Physician EMR Modules

Clinical Tool Bar

- Lab Orders, Managing Electronic Results via Quick Tasks
- Lab Interface (refer to “Connections” Module for current list)
- Orders & Order Sets
- Immunizations
- Clinical Letters
- Referrals

Progress Notes Preparation (still have a paper record)

- Identify templates to be used and build Quick Text progress notes
- E & M Evaluator
- Sending/Printing Formal Health Record or Summaries
- Creating CCDs
- Managing Notes
Other Project Team Responsibilities During Implementation

Verify the Following After Each Training Session:

- Ensure all end users have completed the *EMR Training Tasks Workbook* successfully (Need to ensure each person has time to work on watching training and completing workbook)

- Ensure all end users understand their responsibilities and the new workflows defined now that you are using Optum Physician EMR

- Discuss questions specific to your practice with your Implementation Specialist during your weekly meetings

- Make time to practice using Progress Note templates and continue to create quick text

- Validate learning with EMR Implementation Specialist by completing the workbooks and / or during Instructor Led Web Sessions before going live
Planning Your EMR Implementation

**Dedicate Time to Practice & Validate Readiness**

Define a time to . . .

- Work with templates and develop quick text
- Build Favorite List
- Review new workflows with all clinical users

**Determine Your Go Live Date**

*The Go Live date is based upon your answers to the following questions*

- Will you go live incrementally; introducing one module of EMR at a time? *(Optum Physician EMR's Best Practice Recommendation)*
- Will you go live with all modules of EMR at once?
- Will you go live with EMR at the same time as PM (Practice Management)?
Planning Your EMR Implementation

Determining Need to Create New Clinical Letters in Optum Physician EMR – Clinical Letters become part of the patient’s health record.

- Who will create the clinical letter templates?
- Who will create the clinical letters?
- Do you want to include a company logo in your letters?
- Do you want to include a scanned physician signature in your letters?
Planning Your EMR Implementation

Securing Your Devices - Carrying portable devices

Exam room options for using portable devices

- Stationary music stand or rolling cart, hang on wall, place on table, or counter top
- Extra batteries, extra power cords for each exam room
- Plug in at night to charge battery

Securing Your Patient Records

- Secure or lock laptops or tablets in exam rooms or hallways accessible to patients and families
- Unattended browsers could allow for patient information disclosure
  » Need quick log on/off if the patient is in the exam room with access to any application
  » Examples:
    - Finger print log on
    - Card swipe log on
    - Control>Alt>Delete to Lock Screen
Planning Your Conversion from Paper Health Records

Building the Electronic Health Record

Refer to the recorded session:

*Planning Your Conversion from Paper to Electronic Health Records*

- Scan documents to help develop electronic medical record content
- Limit historical scanning to pertinent information
- Flag items in chart for support staff to scan based on defined & agreed to plan
  - Be consistent in naming conventions of documents scanned
  - Be consistent where documents are scanned/stored within EMR
  - Determine method, resources, & timeline needed for scanning
Planning Your Conversion from Paper Health Records

Converting Patient Information to Your New Electronic Health Record – Data Entry:

- Patient Pharmacy (enter in PM > Patient)
- Problem List
- Medications (enter manually or obtain some from PBMs)
- Allergies (enter manually)
- Past Medical, Family & Social History – use new questionnaires or existing forms to enter or update an existing history
- Immunization History (enter manually)
- Patient Registries
- Specialty needs to consider for scanning:
  - Pediatric practices: growth chart
  - Cardiology practices: INR tracking
  - Pregnancy history (OB/GYN)
Planning Your Conversion from Paper Health Records

- **Considering Who Should Enter Data**
  - Providers
  - Support staff
  - Temporary or outsourced staff

- **Deciding When the Conversion Will be Completed**

- **Aligning Data Entry with Historical Scanning**
  - Decide if you want to enter the following information prior to the patient’s EMR visit
  - Identify limited items from the medical record to scan in addition to your data entry:
    - Problem list
    - Medications
    - Allergies
    - Immunizations
    - Patient pharmacy
    - History
Planning Your Conversion from Paper Health Records

**Formulate a plan:**

- who will enter/scan the information
- when it will be completed

Use the label example on the next slide to organize the information transferred from the paper record to the electronic record
Planning Your Conversion from Paper Health Records

<table>
<thead>
<tr>
<th>Provider Identifies Items to be Entered / Scanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: ___________________________ Date(s): ________________</td>
</tr>
<tr>
<td>▪ Pharmacy entered: □ Yes □ No</td>
</tr>
<tr>
<td>▪ Medications entered: □ Yes □ No</td>
</tr>
<tr>
<td>▪ Allergy list entered: □ Yes □ No</td>
</tr>
</tbody>
</table>

Scanning Opportunities:

| • Lab results: ___________________________ |
| • Pap smear: ___________________________ |
| • EKG: ___________________________ |
| • Mammogram: ___________________________ |
| • Colonoscopy: ___________________________ |
| • X-ray report: ___________________________ |
| • Discharge summary: ___________________________ |
| • Annual physical exam: ___________________________ |
| • Progress note: ___________________________ |
| • Letters from consultants: ___________________________ |
| • Health care proxy: ___________________________ |
| • Other: ___________________________ |
Planning Your Conversion from Paper Health Records

**Meeting the Paperless Timeline** - Examples:

1. No scanning - - Plan to pull paper charts 3 times after full use of EMR is accomplished. Date stamp each time you use the chart, and after the 3rd pull, file it!
2. Identify key portions of chart to scan at patient’s first electronic visit, scan them, and file it!
3. Pull next week’s appointments and scan key portions before patient’s first electronic visit, give chart to provider for 1st visit only, then file it!
4. Define your goal for storing or destroying charts & make this part of how you “file it”
Planning for Progress Notes

**Determining if Data Points are Required for PQRI**
- Make sure info is captured on template and / or encounter form

**Determining Reporting Requirements**
- Request any additional reports needed

**Discussing the Progress Note format or template**
- Implementation Specialist helps determine the best template that best fits with the data entry method desired
Planning for Progress Notes

Use one template or combination of templates for progress note data entry *(These will be discussed during training)*

- Point & click templates
- Quick text
- Dictation
- Voice recognition – any application will work
  - Dragon - (Medical Version)
  - Handwriting recognition – applications included in tablets will work
Incremental Adoption for Progress Notes

Determining Method of Learning Progress Notes

Gradually begin Progress Notes

- **WEEK ONE:** Schedule 1 new patient per day for a week to record progress note using EMR application
- **WEEK TWO:** Schedule all new patients to record progress notes using EMR application
- **WEEK THREE:** Utilize progress note for 1 follow-up encounter each day; keep doing all new patient notes in EMR
- **WEEK FOUR TO SIX:** Continue new patients and add at least 2 follow-up patient records using the EMR Application
Planning for Disaster Days

Discuss Business Continuity Plan

- Redundant internet access is strongly recommended because of natural or man-made disasters that could prevent data access
- Power failures may cause loss of internet connectivity
- Sample items for a “Paper Day”:
  - Rx pads
  - Paper progress note templates
  - Paper encounter forms
  - Lab/radiology order forms
Planning for Disaster Days

Create or print patient clinical summaries for appointment list & store/secure locally

- Print and secure in locked area
- Create and store as password protected file on portable computer with a battery
- Create and store as password protected file on media such as disc or flash drive
- Determine how often your practice needs to do this and assign the responsibility

*Remember that some items will need to be entered into the record once system is restored.* i.e.: Problems, meds, allergies an orders
Additional Optum Physician EMR Portals

**Referring Provider Portal**

- A secure, web-based provider portal that drives referral networking efficiency by easing the physician-to-physician communication process
- Optum Physician EMR provider can build a network of referring providers & communicate via e-mail

**Patient Portal**

- A secure web-based portal that allows patients to track and manage their personal health information online.
- The practice can activate, deactivate or pre-register a patient for Patient Portal
What it Means to “Go Live”

- **No More Paper Charts**
- **Document all Appointment Types Electronically**
- **Continue Meetings within Your Practice**
  - Continue education for employees
  - Train new employees
  - Determine what to do with paper charts once desired information is in EMR (according to state law); follow through on your plan

**EMR Implementation Specialist Continues as the Point of Contact**
- First few weeks of using Optum Physician EMR your Implementation Specialist supports your practice

**Transition to Optum Physician EMR Support**
- Implementation Specialist initiates a meeting with you and Optum Physician EMR Support for a smooth transition
- Understand the importance of protecting PHI
- Use ToDos to communicate with Optum Physician EMR and protect PHI
Monitoring Workflows After “Go Live”

**Identify Workflow Challenges**

Use the Optum Physician EMR task sheet

- Are To Do(s) being responded to?
- Are refill requests being approved?
- Are Lab/Radiology results being committed to the chart?
- Are open orders followed up?
- Are visits being entered?
- Are attachments being signed?
- Are notes being dictated on a timely basis?
- Are notes being signed?
Reviewing the Benefits and Opportunities

**Strive to Maximize Optum Physician EMR Use**

Ensure you are using Optum Physician EMR efficiently and have identified the most efficient workflows for your practice.

**Continuous Improvement**

Identify additional opportunities to improve by using:

- ToDos and ToDo Queues
- The clinical letter writer
- Reminders and recalls
- PQRI measures
- Patient Care Management application
- Meaningful Use dashboard
Viewing EMR Training Sessions & Accessing Help

Reviewing Optum Physician EMR Help (Recorded or live demonstration)

- Recorded sessions
- Web schedule and registration
- Agendas and workbooks
- General Help content
Taking the Next Step

1. Complete the Discovery Task Workbook
2. Submit workbook to EMR Implementation Specialist
3. Review your calendar to identify available times for training
4. Determine participants on your Project Planning Team
5. Schedule your first conference call with your assigned Implementation Specialist to document your work flow decisions and training schedule commitments
6. Start to plan and discuss forthcoming changes with all office staff and all providers
7. You are on your way!
Thank you for time and attention!