


Chronic Care Technology Collaborative
 Learning Session Three
 June 20th, 2008



Welcome to today's program!

- Agenda
- Important announcements
 - Cell phones
 - Rest rooms
 - Evaluations
 - Team photos
- Introductions

The Chronic Care Technology Project
 Georges Nashan, RN, CPHQ – Project Director

- Three year project developed by the Institute for Medical Improvement (IMI)
 - Eastern Maine Healthcare System – Clinical Research Center, EMMC
 - Maine Network for Health – Quality Support Program
 - University of New England - Center for Health Policy, Planning & Research
- Funded by the Agency for Healthcare Research & Quality (AHRQ)

The Chronic Care Technology Project

- Grant recipient is The Aroostook Medical Center
- Two 12 month Learning Collaboratives based on the Institute for Healthcare Improvement's model
 - 1st based in Northern Maine
 - 2nd based in Central and Eastern Maine
- Focus - Use of technology to improve access and transfer of patient data to improve chronic care conditions

Key Roles of Technology in Healthcare
 Ehab Hanna, MD – Physician Sponsor

- Improving Quality
- Enhancing Safety
- Increasing Efficiency
- Patient Satisfaction

Advancing the Use of Health Information Technology Through a Patient-Centered Health System Design

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Introduction

- GreenField Health
 - 9 physician medical group, 2 sites
 - Research in performance improvement
 - Teaching, advocacy, and consulting services
- The Trust for Healthcare Excellence
 - The Better Health Initiative

The Trust for Healthcare Excellence is a newly formed 501(c)(3) created to promote the collective efforts and conditions necessary for health and healthcare excellence.

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GreenField Health's IT System

1. GE Centricity EHR
2. GE Centricity PM
3. Kryptiq Care Manager registry
4. Kryptiq's DocuTrack scanning
5. Kryptiq secure messaging and local RHIO
6. Kryptiq web portal with patient access to records
7. Kryptiq E-prescribing
8. Hospital interface for lab, x-ray, hospital documents
9. Brentwood ECG – PC-based and integrated
10. Midmark Spirometer – PC-based and integrated
11. Clinical Content – encounter forms
12. GreenField intranet and web site
13. Vertical Response – patient newsletter
14. Networking hardware & software
15. Knowledge sources – Epocrates, UpToDate, PubMed, Google
16. Remote access to hospital IS and our own IS
17. Network faxing
18. Network with backup, antiviral, antispyware, and security software
19. Telecommunications – phone system, cell phones

- Relationship
- Service
- Clinical Reliability

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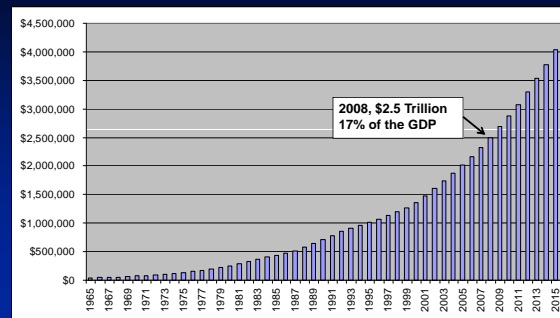
Key Messages

- Information Technology is an important component, but only a component, of a transformed delivery system.
- For transformation to occur, we need a clear vision of what the transformed system should look like.
- In a transformed system, excellence of each component of the system is critical, but so is connectivity between components of the system.
- Those involved in system transformation need to maintain a very strategic, high level view of their collective work *while* driving effective, specific project improvement.

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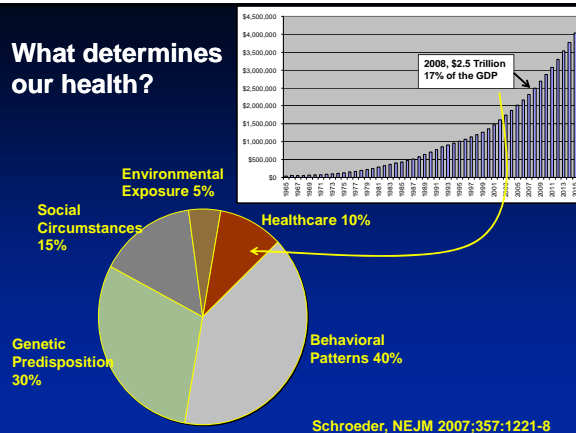
National Health Expenditures – \$ Millions

(total, including out of pocket)



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What determines our health?



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What drives costs?

- End of life care
- Pharmaceutical spending
- Expensive technologies
- Preventable hospital admissions
- Poor coordination of care

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COMMENTARY

Improving Patient Safety by Taking Systems Seriously

Stephen M. Shortell, PhD, MBA, MPH
Sara J. Singer, PhD, MBA

PATIENT SAFETY HAS BEEN A PRIORITY IN HEALTH CARE since Hippocrates admonished physicians to "first do no harm." Even so, the Institute of Medicine found in 2000 that approximately 98,000 patients die from preventable medical errors each year.¹ Recent US Centers for Disease Control and Prevention estimates project that 270 individuals die each day from hospital-acquired infections.² Despite substantial efforts and investments, widespread and substantial improvement is not evident.

The problem is not in knowing what to do. Techniques, tools, and some best practices are available, and many health care organizations are making efforts to embed them.³ The same

and professional training institutions. Fixing systems requires not only procedure-specific fixes but also initiatives that address problems of multiple conditions across the continuum of care. Systems thinking requires making full patterns clearer—patterns across parts of the system and over time—to "... see how to change them effectively."⁴ This type of systems thinking creates collective learning that enables health care organizations to adapt to new technologies and information as well as continually enhance their own capacity to generate learning. Until a substantially broader vision is applied in designing these efforts, learning, improvement, and health gains will be limited. Remedies meant to address one problem are likely to cause problems elsewhere.

In practical terms, this means developing evidence to support decision making for populations of patients with specific conditions and creating trust and supportive cultures.⁵

JAMA, 2008

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Health System Design

How would you organize and fund these components to produce optimal outcomes, and why?

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Primary Care Oriented System Design

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Organizational Improvement Paths

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Leading Improvement

Organizational Leadership
("Strategic")

Clinical System Improvement
("Tactical")

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Leading Healthcare Improvement

Organizational Leadership

Clinical System Improvement

- Leadership**
 - Leadership structure
 - Personal leadership
 - Strategic planning
 - Culture management
- Improvement structure**
 - Improvement infrastructure
 - Measurements and methods
- Change management**

- Improving pt satisfaction
- Improving clinical outcomes
- Implementing EHRs
- Developing care teams
- Doctor-patient communication
- Access to care

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Leading Healthcare Improvement

Organizational Leadership



Clinical System Improvement

1. Leadership
 - Leadership structure
 - Personal leadership
 - Strategic planning
 - Culture management
 2. Improvement structure
 - Improvement infrastructure
 - Measurements and methods
 3. Change management
1. Patient satisfaction
 2. Clinical outcomes
 3. HIT: EHRs, registries, e-prescribing, etc
 4. Care teams
 5. Doc-pt communication
 6. Access to care
 7. Self-mgmt support
 8. ...

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Clinical System Improvement for Ambulatory Care



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Leading Healthcare Improvement

Organizational Leadership



Clinical System Improvement

Initiatives driven from here

Initiatives driven from here

- Strategic
 - Aligned with organizational and social priorities
- Tactical or project orientation
 - Address a problem

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Developed with the California Quality Collaborative

Performance Improvement

Physician practices are organized to care for individual patients and to maintain physician income and rights



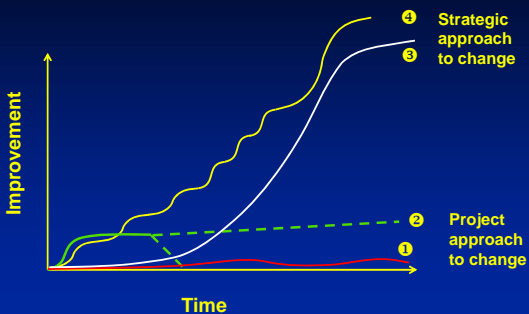
Systems of care are essential to improve care for individuals and populations

- Me
- This patient
- My own practice

- We
- These patients
- This community

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Organizational Improvement Paths



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Summary

- We have a pressing need to transform healthcare.
- IT adoption is a platform for organizational improvement which is really about leadership, culture, and change capacity.
- IT adoption can also be a platform for healthcare transformation, if we use it to address critical issues of leadership and culture.
- IT adoption is critical to transforming healthcare but we must focus not just on IT within our organizations but IT to connect our organizations.

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Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

EMMC Hospitalists

June 20, 2008

Team Members

Delight Joslyn, RN
Jamie Cronin, PharmD
Jim McCarthy, MD*
Georges Nashan, Quality Improvement Advisor

Organizational Goals

1. Develop database for logging and to aid in follow-up of issues raised during the IHI recommended Medication Safety Walk-Rounds (MSWR)
2. Increased tracking of issues raised during MSWR

Organizational Goals

3. Track follow-up of issues to completion
4. Categorize types of issues raised
5. Be able to give feedback to those who raised the issue

Overall Accomplishments
June 2007-June 2008

- Database developed. Being fine-tuned. Not yet on intranet.
- Reports being generated from database. More to be developed.
- Each issue has active/closed status linked to it. Can also assign who is responsible for task/follow-up.

Overall Accomplishments
June 2007-June 2008

- Each issue in database can be categorized.
- Names of those concerned entered into the database.

Overall Accomplishments June 2007-June 2008

Eastern Maine Medical Center
Medication Safety WalkRounds

Reported Issues

Round Date: 06-Nov-07
Opened By: Delight Joslyn
Attended By:
Department: M3 Surgical
Attended By:

1) Heparin...wrong formulation available (per orders)

Assigned To: **Status:** Active
Due Date: **Category:** 5
Recommendations: **Priority:** (2) Normal

Major Action Steps

1. MSWR were started July 2007 and initially tracked on paper.
2. Database developed and paper results entered in retro-actively.
3. Currently fine-tuning the database.

Measurable Results

- Full specific data not yet available as database not yet complete
- Was quickly noted that “near-misses” were underreported.
- A new program of “Good Catches” was instituted 5/2008 to increase reporting. Await to see numbers that are turned in.

Challenges or Barriers

- Time to complete database and to fine-tune it.
- Challenge of scheduling the actual MSWR.

Lessons Learned

1. The under-reporting of near-misses likely a bigger issue than we as an institution had realized. Frequently, several near-misses occur before an actual medication error occurs.

Lessons Learned

2. Delay in building the database given dependence on IT services. Has delayed timely tracking and follow-up. We could have built the database ourselves, but then we would have lost the soon-to-happen ability to have it on the intranet for the Executive Leadership Team to be able to also view it.

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Lakewood A Continuing Care Center

June 20, 2008

Team Members

Rose Blanchette, Administrator
Patty Bird, Business Office Manager
Jurgen Wurth, Food Service Director
Judy Matthews, R.N.B.S., Admissions Coordinator
Georges Nashan, Quality Improvement Advisor
Sponsor: John Dalton, President and CEO Inland Hospital

Organizational Goals

1. To streamline the admissions process using information technology in order to have a more efficient and effective transfer of patient information by June 2008.
2. Collaborate with referring hospitals to improve access to their electronic medical records by June 2008.

**Overall Accomplishments
June 2007-June 2008**

- We have met with IT and have learned what our internal system capabilities are. i.e. Secure email, access to Cerner.
- We are utilizing Cerner to access records of potential admission from within EMHS.
- We are utilizing email to communicate with discharge planners.

Major Action Steps

1. Gained access to Cerner and Power Chart for our Admissions Coordinator, FDS, and shortly, S.S. D.
2. Working on gaining access to EMR outside the system.
3. We are gaining access to print reports on Cerner at Lakewood so we can enhance transfer of information that can help boost our revenue. (MDS coding)

Major Action Steps

4. We have access to secure email-Trial corresponding with physicians this way rather than fax.
5. We are procuring a scanner to enhance the distribution of patient information internally and possibly to physicians. Other uses?
6. We are exploring computerized templates to enhance the distribution of admission information internally.

Measurable Results

- One hour is saved in processing each admission we accept from a EMHS hospital secondary to having access to the EMR.
- We admit 23 residents per month on our skilled unit.
- Two to six hours of delay time occur with admissions from hospitals without our ability to directly access the EMR waiting for faxes, phone calls, etc.

Measurable Results

- The delay in transfer of patient information sometimes causes the patient to be in the hospital an extra day.
- We are able to get information to our staff in a timely manner prior to patient arrival when we can access the EMR, this enhances smooth transitions for our residents.

Challenges or Barriers

- Our major challenge has been to gain access remotely to the EMR from a non affiliated hospital. This remains our top goal. A factor affecting this may be that they themselves are still “working out bugs” in their system.

Lessons Learned

1. Utilizing available technology enhances patient care.
2. The importance of collaborating with other caregivers and disciplines to learn about what is available to use and what others have done.

Using Technology in Patient Care Management

Learning Session 3: Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Ross Manor

June 20, 2008

Team Members

Garth Berenyi – Team Leader
Susan Bernier RN – Clinical Leader
Roland LaBelle – IT for Ross Manor
Jodi Gilks – Office Practice Manager
Melissa Rice – Key Sponsor
George Bostwick MD – Key Sponsor
EMHS – IT Support
Linda Coleman, Quality Improvement Advisor

Organizational Goals

1. To improve physician access to patient records using Powerchart and Logician

**Overall Accomplishments
June 2007-June 2008**

- Implemented VPN access to Powerchart/Logician (eliminating the need for an onsite server)
- Eliminated the need for TOKENS
- Decreased amount of time needed to access Powerchart/Logician
- Improved accessibility to more areas of the building

Major Action Steps

1. Met as a group with all key players including EMHS IT Support (decided no need for onsite server, will implement VPN Line)
2. Sent out survey to determine current use

Major Actions Steps

3. Requested 3 new laptops to help maintain access for physicians throughout the building.
4. Added shortcuts to all computers for even easier access
5. Sent out follow up satisfaction survey to see if access had improved

Measurable Results

- Decreased time needed for each visit by the physicians.
- Increased the number of people who have access to Powerchart/Logician. Any physician having access at the hospital or in their own offices can now access it from Ross Manor.

Measurable Results

- Increased accessibility by adding laptops so they can use as they work throughout the building.
- Decreased the time it takes to receive information from the hospital. Instead of having to call for the information they are able to pull the information up themselves and have no wait time for the fax to come through.

Challenges or Barriers

- Getting the entire team together at the same time. We are not all located in the same building so it was difficult with everyone's schedules to meet as a group.
- Initial surveys went out but did not receive them all back.
 - First survey: 55% return rate
 - Second survey: 33% return rate

Challenges or Barriers

- Competing facility priorities.
- Ownership configuration.

Lessons Learned

Technology is an ever changing science and some people are more open to change than others.

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Osteopathic Center for Family Medicine

June 20, 2008

Team Members

Jack Forbush, DO Lead Physician

Linda Coleman, Quality Improvement Advisor

Organizational Goals

1. Improve prescription refill process in cooperation with local pharmacies
2. Improve patient care process for managing chronic disease conditions

Overall Accomplishments
June 2007-June 2008

- We have implemented e-prescribing using Dr. First with Affiliated Pharmacy Services.
 - *90% implementation to electronic prescribing to Affiliated Pharmacy Services
 - *50% implementation to “non-Affiliated” pharmacies

Overall Accomplishments
June 2007-June 2008

- We will implement three point of care work stations in early July
- We will implement electronic medical records with existing practice management software

Major Action Steps

1. Partnering with MNH
2. Establish software agreement with Dr. First
3. Initiated talks with our EMR vendor to incorporate this ability in future releases to streamline our workflow

Measurable Results

- Timeliness: “time to prescription” at the time and point of service improves timeliness and efficiency
- Patient Safety: marked reduction in potential medication, dosing or instruction errors
- Patient Satisfaction: verbalization of satisfaction with increasing number of patients requesting this service

Measurable Results

- Staff/provider satisfaction
- Efficiency: Decrease costs associated with “man hours”

Anticipated Results in EMR:

- Improve patient safety through a consistent and accurate problem and medication lists
- Enable patient access to self-monitoring parameters of chronic disease conditions
- Increase patient centeredness through patient education and self management

Challenges or Barriers

1. Technological barriers in non-affiliated pharmacies create a time delay; physician phones in patient prescriptions
2. Patient satisfaction is impacted with those using non affiliated pharmacies

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

**Affiliated Pharmacy
Services Inc.**



June 20, 2008

Team Members

Paul Sevigny, Team Leader
Dr. Ehab Hanna, Clinical Leader
Damon Wilson, IS, IT Support
Kent Bridges, Meeting Facilitator
Other Team Members: Mike Warmuth,
Bill McArthur
Miles Theeman, Key Sponsor
Linda Coleman, Quality Improvement
Advisor

Organizational Goals

1. Improve communication with providers using a paperless process (i.e. email, e-fax, e-prescribing).
2. Establish direct printing functionality for EMHS network internally providers to utilize.
3. Implement e-fax and email capability directly from our pharmacy.

Overall Accomplishments June 2007-June 2008

- Function to receive e-scripts is now functional
- Improved communication with area providers has occurred
- Improved communication with retail customers has occurred
- Reduced customer wait times
- Reduced provider incoming and outgoing phone calls

Major Action Steps

1. Work internally with our pharmacy staff at Riverside, Westgate and Airline pharmacies. (Help train for these changes as they are implemented)
2. Work externally with medical providers throughout Maine and New England. (Remind providers of different communication methods that are legally available.)

Major Action Steps

3. Implement e-fax and email capability directly from our pharmacy system. (We will use the existing EMHS network and QS/1 software to do this.)
4. Worked with Dr. Forbush to test e-prescribing functions and how they connect with our pharmacy.
5. Joined the *e-Prescribing Controlled Substances Coalition* to help support e-prescribing legislation.

Measurable Results

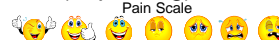
- reduce new prescription turn-around time by 25%
- increase prescription accuracy by 10-20%
- increase customer satisfaction by 10%

Measurable Results

- reduce error rate by 20-30%
- reduce wait time on prescription refills by 10%
- increase available time with customer by 10-15%

Challenges or Barriers

- 🙄 Expense – minimum of 25¢ per transaction costs directly to pharmacy (some up to 75¢)
- 🙄 Lack of broad-based interest by area providers. (Improving)
- 😊 Lack of legislative/Board of Pharmacy support and guidance. (Improving)
- 🙄 Staff training – change in previous process (Improving)



Lessons Learned

1. Keep current on legislation
2. Understand the provider's process—tap into resources
3. Be patient

Using Technology in Patient Care Management

Learning Session 3: Accomplishments and Lessons Learned

Questions/Comments?
(Update on EMMC e-prescribing module from Dr. Hanna)

Using Technology in Patient Care Management

Learning Session 3: Accomplishments and Lessons Learned

Eastern Maine HomeCare

June 20, 2008

Team Members Eastern Maine HomeCare

Adam Goodspeed-Project Leader-Information System Support Assistant- EMHC
Bill Loomis-Administrative Assistant- HCHC
Mary Dibona-Coordinator of Support Services- BAVN
Sharon Swift- Administrative Assistant- HCHC
Kathy Lirakis-Director- HCHC
Nan Grant-Nurse Case Manager- HCHC
Linda Coleman, Quality Improvement Advisor -MNH

Organizational Goals

1. Improve electronic ordering of patient supplies by implementing an online ordering process.
2. Initiate use of secure email in order to streamline ordering of DME
3. Implement VPN as a synchronization option to staff who have high speed internet in their homes.

Overall Accomplishments June 2007-June 2008

- Tanberg conferencing equipment in place and now used regularly (this was an important piece in helping us overcome some of our geographical barriers related to all of our goals).
- Electronic process implemented at HCHC for ordering patient supplies from Affiliated.

Overall Accomplishments June 2007-June 2008

- Secure email system implemented at HCHC for DME orders.
- VPN now available for EMHC clinicians.

Major Action Steps: Supply Ordering via Affiliated

1. Posed question to Affiliated
2. Discovered there is already an option!
3. Received training
4. Tested process at one site

Major Action Steps: Supply Ordering via Affiliated

5. Identified problem areas
6. Worked with Affiliated to iron out "kinks"
7. Next step: Develop policies and procedures and then implement at other EMHC sites- (In process)

Major Action Steps: Using Secure Email to order DME

1. Contacted outside vendor with proposal of plan
2. Tried process
3. Developed templates and procedures
4. Implemented with other vendors.

Major Action Steps: VPN

1. Ability established by EMHS
2. Received confirmation of use
3. Tested by EMHS and EMHC
4. Implemented trials
5. Training done
6. Implemented to provider staff who have high speed internet at their homes.

Measurable Results: Supply Ordering via Affiliated

- Number of pieces of paper reduced (still some room for improvement in this area!)
- Supply orders are easier to track and read
- Perceived decrease in time needed to order (not actually measured)

Measurable Results: Using Secure Email to order DME

- Vendor receives the order sooner
- Increased patient security
- Reporting features provide greater accuracy
- No cost to implement
- Reported increase of provider/staff satisfaction
- Provides groundwork to use secure email for other communications.

Measurable Results: VPN

- Much faster synch time with server (seconds verses minutes)
- Secure connection through home options.
- Faster communication results in more accurate information at all levels due to better compliance regarding regular synching.

Measurable Results: VPN

- Cost is negligible.
- Extreme increase in staff satisfaction
- Opens potential for more robust system that would allow more data to be transferred (such as photos, etc).

Challenges or Barriers

- EMHC's geography-impossible to have face to face meetings.
- Could have done a better job of assigning roles and meeting times.
- Different cultures at different sites.
- Other competing/conflicting initiatives.

Challenges or Barriers

- Implementation
- Equipment- some staff do not have a laptop available
- High speed internet not available in all areas

Lessons Learned

1. Need support and involvement from all sites in order to achieve system wide change
2. Some changes are better implemented at one site and then “spread” to others with appropriate procedures.

Lessons Learned

3. Ask the right questions (and ask again!)
4. Work with leadership to involve the right folks from the start (ie those that would most benefit).

Final Lesson Learned

Communicate,
Communicate,
Communicate!!

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

**Center for Family
Medicine**

June 20, 2008

Team Members

Nicole Morse, Clinical Supervisor
Tammy Treadwell, Team Member
Janet Morse, Supervisor
Kathy Caver, Team Member
John Branscombe, Team Leader
Georges Nashan, Quality Improvement Advisor

Organizational Goals

1. Implement live answering of phone system by March 08
2. Implement outgoing faxing by March 08
3. Implement incoming fax management by June 08

Major Action Steps

1. Set up meetings
2. Organize transition
3. Implement changes

Measurable Results

- Time for a nurse to deal with a prescription was decreased from approx. 10 minutes to less than 30 seconds.
- Before and after changes patient satisfaction scores did not change.

Challenges or Barriers

- Time to dedicate to the project
- Some activities were dependent upon others who didn't share the same timeline
- Physical construction

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Newport Family Practice

June 20, 2008

Team Members

Shirley Rollins, Quality Assurance
Brenda Cooley, Medical Assistant
Heidi Stafford, Medical Records Coordinator
Georges Nashan, Quality Improvement Advisor

Organizational Goals

1. Improve process of managing incoming faxes
2. Institute use of LanFax for outgoing faxes
3. Investigate Logician Clinical Messaging

Organizational Goals

4. Obtain insurance card scanner
5. Gain access to Seabrook Valley Hospital system to retrieve reports
6. Create patient registry database for diabetes and cardiovascular disease

Organizational Goals

7. Investigate E-prescribing
8. Improve phone system
9. Create electronic prior authorization forms

**Overall Accomplishments
June 2007-June 2008**

- We bought two new fax/printer/copiers
- Six computers were programmed to LAN-fax
- Four computers can now access the EMHS system for medical reports
- Card Scanner

Overall Accomplishments June 2007-June 2008

- New patient registry reports were created for diabetes and cardiovascular disease which extract information from Logician
- A staff in-service was conducted on customer service, including phone etiquette
- An electronic Prior Authorization form was created which extracts information from Logician

Major Action Steps

Major Accomplishment: Patient registry data abstraction from EMR

Matthew Larrabee from ViroQuest Software created a program that extracts patient information from Logician and enters it into an Access spreadsheet.

Measurable Results

- LAN-Faxing: 6 mins → 2 mins
- Hospital Access: 10 mins → 3 mins
- Pt Registries: 36 hrs → 30 mins
- Phone Service: less time on hold
- PA form: 10 mins → 3 mins

Challenges or Barriers

Faxing: Equipment not compatible for process

Clinical messaging: Limited number of other practices to interact with

Escribing: Need Logician update

Other factors: one team member left employment, time for team meetings

Lessons Learned

Old habits die hard: we learned to take the time to think about current processes and consider alternative workflows.

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Husson Family Medicine

June 20, 2008

Team Members

Team Leaders: Shannon Crowley & Christina Clark

Clinical Leaders: Jennifer Osgood, CMA, AAMA & Dale Walker, MD

Tracey Leamer, PKC Super User

Stacy Bedi, Primary Trainer

IT Project Manager: Sandy Schmand

Linda Coleman, Quality Improvement Advisor

WHAT IS PKC?

It is a triage coupler that allows non-medical staff to effectively and safely assess patient complaints to determine:

- Which patient needs to be seen
- Where they should be seen
- How much time should be allowed for evaluation
- Whether testing should be obtained before the appointment

Organizational Goals

1. Improve the phone triage process by implementing Problem Knowledge Coupler, which is expected to increase patients, staff and provider satisfaction.

Overall Accomplishments
June 2007-June 2008

- Determined how many licenses we needed
- Designed and executed a training plan for all non-clinical staff
- Had an demonstration of PKC for all Providers

Overall Accomplishments
June 2007-June 2008

- Received support from Mike Donahue, VP of Physician Practice Management to hire and train new staff for PKC
- Went "live" with PKC on 05/20/2008

Major Action Steps

1. Physician Buy In
2. Customized Product for Husson and Orono
3. Secured a qualified trainer who had several years experience with PKC
4. Trained a qualified Super user (Tracey Leamer)

Major Action Steps

5. Developed and Execute a training plan (36 hrs)
6. Implemented the program
7. 40 hours of auditing
8. Held daily feedback sessions

Measurable Results

- Fewer phone notes to the MA by reducing follow up calls
- Fewer phone calls for the provider to make
- Increasing patient satisfaction by handling patient compliant/ issue at time of call

Measurable Results

- Non-clinical staff feel “empowered” with PKC
- Increase patient safety with more accurate advice

Challenges or Barriers

- Finding time for the extensive training
- Ensuring we have enough staff to accommodate incoming phone calls and the length of time each call will take with PKC
- Customization of PKC
- Provider lack of knowledge on PKC

Lessons Learned

- Demonstrate and educate providers before customizing the product and training the staff

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

Questions/Comments?

Using Technology in Patient Care Management

Learning Session 3:
Accomplishments and Lessons Learned

EMMC Orono Family Medicine
June 20, 2008

Team Members

Tera Taylor, Super User; Team Leader
Glenn Rampe, M.D., Lead Physician
Angel Merchant, FNP, Clinical Lead
Cassandra Byorak, RN
Tara Wilson, Office Manager
Korey Murphy, Front Desk Coordinator
Mike Donahue, Key Sponsor
Sandy Schmand, Information Technology Support
Linda Coleman, Quality Improvement Coach

Organizational Goals

1. Improve phone triage process to improve appropriate and timely care for patients by implementing Problem Knowledge Coupler

Overall Accomplishments
June 2007-June 2008

- Purchased PKC licenses.
- EMMC Orono staff met with Dr. Bragg to review PKC process.
- Collaborated with Husson Family Medicine.
- Trained staff on usage of PKC.
- Met with Linda Coleman from Maine Network for Health and Sandy Schmand to discuss progress.

Major Action Steps

1. Submitted required information to purchase PKC licenses.
2. Collaborated with Stacy Bedi from Husson to implement training schedule for staff.
3. Trained all office staff June 2nd through 6th for live rollout on June 9th.

Measurable Results

- Provide 100% appropriate and timely care to patients.
- Effectively triage patients to the ER 100% of the time.
- Increase patient's sense of involvement in their care by 10% (on Patient Satisfaction Survey.)

Challenges or Barriers

- Coordinating meeting times with team members
- Scheduling training of office staff due to minimal staffing.
- Lack of knowledge of the benefit of PKC for office prior to demonstration by Dr. Bragg and Stacy Bedi.

Lessons Learned

1. Change is difficult.
2. The office staff could have gained a better knowledge of how the PKC triage system worked, and how it would benefit the office staff and patients earlier in the process to ensure less resistance.

Using Technology in Patient Care Management

Learning Session 3: Accomplishments and Lessons Learned

Questions/Comments?

History of Maine Community Health Portals

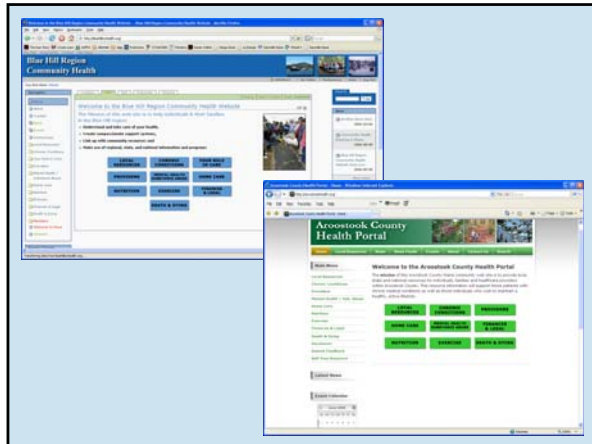
Blue Hill Community (www.bluehillmyhealth.org)

- *Physicians' Foundation for Health Systems Excellence* grant for "Improved care for patients with chronic conditions in rural Maine"
- Health Portal development from 2006-2007
- Focus on chronic conditions & local health resources
- Allow Community Organizations / Resources to maintain their information
- No Marketing to date
- Still a Work in Progress

History of Maine Community Health Portals

Aroostook County (www.arostookhealth.org)

- A health resource and tool for providers, patients and community
- Focus on chronic conditions, local resources, community events, ease of update and use
- Maintenance partnership with UMPI
- Some marketing to practices; local media
- More marketing to do...



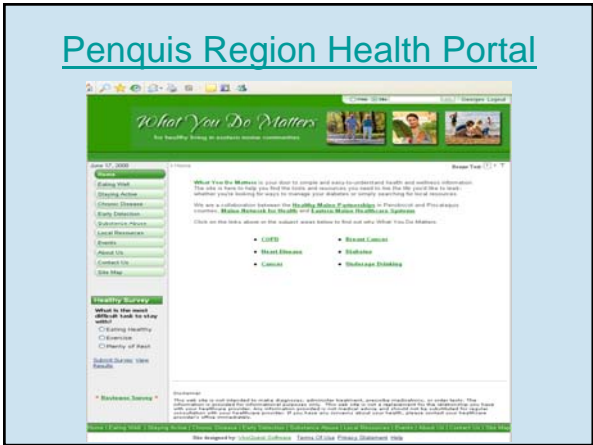
Penquis Region Health Portal

Goals for development

- Local control
- Sustainable at low cost
- Manageable with minimal tech support
- Timely updates
- Network of community partners

Penquis Region Health Portal

- Partnered with Bangor Region Public Health and Wellness (BRPHW)
- Combined Chronic Disease and Health and Wellness focus
- BRPHW to host and manage site with community partners going forward

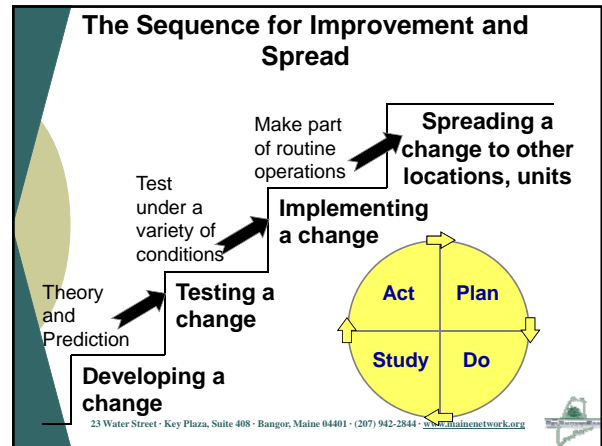
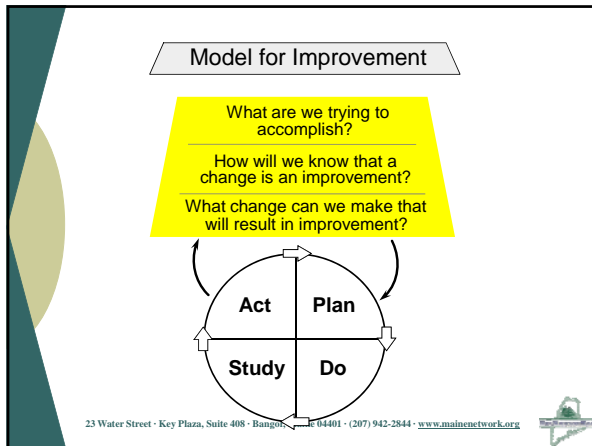


Penquis Region Health Portal

- Questions
- Suggestions

Final Planning Meeting June 20, 2008

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Phase 1: Establishing the Foundation

- Assess your readiness for spread
- Describe the improvement that you intend to spread..... “what”
- Ensure senior leader sponsorship and support
- Assign day to day leader and/or spread team

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Phase 2: Developing a Plan of Action

- Identify the target population, unit, department, or physician practice you intend to reach through your spread efforts
- Specify your timeframe
- Identify infrastructure needs (staff, external support, dollars)
- Identify any issues or barriers anticipated
- Develop an initial plan (in writing)
- Take into consideration how you will reach the target population

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Phase 3: Communicating and Monitoring Progress

- Compile initial ‘pilot’ results and communicate to others
- Identify champions and mentors who can help
- Exchange information in formal ways such as meetings, huddles, training sessions, etc.
- Provide encouragement and feedback to those involved
- Monitor progress and outcomes on a regular basis

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Facilitators

- Georges Nashan, *Maine Network for Health*
- Linda Coleman, *Maine Network for Health*
- Ron Deprez, *University of New England*
- Gary Cattabriga, *University of New England*
- Mary Maynard, *The Aroostook Medical Center*
- Renee Boucher, *The Aroostook Medical Center*

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Instructions for Team Meeting

- Meet with your team
- Discuss 'spread' opportunities, new goal
- Complete worksheet
- Prepare to briefly tell us what you plan to accomplish over the next three months
- Choose speaker from your group
- Hand in worksheet to staff member at the end

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Chronic Care Technology Project

- Lessons Learned
- Remember - the project runs through September
 - we are looking forward to working with you on spreading your technology and process improvements
 - and continuing to develop new ones.
- Thank you for your efforts, creativity and perseverance