Customer Insights

A continuing series in which customers discuss their experiences with CareTech Solutions’ products and services

Crittenton Hospital Medical Center, Detroit Medical Center, Holy Family Memorial Hospital, Yampa Valley Medical Center

Achieving Stage One of Meaningful Use: Critical Success Factors and Lessons Learned
For hospital IT departments, implementing Stage One of Meaningful Use is challenging. New ground is being broken at a fast pace. The staff at CareTech Solutions is on the front lines of this battle.

As of June 2012, 90 percent of CareTech Solutions’ client hospitals had registered for Stage One, 86 percent had received payments, and 52 percent had completed Stage One, earning more than $40 million in stimulus money. By comparison, only 64 percent of the nation’s hospitals had registered for Stage One, 42 percent had received payments, and just 18 percent had completed Stage One. (See figures 1-3).

While the challenges can seem insurmountable at times, one thing is true — we’re all in this together, attempting to overcome similar obstacles. There is a lot to learn from those who were the first on this journey.

For this white paper, CareTech Solutions interviewed the IT leaders at four distinctively different medical facilities who were among the first to complete Stage One:

- Crittenton Hospital Medical Center in Rochester, Michigan, a large, growing, suburban facility
- Detroit Medical Center, a large, integrated delivery network that includes eight major hospitals located in a sprawling metropolitan area.
- Holy Family Memorial Medical Center in Manitowoc, Wisconsin, a mid-sized, remote facility
- Yampa Valley Medical Center in Steamboat Springs, Colorado, a hospital with 39 beds, serving as a health care hub in a region far removed from metro areas

We asked the IT leaders at these facilities to describe their Meaningful Use journeys in detail to help us identify common critical success factors that could benefit other healthcare providers. We also asked them to share lessons learned along the way. This paper consolidates their input into a single source of tips and perspectives.

**Drivers of Success**

Through our interviews with the IT leaders at the four medical groups serving 11 hospitals, five critical success factors emerged.

1. **Strong, clear, unmistakable support from the top**

“Buy-in from leadership is number one,” said Sue Denor, Application Manager at Holy Family. “Our Chief Medical Officer (CMO) is a very progressive person when it comes to information technology. Six or seven years ago, he made it a mandatory that all providers put their orders in the hospital system. He gave the ultimatum: You do it, or you’re gone. If someone wasn’t on board, we worked with them as much as we could, but we did have some resignations. Some of the older doctors who just weren’t comfortable with the order entry process moved on.”

Tom Ventimeglia, CareTech Solutions Client Executive at Crittenton, said, “The CMO and Chief Nursing Officer are key. They have to take ownership. This is not an IT project; it’s a hospital project. They have to be champions of it and support the project.”

Laura Kaster, manager of Information Technology at Yampa Valley, said a motivated leadership team was key to its success. “At a very high level, there was a clear understanding of what the financial incentives were,” she said. “All of our key people understood what this meant for the hospital.”

At the Detroit Medical Center, leaders made participation across all eight hospitals mandatory — no exceptions.
2. An early start; a detailed plan

Not surprisingly, the facilities to achieve Stage One the earliest had a common advantage — a head start. All four of the organizations were well down the path of digitization before Meaningful Use guidelines came into play. DMC began its journey in 1999. Crittenton has been on the path since 2003, updating its strategic plan frequently to address changes. Holy Family has been automating for several years, and Yampa Valley had been working on computerized provider order entry (CPOE) since 2008.

In addition to early starts, the four medical groups also were driven by detailed IT plans that were strategically linked to the business planning efforts of the entire organization.

3. A communications approach that works

Interestingly, while all four medical groups credited effective communications as a factor in their success, each took slightly different approaches.

At Crittenton, the use of liaisons was a critical success factor. “Our physician liaison is the link between IT and the physicians, and our nursing clinical liaison is the link between IT and the nurses,” said Jennifer Miner, director of Clinical Applications. “Before we had the liaisons, IT had to do all of the education and training, and it was close to impossible. The liaisons go to the medical executive meetings and department meetings. They’re in a position to understand the challenges out there and to communicate both ways effectively.”

At Yampa Valley, the creation of a Meaningful Use Data Review Team proved to be a key success factor. “We had engagement from the departments to validate data,” said Kaster. “As an example, there is a requirement to collect data on the smoking status of patients over 13. The team looked at how we report on that data, and our nursing department actively engaged to make sure the staff nurses knew the importance of collecting that data in their admission assessment reviews. It was a comprehensive process.

“The team was broad-based, which helped provide us a full understanding of facility needs and requirements,” she added. “We learned a lot about the specific requirements together and would review reports and validate data collectively, which worked well for us.”

A “one-line-item-at-a-time” approach worked well for the Detroit Medical Center’s Meaningful Use Team. “We looked at each requirement one by one and discussed what we needed to do to get from here to there,” said Joe Francis, executive director, Applications at the DMC. “This led us to create small project plans to address each issue.”

“Also, our User Committee did a great job of communicating with the end user community. Everyone was energized by the financial incentives. We also used a dashboard to provide a clear view of how everyone was doing during the process, right down to the nursing unit. That helped to drive compliance.”

Joe Francis
Executive Director, Applications
Detroit Medical Center

4. Simultaneous implementation

You might think that achieving compliance throughout a complex organization with eight hospitals in multiple locations would be particularly difficult. Key to success for the Detroit Medical Center was the concept of simultaneous implementation throughout the entire organization.
“One of the wise decisions that our leadership made early on was to make it clear that automation would be uniform across all facilities,” said Francis. “That’s what made it easy for us to manage all eight hospitals. When we attested, we attested for everyone at the same time because we already had everyone on the same page. The hospitals didn’t have any choice. And when they saw that they could get money for this, they said, this is great!”

Implementing all eight hospitals at the same time and at the same pace ensured that the working experience was uniform as health care providers moved from facility to facility.

5. An experienced partner with knowledge of available options

The fifth and final success factor was mentioned by each interviewee: It helps to have a good partner.

Denor (Holy Family): “Right from the beginning, CareTech helped us with a roadmap and was available with expertise. I would call with questions along the way, because the Meaningful Use guidelines can be interpreted a number of different ways. We wanted to make sure we were on the right path. The CareTech team was there for any questions from a legal perspective as well.”

Miner (Crittenton): “Some other hospitals dedicate people full-time to Meaningful Use. Thanks to the support from CareTech, we didn’t have to do that here. If we had a question, we asked CareTech, rather than have someone here research it and go through all of the regulations. And because we didn’t have to do that, I could keep my staff working on other projects.”

Kaster (Yampa Valley): “CareTech subject matter experts were regular attendees at our oversight meetings. They helped give us valuable industry perspectives and kept us on top of any new nuances that we needed to know about. Also, there are regional extension services providers in our community that we exchange information with, so there’s been engagement in our community in the bigger picture for quite some time. Our Medicare and Medicaid Regional Extension Center was integral to our process. Its staff was even present through a ‘go-to meeting’ while we went through the actual attest action process.”

Francis (Detroit Medical Center): “To have a link to professionals who can provide insights into how other healthcare providers are dealing with the same challenges is invaluable. It can save you a lot of time along the way.”

Lessons Learned

We asked our interviewees to share what they learned during their Meaningful Use Stage One experience that might be helpful to others along the same journey. Here are their suggestions:

1. **Expect vendor delays.** “Timing was an issue for us. We had to wait for our clinical application vendor to provide upgrades. I think any hospital that was trying to attest early ran into this problem. There was such short notice with some of the requirements being published; we ended up doing some fixing on the back end.” (Holy Family)

2. **Stay flexible regarding software.** “We used products from multiple vendors to achieve best results. We used Meditech for our primary health records, but we did not use the full suite. We use other products for data repository. We found that different products for the various segments of the project fit our needs better.” (Holy Family)

3. **It’s no easier if you’re a small facility.** “It’s like a wedding. Whether you have 75 guests or 750, you still have to order invitations, get a photographer, cake, church and reception...”
hall. Implementing Meaningful Use is a huge amount of work with fewer resources in a small organization.” (Yampa Valley)

4. Understand entire organizational needs and requirements. “The intent of Meaningful Use is that we’re meaningfully using an electronic health record, but ultimately, we need to be collectively reporting good, sound quality data for outcome and patient care purposes. It’s not just an exercise. So making sure that’s all looked at from a whole perspective is really important. It’s not an exercise; it’s intended for bigger purposes.” (Yampa Valley)

5. Don’t focus just on the physicians and nursing staff. “We’re going to expand our nursing liaison role to include other departments. The liaisons should touch all your departments — lab, pharmacy, for example. For us, that’s where the gap was. We communicated very well with the nurses and physicians, so that part came together easier for us.” (Crittenton)

6. IT can’t “own” the project. “Meaningful Use needs to be owned by the hospital and staff. Having end users look at your measurements, reports and data helps you with Meaningful Use adoption. We have a multi-discipline team that meets every Thursday morning. It’s called the Emergency Medical Record Feedback Committee. It started out as a physician committee, but we brought in all other areas, because obviously adoption touches different departments. And that’s where the CMO and CNO come in, because if they champion it like they should, that helps the project move along. If they don’t, you’ll get push-back. Staff will say “I’ve got my own work to do.” (Crittenton)

7. The discharge area provided a challenge. “We found that there were a lot of ways in which patients get out the door, and that was a challenge that required probably the most work. The challenge was to build the right automation so that the patient walked out the door with the right information in their hands. There was a lot of specificity, but yet we had to build the right automation to address the variables.” (Detroit Medical Center)

8. Break the large project down into manageable components. “If you look at Meaningful Use for eligible providers, there are just a few key parts. You need to be able to do an assessment of the patients when they come into the door because you need to capture data. You need to have a problem list. You need to be able to have the physician order meds a certain way and to e-prescribe. And you need a discharge process that will generate the right information to the patient. If you keep it simple, that’s basically what you need to do to get your Meaningful Use money.” (Detroit Medical Center)

Summary

With Stage Two, the journey may not get any easier. Dealing with tight deadlines while waiting for vendors to prepare and deliver critical software can be expected. CareTech Solutions will continue to share its findings to enable our customers and the entire industry to benefit from the success of early achievers.

If you are interested in finding out more about how CareTech Solutions can help your hospital earn the financial incentives available through achieving Meaningful Use requirements, call us at (877) 700-8324 or visit our website at www.caretech.com.
CareTech Solutions

is an information technology and Web products and services provider for more than 200 U.S. hospitals and health systems. It creates value for clients through customized IT solutions that contribute to improving patient care while lowering healthcare costs. From implementing emerging technologies to supporting day-to-day IT operations, CareTech offers expert health information management services earning it the 2008, 2009, 2010 and 2011 Best in KLAS award for IT Outsourcing (Extensive) as ranked by healthcare executives and professionals in the Top 20 Best in KLAS Awards: Software & Professional Services report.

Figure 1 - Percent of Hospitals Registered for Meaningful Use Stage 1

U.S. Average - 64%
CareTech Solutions - 90%

Source: Centers for Medicare and Medicaid Services (CMS), and CareTech Solutions Meaningful Use Client Survey, June 2012.

Figure 2 - Percent of Hospitals Received Meaningful Use Payment

U.S. Average - 42%
CareTech Solutions - 86%

Source: Centers for Medicare and Medicaid Services (CMS), and CareTech Solutions Meaningful Use Client Survey, June 2012.

Figure 3 - Percent of Hospitals Achieved Meaningful Use Stage 1

U.S. Average - 18%
CareTech Solutions - 52%

Source: Centers for Medicare and Medicaid Services (CMS), and CareTech Solutions Meaningful Use Client Survey, June 2012.