Encore helps University Health Care System achieve clinical success and positive financial results with Epic implementation

CHALLENGE

To achieve this mission, UHCS prides itself on promoting great relations with nearly 600 independent, private physicians, achieving great customer service, and being good stewards of the health system's financials. To help with these efforts and to attest for CMS Meaningful Use Stage 1, UHCS decided to implement Epic both in the hospital and in UHCS's owned clinics.

Originally, the project began as a clinician project chaired by the CMIO with a team that had not implemented an EHR before. As a consequence, the team encountered some challenges with delivery deadlines including the go-live event. After the original July 21, 2012, go-live event was delayed, Jim Davis (CEO) asked Les Clonch, UHCS's CIO, to review the project. Les decided to perform a "checkup" on the project in July 2012 to make sure that the project could meet its new October 2012 go-live date and called on Encore Health Resources (Encore) to assess the state of the project.

The assessment uncovered a number of things fundamental to project success which needed to be addressed, including:

- **Stakeholder involvement.** While clinicians led the build, they operated with the belief that since they were clinicians, they could build the system with minimal stakeholder (including operations, clinicians and revenue cycle) involvement.

- **Communication management.** Stakeholders knew that Epic was coming but did not understand how it would impact their day-to-day workflow.

- **Status reporting and risk management.** While the "standard" status templates reported the progress on the system build, they did not give the organization holistic insight into several key success criteria such as change management, communication management, and integration testing.

- **Change management.** Vendors knew their own modules well but did not necessarily understand the impact of how changing the build in one or more application(s) would affect other users.

- **Project organization and IT structure.** UHCS wanted to understand how Epic's best practice recommendations for implementation, optimization and support would translate into the specific requirements of UHCS's environment, staff capabilities and culture.

- **Testing.** Substantial testing had been performed; however, areas that still required testing included map record testing and rigorous integration testing by hospital staff.

- **Technology.** Epic had delivered best practice recommendations; however, UHCS wanted to confirm those recommendations based on their current infrastructure and their growth plans. In addition, UHCS needed to make sure that the entire IT infrastructure—the people, processes, and technology—were able to support Epic.

SOLUTION

As a result of the assessment, the go-live date was pushed from October to December, and the project was transitioned from the CMIO to the CIO. In a united front, UHCS, Encore, and Epic worked together to remedy the problems uncovered in the assessment. The project was transitioned from a clinician-driven project to a project under the IS umbrella with critical clinician input. This action allowed the IT group to introduce best practices into the project management methodology.

With Encore's experienced project leadership, UHCS began to leverage Epic's functionality fully (i.e., workflow). For example, UHCS began using a dashboard which reviewed "beyond the build," to

ABOUT UNIVERSITY HEALTH CARE SYSTEM

University Health Care System (UHCS) in Augusta, Georgia, includes a 581-bed, not-for-profit community hospital, two nursing facilities, and smaller regional campuses. With over 3,000 employees and 600 physicians, this Magnet facility has won the National Research Corporation's Consumer Choice Award 13 years in a row. The health system's mission is to provide health care services which help the citizens of its communities achieve and maintain optimal health.
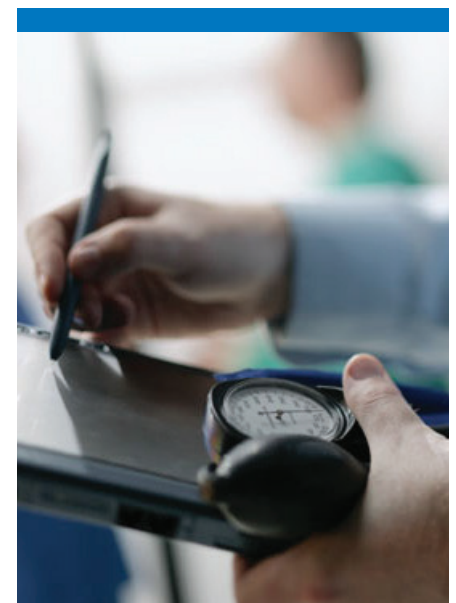
include a view of the overall project, the scope, the quality, and the management assistance needed to reach the go-live date. In addition, UHCS began using a change management/change control process to ensure that updates were managed and communicated to all stakeholders. Encore's technical assessment helped UHCS ensure the infrastructure was ready to support the move to Epic.

Encore also organized a unique "quad" partnership among IS, Operations, Epic, and Encore. One example of this partnership includes stakeholder involvement. To help address change management and communication management while reviewing the build, UHCS, Epic and Encore worked with each operational department via a "boot camp." This training and review session incorporated the outstanding issues for the build, functionality, and—most importantly—user acceptance. By addressing end user needs while walking through future state workflows, the stakeholders began both to feel that they had an appropriate voice in the build process and to recognize how Epic could positively impact their day-to-day workflow.

In addition, the team addressed specific system adoption concerns with revenue cycle/HIM and physician documentation. This step was accomplished by ensuring that key users could review the build and actively participate in integrated testing. The team created a dedicated testing environment for the end user community. Without the end user review and input, charges would have been lost or inaccurate on day 1 of the Epic implementation.

Finally, developing a base of advocates within the physician community was critical. Led by Dr. Jennifer Herbert, Dr. Steve Gooden, and Dr. Bill Sangster, these physicians facilitated critical participation in training, testing, and user adoption. The cutover began at 4:20AM on Saturday, December 1, 2012. During that day, there was a high census of 591 patients and 600 concurrent users of the system. UHCS's CPOE adoption rate is now up to 85% after the December 1 go-live event.

In addition to the clinical success, UHCS has also seen positive financial results. Due to the revenue cycle work, UHCS was able to drop a claim on day four of the go-live. To date, UHCS has had 100% attestation CMS Meaningful Use Stage 1 for UHCS EP's in owned clinics (a total of 52 clinics). This represents over $900K in EHR incentive payments. Additionally, UHCS attested for EH MU Stage 1 in 2012 and has already received over $800K from Medicaid to date and is planning to attest for Medicare in 2013 ($3.3M). ⟳