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The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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Strategic Vision Drives Comprehensive EMR Adoption

Categories

Functional/ Health Outcomes

Staff Efficiencies

Hospitalization and Hospital Readmissions

Organization Name

Lutheran Senior Services (LSS)

Organization Type

Multi-site Life Plan Community (formerly CCRC)

Other Partners

Huron – Nancy Fahey, Project Manager

Omnicare and Uvanta – Pharmacy

Casamba – Therapy

Atlas (Mercy) - Lab

Boyce & Bynum - Lab

Remedy/CMS (BPCI)

ProviNET (Build Support and Go-Live Support)

Asbury (Go-Live Support)

Organization Description

Lutheran Senior Services (LSS), based in St. Louis, MO, is the 9th largest multi-site senior care provider in the US. As a non-profit, faith-based organization, LSS operates 21 facilities in Northern Missouri and Illinois. A staff of more than 3,200 employees delivers a whole-person care approach to 3,500 seniors annually through independent and assisted living, skilled nursing and their REACH short-term rehab. Additionally, LSS provides a wide variety of home and community-based services, including certified home health, private duty, hospice, as well as robust senior outreach and enrichment services through affordable housing and social programs.

Project Description

To modernize operations and leverage its strong heritage of quality senior care, the company launched *LSSConnect* in January 2016. This initiative was designed to transform care delivery across the entire organization by leveraging a full-continuum EHR technology platform. By electronically empowering LSS employees to execute a comprehensive care model, LSS has put in place a long-term strategic asset to support their providers and standardize care, while also meeting the rapidly evolving demands placed on senior care organizations.

System Type

Full-continuum Care Coordination and Communication enabled by a comprehensive EHR platform implementation as part the broader *LSSConnect* initiative, designed to more closely connect care teams, providers, and their patients/residents.

Business Model

Medicare Reimbursement, Medicaid Waiver Coverage, Private Health Insurance Coverage, Private Pay, Standard of Care, ACA-Related Opportunity (ACO, Hospital Readmission Reduction Program, Bundling of Payment, etc.)

Implementation Approach

The LSSConnect project is part of LSS's comprehensive strategy to digitally enable providers at all corners of their organization in the shortest time possible. Beginning with a January 2016 project kick-off, LSSConnect was launched with an aggressive roll-out plan to bring all of their communities live on the HealthMEDX Vision® EHR platform within a six-month period from pilot site to finish. They employed the assistance of the HealthMEDX team, ProviNET, Huron, and Asbury. While the plan was aggressive, LSS realized that an efficient deployment would help staff and residents realize benefits quickly, and expedite the organization's return on investment.

By making EHR adoption the cornerstone of a broader organization-wide initiative, LSS enabled available technology to drive an operational evolution and enhance their existing processes to take fullest advantage of the platform capabilities. From the first needs assessment and vendor reviews, *LSSConnect* was driven by a true interdisciplinary team – clinical, financial, marketing, administration, IT, and interfaces – all of which helped

ensure active communication across all departments. An internal ad campaign and series of events were initiated to drive understanding, excitement, and acceptance of the transformations to come. The representation of the leadership on this project's team was also crucial to ensuring staff understood that this initiative was critical to their organization's success.

During the Plan/Build phase, LSS and HealthMEDX teams assessed the hundreds of standard assessments, forms and reports within the HealthMEDX Vision platform standard content and adapted them to their key organizational differentiators. Through these configurations, LSS was able to identify redundant manual steps that could be eliminated, increasing efficiency and accuracy of information as the patient moves across care settings.

Special attention was also paid to the development of HealthMEDX® Exchange solutions, the company's interface system that enables broad connectivity necessary for effective interoperability. The solutions implemented include:

Pharmacy Exchange

The implemented NCPDP10.6-compliant interfaces allow LSS to electronically submit medication orders (e-Prescribing) to institutional pharmacies providing services to a skilled nursing facility or other senior care entity.

New orders, requests for refills, and cancellation requests (discontinued orders) are submitted to the pharmacy for processing. The Pharmacy responds with information regarding the Status (Filled or Not Filled) and the Fill Type (Dispensed as Written, Generic Substitute, Therapeutic Substitute) including the specific medication dispensed. Pharmacy responses are presented via an "Inbox" view to allow for clinical oversight, including the ability to align medications ordered vs. dispensed, medications delivered vs. administered, and updates Physician Orders and the eMAR after approval by the clinical team.

For LSS, connections were established to national LTC pharmacy providers Omnicare and Frameworks (vendor for LSS regional pharmacy partner Uvanta), allowing bidirectional HL7, ADT, and NCPDP Medication Orders transmission.

Casamba Therapy Exchange

This interface allows LSS to seamlessly integrate therapy functions into the unified patient record within the HealthMEDX Vision®, minimizing reliance on paper records, reducing manual-entry errors and increasing efficiency across ADT processes.

The specialized exchange with Casamba SMART Tx system automates key processes, streamlining delivery and reporting of therapy services provided to patient populations. They include:

ADT Outbound - Triggered by Admission, Discharge and Transfer events occurring in the patient/resident record, HL7 messages are automatically sent to Casamba, limiting the need for faxing or delivery of paper charts.

Minutes Import - Therapy minutes are automatically absorbed within the MDS functionality of the Vision platform, eliminating the need to hand-key minutes and reducing the opportunity for errors.

Document Exchange – Therapy documentation and Reports can be imported and attached to the patent record via Vision's inbound document exchange, reducing the need for faxing/scanning of documentation and saving staff time.

Charge reporting – LSS's unique workflows within the HealthMEDX Vision platform are aligned with Casamba's patient identification structure, streamlining charge import activities, minimizing manual entry errors and shortening month-end processes

Lab Exchange

To incorporate laboratory results, LSS developed interfaces with Atlas Labs (provider for referral partner Mercy Health System), and regional laboratory network Boyce & Bynum, allowing for the transfer of ADT data.

Bundled Payments

In preparation for the CMS Bundled Payment Cost Initiative, LSS worked with Remedy Partners and HealthMEDX to develop the interfaces necessary to take advantage of the coming BPCI models. Linkages were created to connect census, ADT, insurance types and discharge information to allow the detailed tracking and reporting necessary to meet the reimbursement requirements and demonstrate referral value to acute referral partners.

A Rolling Roll-Out

While the implementation was designed as a comprehensive model for the entire LSS organization, the initial activation occurred at Breeze Park. The marketing, clinical, and financial processes established there were used to develop unique training plans for each of the subsequent implementation sites. In addition, this approach allowed for enhanced standardization of processes across the organization and further extension of the *LSSConnect* goal – "Care... Simplified and Connected."

Following Breeze Park in May, LSS tackled its remaining facility roll-outs at a brisk pace of three per month, between August and October, with the final community coming online in November 2016. This "big-bang" approach was facilitated by HealthMEDX's comprehensive implementation strategy, which brings full functionality to a single facility at once, creating a replicable launch model for additional facilities. Their train-the-trainer approach also empowered the LSS core team to drive subsequent location launches, mainly utilizing their own internal super-users for implementation support. LSS incorporated additional support for their users during go-live by operating a Command Center, where staffers could report any issues or raise questions.

Advantages to the Approach

Advantages to this approach are:

- This approach is proactive and preventative in nature, rather than retrospective investigation triggered by a cyberattack or data breach.
- Ongoing, as opposed to one time audit/test, which provides opportunities to continue to identify potential vulnerabilities, modifying relevant policies, providing training, monitoring staff compliance, and ensuring security.

Outcomes

Though still within the first six months of operation, LSS's initial Breeze Park launch site has begun to see benefits of the EHR utilization, including a streamlined admission process, improved ADL accuracy and timeliness in all areas, electronic documentation in Assisted Living, Quality Tracking standardized, and increased attainability of reports.

The 1st and 2nd three-site groups have completed their go-live, and LSS is beginning to see similar impacts develop at those facilities as well.

Challenges and Pitfalls to Avoid

Schedules tend to contract during planning, so commit to staying on target once the timeline is initiated. Communication is of the utmost importance to avoid distractions that can have a domino effect on other stakeholders and their scheduled deliverables. Interfaces are a challenge, so coordination should begin at least two months in advance, even if the same interface is being used. Plan in advance for weekend go-live as there are many vendor schedules to coordinate.

Lessons Learned

Cross-disciplinary, ancillary partner planning is a critical component during the initial facility's plan, build and training phases. To maintain a straight and true path toward a unified, paperless patient record across different care settings, an effective series of interfaces with pharmacy, therapy, health system, and physician practice partners must be carefully established. Giving ample time for these external connections to be tested will avoid encountering any data exchange issues during training and go-live stages. Need to understand the difference between HL7 vs. discrete data elements.

Advice to Share with Others

Demonstrate "all-in" commitment to the project at every stage. From the launch of *LSSConnect* to plan/build sessions to the resulting facility deployments, the executive team was visible and unified in their support of the project. Executives maintained a schedule of floor shifts during go-live events to show their support. All core team members and super-users were available sideby-side users to provide support and to ensure that users had a positive experience and did not struggle.

Once the timeline is established, stick to it. With a full-functionality implementation, all the moving parts are connected across every area, so any deviation from the timeline can have radiant negative impacts and potentially slow the realization of value across the organization.