

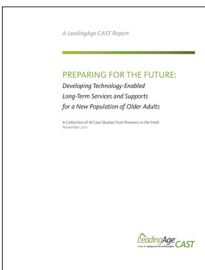


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How one organization turned the usual implementation challenges into an invaluable opportunity for improvement

The tenth in a series of case studies from the Preparing for the Future Report

- Formed a separate division in 2002 as a technology collaborative to promote an integrated system of long-term care providers while offering consultation services to other organizations
- Recognized lack of interoperability and software integration as a challenge that can be overcome through working closely with vendors and implementing emerging standards
- Capitalized on EMR implementation to analyze technology infrastructure and streamline operational processes

The Organization

[Providence Life Services](http://ProvidenceLifeServices.com) (PLS) operates retirement and assisted living communities, skilled nursing and rehabilitation services, respite and memory care on 12 campuses in Michigan and Illinois. In addition, the organization's home and community-based services program, called Providence At Home, offers a full spectrum of in-home services, including home health care, chronic disease management, private duty home care, palliative care and hospice care.

In 2002, PLS formed a technology division called [ProviNET Solutions](http://ProviNET.com). ProviNET considers itself to be technology collaborator in the long-term care provider network and has succeeded in creating an integrated system for the next generation of health care. The company offers consulting in software and hardware as well as support and training to PLS and to a wide range of other organizations. With 60 employees, ProviNET Solutions is a wholly owned subsidiary of Providence Management, a for-profit subsidiary of PLS.

Technology-Enabled Model of Service

PLS has researched and pilot-tested a number of telehealth units over the years. In recent years, it has focused its energies on launching an electronic medical record (EMR) system for its nursing homes as well as integrating other component applications that are routinely used within their facilities.

Implementation Approaches

Electronic Medical Records: PLS is about halfway through a three-year process to implement an EMR from HealthMEDX to support physician order entry, nurse notes, documentation by certified nursing assistants (CNAs) and e-prescribing. On the long-term care side, the organization is implementing one EMR component at a time and expects to implement the last component—e-prescribing—in about a year, once the new standards from the National Council for Prescription Drug Programs can be tested. On the home and community-based service side, PLS has completed its EMR implementation.

Telehealth: On its campuses, PLS has had some success deploying several telehealth systems, including GrandCare and It's Never too Late, which feature social networking components. In addition, the organization has deployed about 200 personal emergency response systems (PERS) through its home and community-based service programs. American Medical Alert Corp. (AMAC) is the organization's primary PERS vendor. PLS is considering a pilot with the Intel Health Guide and a home-based monitoring and alert system called SARA (Situational Awareness and Response Assistant), which is distributed by Status Solutions.

Outside Consulting: ProviNET Solutions focuses much of its attention on helping providers of long-term care services and supports with their implementation, support and planning for efficient use of an EMR. Many of these providers know that they need an EMR but are not prepared for the installation and don't know where to turn for help. ProviNET helps these providers create an infrastructure to support their EMR software, including Wi-Fi, high bandwidth, and point-of-care devices to document activities of daily living, as well as solutions to integrate clinical and billing software.

Challenges

Lack of integration: Integrating different software packages so they work together has been the biggest challenge facing all providers, including PLS. ProviNET has assisted in integrating a variety of software solutions with an EMR and other medical record components at its core. As part of this collaborative effort, ProviNET has developed a network of providers, software vendors, telehealth companies and other information technology (IT) and solutions companies that collaborate and share ideas. This has resulted in easier, more efficient and less costly software integration. Since the advent of the new Health Level 7 (HL-7) standards, which require that technology speak the same language, integration is becoming even more prevalent.

A weak private-pay market: PLS researched telehealth devices, including GrandCare, WellAWARE and Elite Care. However, it has deployed relatively few of these devices in the field due to a lackluster private-pay market and difficulty finding an affordable solution with a message that appeals to potential clients.

Staff communication: Conflicts and confusion between information technology (IT) and clinical staff is inevitable when an organization implements technology projects like an EMR. There is often a communication breakdown between these two groups because neither understands

the processes followed by the other. To facilitate communication between clinical and IT staff during its EMR launch, PLS created an EMR committee that includes IT staff, nurses, CNAs, directors of nursing and administrators. The committee meets regularly, in part to keep clinical staff members updated about the EMR implementation process so they can create excitement about the system among their peers.

Business Case

PLS does not focus on calculating a return on investment for technology. It does rely on technology-enabled services to help make the organization more efficient and specifically looks for areas to eliminate any duplicate data entry by integrating as many existing systems as possible. However, it recognizes that the existence of an EMR or other technology does not guarantee greater efficiency unless the organization uses the EMR implementation period to standardize their procedures and processes. PLS staff members spent a great deal of time carrying out this standardizing process prior to implementation of the organization's EMR.

Keys to Success

Revisit all processes: The implementation of an EMR system gives an organization a golden opportunity to thoroughly examine its processes and the forms it uses to document the provision of services. Staff members need to review every paper form the organization uses to make sure those forms are standardized for all campuses and divisions. In addition, forms that collect the same information should be consolidated to avoid duplication. PLS is currently carrying out this process as part of its effort to convert paper forms to electronic forms or assessments that are part of its HealthMEDX clinical system.

Analyze the infrastructure: The launch of a major technology initiative also represents a good opportunity for an organization to analyze its entire technology infrastructure, including servers, data circuits, workstations, and related software applications. During this analysis, staff at all levels of the organization should be invited to offer their input on what they like and don't like about particular software and hardware products. In addition, IT staff should examine whether the organization has the infrastructure necessary to support the technology it wants to implement. The typical clinical software vendor is so focused on its own products that it does not have the expertise to help organizations decide on the best hardware or infrastructure solutions.

Advice to Others

Consider looking into the cloud. Look into outsourcing a hosted “software as a service” (SAAS) model. SAAS allows providers to pay a relatively reasonable monthly subscription fee in return for web access to software. New models of remote computing are emerging that allow an organization to pay an outside company to host either its clinical, accounting and payroll software or desktop applications like Microsoft Office. These arrangements make business computing an operational, rather than a capital expense, and allow organizations to spread their technology costs over the course of a year, rather than paying an upfront lump sum to equip computer workstations or acquire software licenses. Look for vendors who realize that their product is only one component of your technology strategy. Ensure that vendors who provide clinical, EMR, life safety (nurse call or wander management) or analytical software (eHealthDataSolutions) are willing to communicate with other systems. In other words, look for vendors who are interested in helping you by collaborating with you and your other vendors.. ■

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