

# St. Charles Medical Group: An Optimization Success Story

By Galen Healthcare Solutions

## The Client

St. Charles Medical Group (SCMG) serves the Central Oregon patient community providing primary care services and access to numerous specialty services. This innovative care system holds the recognition of being one of the first health systems in the nation to address the mental health needs of its patients by integrating behavioral health specialists into the primary care setting.

SCMG has rapidly expanded from 30 providers in 2011 to 225 providers today representing 21 specialties across the continuum of care. Integrating new practices, each with differing software applications and workflow processes, was a daunting challenge. Essentially, all locations required migration to Allscripts Touchworks EHR™. This dynamic, plus factors including ongoing training and adoption of efficient workflow practices, resulted in general provider dissatisfaction.

## The Partner

SCMG partnered with Galen Healthcare Solutions to assess the operational, technical and clinical components of the organization. The purpose was to formulate a plan of action to address immediate day-to-day issues, as well as utilize the project as the vehicle to create an integrated organizational culture. Galen Healthcare Solutions' proven collaboration methods offered SCMG a cohesive platform to identify and explore opportunities for standardization.

## The Assessment and Plan

Two teams of multidisciplinary experts from Galen hosted a series of discovery sessions with various stakeholders including Leadership, Governance, Project

Managers, the Project Team, as well as the members of specialty and primary sites.

The first team thoroughly reviewed EHR governance, the EHR project structure, and the roles and skill sets of the team members. The second team performed an extensively detailed workflow analysis of the challenges, gaps, and inefficiencies for the specialty and primary care sites to identify issues that could be resolved by technology.

Previous engagement experiences allowed Galen to apply successes and lessons learned to the project. While the assessment was a critical step on the path to optimization Galen recognized each interaction as an opportunity to engage with providers, clinical staff, and managers. Establishing representation of the care team members early on in the process helped to ensure the future clinical participation needed for successful adoption.

Engaging with multiple stakeholders has the potential to hinder progress. So, Galen attended meetings having prepared structured agendas that included research, documentation, recommendations, alternatives, and risks. After group discussion decisions were reached by consensus, which allowed stakeholders, and, perhaps more importantly, provider ownership of the EHR in a new way. Steering committee, change control, and practice meetings were all carried out in this manner.

To support forward-moving communication, end users were notified of changes or impacts to functionality at regular intervals. This transparency resulted in improved perceptions and elevated trust across departments.

## The Plan in Action

The approach was to optimize on a site-by-site basis. The Cardiology Division was selected as the pilot site to transition paper processes to electronic processes that took advantage of optimized configurations representing best practices for workflows, worklists, task lists, and V11 Note implementation. Careful documentation created a roadmap for future optimization activities and served as way to develop organizational standards for the EHR. Galen resources configured the complete cardiology note build, allowing for the provider engagement meetings to be used for amending notes and addressing workflow practices rather than requiring complete re-creation. The providers appreciated this time management technique which quickly resulted in seven out of the eight providers actively engaging thus aligning efforts with the organization goals.

One vital risk factor was the competing mandatory project of the EHR system upgrade, which SCMG was required to take to be compliant with ICD-10 and Meaningful Use Stage 2. This required a high-risk approach with simultaneous build activities, but more importantly a complete rebuild of the architecture over a 48 hour period during go-live weekend. This architecture included new clinical desktop views and other customizations to various areas of the application at the enterprise level to improve the general provider experience. These changes were intuitive in nature, and did not require a lot of intensive retraining by the project team allowing the focus to remain on the upgrade. It also provided a turning point by increasing provider satisfaction with the product.

## The Metrics and Goals

Much of the EHR revolves around the creation of tasks that by design, contain data elements involving the end user, as well as time stamps within the database. Task productivity reporting helped establish pre-optimization benchmark metrics and monthly post-optimization report cards were generated and analyzed. One specific focus was the sign note task as the indicator of completion of the visit note.

Galen focused on the completion rates both during and outside of office hours as a quantifiable indicator of provider satisfaction. Looking at these numbers on a monthly basis at both the practice and the individual level showed trending patterns of who was struggling and who was succeeding. This data helped the HIT staff discover the best practice workflows that eventually were adopted across the organization. An added bonus was the demonstration of more efficient, cohesive support applying consistent workflow approaches. Sharing the statistics monthly buoyed the spirit of collaboration around a topic providers were passionate about, and it set the tone for provider participation in other optimization exercises. Ultimately, they were able to increase the percentage of notes completed during office hours, which improved provider satisfaction, while at the same time, daily documentation completion translated to a positive impact on revenue.



“Galen demonstrated nimbleness, adaptability and ingenuity as a partner, collaborating with our team to formulate a strategy for improvement. As a result, measurable workflow gains were realized, increasing clinician satisfaction and consequently improving patient care.”

John Weinsheim, CEO  
St. Charles Medical Group

## Lessons Learned

Communication is recognized as one of the most challenging aspects within healthcare organizations. This was reinforced during a series of calculated system adjustments to tasking when it became evident that the end users were not aware of the changes. In hindsight, testing the communication process with smaller but noticeable changes would have been a better choice.

At times solutions needed to be reworked. Galen's adaptive execution methods allowed the seasoned resources to take responsibility and react quickly and efficiently to issues. One example was delegation of the Rx Renew task. Although owned by the provider, the task could be routed to a clinical staff view.

As the solution was put in place, it became evident that the provider workflows for renewing of medications had many unforeseen variables. Galen continued to build trust by creating solutions for these nuances as they were identified.

New onboarding of practices with legacy data from disparate EHR's needed to be addressed. Galen's extensive experience with data conversions presented cost-effective options for the transfer of clinical data.

### Innovation to Outcomes

**Galen's data and metric driven approach to optimization** opened the gateway to empower SCMG to use the same process to track patient care improvements. In one instance, SCMG analyzed average response times after a result was received and were able to implement interventions to improve responsiveness. A second example was a series of behavioral health tracking (SBIRT, GAD7) reports that allowed mental health providers to track outcomes with their patients across their panels. Both examples leveraged reportable metrics to initiate tangible improvements, and allowed SCMG to boast to their patient population that they are providing better care by being responsive.

The partnership between SCMG and Galen Healthcare Solutions resulted in a cohesive standardization for the organization. The standard, repeatable, engagement, build and implementation process also allowed the IT team resources greater productivity and efficiency. Assisting SCMG to change from a reactionary to a more proactive culture resulted in increased provider satisfaction, which translates to improved patient care.

### St. Charles Medical Group - a Breakdown

Category	Number
Specialties	21
Providers	225
Locations	13
Counties Served	3
Patients Served	90,389

### Signed Notes: Finalized by 6PM

Provider	November 2013	November 2014
A	70%	94%
B	74%	95%
C	69%	98%
D	75%	94%
E	64%	63%
<b>Grand Total</b>	<b>70%</b>	<b>89%</b>

Actual completion times for signing notes by 6PM versus 10PM pre- and post-optimization.



#### Outcome

**16% increase in notes finalized by 6PM**

What does that mean in real terms?

Direct correlation to:

- Provider satisfaction
- Improved patient care
- No longer taking work home

### Task Optimization

Task	Total time of tasks per patient (min)
Pre-Optimization (Oct 2013–Sept 2014)	5.93
Post-Optimization (Oct 2013–Nov 2014)	4.89
<b>Improvement</b>	<b>18%</b>

Actual baseline metrics and outcomes of task completion time pre- and post-optimization.



#### Outcome

**18% decrease in total time to complete patient-centric tasks**

What does that mean in real terms?

- Using 20 visits per day as an example, an 18% improvement could mean seeing an additional 3-4 patients per day