![Partners through Change logo — Process improvement. Performance excellence.]

## Upcoming Healthcare Initiatives:
## Are you Ready, Have a Gameplan, or Starting to Stress?
**-Triche Guenin**

Whether it be MU1&2, ACA, ACO, ICD-10, EMR/EHR,…..deadlines are upon us.   Most physician practices have realized that these requirements are not going away.   They have bitten the bullet and started on their respective journeys towards compliance.  Others are either ignorant of what these are, still in denial they will happen, or are delaying their start.

Many physicians consider these initiatives to be administrative in nature and something the back/front office will take care of.  Few realize the impact they (as clinicians) can have on the operations side of the business or the impact these initiatives can have on them.  In either case it behooves the physicians to get involved in at least understanding what is going on around him/her and the interdependency it and they will have on each other.

*For examples, and consistency throughout this article, the ICD-10 initiative will be used, but any of the other initiatives can be substituted.  For those not familiar with the ICD-10 initiative, it is the diagnostic coding system that will replace the current ICD-9 format we are using in the US (the rest of the world has already converted to ICD-10).  These codes, based upon the diagnostic/treatment documentation the physicians provide, drive the billing process which in turn impacts the payment process.*

As of June 2013 in a study conducted by Medical Group Management Association (MGMA), it was shown that fewer than 5% of physician practices have made "significant" progress when rating their overall readiness for the ICD-10 conversion.  "Although the deadline doesn't occur until next October  it doesn't look like many physician practices will be ready…. practices will have no confidence they will be paid for the care they deliver to their patients after Oct 1, 2014", says Dr. Susan Turney, President and CEO of the MGMA.

### Approach to Tackling These Initiatives
Regardless of which initiative or deadlines a practice is working towards, the same methodology can be used.  The point is to get started ASAP, not only to reap the benefits earlier (or in some cases not get penalized) but also, and mainly, to allow time should course corrections be needed along the way for deployment.  When working against a deadline, any delay will be more financially costly, particularly if support from outside personnel is needed.  Delays also cost time, which will impede wiggle room when implementing.

The first step in making any change to an organization is understanding the current work environment.  Similar to treating a patient, assessing their current condition is critical.  ***Knowing where you want to go is nice, but if you don't know your starting point, you won't be able to***

***determine how to get where you want to go***.  Although this appears to be a logical "no duh" first step, it is often the most overlooked activity.  Many want to jump in and start fixing a problem before understanding the source of the root cause.  Physicians understand this – operations folks inherently do too, but often don't follow their instincts for a variety of reasons.

One of the first activities in understanding your current state is to identify both the key and supporting processes that make up the work the organization performs.  Ultimately, this work should provide value to the end user (sometimes the patient, sometimes an internal/external department).  Many times, in trying to "list" out processes we tend to focus only on those we're familiar with.  Analyzing workflow helps to view work linearly so as to catch those processes and/or work activities that are either not familiar or only happen once in a while and are therefore easily forgotten.

## What is Workflow?

One way to understand workflow is to view it as a pictorial description of work.  It quickly shows the "big picture" and easily surfaces unexpected complexity, problem areas, redundancy, and unnecessary loops.  Although not accurate, workflow is also known as box and wire diagrams, flow charts, process maps, etc.  Regardless of what it is called, this visual diagram shows the interconnectedness of work activities; its focus is on identifying the work to be done, not WHO does it.

## Example of Workflow Supporting ICD-10 Efforts

ICD – 10 Coalition

The ICD-10 Coalition program, hosted by the Colorado Medical Society and administered by Marilyn Rissmiler, provides support to physician practices in maneuvering through the maze of activities required to become compliant with the 2014 deadline for ICD-10.  Training and webinars are being provided to address topics from building awareness to analyzing the post-transition impact.

Pilot

In preparing for the training session focused on workflow, interested practices were asked to volunteer for the first phase (understanding the current environment) so as to gain real life examples within a small and a large physician practice.  The intent of this pilot was to demonstrate how understanding workflow can facilitate the transition to ICD-10.  It also focused on how workflow can:

- be leveraged as the umbrella that supports all other studies/initiatives and helps to identify problem areas for further investigation
- provide a construct from which all other changes to the organization (e.g. policies & procedures) can be shared and shown how they interconnect
- show (in this case) specifically where ICD-9 activity currently occurs and will be impacted by changes to ICD-10.

Participants of this pilot were Moffat Family Practice in Craig, CO and New West Physicians of Denver. They represent a small one doc shop (1 physician with 8 staff/clinicians) and a large practice (over 80 physicians at 16 locations with a centralized backoffice). Robin Schiffbauer and Elizabeth Etzler were the respective practice/office managers who were instrumental in ensuring the success of the pilot.

The session(s) included the following activities:
- identification of the high level processes conducted at each facility (completed prior to going onsite)
- training on basic process mapping methodology
- developing the rough draft of each of high level processes with a core group
- validating the details of the process maps with other stakeholders
- beginning the identification (within each work activity) of additional information (e.g. systems used, metrics tracked) of the current environment
- identifying opportunities for improvement (focus towards improving efficiency/effectiveness of operations and patient experience)

This technically was the end of the first phase - understanding the current work environment. However, because of time constraints, we just touched on the last two activities mentioned above so that we could quickly focus on the ICD-9 touch points. This then is the start of the second phase – planning your approach.

Knowing that this initiative focused on compliance with ICD-10, the group reviewed each individual activity to determine if any ICD-9 related work was currently occurring within that aspect of the process. If so, a flag was noted to identify where they would need to potentially make changes moving forward. This was the focus of the pilot – to identify where there could be an impact to their operations based on the new ICD-10 requirements

If interested in reviewing the webinar that was developed for CMS's ICD-10 Coalition on Workflow Analysis, using examples from this pilot, go to the following link
https://cc.readytalk.com/cc/playback/Playback.do?id=dnvguk

Findings
Each organization identified its own set of key and supporting processes; they named them differently, their start/stop points were different, and how they interacted with other processes also differed. So, trying to fit their processes into the others' practices would not work. In both practices all services were performed internally, but not all practices do. Some may outsource different functions, but ultimately they are accountable for the work of their contractors – it should be seamless to the patient as to who is providing the service(s).

As mentioned, developing and validating process maps is a collaborative and interactive effort. It's never correct the first time it's drawn out. In this case, a combination of butcher paper and

post-it notes made it an easy medium to get participation and buy-in.  See Figure 1.  Although very low tech, it enabled all to provide their input, even if not technically savvy or using this tool for the first time.



*Figure 1: Developing the Patient Encounter
process map at Moffat Family Practice*

In the case of ICD-10, most compliant related activities appear to center around two areas: a) training on the changes in the actual code and b) system compliance as the digits/format of the code has changed.  Things like template conversions, payor coverage, and referral acceptance (to name only a few) will not be caught if focusing on just the training and systems side of the business.  This is where laying out the current processes and noting where ICD-9 touches will identify those areas which are not real obvious.

Some of the comments heard after the multiple process mapping sessions from the physicians/staff within the pilot groups include but are not limited to the following:
- "this session helped to expose areas where ICD9 shows up that I'd forgotten"
- "now have an appreciation of how my work intersects with my co-workers"
- "this is exciting to see our work laid out like this – I get it!"
- "wish I could have been in all other mapping sessions – learned a lot"
- "the referral process concerning ICD is huge"
- "it created an awareness of other colleague and departmental responsibilities"
- "really show how interconnected our processes are and how to tie information between each"
- "should be done for whole organization"
- "not just for ICD 10 transition – great to show where improvements & streamlining can be done"
- "rude awakening, quite enlightening"

## What's Next?
Once a good understanding of the current work environment has been accomplished, there is now a solid foundation from which to proceed to the next phase - which is to understand

where the practice needs to go, to identify the gaps, and to figure out how to bridge those gaps. In this pilot, the focus was on ICD-10, but it could have been oriented towards any of the other upcoming initiatives. The groundwork for understanding the current state was complete. During this second phase, things to consider, while developing approaches and associated project plans for the specific initiative, include the following (in no particular order):

- Incorporating improvement opportunities
- Implementing "lean" principles
- Automating where possible
- Clarifying roles & responsibilities
- Aligning skill sets

## Conclusion

Regardless of where you are in the journey towards compliance/implementation of any of these initiatives, the point is to get started by understanding where your organization currently is and have a game plan to get to where you're going. And IF you've already started and haven't performed this step, stop now, and do it to ensure you won't have rework later. Even if there were no legislated initiatives, conducting this exercise periodically and acting on the findings helps keep your operations fresh, efficient, and effective. Physicians, staff, and patients alike will also enjoy, appreciate, and engage in the upbeat and agile work environment.

*Triche Guenin facilitates healthcare organizations in working towards cost effective delivery of their services ([tguenin@partnersthroughchange.com](mailto:tguenin@partnersthroughchange.com)) and is a volunteer supporter of the CMS ICD-10 Coalition*