HIS Implementation: Lessons Learned and Best Practices

Background. Under contract with the Centers for Medicare & Medicaid Services, RTI International conducted interviews with nine hospice organizations from across the nation as part of the Hospice Item Set (HIS) Clinical User's Panel (CUP). These interviews focused on provider experiences with HIS implementation and the early phases of HIS data collection. This document presents lessons learned from early HIS implementation (Section 1) and provides some best practices new hospices may find helpful as they are implementing the HIS (Section 2).

Section 1: Lessons Learned: Implementation Processes, Barriers and Facilitators to Implementation, and Resources

1. **How Hospices Stay Informed of CMS Requirements:** Common sources of information for staying informed of CMS regulations and requirements included CMS materials, national and state provider associations and organizations, electronic medical record (EMR) vendors, and Medicare Administrative Contractors (MACs).

2. **General Attitudes towards the HIS and Compatibility of the HIS with Care Processes:**
   - Hospices had a positive or neutral attitude towards the HIS. Positive attitudes included beliefs that the HIS is a tool for measuring quality of care, and delivering high quality care is important to providers.
   - Compatibility with existing care processes facilitated implementation; most providers felt the HIS was compatible with existing care processes. As stated by several hospices, "[HIS] questions were mostly already the same ones in our assessments. All they [staff members/IT] did was make the verbiage match more accurately" and "[Data captured by the] HIS is already a part of care planning, it was just a different way of documenting what we were already doing."

3. **Steps Taken by Hospices to Prepare for HIS Data Collection** Hospices went through similar processes to prepare for the start of HIS data collection. Major steps in the implementation process are divided into 4 sub-categories, below.
   a. **Forming the "core team" and communicating the requirement:** Hospices began preparations by forming an HIS core team. Core teams were typically 1-4 staff members from across the organization, including staff from the quality/compliance department, IT, medical directors, and executive leadership. The core team were the managers of HIS implementation.
   b. **Planning and Preparing for Data Collection – the "who, when, and how" of data collection:** The planning phase is where hospices worked through the "who, how, and when" issues of HIS data collection, including decisions such as how to integrate HIS items into current clinical record systems, and whether clinicians or administrative staff should collect HIS data.
      - **How data are collected** – most hospices integrated HIS items into their current clinical record system. No hospices switched clinical record system type (i.e., moved from paper to EMR or switched EMR vendors) to accommodate HIS data collection.

- **Who collects data** – most hospices have admissions nurses complete the HIS items as embedded items in the clinical record; HIS records are then reviewed, completed, and submitted to CMS by a HIS core team member.
- **When data are collected** – keeping track of completion and submission timeframes was a primary stumbling block for hospices; many hospices developed their own internal systems for tracking these deadlines and had to go through some trial and error to finalize their systems.

c. **Training:** HIS core teams were responsible for training frontline clinical staff. Most hospices used a "funnel and filter" approach for training clinical staff. HIS core team members searched for and filtered through all available sources of information (e.g., CMS Manuals/trainings, national and state association resources), and provided training to clinicians using excerpted content from these materials. Most trainings were tailored to the organization's EMR system, and included screenshots and live EMR demonstrations.

d. **Accessing Resources:** CMS materials were the primary source of content knowledge. Other common sources of knowledge and information overlapped with CMS resources by promoting availability of CMS resources or building on the content of CMS materials. National and state associations were a primary non-CMS source of information. Providers stated that national and state association materials built on CMS content by outlining actionable "how-to" steps of implementation for providers. EMR vendors were another resource; information provided by vendors was specific to the functionality of upgraded EMR software. Workgroups and peers were also an important source of information for hospices. Hospice stated these relationships were helpful for "staying in the loop" (e.g., sharing availability of other resources) and for troubleshooting specific issues.

4. **Early Experience with HIS Data Collection**
- Once data collection began on July 1st, all hospices were able to begin data collection with a relatively smooth transition. Most hospices stated that majority of the work was in the planning/preparations phases of implementation, setting up the systems for data collection and conducting internal trainings. Early and thorough planning facilitated a smooth transition once data collection began.
- The primary obstacle encountered once data collection began was tracking completion and submission deadlines.
- During the first few weeks of data collection, hospices established audit and feedback systems. Hospices established two main systems: audit and feedback for accuracy of HIS item completion and audit and feedback for record completion and timeliness.
  - For accuracy audits, a member of the HIS core team would review responses to HIS items that were completed by clinicians, comparing HIS responses with clinical record documentation. If an item was completed incorrectly, the HIS core team would conduct continuing education (either one-on-one or as a group) with clinicians. Many hospices stated continuing education was equally, if not more important, than initial training.
  - Timeliness audits were accomplished through system-generated reports. These were conducted to ensure all HIS records were submitted and that records were completed and submitted in a timely manner.

Section 2: Best Practices for HIS Implementation

1. **Take an active role to stay informed and up-to-date about CMS requirements:** Keeping informed of the latest regulations gives hospices time to plan and prepare for upcoming requirements.
   - Be proactive about staying up to date with CMS requirements – read proposed and final rules and check the CMS HQRP website often for updates. Also, sign up for CMS-specific list servs (MLNconnects eNews, ODF list serv).
   - As possible, leverage other sources of information to stay informed of CMS requirements.
2. **Start early:** For HIS, most hospices stated that the bulk of the work was in planning and preparing for HIS data collection, prior to the July 1st start date. Starting early helps ensure preparedness and facilitates a smooth transition once data collection begins.
3. **Form a "core team" and use the core team as primary managers, go-to staff, and in-house experts:** To tackle the HIS, most hospices formed an HIS core team who was responsible for managing the planning and preparations for implementation of the HIS (i.e., determining the steps needed to prepare the hospice for the start of data collection on July 1st). The core team should be staff who are knowledgeable and able to dedicate time to planning and preparing for compliance with a new requirement. The core team can serve as "in-house" experts on the requirement, answering questions and sharing information with other staff.
4. **Choose a core team based on the expertise needed for the task:** For example, many hospices included a member of their IT staff on their HIS core team, as the bulk of the work in preparing for the HIS included updating EMR systems.
5. **Plan and prepare for implementation in a systematic way:** Have the core team look at the new requirement/regulation and determine who in the hospice it will impact, how to capture the necessary information or data, and how to monitor the process to ensure compliance and accuracy. Consider specific issues like the "who, how, and when" of data collection -- consider who will be in charge of collecting data, and what changes will need to be made to existing systems and processes (e.g, clinical records) to begin data collection.
6. **Use the core team as experts and disseminate information to other staff on an "as-needed" basis:** Filter out knowledge and expertise gained by the core team to others (e.g., clinicians) on an as-needed basis. This "filtered" approach helps avoid overwhelming other staff with information.
7. **Customize training materials:** As the core team reviews various sources of knowledge and information, have them develop a "best of the best" training, integrating the best information from multiple resources into a single training. Tailor trainings to meet individual needs by including screenshots from EMR systems or conducting training using a live demonstration within the EMR system.
8. **Underscore the big picture first:** When communicating the requirement to staff and clinicians, emphasize the "big picture" and make sure staff understand "why" the data collection effort is important. Understanding the larger context of a requirement can help maintain a positive attitude towards the requirement.
9. **Formulate and foster good working relationships across departments and teams:** Good working relationships between quality/compliance and clinical departments were essential in implementing the HIS. Hospices should form and foster these relationships early and make sure to maintain communication with other departments throughout the implementation process.

10. **Establish audit and feedback processes to ensure accuracy and compliance with requirements:** For HIS, many hospices developed an "accuracy" audit and feedback system, as well as a "timeliness" audit and feedback system. For accuracy audits, a member of the HIS core team would review responses to HIS items that were completed by clinicians, comparing HIS responses with clinical record documentation. Timeliness audits were accomplished through system-generated reports. These were conducted to ensure all HIS records were submitted and that records were completed and submitted in a timely manner.

11. **Don't underestimate the importance of continuing education:** One-on-one, small group, or targeted continuing education was essential after HIS data collection began. The HIS core team would use continuing education as a way to answer frequently asked questions and ensure accuracy of data. For example, if an HIS item was completed incorrectly, HIS core team would conduct continuing education (either one-on-one or as a group) with clinicians. Many hospices stated continuing education was equally, if not more important, than initial training.