

Mercy LIFE

EHR for PACE Organizations

Johanna Yurkow, DNP, MBA
Vice President of Operations

Martha Sheely, BSN
Chief Quality/Compliance
Officer



MAY CONTAIN INFORMATION THAT IS NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



Mercy Health System

- Catholic Health East
- Mercy LIFE
 - Inception – October 1998
 - Three sites
 - 351 participants



Trends/Decision Process

- Regulations
- Immediate access to participant information
- Efficiency
- Quality and performance improvement enhancement
- Administrative oversight

Clinical Functions

- How your program (really) works
 - Clinical, administrative, operational and financial functions and how they interact
 - Identify deficiencies, inefficiencies, and duplicative processes
 - Identify manual processes that should be automated

Business Requirements

- How your program (really) works
 - Ability to transmit data to CMS
 - Ability to interface with claims system
 - Interfaces with lab and pharmacy
 - Scheduling functions
 - Ability to produce customized reports
 - Ability to verify clinician credentials

Implementation

- Create a vision
- Develop/maintain a project schedule
- Develop an implementation timeline
- Identify super-users
- Develop a training program
- Kick-off
- Policies and Procedures

Critical Elements

- Understanding workflows
- Identification of super-users
- Giving up the paper
- Training, training, training
- Audit early, audit often
- Quality of equipment
- Transition planning



Financial/Organizational Impact

- Efficiency in accessing information
- Improved communication
- Reduced data entry and medical records functions
- Improved medication management
- Minimal duplication of documentation
- Expedite claims



Preparing for CMS as a Hybrid

- Ongoing dialogue with survey team
- Documentation mapping
- Chart tagging
- Hardware
- Clinical assistance

Implications for Quality

- Defining the population
- Audits
- Reports
- Performance Improvement activities
- Survey Readiness
- Transitioning while maintaining quality

Summary

- Staffing
 - Training and motivation
- Planning
 - Stakeholders
- Maintaining
 - Auditing and retraining
- Equipment

