Standardization:
What, Why and How (Best Practices)

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Presented by:
Candace C. Gwizdalski, RN, BSN, MA, CPMSM, CPCS Advocate Health Care
Margaret Palmer MSA, CPCS, CPMSM, FACHE Scripps Health
Ellen Chappe, Morrisey Associates, Inc.

Introductions

Advocate Health Care
Candace C. Gwizdalski, RN, BSN, MA, CPMSM, CPCS
Supervisor, Data Management & Quality

Scripps Health
Margaret Palmer, MSA, CPCS, CPMSM, FACHE
Director, Scripps Credentialing

Morrisey Associates, Inc.
Ellen Chappe, Data Conversion Manager

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Introductions

Scripps Health
- 5 acute care hospital facilities
- 22 Clinics
- 2 Ambulatory Surgery Centers
- 1 IPA and 1 Health Plan
- 1 Hospice
- 2 Residency/Fellowship programs

- **3640+ Clinical service practitioners**
  - **3140 – Physicians**
  - **500 – Allied Health**

- 500 Initial applications annually
- 1800 Reappointments annually
- 5000+ expirables annually

Credentialing, Privileging, Health Plan & Enrollment Teams

Credentialing/Privileging (goal: timely practitioner credentialing)
- One Director
- One Manager
- Six Credentialing Specialists
- One Credentialing Coordinator
- One Credentialing Data Quality Analyst

Internal Health Plan and Enrollment handled by Billing Office (goal: successful billing)

5 Medical Staff Administrative Offices

All the above teams work concurrently for practitioner on-boarding in an integrated and complex credentialing & billing environment.

Also a part of the team:
Information Services – Project Management and Sr. Data Analyst

MSOW Implementation Experience   M·O·R·R·I·S·E·Y *Consulting Services*   5 of 25

Advocate Health Care
Inspiring medicine. Changing lives.

- **11 Hospitals (4 Surgery Centers)**
    - » 7500 practitioners
    - » 800 allied health professionals

- **11 PHOs and 3 Medical Groups**
    - » 4,245 physicians
    - » 255 allied health professionals

- **CPI – Center for Practitioner Information**
    - » Management team
    - » Lead coordinators, credentials coordinators
    - » Data analysts

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Areas of Standardization – What to standardize and Who is responsible

- Use of fields/tables/data in MSOW and Apogee
- Application forms (addendums can be region/state specific, but recommend that there be a required core data set)
- Practitioners required to be credentialed
- What is verified, how, when
- Management of expirables
- Reappointment dates – recommend at least regionally, but would be optimal to do system-wide
- Corporate contracts for verification items such as AMA/AOA profiles, NPDB Continuous Query, background check (if applicable)

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Scripps Health – How we went about standardization

- Use of fields/tables/data –"Work arounds" in MSO didn't translate so smoothly in MSOW. i.e., Office Designations

- One application: all organizations, regardless if physicians or allied health.

- What is verified, how, when – Joint Commission, NCQA, AAAHC, CMS

- Expirables – Biggest area of clean up was Medical Boards and Specialty Boards for web crawls to work

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Scripps Health – How we went about standardization

- Reappointment dates – We have been synching for a number of years but focused on tightening the health plan into 2 years v. 3 years

- Corporate contracts for verification items we took baby steps – identify which are web crawls (Licensure) and which are internet grabbers (AMA)

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Scripps Standardization cont.'

- Help Desk support – create a positive relationship

- Application support at site level – IS Project Manager, Sr. Data Base Analyst, Superusers

- Responsibility for table maintenance/security set up: **Restricted** to Administrators and CDQA ONLY

- Data Entry Conventions – had good ones prior but opportunity to improve

- Data Conversion- Entire system already on MSO

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Scripps – Who is responsible?

»Responsibility- **ALL USERS!**

- Monitor data entry to ensure that the data remains clean – CDQA specific data audits

- Reporting issues – who in the organization is delegated – Super Users and Administrators

- Auditing to ensure all agreed organizational standards are being met – this was part of our previous MSO management so we had a process

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General Standardization of reappointment (possible CVO)

- Policy concerning reappointment and the execution of a CVO if needed
- Standardization for bringing reappointment data in line (this would include standardizing next reappoint dates across facilities)
  - » **Scripps** – all facilities have the same reappointment date and it's a constant dance of synching
  - » The CVO always has a 23 month reappt cycle regardless of what a facility might have
  - » To bring in "outliers" if they are 6-9 months difference we synch

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General Standardization of Reappointment

- » **Advocate** – the journey from facility-specific reappointment cycles to physician-centric reappointment cycle
- » All facilities and PHOs on a 2-year cycle
- » CPI (CVO) launches and receives reappointment applications
- » Synchronization of new practitioners into existing schedule
- » Site vigilance and collaboration re: dates

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Advocate Health Care's approach to standardization

- Use of fields/tables/data in MSOW: Database Conventions Resource Manual

- Facilities Status screen conventions consistent with site medical staff structure and bylaws

- Application form: State of Illinois mandated application with Advocate supplemental form
  - » Cross-walk reference created for AHPs

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Advocate Health Care's approach to standardization

- What is verified, how, when: Credential to the highest standard

- Management of expirables: web crawls, site accountabilities

- Sites enter data only at Facility level

- At the CPI, ability to add to or modify most tables is restricted to select few

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Making the data fit the Policy – looking at key areas

- Record Status and Medical Staff Categories
- Departments and Sections
- Degrees & Certification acronyms (i.e., FACEP)
- Status from and thru dates
- Expertise
- Board Specialties

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**Promote Consistency from the Beginning…
Candidate Entry**

- **Candidate entry request**
  - » **Site includes *applicable* license verification**
  - » **Practitioner name entered from verification**
  - » **Scripps: Board Certification verified as it is a requirement to qualify**
  - » **Advocate: Board certification part of candidate screening process**

- **Benefits**
  - » **Prevents duplicate entry**
  - » **Ensures correct degree**
  - » **Matches state databases for ongoing monitoring**

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**Promote Consistency from the Beginning…
Application**

- **State of Illinois standard application**
  - » Mandatory fields
  - » Date formats

- **Initial application and reappointment application bundles**
  - » Global forms – consent & release, system policies
  - » Site-specific forms – alternate coverage, bylaws, department rules and regs, low volume competency assessment

- **Benefits**
  - » Lessens incomplete application submissions
  - » Consistent with database conventions

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**Promote Consistency from the Beginning…
MSOW Database Conventions**

- Resource provided at orientation
- Covers all areas
- Examples
  - » *Facility screen – status*:
    - **Advocate: Initially Candidate, then Applicant, then according to site-specific status**
    - **Scripps: Applicant, Applicant CCS, Applicant Facility, then according to _____**
  - » *Contact screen – address:*
    - Full street address; no abbreviations

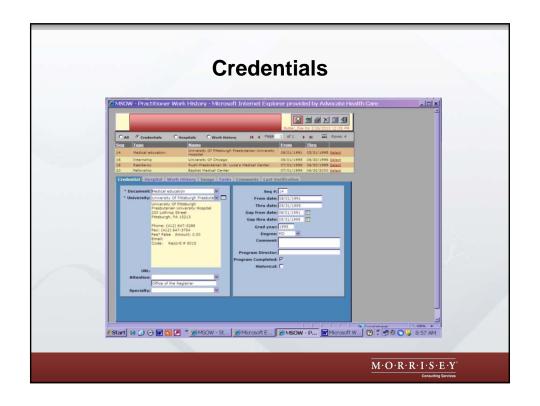M·O·R·R·I·S·E·Y
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MSOW Database Conventions…

Scanned documents and responses
- Document or response
- Expiration dates, reappointment dates in image screen *Comments*
- Facility specific i.e., collaborative or supervisory agreements for allied health
- Facility acronym for applications, audit reports

Yellow flag and red flag guidelines

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MSOW Database Conventions…

➢**Specialties**: primary on top

➢**Office**: Primary office, secondary, billing, mailing.

➢**Insurance**: Current 1st with priors following in order.

➢**Work history**: Current 1st, then in chronological order

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Credentials

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CREDENTIALS SCREEN

- Fields to be completed
  - (TAKE NOTE - DO NOT ADD NEW FACILITIES TO MSOW TABLE)
- ENTER IN ORDER OF MEDICAL SCHOOL – INTERNSHIP – RESIDENCY - FELLOWSHIP
- DOCUMENT TYPE - (SELECT FROM DROP DOWN AS APPLICABLE)
- NOTE: (PHYSICIAN ASSISTANTS - USE DOCUMENT TYPE "GRADUATE EDUCATION")
- (APN - USE DOCUMENT TYPE "GRADUATE EDUCATION")
- (RN – USE DOCUMENT TYPE "PROFESSIONAL EDUCATION")
- UNIVERSITY - (SELECT FROM DROP DOWN OR ADD NEW IF APPLICABLE)
- ATTENTION – (AS APPLICABLE ENTER; PROGRAM DIRECTOR'S NAME, OFFICE OF THE REGISTRAR OR GRADUATE MEDICAL EDUCATION)
- SPECIALTY - (ENTER FOR ALL EDUCATION TYPE(S) EXCEPT MEDICAL SCHOOL)
- FROM DATE
- THRU DATE (IF STILL IN PROGRAM ENTER ANTICIPATED COMPLETION DATE IN COMMENT FIELD)
- GAP FROM & THRU DATES - SHOULD AUTO POPULATE, IF NOT FILL IN DATES
- GRAD YEAR - (ENTER FOR MEDICAL SCHOOL ONLY)
- DEGREE
- COMMENT (ENTER ANTICIPATED COMPLETION DATE)
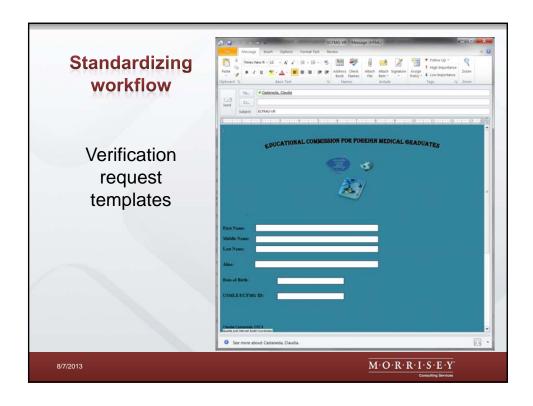- PROGRAM COMPLETED - (MARK FOR MEDICAL SCHOOL ONLY)

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MSOW Database Conventions…

Sequencing of data

➤**Credentials:** Medical School, Internship, Residency, Fellowship in chronological order. Professional Education followed by Graduate Education.

➤**ID numbers:** IL license, ILCS, DEA, and then NPI, any other states grouped together, historical on the bottom.

➤**Hospitals:** Primary Advocate on top, any other Advocate facilities following. Next - other current hospitals with priors following chronological order.

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Standardizing workflow

Verification request templates

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Consider the downstream effect

- Report generation

- Integration with Apogee – managed care

- Administrative Review Module implementation

- Direct data feeds, i.e., Doctor Directory

- HL7 interface with other systems

- Analytics

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The Reappointment Cycle Puzzle

Situation:

» 7000 practitioners

» Ten (now 11) hospital sites, three medical groups, four surgicenters, 10 PHOs - each with own reappointment date

Background:

» About 22% of practitioners at more than one facility

» Sense of eternal reappointment

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Reappointment…

▪ Assessment:

» Practitioner dissatisfaction

» Re-work for everyone

» Impact on workflow

» Paper nightmare

» Consider synchronization possibilities

»

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Reappointment…

Recommendation:

Physician-centric reappointment

Go-live with the 9/30/2011 cycle

Next reappointment date	Birth Month
9/30/2011	Oct, Nov, Dec
3/31/2012	Jan, Feb, Mar
9/30/2012	Apr, May, Jun
3/31/2013	Jul, Aug, Sep

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What makes a successful multi-conversion/Standardization

- Leadership – have key personal on the corporate level as well as at the organization in place for all discussions pertaining to Policy and Data Clean-up: **Scripps** already has policies in place, minor revisions

- Having the corporate policy concerning data well defined with a by-in from all organizations that will utilize the database: **Scripps** had buy in as we've been doing this in MSO for years BUT buy-in for work flow, documents and privileging items were/are a challenge

- Once Policy is in place having a steering committee to answer questions and make decisions when there is a request to adding new data to the database. **Scripps…**I am it

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What makes a successful multi-conversion/Standardization

- Each additional conversion needs to merged in one at a time to reduce the possibility of duplication of data **??? Ellen help me here..**

- Communication between the corporation and each facility being brought into MSOW
    - **Tuesday update meetings with all facilities**
    - **Monthly "refreshers and troubleshooting" are offered by my team**
    - **Monthly report goes to the Governing Board regarding the status of the project**

- TIME – an important element for success **THIS CANNOT BE EMPHASIZED ENOUGH!**
    - Time to meet to formulate policy and conversion rules
    - Complete the mapping tools
    - Data validation - looking at a percentage of different types of practitioners
        - Is the data in it's proper location (Re-purposed fields from the legacy – verify the proper placement in MSOW)
        - Is the data correct

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Scripps Lessons learned during conversion

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Reasons for a staggered conversion approach – reducing duplicate data

- By standardizing each database as it is merged into the existing MSOW system will allow the entity to match their data to standards already applied in MSOW
- Cross practitioners (practitioners that exist in database to be merged and MSOW) are identified and rules for conversion (which data should rule) are established

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Merging in a Newly Acquired Hospital's Data

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The Process

- Pre-project orientation; relationship-building
- Kick-off
- Establish timeline
- Develop business rules for standardization
  - If / then – Populate / do not populate
- Identify cross practitioners
  - » Resolve mismatches in name, DOB, SSN
  - » Whose data prevails? = business rules

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The Process

- Mapping tools
  - Original organization clean-up
  - New site standardization

- Other considerations
  - User-defined fields
  - Customizations
  - Documents / responses, images
  - Privileges

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Mapping tools…Discovery

- Allow a LOT of time and be focused

- Request reports and work closely with data converter at Morrisey

- Identify specialties already in existence that may need attention

- Linked records may prevent some clean up

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Mapping tools…Discovery

- Surprise! Duplicates and variations

- Larger tables may need additional refinement later

- Inability to view data due to legal constraints of merger

- Resources to assist in clean-up
  - A. M. Best Company- insurances
  - ABMS, AOA, ACGME – specialties, credentials
  - AHA, American Hospital Directory – hospitals

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Testing Tips

- Use existing audit tools

- Run your routine reports

- Address issues promptly

- Identify related concerns

- Visually scan data each time you access a record

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Elements for Success

- Patience
- Remember to also focus on the infrequent items (committees)
- Never too soon to assess your current data
- Educate, educate, educate
- Review your policies to ensure they reflect the process

- Train new associates
  - Schedule close to final merge/Go-Live date
  - 1:1 computer time
- Continued support after merge
- Celebrate, celebrate, celebrate

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Lessons Learned

- Don't do it all yourself – assign items to team members to "own"
- Respond quickly to users issues after Go Live
- Take the time to troubleshoot before calling the help desk

- Don't panic when issues identified!
- Be aware of timeline; respect deadlines

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Practices to Keep Data Clean

- Learn to love auditing
- Assign common reports to each member of the team to run, audit and send
  - Responsible
  - Accountable
  - Perspective of data to receiver
  - Educational

- Audit every initial application
- Incorporate audit outcomes in performance reviews
- Restrict table maintenance to a select few

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Looking Forward

- Community & Referring practitioners in our database…oh the HORRORS
- HR as an "organization/facility" to manage their RN licenses
- Ever growing list of people wanting "your stuff"

- Explore database capabilities and possibilities
- Achieving the dream! Multi-facility PCCB privilege forms

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Questions

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