

MCCM™ Two-Way Integration with the EPIC Electronic Medical Record *Build and Benefits*

Sarah M. Clark RN-BC, BSN, MHA/INF, CCM
Manager – Care Coordination Education & Informatics

Sally Sekowski RN, MSN, ACM
Director – Care Coordination

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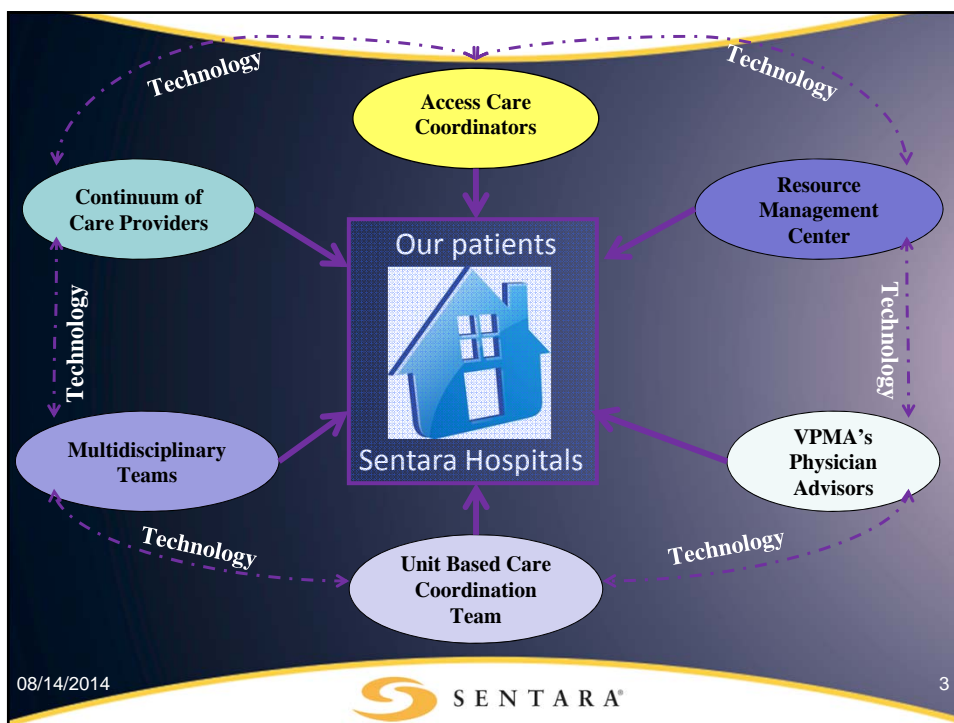


A world where reporting is a by-product of the required documentation of the work performed to ensure Sentara HealthCare is compliant with the Center for Medicare & Medicaid Services Conditions of Participation and Payer Contracts.

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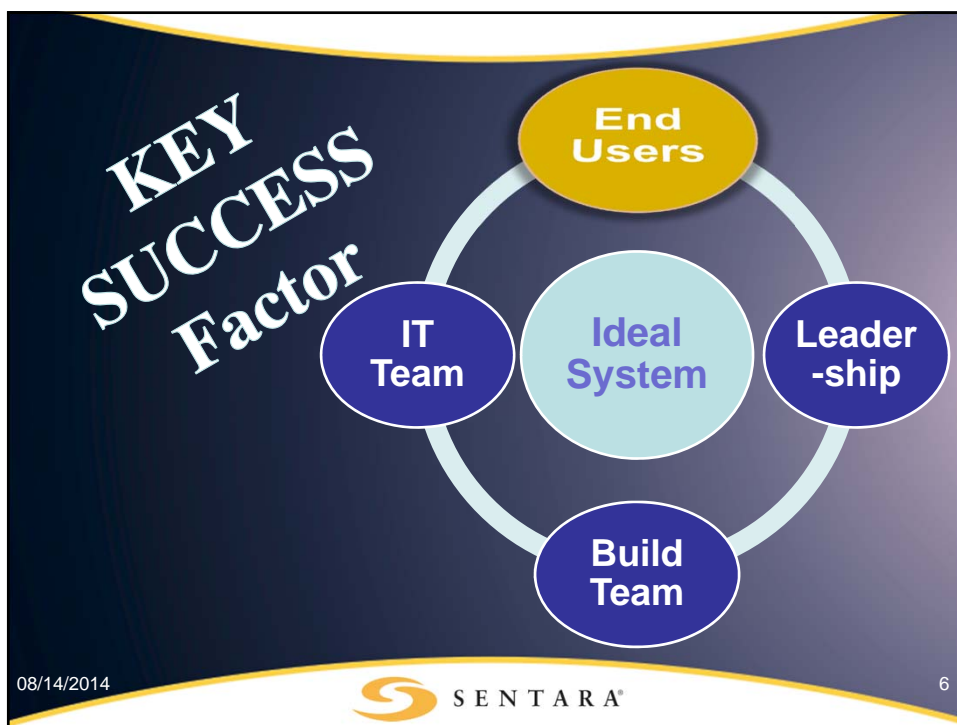


Golden Rules



- Staff would NOT double document
- Information that needed to reside in instructions for patients would be in ADA's and Flowsheet rows
- Reporting would be by-product of required documentation

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Beginning of the Journey

- Morrisey Contract finalized October 2012
- MCCM™ Build started in November 2012
- Staff training began January 24, 2013
- Phase 1 **live** February 13, 2013
 - Focus was utilization management
 - Access Care Coordination in hospitals
 - Resource Management Center
 - Physician Advisors (VPMAs and E.H.R.)
 - Appeals and Denials

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Transition Planning Timeline

- Phase 1A **live** March 18, 2013
 - Avoidable Delays
- Phase 1B **live** April 1, 2013
 - Communication with Registration, PFS via MCCM™
- Phase 1C **live** July 15, 2013
 - Readmission assessments
 - Communication with Discharge Facilitation
- MTI Transport **live** SNGH – November 2013
 - SCPH – January 2014
 - SVBGH – April 22, 2014
 - Remaining Hampton Roads Hospitals - May 2014

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Transition Planning Timeline

- Phase 2 **live** March 4 through March 20, 2014
 - All 7 Hampton Roads Hospital
 - Transition Planning
 - Bi-directional interface between Epic and MCCM™
 - Bi-directional interface between HBOC and MCCM™
- Phase 1/Phase 2 **live** June 10, 2014
 - SNVMC – Utilization Management to RMC
 - SNVMC – Transition Planning

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Transition Planning

- **Phase 2 - Focus**
 - Discharge Planning
 - Integration with Curaspan's Discharge Central
 - Bi-directional interface between HBOC and MCCM™
 - OnBase document Imaging interface
 - 'Single Sign-on' from Wavenet to MCCM™ (eventually want it to be Epic to MCCM™)
 - Bi-Directional interface between MCCM™ and Epic flowsheets

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The screenshot displays the MCCM (Morrissey Concurrent Care Manager) interface. At the top, the logo "MCCM" is shown with "MORRISSEY" in smaller letters below it, and "Integrated Care Management" to the right. Below the logo, there is a list of access points: "Work List Access", "Patient Encounter Access", "Quality Indicator Access", "Executive Dashboard", "Physician Access", and "Nurse Manager Access". Each access point is accompanied by a small image. A red box highlights the text "MCCM Release 2.3.6 (Sentara1)" in the center. At the bottom, there is a footer with the address "Morrissey Associates, Inc. 222 South Riverside Plaza Suite 1858 Chicago, IL 60606 312/431-0123", copyright information "© 2006 Morrissey Associates, Inc. All rights reserved", and links for "MCCM Customer Web Site", "Reports", and "MCCM Release 2.3.6 (Sentara1)". The date "08/14/2014" is in the bottom left, and the "SENTARA" logo is in the bottom center.

MCCM Release 2.3.6 (Sentara1)

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MCCM™ Customizations

- HBOC Bi-directional Interface – non-standard fields
- OnBase Document Imaging
- Uni-directional interface with MCCM™ Discharge Planning Export to Epic
- Single sign-on from Wavenet to MCCM™
- Bi-directional interface with Epic Flow Sheet rows and MCCM™ ADA's

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Collaboration Efforts

- Build team for MCCM™
- Build team for Epic
- Sentara Interface team
- Epic/HBOC/MCCM collaboration with the corresponding Sentara Teams for extensive testing
- Morrissey support – technical and build

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Epic Flowsheet Configurator

Current user: SMCLARK

File Work Lists Reviews Patient Continuum Analysis Setup Search

Saved Search: SPAH CC DCP H

Select Details Alerts Patient Name Room HBOC Status

Auditing Current Users

Posting Rules

Cost Posting Analysis

Epic Flowsheet Configurator

HL7 Mapping Tool

Facility: [Dropdown]

Flowsheet: [Dropdown]

* Facility: [Text]

* Flowsheet #: [Text]

* Review Type: [Dropdown]

* Assessment Codes: [Text]

Epic Question Maps To

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Epic Flowsheet Configurator

MORRISSEY
Morrissey Consultant Care Manager

Flowsheet Mappings (Text)

Menu

Facility: SCPH: SENTARA CAREPLEX HOSPITAL

Flowsheet #: 148

* Facility: SCPH: SENTARA CAREPLEX HOSP

* Flowsheet #: 148

* Review Type: Discharge Planning Review

* Assessment Codes: DCPSOCFUNC

Epic Question	Maps To
6495	ADA - Question ID: 5896
1950	ADA - Question ID: 5897
2380	ADA - Question ID: 5910
1173	ADA - Question ID: 5898
1122	ADA - Question ID: 5913
6950	ADA - Question ID: 5914
19762	ADA - Question ID: 5899
1213	ADA - Question ID: 5915
30046	ADA - Question ID: 5916
2832	ADA - Question ID: 5901
1019	ADA - Question ID: 5902
1673	ADA - Question ID: 5903
1002270	ADA - Question ID: 5918
1217	ADA - Question ID: 5904
1216	ADA - Question ID: 5905
1218	ADA - Question ID: 5906
1221	ADA - Question ID: 5920

Added by: MCRHODES on 12/23/2013 10:01 AM Updated by: MCRHODES on 12/23/2013 10:01 AM

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Epic Flowsheet Configurator

Select Assessment Codes

Assessment Types

- ☐ CARINGFLOW: Caring Flowsheet
- ☐ DCLIAI: DC Liaison Referral
- ☐ DCPCONT: DCP Continued Assessment
- ☐ DCPPEARLY: Early Screen for DP
- ☐ DCPFIN: DCP Final Assessment
- ☐ DCPFOC: Freedom of Choice
- ☐ DCPFIA: DCP Initial Assessment
- ☒ DCPSOCFUNC: Social Functional Discharge Planning Initial Assessment
- ☐ DCPTEST: DCP Initial Assessment test
- ☐ FAMSUPP: Family Support Assessment
- ☐ HIRISK: High Risk Assessment
- ☐ HMCAREHOSP: FINAL Home Care - Hospice Plan
- ☐ HOMECARE: HOMECARE Assessment
- ☐ HOMEDEQU: Home Medical Equipment
- ☐ MEDASSIST: Medication Assistance
- ☐ NEWBORN: Newborn Statistics
- ☐ NEWINFANT: Newborn Assessment - Infant Discharge Plan Assessment
- ☐ NICUCA: NICU Continued Assessment
- ☐ NICUFA: NICU Final Assessment
- ☐ NICUIA: NICU Initial Assessment
- ☐ PEDICA: PEDI Continued Assessment
- ☐ PEDIFA: PEDI Final Assessment
- ☐ PEDIIA: PEDI Initial Assessment
- ☐ PPD: Post-partum Depression Assessment
- ☐ READMLACE: LACE Index Scoring Tool
- ☐ SWADOPT: Adoption Assessment

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Build Requirements

- Epic flowsheet type and MCCM™ ADA answer type need to match (i.e. date, type in, single select or multi-select pick list)
- Pick lists in each system MUST match – spelling, spacing, case sensitivity
- User names in Epic and MCCM™ need to match for electronic signature in Epic to work
- Sentara's interface team had to create translation of messages in the engine to file data in the correct facility and location – worked closely with the MCCM™ team

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Sample Interface Message

```
MSH|^~\&|ADT|Epic||EPICHBOC^N^NG^1|20130516083321|RXLECHTE|ORU^R01|90|D|2.3|||||
EVN|R01|20130516083321|||LECHTEN^ROZLYN^SHC^SHH
PID|1||E7252227^EPI-82058401^SID^SID-10161893^IDX^IDX-82058401^HOSP PAT
ID^HOSP PAT ID-082058401^HBOCMRN^HBOCMRN-082058401^SNGH HBOCMRN^SNGH
HBOCMRN-903112111^USSA^SS||MEDSTREAMING^IP||19490909|M||WHITE|120 CORPORATE
BLVD^NORFOLK^VA^23502^US^|(757)747-4800^7||ENG|MARRIED|NON-
DENOMINA|820584013100|903112111||NS|||||N|||||
PV1|1||SNGH 4RP3^SNGH-1419^1419-01^SHC^1^SNGH
GM|||||4221^PARKER^JOHN^P^|27734|SELF|||||20130410|||820584013100||
OBR|1||flowsheet number populated by engine|||||20130516080000
OBX|1|ST|30909^Age^EPIC|1|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|2|ST|30910^Primary Admitting Diagnosis of
Cancer^EPIC|0|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|3|ST|30911^2 or more inpatient admissions for chronic illness in last 12
months^EPIC|0|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|4|ST|30912^Resident in Nursing Home for Long Term
Care^EPIC|0|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|5|ST|30913^ICU Admission with multisystem organ
failure^EPIC|0|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|6|ST|30914^Heart Disease Guidelines
Met^EPIC|6|||||F|||20130516080000||LECHTEN^ROZLYN^^|
OBX|7|ST|30915^Neuromuscular Disease - ALS or Parkinson's Guidelines
Met^EPIC|6|||||F|||20130516080000||LECHTEN^ROZLYN^^|
```

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Sentara Flowsheet Row Decisions

- For transition planning assessments Epic is the official EMR
- Flowsheet row data coming from Epic to MCCM™ will file as MCCM™ Interface
- Flowsheet row data going from MCCM™ to Epic will file with the user name/ID
- Flowsheet row data originating in Epic will be created in MCCM™ with a “To Be Determined” reviewer assigned

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Functionality Point

- Flowsheet data coming from Epic to MCCM™ filing of data in to the appropriate ADA requires the DCPIA to already be created.
 - DCPIA is auto-created when patient is admitted as an inpatient or observation
 - Data being interfaced is nursing's initial screen for discharge planning and functional status
 - Newborn Statistics are also interfaced to a ADA

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Testing

- Need to test EVERY answer when a pick list is involved
- Test data going both directions
- Verify the appropriate filing, including the user name expected
- Tested EVERY MCCM™ database – Sentara's Epic build is uniform across all facilities

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Sample Interfaced Flowsheet Data

MCCM
To
Epic

Reason: DCPIA: DCP Initial Assessment

Total Score: 0

New Record

Question	Answer	Score
0a. * Ambulatory	<input type="text"/>	0
0b. * Age	<input type="text"/>	0
0c. * Prior Living Arrangement	<input type="text"/>	0
0d. * Disability Score	<input type="text"/>	0
0e. * Total Score	<input type="text"/>	0
0f. Interventions based on Early Discharge Screen score of >10	<input type="text"/>	0
0g. Early Screen for Discharge - Comments	<input type="text"/>	0
1a. * Interview completed with:	<input type="text"/>	0
1b. Name of person interviewed:	<input type="text"/>	0
1c. * Demographics verification	<input type="text"/>	0
1d. * Insurance verification	<input type="text"/>	0
2. Soc/Func/D/C Assessment	<input type="text"/>	0
3a. * Level of Care Prior to Admission:	<input type="text"/>	0
3b. Comment for unlisted Level of Care Prior to Admission	<input type="text"/>	0
4. FUNCTIONAL STATUS PRIOR TO ADMISSION:	<input type="text"/>	0
4a. * Basic ADL's (personal care)	<input type="text"/>	0

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Sample Interfaced Flowsheet Data

Doc Flowsheets

Discharge Plan | Review Data | CARING Flowsheet | Social/Functional/DC ... | Adult Patient

Mode: Accordion | Expanded | View All

Early Screen for Discharge Planning

Ambulatory	0- Yes
Age	6- 65-79...
Prior Living Arrangements	0- Cohab...
Disability Score	0- None
Total # of points	6

**MCCM
To
Epic**

Value Information

465-1400

Taken by:
Macera, Carmela, RN at 08/05/14 1138 (3 days ago)

Recorded by:
Shc, Flow-Carecoord-In at 08/05/14 1138 (3 days ago)

First Filed Value

465-1400

by Macera, Carmela, RN at 08/05/14 1138

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Final D/C Plan Home Health Care

Reason: HMCAREHOSP: FINAL Home Care - Hospice Plan

Total Score: 0

Question	Answer	Score
1. Home Care Agency		0
2. Agency Phone Number		0
3. Services Agency to Provide	Bridge Program Home Health Aid for ADL's Hospice PT Therapy	0
4. First Home Care Visit Expected		0

Doc Flowsheets

Discharge Plan | Review Data | CARING Flowsheet | Social/Functional/DC ... | LDA | Adult Patient Care Su... | Cr

Mode: Accordion | Expanded | View All

Home Care / Hospice

Sentara Home Care	Yes
Pl Not Using Sentara Home Care	
Home Care Agency	Sentara Home Care a...
Agency Phone Number	252-331-1203
Services Agency to Provide	Nursing Visits for Ass...
First Home Care Visit expected	
Home Care Payor	

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After Visit Summary

- Data originated in MCCM™
- Interfaced to Epic Flowsheet
- Pulled into After Visit Summary – given to patient upon discharge

Home Care Services

Home Care Agency: Sentara Home Care and Hospice
 Agency Phone Number: 252-331-1203
 Services Agency to Provide: Nursing Visits for Assessment, Physical Therapy

If you have not heard from the agency(s) you have been referred to within 24 hours of discharge, please contact them at the number provided above.

Your Case Manager/Discharge Planner has also arranged the following:

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Discharge Planning Export

- Standard Header
 - Patient Name
 - Encounter #
 - Planned disposition
 - Anticipated discharge date
 - Actual discharge
 - Anticipated LOS
 - Actual LOS (future enhancement)
- Electronic Signature
 - Authentication of note automatic versus manual

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Discharge Planning Export

- Components
 - Coverage Notices
 - Comments
 - Assessments (including readmission which was new)
 - Interventions
- Frequency
 - As real time as possible
 - Currently running about every 6-10 minutes
 - Depends on interface traffic

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Readmission Assessments

- Patients populate to the care coordination DCP work list at the time registration occurs based on:
 - Having been in Observation or Inpatient in the last 30 days at any Sentara Hampton Roads Hospital
 - Currently admitted as an inpatient or observation at any Sentara Hampton Roads Hospital
- Categorizing using ACMA Categories
- Data is included in the D/C Plan Export

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DCP Export Challenges

- Staff understanding documentation location in MCCM™ affects export (must be in discharge planning activity)
- Interface timeframe/Interface “traffic delays”
- Format that Epic could accept
 - Requirements different for notes activity and release of information activity
 - In Epic spacing added during the translations – not appealing to the staff needing to review our notes

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DCP Export Challenges

- Curaspan® interface generating blank DCP exports (fix in testing)
- Interventions appearing multiple times in the same DCP export (fix in testing)
- Documentation from multiple users can appear in the same export
- Physician buy-in of the new format
 - “Too much information”
 - “Can’t tell which staff person did the note without opening the notes”

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Sample Readmission Assessment

READMIT ASSESSMENT

READMIT: READMIT

Updated By: OYCOPES: Olivia Y Copes RN BSN MA CCM on 8/7/2014 11:49:22AM

Question	Answer
1. Was readmission from Facility?	No
2. Which Facility did the patient come from?	
3. Was readmission from Home with Home Health?	No
4. How many days after discharge was first Home Health visit?	
5. Which Home Health Agency did the patient utilize?	
6. Was the readmission from Home?	Yes
7. CHART REVIEW	
8. Is the present encounter related to the patient's previous IP visit in the last 30 days? (To include OBS)	Yes
9. Was the present encounter scheduled or expected?	No
10. Does the last encounter include evidence of documented discharge instructions?	No
11. Does the last encounter include documentation of follow-up physician appointment being scheduled for patient?	No
12. PATIENT INTERVIEW	
13. Did the patient/family understand the discharge plan and the discharge instructions?	No

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Notes Activity

DCP Export Epic Examples

Planned Disposition: DISCHARGE HOME (INCLUDES ASSISTED LIVING)

Anticipated Discharge Date:

Discharge Date:

Expected LOS:

Generated: 8/6/2014 1:04:24PM

COVERAGE NOTICES

Reviewer: OYCOPES: Olivia Y Copes RN BSN MA

Notice Issued Date-Time: 08/08/2014 12:59

Notice Type: IM Discharge Notice

Notice Delivered To: Patient

Relationship to Patient:

Representative Name: ocofes m

Coverage Notice Comment: granddaughter at the bedside

Delivery Method: HAND: Hand Delivered

Grace Days:

Prior Verbal Notification:

Recipient Understood Notice: Yes

Recipient Signature: Yes

Med Rec Note Co-signed by Attending:

COMMENTS

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Patient Summary Report

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NHP

UM ED NHP Orders IP Facesheet Postits HF Baby Mom Audit Req Baby Info Tr

Planned Disposition: SKILLED NURSING FACILITY (EXCLUDES ASSISTED LIVING)

Anticipated Discharge Date:

Discharge Date:

Expected LOS:

Generated: 8/7/2014 11:54:04AM

COMMENTS

CARE: Care Coordination

Updated by OYCOPES: Olivia Y Copes RN BSN MA CCM on 8/7/14 11:40 am

Interview completed. Anticipate patient will need DME/HH. Discussed short term SNF/PR w patient pending therapy evaluation postop.

OCopes RN BSN MA CCM 80407

ASSESSMENTS

DCPIA: DCP Initial Assessment

Updated by OYCOPES: Olivia Y Copes RN BSN MA CCM on 8/7/14 11:38 am

0a. Ambulatory	0- Yes
0b. Age	6- 65-79 years
0c. Prior Living Arrangement	0-Cohabitates with non-dependent person
0d. Disability Score	0- None

Electronic signature

Testing Recommendations

- Need to test what the export looks like when in each activity notes are visible:
 - Notes activity
 - Patient Summary Reports
 - Release of Information Summary

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Documentation on Wrong Record

- Staff do not have the ability to edit/remove notes once interfaced to EPIC as they are treated like a transcription
- Created process to request deletion of notes from MCCM™ and from Epic
- Sometimes only part of a note needs removed

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Then



Now



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Advantages of MCCM™ Use

- Standardizing best practices, across the care continuum
- Concerns – Replaces use Outlook
- Avoidable Delays – Replaces Excel spreadsheet
- Saved Days – Replaces Excel spreadsheet
- Outlier Review Requests – COP documentation compliance of outlier reviews completed by the VPMA/PA
- Creation of pre-populated letters for delivery to patient and/or physicians for compliance

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Advantages of MCCM™ Use

- Ability to easily view the utilization management and transition planning documentation in one location
- Auto-transfer of transition planning notes from MCCM™ to Epic (Electronic Medical Record)
- Clear documentation of specific interventions:
 - Posting in Curaspan for placement
 - Referrals to home care agencies
 - Tracking protective services referral

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Advantages of MCCM Use

- Automatically identify Readmission patients, Readmission assessment populates upon admission to worklist
- Automatically notified of insurance changes
- Ability to move information from MCCM to HBOC for more accurate billing
- Improve communication between Registration/PFS and Care Coordination
- Quantify requests for changes to patient status

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Advantages of MCCM Use

- Consistent patient care coordination and safe transitions across all levels of care
- Streamlines process for DCF to post to SNF and coordinate transport with MTI
- Allow DCF's to assist with non-clinical patient documentation
- Physician Advisor document imbedded into workflows
- Easily identify preventable admissions
- Productivity and volumes of work can be quantified.

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Who is now using MCCM™?

- Care Coordination
 - Unit based
 - Access
- Revenue Management
 - Resource Management Center
 - Denials and Appeals
- Patient Financial Services
- Registration
- Patient Accounting

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Who is now using MCCM™?

- Executive Health Resources
- VPMA's/Physician Advisors
- Charge Integrity Unit
- RAC Auditors
- Medical Transport
- Welcome Center SMG-PCP Appointments
- Sentara Home Care (view only)
- Sentara DME (view only)

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Reporting Capability

- The use of MCCM™ expands our reporting capability.
- Data will be more meaningful.
- If it is documented in a specific field, we can report from it.
- Sentara can customize reports.
- Productivity and volumes of work can be quantified.

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FUTURE Implementation Timeline

- Future Opportunities
 - Transitions of Care – Continuum Module
 - Remaining Sentara Hospitals
 - Senior Care Programs – EVCTP/SSSEVa
 - Home Care
 - Life Care
 - Underinsured programs
 - Long Term Care Council Partners

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