



West Carroll Memorial Hospital Reports Successful Conversion to Healthland EMR

SUCCESS STORY

Introduction

The passing of the American Recovery and Reinvestment Act (ARRA) of 2009 has created a number of different reactions across the healthcare environment from excitement about the impact IT improvements and new regulations will have on patient care, to confusion and stress surrounding the cost of new systems and implementation deadlines. A 2010 Healthland customer survey reports that costs and staff resources are among the top concerns for small community and critical access facilities. Under ARRA, hospitals must be a meaningful user of certified electronic health record (EHR) technology by 2013 to earn full incentive payments. These bonus amounts decrease beginning in 2014, with further reductions in 2015. By 2015, those who are not yet meaningful users will begin to incur penalties.

According to a survey published in the New England Journal of Medicine, only nine percent of U.S. hospitals currently use EHR technology today. Healthland's data and experience in the market reveal that the number is even lower for small hospitals throughout rural America, estimated to be closer to three to five percent. Cost is listed as the number one factor for 74 percent of hospitals without an electronic records solution – and cost remains a particularly difficult barrier for small community and rural hospitals that need assistance to fund IT projects. Many of these hospitals view ARRA stimulus funds as more of a rebate: the hospitals pay for the IT system to meet new requirements and will receive payments based on when and how they meet the new guidelines.

For Randy Morris, CEO of West Carroll Memorial Hospital, it was a difficult decision. Though his staff was happy with their current healthcare IT (HIT) system, they were forced to change when presented with an opportunity for a state-funded grant. To meet guidelines of the grant, West Carroll Memorial needed an HIT provider that offered a solution certified by The Certification Commission for Healthcare Information Technology (CCHIT). Unfortunately, West Carroll Memorial Hospital's IT provider didn't meet the technology requirements.

“We understood the EMR mandates were coming down the road and we'd have to get there sooner or later,” said Morris. “But being a small rural hospital we didn't have a million dollars plus to implement a new system. We had no choice but to take advantage of the grant. If it hadn't been for the grant and stimulus program, we simply wouldn't have been able to do it.”

Background

Serving residents in Northeast Louisiana and Southeast Arkansas, West Carroll Health Systems include: a 33-bed hospital, five rural health clinics and an 80-bed adult care facility. Since 2006, the healthcare organization relied on an HIT system from Advanced Professional Software, Inc. (APS) before it became necessary to make a change. “We were very happy with the APS system,” said Morris. “APS had a good range of services and the support was great. Every time we had an issue they were there for us, 24/7.”

In 2008, the hospital was awarded a Regional Health Information Organization (RHIO) grant managed by the Louisiana Rural Health Information Exchange (LaRHIX) to implement new technology. As a requirement, however, the HIT vendor needed CCHIT certification. APS was not certified. “We were really forced to change our technology to meet the guidelines of the grant, it was nothing negative about APS,” Morris added.

Another factor in the healthcare provider's move toward electronic health records was the Healthland acquisition of APS in September 2008. West Carroll officials were faced with a decision to convert their current system to Healthland, or implement a new solution with another CCHIT-certified EMR provider.

“We looked at five different companies,” said Morris. “But for us the bottom line was support. There are always challenges transitioning technology but we needed both parties (the former provider and the new provider) to work together to convert all of our data. And, we needed it done without pointing fingers and dodging responsibility.”

The APS and Healthland connection provided what West Carroll was looking for in the conversion process. “We view it as a marriage,” Morris said. “We made a commitment. There are always challenges on each side, but we needed a vendor committed to being there to help us through the conversion, 24/7.”

In the end, not only was Healthland selected for its relationship to APS, but customer service, technology and recommendations from other healthcare facilities in the area played a significant role in the final decision.

“Healthland works with small community and critical access hospitals to provide technology choices that help them improve the quality of patient care, implement one patient record across the continuum of care, and meet meaningful use,” said James Burgess, president and CEO of Healthland. “It is such a rewarding experience to work with leaders in the industry, like Randy Morris at West Carroll Memorial, to help improve the state of healthcare in rural communities.”

IT Conversion

After the APS acquisition, Healthland developed a single entity conversion process that provides many benefits to its clients including:

- A fully detailed and automated conversion – manual data entry is not necessary
- Data conversion controlled by Healthland on both sides
- Full vendor cooperation

Healthland also reduces the price of the solution for APS users: there is no charge for items included in their existing APS license and there are only minimal conversion charges, helping to reduce the total investment cost.

“During the conversion, Healthland placed a specialist – who understood our current system - on site for a few weeks,” said Morris. “We could’ve done it on our own, but the process would have been much more traumatic without that on-site help. Using a single vendor who understands both APS and Healthland technology took the tension out of the situation for us. A third-party vendor would not have had complete understanding of both systems, and that could’ve been disastrous.”

Challenges

As with many small community hospitals, 75 to 80 percent of West Carroll Memorial’s patients are on Medicare or Medicaid. Thus, not adhering to federal mandates and thereby receiving reductions in Medicare reimbursements, simply was not an option. “EMR is the future,” said Morris. “We will not be able to function without it, but as with anything there is difficulty during the learning curve.”

West Carroll Health Systems continues to implement additional Healthland components and has faced some resistance from employees. However, Morris says everyone calms down after they pass the learning curve. The key is to monitor expectations and not move too fast.

“We initially began implementing too many programs too quickly,” added Morris. “My people were drinking from a fire hose, so we needed to slow down. We have a small staff, which is why a phased approach works better.”

To help with training and to foster user adoption, Healthland officials recommend a designated training room at the facility. West Carroll used a separated room with several computers available for formal and individual training where employees could navigate through the system without the distraction of day-to-day hospital activity.

The Healthland Solution

Today, West Carroll Memorial is live with Healthland's Ambulatory EMR and some components of Healthland's Inpatient EMR. The Healthland solution enables healthcare providers to quickly and easily access a comprehensive view of demographic, historical and clinical patient information across the continuum of care including hospitals, clinics, home health and long-term care facilities. The solution also satisfies a fundamental component within the federal government's vision of creating national, interoperable Electronic Health Records (EHRs).

"Healthland has provided us with a more complete solution that includes both ambulatory and inpatient EMR technology," said Morris. "The single, master record integrated throughout the healthcare system is important to us. But most importantly, the Healthland solution is specifically designed for rural facilities. There is a huge difference between big and rural hospitals. We couldn't take a 200- bed hospital system and make it work for us. We have different services and different modalities that require a solution custom made for small healthcare facilities."

Results

West Carroll Health Services is now 75 percent complete with its implementation of the Healthland solution – nearly 90 percent complete in the hospital and will reach over 90 percent in the clinics in early summer of 2010.

In terms of ROI, West Carroll is reporting some impressive benefits. The hospital has reduced employees in billing and reallocated five full time staff members to other areas of the hospital. In addition, printing costs have decreased. Hospital officials also expect patient care to improve, once the nurses and doctors get past the learning curve. By reducing paperwork, the hospital staff will have more time to spend with the patients.

The overall goal for West Carroll is to reach meaningful use by January 2011. The organization is currently working with Healthland to understand the meaningful use criteria and other federal mandates to ensure they have the most up-to-date information.

"One thing about Healthland," Morris concluded. "We're not left out here by ourselves, and we like that."



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