MiCare and the Importance of Sustainment Strategy

Case Study

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Introduction

The ability of a healthcare organization to implement a new technological platform, especially one that interfaces with both providers and patients, is a feat in and of itself; but it is another thing to be able to sustain it. In this case study, an Air Force medical group practice called the Thomas Koritz Clinic faced the challenge of sustaining a platform called MiCare, a patient secure messaging service. The Air Force Medical Service (AFMS) procured an online secure messaging service called MiCare, in approximately 2011. Provided by RelayHealth, MiCare enables communication between patients and their health care team, and it provides additional features such as the storage of health information and lab results, the ability to request appointments and prescription refills, and access to a library of educational material. In order to incorporate the service into the delivery of health care services in the AFMS, a full implementation plan would be necessary across 76 military hospitals and clinics, also referred to as military treatment facilities (MTFs). Despite a very robust initial training and implementation phase, Air Force MTFs encountered issues of sustainment due to challenges such as staff turnover, lack of buy-in, and ineffective process integration. This case study will analyze the challenges of implementing and sustaining the new secure messaging platform at the Thomas Koritz Clinic, consider the alternative courses of action, and examine the outcomes of the chosen solution.

Several important pre-existing conditions drove the AFMS to pursue the acquisition and implementation of a patient secure messaging system. First, communication methods between patients and providers relied almost solely on telephonic methods. The reliance on telephonic systems resulted in nurses and medical technicians spending much of their workday on the telephone. Of additional concern was the utilization of medical appointments for issues that could be addressed without an appointment, such as requests for prescription renewals, receiving lab results, referral coordination, or advice for routine or follow-up care, for an existing or known patient concern. For these reasons, RelayHealth's online patient secure messaging service offered an opportunity to improve communication, prevent unnecessary appointment utilization and

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decrease time spent on the phone. This technology would also reinforce the AFMS's commitment to meeting meaningful use criteria as part of the Health Information Technology for Economic and Clinical Health Act of 2009.

At the Thomas Koritz Clinic, implementation and sustainment would prove to be a significant challenge due to the military setting and the strict fiscal environment. One of the primary challenges to sustainment in a military setting is the mobile nature of personnel. Military organizations frequently deal with a high amount of staff turnover and shortages due to deployments, assignment changes, and myriad training and exercise events. This can make any long-term implementation plan very difficult, as trained personnel depart and new arrivals require time to receive training and learn the organization's priorities. The strict fiscal environment can also make it very difficult to hire personnel in a timely manner. Even if and when funds are available to hire new staff, the process is lengthy and the remote locations of many MTFs make it difficult to attract and retain competitive human resources.

Despite these challenges, the need for patient secure messaging outweighed the risks, and the AFMS implemented MiCare to all 76 of its MTFs over three years, starting in 2012. After an energizing initial training campaign, leaders quickly realized that MiCare would require intensive continued sustainment to ensure the program's successful integration. The Thomas Koritz Clinic specifically experienced two different challenging time periods in which staff turnover, provider buy-in, training continuity, process integration, and marketing necessitated a reinvigorated effort to continue the full implementation of MiCare. With an overall goal of increasing patient enrollment, the clinic's low 10% enrollment rate ignited clinic leaders to consider a multi-faceted approach to integrate MiCare as a reliable communication method for patients and their health care providers.

Alternatives Considered

One alternative that clinic leadership could have chosen when faced with the challenges of implementing a new technological interface was to do nothing. Doing nothing may seem to be an inconsiderable choice when there is an imperative to achieve a return on investment, fiscal or otherwise, on a newly procured technology; however, doing nothing can also be a desirable choice if an organization needs to reconsider its resources and priorities. The Thomas Koritz Clinic could very well have continued to do nothing after implementation efforts waned, either because it believed MiCare to be a non-value added tool, or that there simply were not enough resources to contribute to the program's progress. It is also possible that MiCare actually resulted in more unforeseen problems than solutions or benefits, sometimes referred to as the "iceberg" effect, which was the view of some staff members. Doing nothing is actually what led to the clinic's stagnant MiCare enrollment and a failure to meet the AFMS enrollment goals. Therefore, the issues of extensive time spent on the telephone by clinic staff were ongoing. Continuing to do nothing would have also likely resulted in second and third order effects, such as decreased overall patient satisfaction due to limited communication services and a Military Health System that neglected to invest in technology to improve meaningful use and access to health care services and information for its patients.

Another alternative that the AFMS could consider for sustainment across all of its MTFs was to initiate a centralized approach, whereby a team would travel to each MTF to perform a gap analysis and provide consultation to clinic leadership. The Air Force Medical Operations Agency could consider hiring MiCare positions at each clinic, so that clinics could gain additional manpower to employ sustainment solutions without having to undermine existing functions and priorities. The process to request additional funding for permanent positions and to subsequently hire and train someone is lengthy, however, and a traveling consultant team would also take a lot of time and money to reach all 76 MTFs. If this option was utilized, MTFs would eventually gain a new position to aid in MiCare sustainment efforts and outside resources could evaluate the clinic's biggest areas for improvement. However, it would likely take a long time to produce any

results with this strategy, and a centralized effort has the potential to subvert efforts at the MTF level.

Finally, the other alternative was to identify process improvement opportunities and to re-prioritize MiCare through a dynamic, multi-faceted action plan at the MTF level in order to sustain and develop the implementation. New programs, especially those that involve new technology for both the organization and its customers, often require more than just an initial surge of effort. Implementation of a new technological platform requires continued and permanent programmatic resource allocations in order to fully attain successful integration. There is no single, easy solution for technological implementation challenges, because problems can be varied and can change over time. Key aspects to a multi-faceted solution include realigning personnel resources, engaging leaders to promote staff buy-in, establishing training platforms, revitalizing marketing campaigns, integrating workflows, and establishing a commitment of continuous process improvement.

Chosen Solution

The Thomas Koritz Clinic leadership decided to re-prioritize MiCare implementation efforts within the MTF and reinvigorate the promotion campaign to the patient population. In the fall of 2012, the clinic Administrator formally appointed a MiCare System Administrator who received formal training and worked on building a structured program. The new MiCare System Administrator created a MiCare Working Group and incorporated a Provider Champion, which was a critical to promoting buy-in among clinical staff and the organization's leadership. The working group performed maintenance on the system, such as updating accounts and creating customized pathways within the system, which led to the creation of a MiCare Training Guide. Finally, the MiCare System Administrator embarked on an aggressive marketing campaign in the community and held mass patient registration events in the early months of 2013. The efforts of appointing formal leaders, building technical expertise, and marketing to the community led to an increase in staff and patient utilization of the system and leadership engagement, which were

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important and necessary pre-cursors to achieve future implementation milestones (see Figure 1). Nevertheless, sustainment challenges would remain and the clinic would have to adapt and persevere through new issues in the near future.
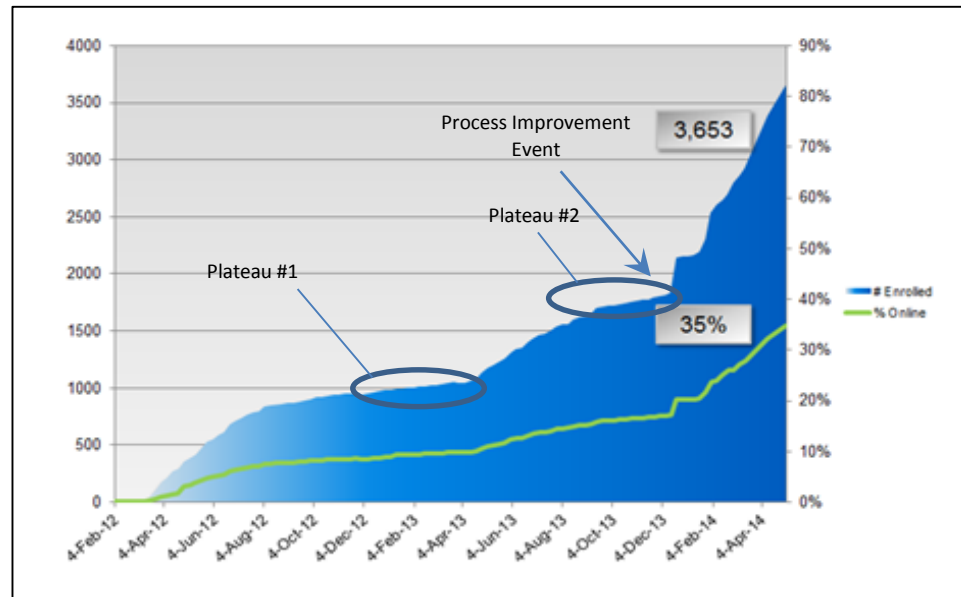

Figure 1. MiCare enrollment rates at the Thomas Koritz Clinic; percentage of enrolled patients (right axis) and total number of enrolled patients (left axis).

The first set of solutions built a successful foundation for the MiCare program at the Thomas Koritz Clinic from which to build and grow; however, the clinic faced a second stagnant period due to additional staff turnover, barriers to patient registration, and non-standardized workflows among various health care teams. Clinic leadership appointed a new MiCare System Administrator and Provider Champion. Since much of the groundwork was already in place, such as training plans and marketing tools, the approach was more aimed at addressing workflow issues and enhancing utilization. The MiCare Working Group conducted a two-day interactive process improvement event, referred to as an Air Force Smart Operations for the 21st Century (AFSO21) event. This provided a structured discussion to address non-standardized workflows

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among the clinics and new enhancements to improve the user experience. The event concluded with the following courses of action:

1. Build computer kiosks in primary care clinic waiting rooms
   - This would allow patients to complete account registration while in the clinic, and staff could assist easily if necessary.
2. Create new training and education materials and store them in an easily accessible shared drive location
   - Standard training guides should be accessible and clinics should be able to access them to customize their own training plan within their teams.
3. Create new marketing boards and pamphlets for clinic waiting areas
   - Advertising in clinic waiting areas would be an effective way to inform patients about MiCare.
4. Create an electronic registration process so patients can register remotely instead of only in person
   - Initial implementation required that patients register face to face to ensure accuracy of identity; however, active duty members could submit secure, digitally signed registration forms with their common access cards and e-mail encryption.
5. Update staff accounts to ensure messages are not sent to unmonitored inboxes
   - Staff accounts required daily monitoring to delete old accounts and create new ones; old staff accounts had the potential to receive messages in inboxes that no one would monitor.
6. Standardize message templates, response timelines, and audit staff responses
   - Message templates would save time for staff to respond professionally to patient messages and would also help reduce errors; the MiCare System Administrator

would also conduct random checks on outgoing messages to ensure professional communication methods were used.

7. Train MiCare in each clinic to implement standard registration and utilization workflows, including how to receive workload credit for evisits

   - Health care teams were initially turned off by the extra workload imposed by a new system; once they were trained on the seamless process to incorporate MiCare messages into their existing process of documenting in the patient's electronic health record and proper coding for workload, they were more receptive to utilizing and promoting it to their patients.

8. Establish a minimum quarterly MiCare Working Group meeting

   - To ensure progress was being monitored, a quarterly meeting schedule would motivate Working Group members to continue sustainment efforts or identify new areas that require attention.

9. Develop an annual briefing to all clinic personnel on MiCare

   - An annual briefing to all clinic personnel would provide greater visibility on MiCare's implementation success, thus creating more buy-in and greater incentives to utilize the program and market it to patients.

10. Implement MiCare registration at base in-processing

    - Since all active duty members are required to present to the MTF for an initial in-processing briefing, this would also be an opportune time to educate them on MiCare and incorporate a registration process.

11. Propose a policy that mandates MiCare registration for active duty service members

    - One easy way to increase enrollment was simply to make it mandatory for active duty members; Air Force Medical Operations Agency prioritized voluntary use versus mandatory so this proposal would be a known work in progress.

12. Send monthly outgoing messages to enrolled patients to promote utilization

- One feature of MiCare was that the organization could push out messages to its enrolled patients, even specifying criteria based on demographics; utilizing this feature would show patients one of the benefits of their enrollment and further incentivize them to use it and potentially spur "word of mouth" marketing.

13. Brief MiCare enrollment to the Wing Commander and other senior leaders on base

- An effective marketing strategy would be to enlist buy-in from senior leaders who could then relay MiCare benefits to the members of their organization.

14. Set organizational goal of 30% total enrollment within six months

- Setting a specific enrollment goal within a timeframe would give leaders and staff a clear objective.

Lessons Learned

While there were many different actions that eventually led to a successful MiCare implementation and sustainment strategy, the challenges at the Thomas Koritz Clinic revealed several key lessons learned; they include the importance of staff continuity, continuous process improvement, and recognizing value. It is simply a reality that programs and processes require a strong personnel resource to propel efforts, and this could not be more evident in this case. In both cases of the stagnant periods of enrollment, the individual in the role of MiCare System Administrator was either deployed or reassigned due to military requirements, so it is at the very least a correlating factor. Eliminating turnover in the key roles of the MiCare System Administrator and Provider Champion could have significantly reduced the delays in executing sustainment efforts. Additionally, continuous process improvement is also an important and necessary aspect of sustaining implementation efforts, as new and unforeseen challenges will inevitably arise. Leadership must be able to self-evaluate and employ new strategies and solutions to achieve improved results. Optimizing a program requires that processes are continuously assessed and built upon to achieve full integration, and involved stakeholders must also be flexible to adapt to new challenges. Maintaining the status quo does not achieve progress or

improved results. Finally, a very important aspect for a successful implementation was to establish buy-in, ensuring that users, both clinic staff and patients, comprehend and experience the product's value. If users do not perceive or realize any value in the new technology, or if utilization is cumbersome and rife with barriers, its success will be extremely difficult or nearly impossible. User buy-in can be the difference in having a smooth integration that results in solving problems versus a forced, difficult integration that results in more problems than previously existed. If the users perceive the product's value, the organization will have a much higher chance of achieving its implementation goals. In the case of the Thomas Koritz Clinic's MiCare implementation, user buy-in was not well-established until after AFSO21 event, when certain barriers were removed (such as the requirement to register in person) and clinic users were more trained in how to utilize the program (such as how to easily code for "e-visits" and receive credit for work performed in MiCare). These unforeseen problems have the potential to significantly hinder sustainment. Therefore, it is imperative that healthcare leaders strive to change policies or processes to achieve buy-in and improve results.

Conclusion

The overall goal of the efforts in the MiCare AFSO21 Action Plan was to increase patient enrollment from 15% to 30% while also optimizing processes so that the benefits of MiCare could be realized to their fullest potential by patients and staff. The action plan was presented to the Executive Staff and identified responsible parties and estimated target completion dates for each process improvement task. After leaders approved the multi-step plan, the MiCare Working Group monitored progress and reported updates to the Executive Staff on a monthly basis. The process improvement event reinvigorated the conversation about MiCare, and the multi-faceted solution set proved necessary to sustain successful implementation.

After the plan was underway, the clinic's registration rate in MiCare increased significantly from December 2013 onward, and the clinic reached its goal of 30% within four months. The continued spike in progress was attributed to the "e-registration" capability that

allowed patients to register electronically. Additionally, the improved workflows enabled staff and patients to realize the benefits of the program, which is one of the most important aspects of the program's success. The continued emphasis across leadership along with the technical capabilities of staff and users enabled the increased enrollment rate, which eventually reached 35% in May of 2014. With a higher enrollment rate, more patients and staff utilized MiCare, and staff started to realize that they were spending less time on the phones trying to contact patients. Additionally, patients found that the communication method resulted in more timely responses and prevented unnecessary trips to the clinic. One patient even contacted the clinic's Commander and stated how pleased she was with the MiCare system and process, and it has saved her time and provided her with peace of mind since she can more easily get in contact with her primary care team.

Initial implementation is only the first step of many when integrating a new technological platform; a dynamic sustainment strategy composed of continuous process improvement, flexibility, and innovative solutions, is what constitutes the next steps to ensure success. The challenges in this case originated primarily from high staff turnover, a dearth of training expertise, and a lack of initial buy-in. The MTF experienced a high rate of staff turnover shortly after MiCare was initially put into place, which also resulted in the loss of technical expertise. Leaders shifted their focus from MiCare to other priorities, and there were still many patients in the community that did not know or understand its benefits. The patient enrollment rate plateaued at just under 10% for nearly one year after the messaging tool was initially established, and it was clear that effective marketing would be necessary to spark patient utilization. The second stalled enrollment period was due in part to additional staff turnover and the realization that existing processes placed barriers to patient enrollment and utilization. The continuation of integrating MiCare would not have been possible with just one or two isolated solutions, such as spending more money or hiring more people. As the challenges arose, leaders employed a dynamic approach to achieve continued success. After appointing and training new staff members,

engaging in more innovative marketing strategies, and streamlining workflows, MiCare enrollment eventually progressed at a substantially increased rate. MiCare proved to be an effective tool, enabling secure electronic communication between providers and patients, along with other features and benefits such as appointment requests, prescription renewal requests, and access to patient health information. However, its benefits could only be realized with a dynamic sustainment strategy that was derived from organizational commitment and adaptability.

The Air Force Medical Service (AFMS) compiled the lessons learned from multiple clinics and built a robust guide in the fall of 2014, titled *Air Force Sustainment Guide to MiCare Secure Messaging Service (powered by RelayHealth)*. The 43-page guide includes a gap analysis tool and tips for creating a sustainable MiCare platform, among many other topics. The AFMS also instituted a quarterly MiCare Sustainment Call where the central office, the Air Force Medical Operations Agency, would discuss sustainment topics and communicate with specific clinics that were not meeting the desired milestones in MiCare enrollment. A vast amount of training resources, marketing materials, workflow diagrams, and guides are available on a secure shared website that all AFMS staff could access. Additionally, a MiCare Sustainment Toolkit contains files such as best practice presentations, recommendations from top performing teams, and templates for policies and letters. Clearly, the Thomas Koritz Clinic was one of many MTFs that encountered sustainment challenges and employed a dynamic strategy to hurdle them, and the AFMS enabled all MTFs to share with and learn from other organizations.