



Meditech Minute

6.1 Implementation Monthly Newsletter

MAY 10, 2017

VOLUME 3

6.1 PROJECT STATUS

System Testing Underway

As the building process quickly approaches the completion deadline of June 30 2017, testing is underway for all applications. There are several steps within the Testing Process - Unit Testing, Integrated Testing, Parallel Testing, and Interface Testing.

Wherever possible this month and next, application teams are completing their **Unit Testing**. Unit testing is performed by the individual application teams and is meant to validate the build within each application (e.g., Can we register all the different patient types? Can we order and result all of our Lab tests?). Unit Testing is performed by the Core Team Members and is led by the Core Team Lead. Unit testing takes place throughout the build phase. After Unit Testing is successfully completed, the team moves forward into Integrated Testing.

Integrated Testing tests functionality and interoperability between multiple applications, departments, and vendors. Integrated Testing is a planned event performed by the Core Teams using testing scripts to validate the build and design of the system. This includes validating functionality and interoperability between multiple applications, departments, and vendors. MEDITECH requires at least one occurrence of Integrated Testing. Currently our first session is planned for Oct 9 – 13, 2017.

The next phase of testing is called **Parallel Testing**. This test is the simultaneous processing of all parts of the current LIVE Meditech system and the new MEDITECH 6.16 TEST system. A Parallel Test attempts to duplicate expected outcomes by utilizing LIVE data from the current system. This includes validation of functionality and interoperability with other vendors and devices (e.g. interfaces, printers, reporting). This testing will be performed by Super Users with the assistance of the Core Team. Currently this testing is scheduled for Nov 27 – Dec 1, 2017.

In addition to the application testing process, the project will also require **Interface testing**. From May through August we will be validating that data is passing from one system accurately and populating the target system appropriately. Currently there are approximately 197 connections that require testing. These include connections such as Radiology's PACs system, Interactive TV system, Outside Laboratories, and Physician Offices.

This Edition

- **6.1 Project System Testing**
- **Team Spotlight Revenue Cycle**
- **Application Highlight: Population Health**



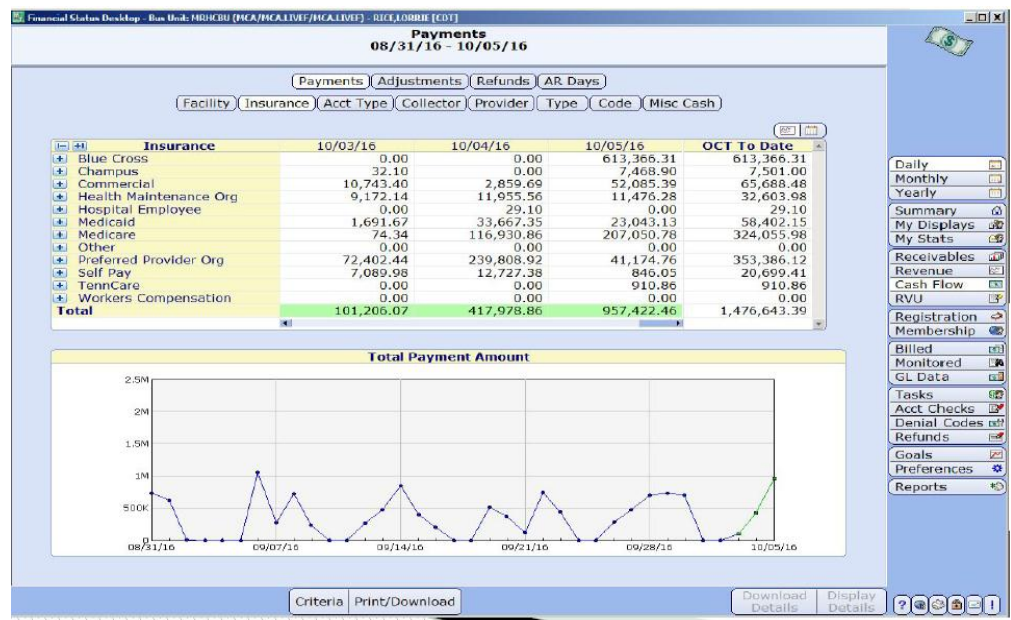
Team Spotlight – Revenue Cycle Group



Team Members include Jill Black, Lizette Razon, Julie Franer, Judy Oroscio
Team Leader Lynette Gatzka, Jennifer Cabeje, Monica Rodriguez and Tammy Maddox

Our Motto is “Cash is King”

When we say **CASH IS KING** we mean it and so does Meditech 6.1 as they debut the new Financial Status Desktop that will be launched within the new Revenue Cycle Group (RCG) platform at go-live! In Meditech 6.1, we will now have the ability to review financial performance in a single snapshot! The ability to see things such as the number of accounts registered by facility, location, total bed days, unbilled dollars, cash collections, A/R days, you name it...when it comes to financials...it's only going to be a key stroke away!



Stats will show a graphical depiction of dollars and the format can be changed to view different criteria. Reports can be run daily, period or fiscal year which is always helpful for analysis and identifying trends. In addition, all of the stats can be viewed and downloaded or printed for review!

The transparency of the data within the Financial Status desktop will allow us to become more efficient in our processes. Having the ability to identify and react more quickly to trends in insurance denials, rejections, cash... all things that can have a negative impact on our A/R days will be improved with real time access to data.

This new desktop is going to be a great asset and tool for staff, Management and auditors. Having the right tools means we can clearly set our productivity standards for each team and easily monitor and identify areas of opportunity.

Getting to this point will be challenging – our Application is one of but a few that have been completely rebuilt in 6.1! We will be building from scratch for most of our dictionaries and will be redesigning processes along the way. It's going to take all of us in Patient Financial Services...but as always we are up for the challenge!





New Application Spotlight

Population Health Management

Just what is Population Health Management? It's the aggregation of patient data across multiple health information technology resources, the analysis of that data into a single, actionable patient record, and the actions through which care providers can improve both clinical and financial outcomes.

Population Health Management seeks to improve the health outcomes of a group by monitoring and identifying individual patients within that group. Typically, programs use a tool to aggregate data and provide a comprehensive clinical picture of each patient. Using that data, providers can track, and hopefully improve, clinical outcomes while lowering costs.

How will SVMC use Population Health Management? We will begin to use it in the new Prime Clinic to manage the wellness of our population and measure our effectiveness. There are four primary goals of the PRIME project and each one points to the use of Population Health to drive improvements in Care coordination and services. These Ambulatory Registries allow us to identify at-risk patients, and access their charts to document or place orders. They will be able to quickly create lists of patients by condition, insurance, practice, provider, age, gender, BMI, or a wide range of other criteria — or draw from Meditech's standard set of registries, which includes diabetes, hypertension, general wellness, and more.

Look for more information on Population Health in the months ahead.

Return To Home Workload Registries									
Overdue Health Maintenance - Males > 50									
0 of 71 Selected									
Last Refreshed: 10/17/16 18:58									
Filter	Hide/Show	Actions							
Wellness Visit	BMI	SBP / DBP	Cholesterol	HDL / LDL	Colonoscopy				
<input type="checkbox"/> Wilkins, Henry PCP: Adams, Brice 54 M IA00000232	(12M)	34.7	133/80 (11M)	168	45 / 99				
<input type="checkbox"/> Deso, Timothy PCP: Quinn, Colleen 58 M IA00000286	(257)	33.5	130/80 (12M)	178	50 / 80				
<input type="checkbox"/> Peterson, Joe PCP: Mullin, David 51 M IA00000767	(17M)	30.4	122/88 (186)	178	42 / 110				
<input type="checkbox"/> Miller, Clark PCP: Symes, Daniel 56 M IA00000934	(94)	30.0	134/85 (12M)	162	50 / 80				
<input type="checkbox"/> Wallace, Leonard PCP: Adams, Brice 67 M IA00001063	(17M)	29.0	145/95 (103)	210	34 / 104				
<input type="checkbox"/> McAndrew, James PCP: Benson, Kirk 56 M IA00001382	(82)	33.5	155/90 (12M)	162	41 / 100				
<input type="checkbox"/> Thielen, Mark PCP: Benson, Kirk 56 M IA00001383	(82)	30.4	160/90 (82)	215	32 / 104				
<input type="checkbox"/> Rowe, Donald PCP: 56 M IA00001384	(82)	30.0	148/98 (210)	162	41 / 100				
<input type="checkbox"/> Clausen, David PCP: Adams, Brice 59 M IA00001411	(12M)	35.4	132/82 (33)	206	36 / 138				
<input type="checkbox"/> Houlton, Jim PCP: Benson, Kirk 56 M IA00001494	(12M)	29.4	145/92 (12M)	227	29 / 152				
<input type="checkbox"/> Davidson, Pam PCP: Martins, Jan 59 M IA00002092	(241)	25.1	140/90 (238)	160	48 / 95				

Sierra View
Medical Center

ACS Department

465 W Putnam Ave

Porterville, CA

93257