ESSENTIALS FOR HEALTH REFORM:
Using Networks to Implement and Improve EHRs and other HIT
Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.
Topics include:

- Overview of the CMS Rule on Medicare and Medicaid Incentive Payments
- Practice Management Systems vs EHRs
- Benefits & Economies of Scale when working with a Network
- HIT Planning and Assessment Process
- HIT Workflow Redesign
- Due Diligence and Vendor Negotiations
- EHR Selection and Implementation
- Disaster Recovery and Business Continuity Planning
- Data Warehousing
- Use of Telemedicine
- Health Information Exchange and Behavioral Health
HIT Planning & Assessment Process
To achieve a successful transition from paper charts to the electronic health record (EHR) requires a commitment from the entire organization, a distinct willingness to change processes and adequate resources. As with any information technology implementation careful consideration must be given to the readiness of an organization for significant workflow and process change. Lack of preparation has been a serious contributor to the unusually high failure rate of EHR adoptions.

This presentation will provide the attributes you will need to achieve a successful EHR implementation with an understanding of the areas for assessment and preparation. You will be exposed to assessment tools easily acquired on the internet, and you will receive a demonstration of an assessment tool being used today by one of the nation's regional extension centers.
Top 10 Reasons for EHR Adoption Failure

1. Lack of alignment with business strategy
2. Weak executive-level sponsorship
3. Underestimating impact on organization
4. No readiness assessment for change
5. Unrealistic expectations
6. Lack of an effective, cross-functional implementation team
7. No definition or measures for progress or success
8. No organized mechanism for communication and feedback
9. Lack of formal training plan
10. Lack of effective physician leadership
* EHR does not meet core provider needs
Readiness Attributes – Alignment

Organizational Alignment

- **Culture**: values; environment for achieving excellence; ability to manage change and maintain flexibility; team approach

- **Organization**: infrastructure to support information flow, decision making, and problem resolution; role of the board and leadership team; vision for quality; ability to collaborate with external organizations

- **Leadership**: the characteristics of leadership team: setting vision, commitment to quality; alignment across organization

- **Strategy**: mission and vision and priorities documented in a strategic plan; internal and external communications
Readiness Attributes – Capacity

Management Capacity

- **Information Management**: quality, accessibility, relevance and communication of data/information
- **Clinical and Administrative Staff**: staff capacity; staff training and competence; consistent policies and procedures; methods to motivate and drive individuals/groups to achieve goals
- **Accountability**: how results are achieved and mission/vision fulfilled; role and responsibility of patient in care process
- **Finance & Budget**: extent of infrastructure and management of IT budget; capital and operational resources
Readiness Attributes – Capacity

Operational Capacity

- **Workflow Process**: tools and methods for managing change, developing policies, procedures, protocols; Quality Improvement model; process for monitoring and communicating performance; analysis and actions taken to improve processes and performance

- **Patient Involvement**: preventative and chronic care processes; patient follow-up and care continuum; comprehensive care

- **Training**: Infrastructure and resources dedicated to initial and on-going IT training
Readiness Attributes – Capacity

Technical Capacity

- **IT Management and Support**: IT staff skill-set and capacity for IT management and support; consistent policies and procedures
- **IT Infrastructure**: information systems environment and infrastructure
Goals of having a solid planning strategy

Identify the range of tasks typically performed in an EHR implementation and the steps necessary to prepare for a successful EHR implementation.

Explain the key components of a successful implementation plan.

Describe how to engage users in the system build process to achieve EHR goals.

Identify the key components of a successful system build.

Explain strategies to minimize go live anxiety, from rehearsal, pre-live, to go-live.

Understanding the “Best Practices”.

Issue Management & the escalation process from a HCCN perspective.
Project Timeline Strategy Example

Practice Management:

Week 1: Schedule Kick-off call
Week 2: Billing discovery call
Week 2-6: Hardware approval, Return IT Inventory checklist
Week 5-7: Install check
Week 9-12: Application Installation
Week 10-11: Attend billing & system setup training
Week 12-14: Mock go-live
Week 15-16: On-site training & go live

*Does not include a data migration or clinical/financial conversion*
Project Timeline Strategy Example

**Electronic Health Record (EHR):**

**Week 1:** Schedule Kick-off call: Provide milestone dates & intro to implementation process.

**Week 2:** EHR system setup: Setup of the tables & customization of EHR

**Week 2-6:** Lab Interface serialization: Enroll, serialize lab portal services

**Week 5-7:** Patient portal / Secure messaging setup- If applicable for sharing & communicating information with your patient in a secure forum.

**Week 9-12:** Training: Web-training, onsite training, self paced computer based training (CBT’s)

**Week 10-11:** Go-Live: Onsite point of care shadowing

**Week 12-14:** Post go-live support: Typically occurs 60-90 days after go-live. Revisit practice flow, best practices, & lessons learned.
Conducting a successful pre-EHR assessment

How will EHR change your day?

Current practice review:
• Review & refine practice workflows and identify areas for process improvement.
• Make necessary workflow & process improvements.

Future improvement considerations:
• How will using the EHR at the point of care alter the workflow?
• What tasks can be combined once an EHR is in place?
• What changes will result from improving workflow and how will the practice manage the change?
Conducting a successful pre-EHR assessment
Conducting a successful pre-EHR assessment

• Assessment Phase
  • Assessing practice’s cultural readiness and IT proficiency
  • Developing a vision for the project
  • Determining a budget
  • Creating a project team

• Organizational Readiness
  • Cultural
  • Leadership
  • Operational
  • Technical
Tools for a Successful Assessment

PaperTracer was adopted as our Business Process Management Software. It allows us to easily use our SQL Modules & Assessment Tools to deploy powerful custom SQL databases, make them collaborative with both internal and external users, personalize with your Corporate Logo.
Tools for a Successful Assessment

**PaperTracer**... Allows us to “Add” data related to the practice directly into a predefined web URL that can be accessed online.
Tools for a Successful Assessment

Allows us to capture existing computer infrastructure, existing server configurations, and computer acumen. The database is completely customizable and allows for real time client recommendations as a deliverable report.
Tools for a Successful Assessment

Allows us to present and mitigate risk. This data can then be used in the client deliverable report and <click> presentation of data.
Tools for a Successful Assessment

- Allows us to export data directly into a stoplight report as a portion of the client deliverable.

- The tool allows us to be vendor agnostic and provide factual data that can be used in identifying the best EHR System for the client needs.

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**Recommendations**

Our key recommendations are illustrated in the "Stop Light" report below.

- **Red**: Any system purchased other than McKesson EHR will require extensive interfaces to integrate EHR system with the already in place Lytec Practice Management System. Interfaces will require additional capital. Most vendors will charge an outbound (EHR) and an inbound (PM) cost for implementation of these interfaces. As well as annual support fees will be incurred.

- **Yellow**: Due to Lytec being hosted internally as a client/server solution. The recommended solution for an EHR is to remain with a client/server solution. If a SaaS solution is adopted the HL-7 interface between Lytec and the EHR will have to flow across the WAN. This has the potential to be problematic.

- **Green**: Recommended solution is McKesson EHR. We believe this will be the most cost effective approach to Integration since Lytec is owned by McKesson Inc. Whatever interfaces that need to be in place we will be able to negotiate to be included at no cost to Ideal. Annual support will still be required. Ideal will have the most negotiating power if a McKesson product is implemented.
### 10 Step Journey Through Change – Journey

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<tr>
<th>STEP</th>
<th>DESCRIPTION</th>
<th>BEHAVIORS</th>
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<td>Step 1: EQUILIBRIUM</td>
<td>When external events begin to put pressure on the status quo, the organization changes. CHANGE produces a sense of uneasiness, lack of direction, insecurity, and a lack of closure.</td>
<td>• Everyone vested in the status quo&lt;br&gt; • Personal and professional goals in sync with the organization&lt;br&gt; • Referred to as “No Growth Phase”</td>
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<td>Step 2: DENIAL</td>
<td>As external changes and internal pressure continue to build, the ability to maintain equilibrium wanes.</td>
<td>• Energy is drained as it is used to keep the world looking as they see it&lt;br&gt; • As pressures build, it takes more and more energy to rationalize denial of the reality of the change&lt;br&gt; • Staff experience negative changes — changes to physical health, emotional balance, logical thinking patterns, and normal behavior patterns</td>
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<td>Step 3: ANGER</td>
<td>When the first stage of denial can no longer be maintained, it is replaced by feelings of rage, anger, envy, and resentment.</td>
<td>• Staff blame others and demand that “someone else make things alright again”&lt;br&gt; • Anger is usually directed at individuals perceived to have the power&lt;br&gt; • The past is glorified and the present made worse than it actually is</td>
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<td>Step 4: BARGAINING</td>
<td>Staff try to enter into an agreement with others to prevent the inevitable from happening.</td>
<td>• Negotiations occur in many areas&lt;br&gt; • Bargainers may appear rational, logical, and professional&lt;br&gt; • “To get along, you have to go along”</td>
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<tr>
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| Step 5: CHAOS | Up until this time, staff have been expending energy in avoidance, resistance, and denial. | • Nothing seems to work anymore  
• There is diffused energy  
• Feelings of powerlessness and insecurity  
• “Does anyone know where we’re going” |
| Step 6: DEPRESSION | Resources are depleted, a terrible sense of nothingness prevails, people wallow in self-pity. | • Staff realize they no longer have energy left to produce results  
• Fear of loss causes reactive depression  
• Time spent remembering the “good old days”  
• No “quick-fix” or checklist of guideline to follow to solve the emotional problem associated with change |
| Step 7: RESIGNATION | As people work through the depression, they finally come to accept the reality of the change and no longer resist it. | • Staff are neither depressed nor angry about the change  
• May not actively, cheerfully support the change  
• There is some commitment to the effort |
| Step 8: OPENNESS | Once change is accepted at the personal level and values rearranged, staff can then proceed with growth in a new direction. | • People are ok with “I don’t know”  
• Beginning to expend energy on what others recommend  
• Focus is not yet enough to initiate a project on their own |
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<td>Step 9: READINESS</td>
<td>The emotional “letting go” begins to be noticeable.</td>
<td>• There is willingness to do what is asked for</td>
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<td>• More energy than before</td>
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<td>• Still no willingness to figure out what to do on their own</td>
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<td>Step 10: RE-EMERGENCE</td>
<td>The change becomes fully operational as staff move from the old ways to the new state.</td>
<td>• Staff test ideas on their own</td>
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<td>• Gradual re-investment of selves in the organization</td>
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<td>• More proactive and empowered</td>
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<td>• Staff re-define their role and meaning in the organization</td>
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<td>• Re-energized; strong sense of direction</td>
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Questions?
Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients

- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500
HCN Health Information Technology Services

- **Electronic Health Record**
  - Medical / Dental / Behavioral
  - Custom Provider Templates
  - School Based Dental
  - School Based Medical
  - Document Imagining
  - Voice Recognition
  - CCD

- **Network Administration**
  - Hosting Services
  - Back office / Email Support
  - Disaster Preparedness
  - Infrastructure Design (LAN/WAN)
  - Web Design/Mgmt

- **Implementations and Training**
  - Project/Change Management
  - Training and Staff Development
  - Best Practices Matrix
  - Reimbursement Coordination

- **Support Services**
  - 24hr Service Desk (Hardware/Software)
  - Project Management
  - Vendor Escalation
  - BETA Testing

- **Business Intelligence**
  - Meaningful Use Reporting
  - Clinical Reporting
  - Fiscal Reports (Black Book)
  - Web based Reporting Tools
  - Practice Management Support
Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.

www.ochin.org
Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits
OCHIN PRODUCTS AND SERVICES

- **Practice Management**
  - Scanning solutions
  - FQHC customizations
  - Special and community Library Reports
  - Flexible build and configuration
  - Automated patient notifications
  - Revenue cycle management

- **Electronic Health Record**
  - Integrated community health record - medical, dental, behavioral health, school-based clinics
  - E-prescribing
  - Decision support tools
  - Case/care management tools
  - Integrated lab interfaces
  - Advanced role based security
  - Voice recognition
  - Reporting and benchmarking tools
  - Document management
  - Continuity of Care Record (CCD)
  - Patient Personal Health Record (PHR)

- **Implementation, Training and Products**
  - Project management
  - Information systems implementation
  - Network design
  - HIT integration & interoperability
  - Billing and revenue cycle management
  - Staff PM/EHR training
  - Web-based training modules

- **Support**
  - Project Management
  - 24/7 service desk
  - Advisory and consulting services
  - Meaningful Use reporting tools
  - Clinical reporting tools
  - Specialty build for grant
  - Vendor escalation

- **Practice Based Research Network**
  - Safety Net clinical research & clinical collaboration opportunities
Community Health Centers

ALLIANCE

www.CHCAlliance.org
Health Center Controlled Network
Est. 1999

www.AdvanceHealthIT.org
Regional Extension Center
Est. 2010
Core Health Information Technology Offerings

- **Practice Management System** *(including Practice Analytics)*
- **Electronic Health Records** *(240,000+ Patient Records)*
  - ePrescribe
  - Lab Orders / Results
  - Specialty Provider Referrals
  - Quality Reporting
- **Electronic Oral Health Records** *(including Digital Imaging)*

"Meaningful" Users of EHR Since 2005

**Professional Services**

- **Project Management / Implementation Support**
  - Leadership and task level monitoring
  - End to end project / system design
  - Workflow / Process Consideration
  - On-site Go-Live Choreography
- **Training**
  - Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
  - Competency exams
- **Report Writing / Administration**
  - Custom QA/QI, Peer Review, and Operations reporting
  - Meaningful Use – Workflows, Provider-level detail, and gap analysis
- **EHR Development / Enhancement**
  - Clinical Committee directed
  - Interface management to support HIE and other functionality to the provider desktop
- **Technical Assistance & Support**
  - Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
  - 24x7 System Availability
- **Tier 1 Data Center Partner**
  - Server Redundancy
  - Privacy / Security Monitoring & Management
  - 24x7 Server Monitoring / Network Administration
Service Area Counties: 41
Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign

- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (Designed to help overcome the financial barrier to EHR adoption)