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
Health Information Technology
Workflow Redesign
Health Information Technology
Workflow Redesign

Today’s presentation will review different areas of the Electronic Health Record and explore ways your workflow may change as a result of the implementation.

We will review the following areas of functionality and workflow modification:

– E-Prescribing
– Task Management
– Lab Interfaces
– Progress Note Documentation
– Health Information Management Department (HIM)
E-PRESCRIBING
E-Prescribing

- A major component of an EHR
- Automated prescription writing from a complete database of medications
- Checks for interactions, allergies, etc.
- Generates a Medication List
- Provides printable information on medications
- Able to send prescriptions to most pharmacies, electronically
- Provider can set up “Favorites”
PROCESS FOR COMPLETING MANUAL PRESCRIPTIONS

Determine med to prescribe

Check for contraindications and potential interactions.

Write prescription on medication list

Write prescription on Prescription Pad

Write prescription in progress notes

Medication List

Front of Chart

Problem List
PROCESS FOR COMPLETING ELECTRONIC PRESCRIPTIONS

1. Determine med to prescribe

2. Create prescription in EHR

   - Allergies
   - Drug interactions
   - Drug-Disease interactions

3. System creates medication list

4. Prescription sent out wirelessly & electronically

5. Med noted in progress notes
BENEFITS OF E-PRESCRIBING

• Less time to create and submit prescriptions
• No need to pull paper record for med refills
• Current medication list created (accessible to all Providers)
• Decrease in errors due to:
  – Misinterpreted handwriting
  – Inappropriate drug dosing
  – Unrecognized drug interactions
TASK MANAGEMENT
Most EHRs provide a module that allows staff to create, view and process tasks electronically.

Examples of tasks:
- Labs pending signature
- Prescription refill requests
- Telephone calls
- Notes pending sealing

Easy completion of tasks
- Tasks are saved as part of the patient’s record
BENEFITS OF UTILIZING A TASK MANAGEMENT SYSTEM

• **Reduction in malpractice risk**
  – Tasks processed are stored in electronic record (elimination of “sticky note syndrome”)
  – Tasks are date and time stamped

• **Improvement in “bottom-line” (via increase in efficiency)**
  – Reduces need to find, retrieve, document task manually and then, file paper record
  – Decrease in provider interruptions during patient care
LAB INTERFACES

- Lab interfaces exist for most major reference lab companies
- Interfaces can be developed for lab companies without an existing interface
- Lab requests are processed electronically

- Lab results return directly into:
  - Patient’s electronic record
  - Provider’s electronic task list
- Signed off and processed electronically
MANUAL PROCESSING OF LABS

Provider/staff manually complete lab request form.

Patient presents for blood draw

Specimen sent to processing lab.

Lab is processed

Results are faxed back to Center

Lab staff manually log-out labs

Providers sign off on labs and submit to supp staff

Support staff processes abnormal labs.

Med Records staff file labs.

Average turn-around time: 1 - 3 weeks
Provider/staff manually complete lab request form.

Patient presents for blood draw

Lab staff manually log-out labs

Specimen sent to processing lab.

Lab is processed

Results are faxed back to Center

Lab staff log in results and sort for Providers

Providers sign off on labs and submit to supp staff

Support staff processes abnormal labs.

Med Records staff file labs.

Average turn-around time: <1 day
BENEFITS OF LAB INTERFACE

• **Improvement in Quality of Care**
  – Decrease in turn-around time for requested labs

• **Decrease in Malpractice Risk**
  – No missing abnormal labs.
  – Date/Time-stamped processing of labs

• **Improvement in “Bottom-line”**
  – Less duplication of labs
  – Decrease in number of support staff needed per provider (allows re-allocation of resources).
Electronic Progress Note Documentation
ELECTRONIC PROGRESS NOTE

• Provider selects patient symptoms and physical findings, etc
• System translates into complete sentences
• Forms with prompts for different diseases
• Able to suggest possible diagnoses based on documented findings
• Able to provide CPT and ICD-9 codes.
• “Single” info entry (populates problem list, family history, social history, medication list, etc).
PROGRESS NOTES-Manual

Provider documents in progress notes → Updates problem list → Updates Medication list → Updates Allergies

Completes Prescription ← Updates Flow Sheets
PROGRESS NOTES - Electronic

Provider documents in progress notes

System creates Family & Social History List & Care Plan

Completes Prescription

Updates problem list

CPT & ICD9 Codes -> Billing

Updates Flow Sheets

Updates Medication list

Updates Allergies
BENEFITS OF E-DOCUMENTATION

- Better continuity of care
- Better closure to outstanding problems
- Templates support Disease Management
- More complete documentation of visit
- Better coding and increase in RVU information populates other portions of EHR
REASON FOR VISIT
Unspecified reason for visit hyperlipidemia  Reason for visit dizziness
Reason for visit congestive heart failure  Reason for visit upper respiratory infection

HISTORY OF PRESENT ILLNESS
Steven Carlson is a 60-year-old male
* No headache  * No worsening vision
* Polydipsia and no feelings of weakness

PERSONAL HISTORY
Habits: A recent examination by an ophthalmologist but not by a dermatologist

ALLERGIES
* Penicillin Reaction: Skin Rashes/Hives  Confirmed 04/08/2003
Health Information Management (HIM) Department (Medical Records)
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- Chart pull list is created based on appointment schedule
- Charts are manually pulled from the shelf
- Charts are delivered to the appropriate department / office
- Charts for walk-in patients are pulled, specific components faxed / scanned to the appropriate office
- Incoming mail and specialist reports are delivered to HIM for placement into patient chart.
Health Information Management after EHR

- Charts are pulled and pertinent information scanned for patients with existing paper records.
- New patients do not require a paper chart.
- HIM scans incoming mail and specialist reports and flags for the provider to review and sign off.
- As paper charts are scanned, they are marked as such and stored.
- HIM functions move from manual to electronic providing an added skill set and more efficient use of staff.
Questions?
Original Content Developed for SAMHSA by
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
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)*