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
EHR Selection & Implementation

Using a Network or Regional Extension Center

vs

Going it Alone
Things to Consider

• You can work with a HCCN and a REC or either one separately

• Who you will be sharing patients with?
  – Are they part of a HCCN?
  – Is it one or many diverse partners?
  – Is there a functioning health information exchange (HIE) in your community?
  – How are you connected to the hospital or hospitals in your area and how likely are your patients to be treated there?

• How many of your providers are MDs?

• How many of your patients are Medicaid and how many of your patients are served by ARNPs and MDs.
Special Considerations for Acquiring and Supporting EHRs Today

• Massive federal incentives
• Immature EHR market
• The “big” players for the most part are not seen as the big players in the IT market
• Vendors that have prospered based on implementation and marketing will not survive in their current organization
• Market consolidations in other businesses should serve as a good example of what will happen
- Founded: Headquartered in the United Kingdom; GE Healthcare is a $15 billion unit of General Electric Company. Worldwide, GE Healthcare employs more than 45,000 people in more than 100 countries.
- 2002 - Acquires assets to Medicologic Ambulatory EMR.
- 2004 - Acquires UK based Arinsshare PLC.
- 2006 - Completes acquisition of IDX.

- 1969 - Founded as Burlington Data Processing.
- 1992 - Name changed to IDX Systems Corporation.
- 1995 - IDX goes public.
- 1996 - Merger with PHAMIS of Seattle, WA, gets LastWord application.
- 1999 - Spins off ChannelHealth as its Internet business, Acquires EDIX Corp.
- 2001 - Sells ChannelHealth to Allscripts and forms 10 yr strategic alliance.
- 2003 - Sells EDIX Corp.
- 2004 - Acquires PointDex, Inc.
- 2006 - GE completes acquisition of IDX on Jan 4.

- 1986 - Founded.
- 1997 - Reborn as HC IT company.
- 1999 - TeleChart introduced as 1st electronic prescribing software.
- 2000 - Acquired ChannelHealth, Medifor, and MasterChart.
- 2006 - Merges with A4.

- 1996 - Name changed to A4, Health Systems.
- 1999 - HealthMatics EHR offered; Acquires Gava Wellcome.
- 2000 - HealthMatics ED offered; Merges with Nine Rivers Technology.
- 2002 - Acquires EmSTAT,1 from CyberPlus.
- 2003 - HealthMatics Nterprise introduced; Acquires CompuSense.
- 2005 - Acquires Canopy Systems, Inc.
- 2006 - Merges with Allscripts.
Your Goals For Acquiring an EHR Should Drive Your Decisions

- Clinical quality
  - Improved documentation
  - Improvement in established measures
- Return on investment
- Data aggregation and benchmarking
- Health information exchange
- Improved billing
- Replace outdated technology
Going It Alone

• “Our system will be so different from all the others the HCCN is supporting or that the REC is working with”
  – How likely is this system to be successful in the coming consolidation of EHRs?
  – If your system is that successful technically who is likely to buy it?
• “We believe that we will continue as a stand alone system partnering with many”
  – How will you work out the HIE issues? Do you have the skills in house?
  – How will you work out the shared savings, ACO or Primary Care Medical Home model? How will you show your worth in these models?
• “The vendor and the technology will advance and we will be able to communicate with those around us”
  – Competing HIE strategies are likely to continue for several years, who on your staff will help you make critical decisions of how to invest?
  – The vendors track record providing excellent tools for your type of organization speaks for itself.

• “There is no good data on how you measure clinical quality in our specialty”
  – How will you show your value?
  – How will you decide to build clinical content and how universal will that be?
Going it Alone (cont.)

• “Our vendor has been a good partner and we work with them and they can build us what we need for our organization”
  – This is not a sustainable business model for most vendors as they grow
  – Would you be more effective with the vendor if there were many of you asking for the same things?
When You Should be Considering Your Regional Extension Center

- When you have a large number of MDs or ARNPs providing care in your organizations
- When you are making an effort to draw down Federal or State incentive dollars
- When you are striving to achieve Meaningful Use
- When you are a small practice (less than 10) or are a part of FQHC or RHC
- When you have not yet chosen a system
What the Extension Center Can Provide

- List of previously vetted vendors
- Direct implementation support
- Change management support
- HIE expertise in your communities
- Group purchasing
- Ongoing support relationships
- Privacy and Security Support
- Quality Improvement Collaboration
- Support for the development of an shared savings model
# System Selection Process

<table>
<thead>
<tr>
<th>Feature</th>
<th>RFP</th>
<th>References</th>
<th>Site Visits</th>
<th>Demonstration</th>
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<tr>
<td>Financial Stability</td>
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Preferred EHR Vendors

• Advantages
  – Systematically selected
  – Expert review
  – Real customer feedback
  – Most likely not a regional player

• Pay attention to
  – If the extension center is working with other clients like you
  – Mental health is clearly addressed, specialty and primary care based
  – Relationships between the extension centers and vendors
Direct Implementation Support

• Skilled implementation staff
• Past experience with the applications you are considering
• General information technology expertise for the setup and system selection
• Workflow expertise
• System redesign and support experience
• An understanding and experience with the change management required to bring your staff along
Health Information Exchange Expertise

• Extension centers are required to coordinate with the State Designated Entity (SDE) in your state and facilitate the easy communication between providers of appropriate clinical information

• Support for interpretation of the CFR 42 etc

• Vetting of cultural vs legal interpretation of the law

• Privacy and security support
Group Purchasing Organization

• Special pricing for preferred EHRs
  – Most extension centers have special pricing for EHRs
  – Most extension centers have standard contracts that include the full functionality required to meet meaningful use
  – Many extension centers also have special pricing for related information technology contracts
    • Connectivity
    • Hardware
    • Hardware support etc.

• General Group Purchasing
  – Office supplies, dry goods, etc.
  – Fax machines, printers, copiers etc.
Ongoing Support Relationships

• Many of the extension centers are focusing on long term support of the EHRs as a method of sustainability
  – Hosting
  – Quality Improvement
  – Business Services (billing out sourcing)
  – Development of the QIO
  – Data aggregation and benchmarking

• Pay attention to how much you are like the other organizations the extension center is supporting
Privacy and Security Support

• Mental health security and privacy laws are often misinterpreted
• Cultural norms are not always supported by the laws
• The environment is changing very quickly
• Many extension centers have privacy officers and can afford access to specialized lawyers for interpretation
• Extension centers will serve as one of the influencers of what the community norm is in your community
Quality Improvement

• Many extension centers are providing quality improvement training and consultation

• Many extension centers are serving as the convening body for improvement collaboratives

• Clinical quality improvement expertise
  – When and how to use clinical decision support (CDS)
  – Configuring CDS to best meet the needs of users
  – Workflow analysis and reengineering
  – Intervention strategies to improve care delivery and health outcomes
  – Working with teams to design and test improvement solutions
When To Consider a Health Center Controlled Network (HCCN)

• What is the population of patients that you serve?
• How closely are you affiliated with FQHCs already in a HCCN?
• Is there an HCCN that is serving organizations like your selves?
# Choosing Your HCCN

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Issues for Selection of an HCCN

• How financially sound is your HCCN?
• How much do they rely on HRSA grants?
• Is the other grant funding coming from other sources?
• What is their relationship to the vendor or vendors they support? Specifically the vendor you are interested in…
• What services do they offer, just hosting or a more complete IT outsourcing option?
• How do their members work together?
• What do their members think of them?
What an HCCN Can Provide

- Economies of scale
- Specific expertise with respect to local billing requirements
- Specific expertise with respect to local reporting requirements
- Stable EHR operations not run by your EHR vendor
- A community of similar organizations working toward similar goals
Find a Health Center Controlled Network:
findanetwork.hrsa.gov
Finding the Right HCCN to Partner With
Contact the National Council for Assistance

HRSA Toolbox

Welcome to the HRSA Health IT toolbox developed by the HRSA's Office of Health Information Technology (OHIIT). This resource is meant to serve safety net health care providers seeking to implement health IT to improve the overall effectiveness of their institutions. We have organized this resource in a question and answer format and have attempted to compile a range of resources relevant to all stages of considering, planning, executing and evaluating the implementation of health IT. We have included publicly available resources as well as resources developed by HRSA explicitly for this Toolbox.

9 Topic-Specific modules of HRSA Health IT Toolkit

- **Introduction to Health IT**
  - What is health IT?
  - Why implement health IT?
  - What is HRSA’s vision for health IT?
  - What is the federal vision for health IT?
  - How much does health IT cost?

- **Organizational Change Management and Training**
  - How do I get support from senior management?
  - How do I get buy-in from the various stakeholders?

HRSA Toolbox

Organization of Modules

- Module 1: Introduction to Health IT
- Module 2: Getting Started
- Module 3: Opportunities for Collaboration
- Module 4: Project Management and Oversight
- Module 5: Planning for Technology Implementation
- Module 6: Organizational Change Management & Training
- Module 7: System Implementation
- Module 8: Evaluating, Optimizing, Sustaining
- Module 9: Advanced Innovation Topics

- What are health center networks?
- How do we choose a network that is right for us?
- How do we learn about networks in our area?
Find Your Regional Extension Center Partner Online:
HealthIT.hhs.gov – select “HITECH Programs”
Does it make any sense to you to tackle this alone?

It just doesn’t make sense…
EHR Implementation

Best Practices
Benefits

- Instant access to needed information
- Improved clinical care and health outcomes
- Increased office efficiency
- Enhanced communication
- Increased client and staff satisfaction
Growth of Physicians with EHR’s

Figure 1. Percentage of office-based physicians with electronic medical records/electronic health records (EMRs/EHRs):
United States, 2001–2009 and preliminary 2010

- Any EMR/EHR system
- Basic system
- Fully functional system

Percent of physicians

Years

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

18.2 17.3 17.3 20.8 23.9 29.2 34.8 42.0 48.3 50.7

10.5 11.8 16.9

3.1 3.8 4.5 6.9 10.1

50 45 40 35 30 25 20 15 10 5 0
Successful Implementation

- Leadership, Leadership, Leadership
- Communication
- Creating an atmosphere for change
- Dedicated Project Manager
- Choose and empower core EHR Team
- Assess needs – develop/execute solution for gaps
- Financial analysis and preparation
- Workflow analysis compared to best practice
- Training
- Time
- Celebrate successes along the way
- Include a Risk Mitigation Plan
Context for the EHR

- Health Record
- Efficiency
- Practice Management
- Workflow
- Documentation Tools
# Behavioral Health Program Components

<table>
<thead>
<tr>
<th>BH/PCP</th>
<th>MH</th>
<th>Addictions</th>
<th>DD</th>
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<tbody>
<tr>
<td>Blended</td>
<td>Adults / Children / Adolescents</td>
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<tr>
<td>Outpatient</td>
<td>Outpatient / Intensive Outpatient / Residential</td>
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<tr>
<td>Practice Management – Scheduling, Billing, Reporting</td>
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<tr>
<td>Data Extraction / Utilization Management</td>
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<td>Systems Integration - Radiology / Laboratory / Pharmacy</td>
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<td>Clinical Documentation</td>
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OCHIN (a HCCN & REC) BH Product Scope Diagram

**LEVEL OF CARE**
- Adults/Children/Adolescents
  - Outpatient
- Prescriber
- Behaviorist
- RN

**MH**
- Adults
  - Outpatient
- Prescriber
- Therapist
- Case Manager
- RN

**Addictions**
- Children / Adolescents
  - Intensive Outpatient
  - Residential
- Unique UM customized to each pt type, level of care, clinician type

**DD**
- Unique Data Points
- Unique UM customized to each pt type, level of care, clinician type

**PRACTICE MANAGEMENT**
- Shares scheduling, billing, reporting w/primary care
- Dynamic Scheduling
- Unique Billing
- Unique Reporting

**DATA EXTRACTION / UTILIZATION MANAGEMENT**
- UM may be separated from primary care
- Unique Data Points
- Unique UM customized to each pt type, level of care, clinician type

**SYSTEMS INTEGRATION – RADIOLOGY, LABORATORY, PHARMACY**

**CLINICAL DOCUMENTATION**
- Indiv P-Notes
- Group P-Notes
- Screening Tools
- Indiv P-Notes
- Group P-Notes
- Screening Tools
- Biopsychosocial Assessments
- ISSP
- Modified Assessments
- Care Plans

**WORKFLOW TOOLS**
- Disease Specific
- Encounter Specific
- Intervention Specific
- Preventative Care
- Wellness
- EBT / Best Practice
- Disease Specific
- Encounter Specific
- Intervention Specific
- Preventative Care
- Wellness
- EBT / Best Practice

**EFFICIENCY TOOLS**
- Dynamic Documentation
- Patient Education
- Centralized View Mgmt
- Dynamic Documentation
- Patient Education
- Centralized View Mgmt
- Customized Reminders
- Care Coordination
- Dynamic Documentation
- Patient Education
- Centralized View Mgmt
- Customized Reminders
- Care Coordination

**Deliverables**
Components for Specialty Mental Health

Health Record
- Patient identification elements specific to Specialty & Level of Service
  - Mental Health
  - Addictions
  - Developmental Disabilities
  - Children
  - Adults
  - Outpatient
  - Intensive Outpatient
  - Residential

Documentation Tool
- Clinical documentation tools specific to Specialty & Level of Service
  - Mental Health
  - Addictions
  - Developmental Disabilities
  - Children
  - Adults
  - Outpatient
  - Intensive Outpatient
  - Residential

Practice Management
- Scheduling
- Billing
- Reporting

Workflow Tools
- Encounter specific
- Intervention specific
- Disease specific

Efficiency Tools
- Dynamic clinical documentation
- Centralized view management
- Care coordination tools
- Patient education tools
OCHIN System

- Based on best practices for setup and use of integrated Practice Management and Electronic Health Record system
  - Lessons learned from implementing and managing at 40+ organizations in 7 states over 10 years

- Supports all 15 core objectives of Meaningful Use, plus 5 of the 10 menu objectives required for Phase 1 Meaningful Use incentives.

- Use of the Model System has been found to decrease errors, reduce workflow issues in the clinics, and help ensure necessary data collection.
Implementation Process

- Phases & Purpose -

<table>
<thead>
<tr>
<th>Initiation and Setup</th>
<th>Model System Overview</th>
<th>Member Setup</th>
<th>Setup Validation</th>
<th>Final Preparation and Go Live</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and expectation management of member executives</td>
<td>Demonstrate OCHIN model system workflows, educate project team and assess potential high risk gaps (related to labs and billing); Member project team to be trained enough so they can update their policies</td>
<td>Prepare the model system for testing; Members prepare for UAT and implementation; Prepare Site Specialists to support clinic staff</td>
<td>OCHIN and Super Users to confirm system is adequately prepared for implementation and go/no go decision made</td>
<td>Final preparations for cutover to model system</td>
<td>Ensure the successful use and implementation of the OCHIN model system</td>
</tr>
</tbody>
</table>
Implementation Process

- Core Initiatives -

- Initiation and Setup
- Model System Overview
- Member Setup
- Setup Validation
- Final Preparation and Go Live
- Support

Training

Change Management

Collaborative Participation

Workflow Development

Project Management
Assess Needs

- What you want to accomplish with an EHR
- Determine who needs access to the system – role based security
- Top 20 visit diagnosis - charting tools to make it “easy to do the right thing”
- Expect to make changes after go-live
- Evolving all paper policies into the electronic world
- Determine data needs and for what specific purposes
- Reevaluate current regulations for federal, state, county, unique grants
- Determine other HIT applications already in use – need for interfaces
- Consider when/if to connect to business partners electronically
Financial Analysis

- Design- Build – Validation Process
- Staff time – training, extraction, novice to expert
- Productivity implications post go-live
- Space renovation
- Hardware, software, connectivity
- Training and education
Leadership

- Must have Executive leadership throughout
- Must have clinical leadership throughout
- Great idea to have Board leadership
- Choose wisely, trust and empower your core EHR team
- Be visible, supportive and unwavering in commitment
- Expect the best, plan for the worst
- Recognize successes
Communication

- COMMUNICATION is critical

- Develop a comprehensive communication plan for every phase of the project and for every major stakeholder
  - Board
  - Clients
  - Staff
  - Partners
  - Local community
Prepare for TRANSFORMATIONAL Change

- Be clear about what you want to accomplish with an EHR
- EHR vision must be aligned with organization’s mission
- The new vision needs to be articulated and actionable
- Vision statement should be clear, bold and visible to all staff
- Unequivicating executive, clinical and operational leadership
- Strive for total clinic buy-in
- Develop and empower core integrated EHR team
- Expect a wide variety of reactions to change
- Prepare clients for the change ahead of time
Dedicated Project Manager

- There is nothing in your organization that won’t be impacted by this project…you NEED explicit accountability.

- You also need someone talented at project management, has proven interpersonal communication skills, knows your organization well and that others will follow.

- So many moving parts you can’t afford to not have one.

- Ensures every detail is tracked and ensures your success.
CORE EHR Team

- Be clear about what do you want to accomplish with an EHR
- EHR vision must be aligned with organization’s mission
- The new vision needs to be articulated and actionable
- Vision statement should be clear, bold and visible to all staff
- Unequivicating executive, clinical and operational leadership
- Strive for total clinic buy-in
- Develop and empower core integrated EHR team
- Expect a wide variety of reactions to change
- Prepare clients for the change ahead of time
Clinic Staff Involvement

Keys to success
...include the right decision makers

- Executive Sponsor
- IT Representative
- Operations Representative
- Clinical Champion
- Nursing Leadership
- Project Leadership
- Union Representative
- Subject Matter Experts
Workflow Development

- Include all departments
- Document workflows from multiple sources
- Consider how appointments are scheduled
- Do not discount anomalies
- Opportunity to streamline and standardize work processes
- Anticipate and embrace new methods for accomplishing the same task

An EHR that does not integrate smoothly within the clinical workflow will not allow for variation in style and risks poor adoption among users or improper and unnecessary workarounds.
Considerations for Specialty Mental Health

- Confidentiality of orders and notes on the chart
- Exchange of information with other organizations
- Region, State and Federal Regulations
- Billing Considerations
- Use of Patient Portal Technologies
- Interpretation the laws pertaining to privacy and security
Training

Staged and tailored to role:

- Consider each department’s needs for training
- Clinicians learn best from other clinicians- demo, training & support
- Work with vendor on on-line training modules
- Establish “super users” for each department
  - To assist others and to lead the way in promoting best practices
- Be aware that basic computer skills WILL be necessary
- Staff will need time to initially adapt – followed by supplemental training
Managing the Go Live Process

- Supporting at the elbow
- Important to plan ahead
- Dress Rehearsal to reduce surprises
- Managing rollout on a daily basis
- Managing to pre-established success criteria
Ongoing Support

- Support at the site
- Managing infrastructure
- Change is constant (reporting, billing, grants, QI initiatives, meaningful use)
- Ongoing training activities
- Measuring and monitoring success metrics
Time

- Remember, this is a transformational process involving your entire organization. Balance need to just get it done with patience needed for wholesale change.

- Allow for deviations within your project plan that you may not have any control over – these outside risks should be documented and planned for in your risk assessment.
Avoid Pitfalls

- Underestimated short-term costs
- Underestimated on-going maintenance costs
- Poor executive leadership
- Limited buy-in from staff and clinicians
- Inadequate training – pre/post implementation
- Insufficient mapping of workflow & delegation
- Lack of qualified internal support for new technology
- Underestimate impact of change
- Disregard for need to pace change
Critical Success Factors

- Executive Involvement
- Physician Champions
- Efficient Training
- Communications Processes
- Managing Expectations
- Planning for Support
Celebrate

- Change is hard…transformational change is really hard.

- It’s powerful to acknowledge change. Strike a balance that works for your organization.

- Celebrate small, celebrate big….just celebrate!
“Prediction is very difficult, especially about the future.”

--Neils Bohr
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.CHCAliance.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)