ESSENTIALS FOR HEALTH REFORM:
Using Networks to Implement and Improve EHRs and other HIT

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)

NIATx

SAAS
STATE ASSOCIATIONS OF
ADDICTION SERVICES

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

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 contra-indications and potential inter-actions.**

- Medication List
- Front of Chart
- Problem List

Write prescription in progress notes

Write prescription on medication list

Write prescription On Prescription Pad
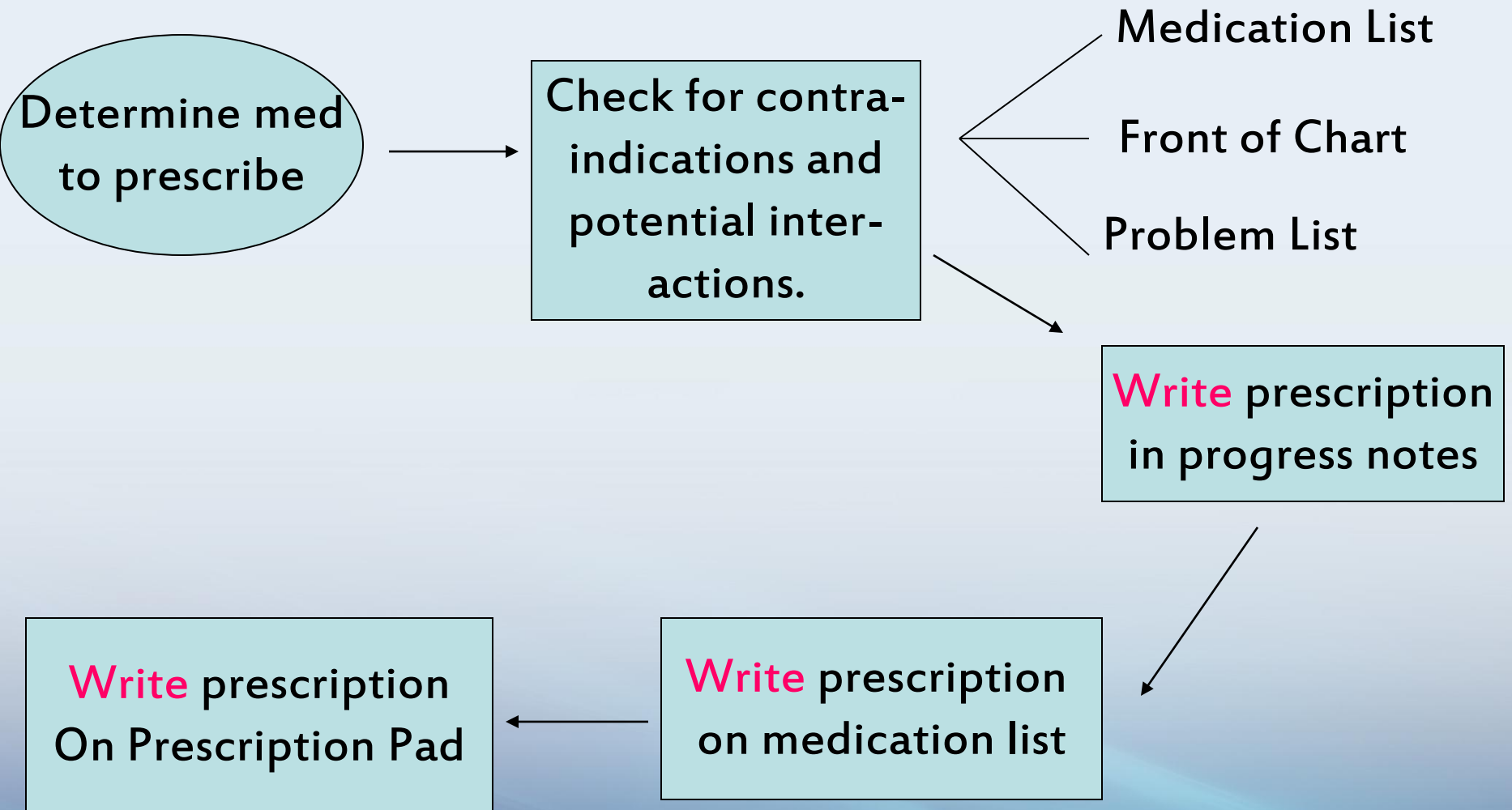
PROCESS FOR COMPLETING ELECTRONIC PRESCRIPTIONS

Determine med to prescribe

Create prescription in EHR

Allergies

Drug interactions

Drug-Disease interactions

Med noted in progress notes

System creates medication list

Prescription sent out wirelessly & electronically
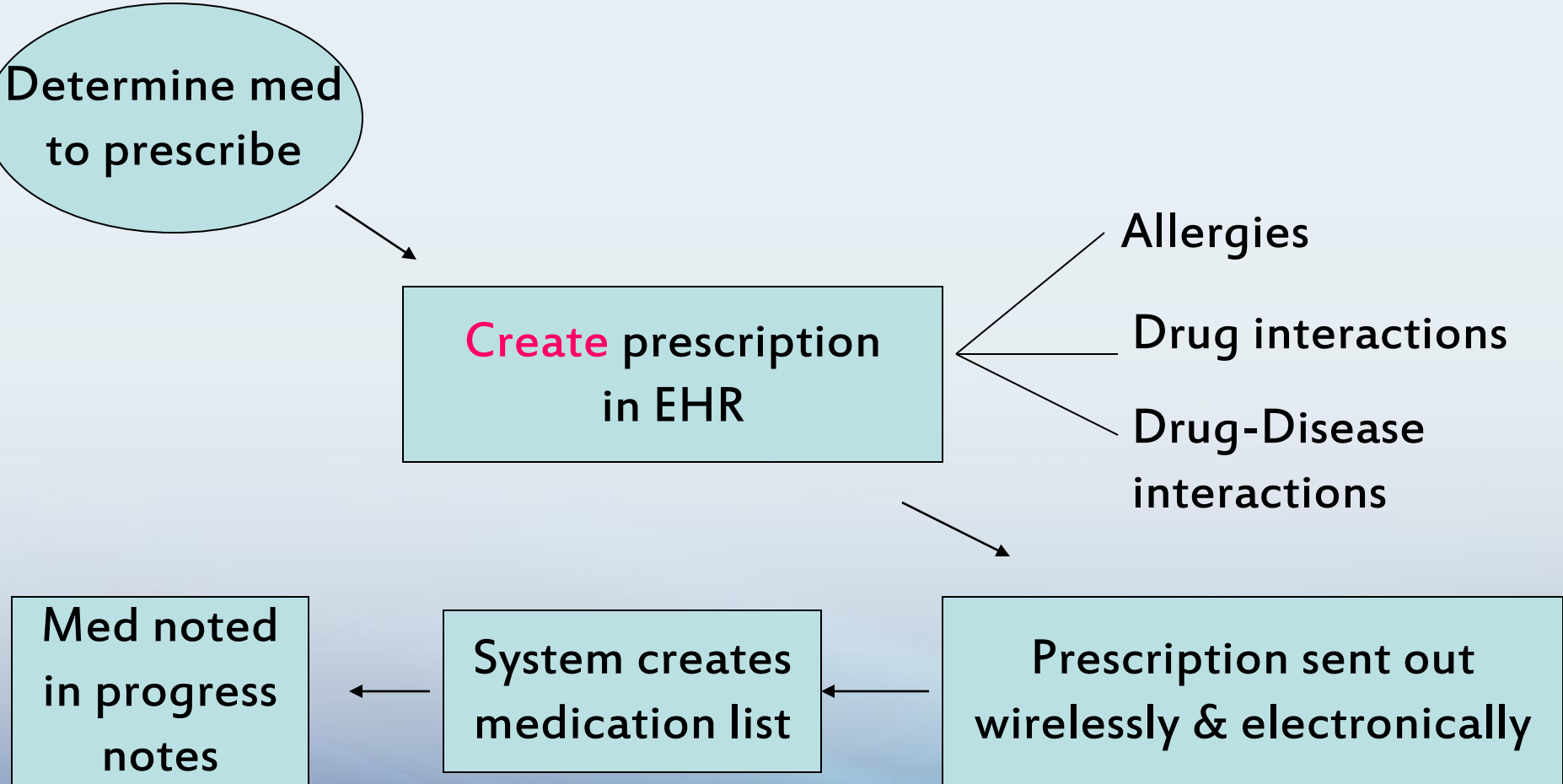
BENEFITS OF E-PRESCRIBING

- **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

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

- **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 → 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.
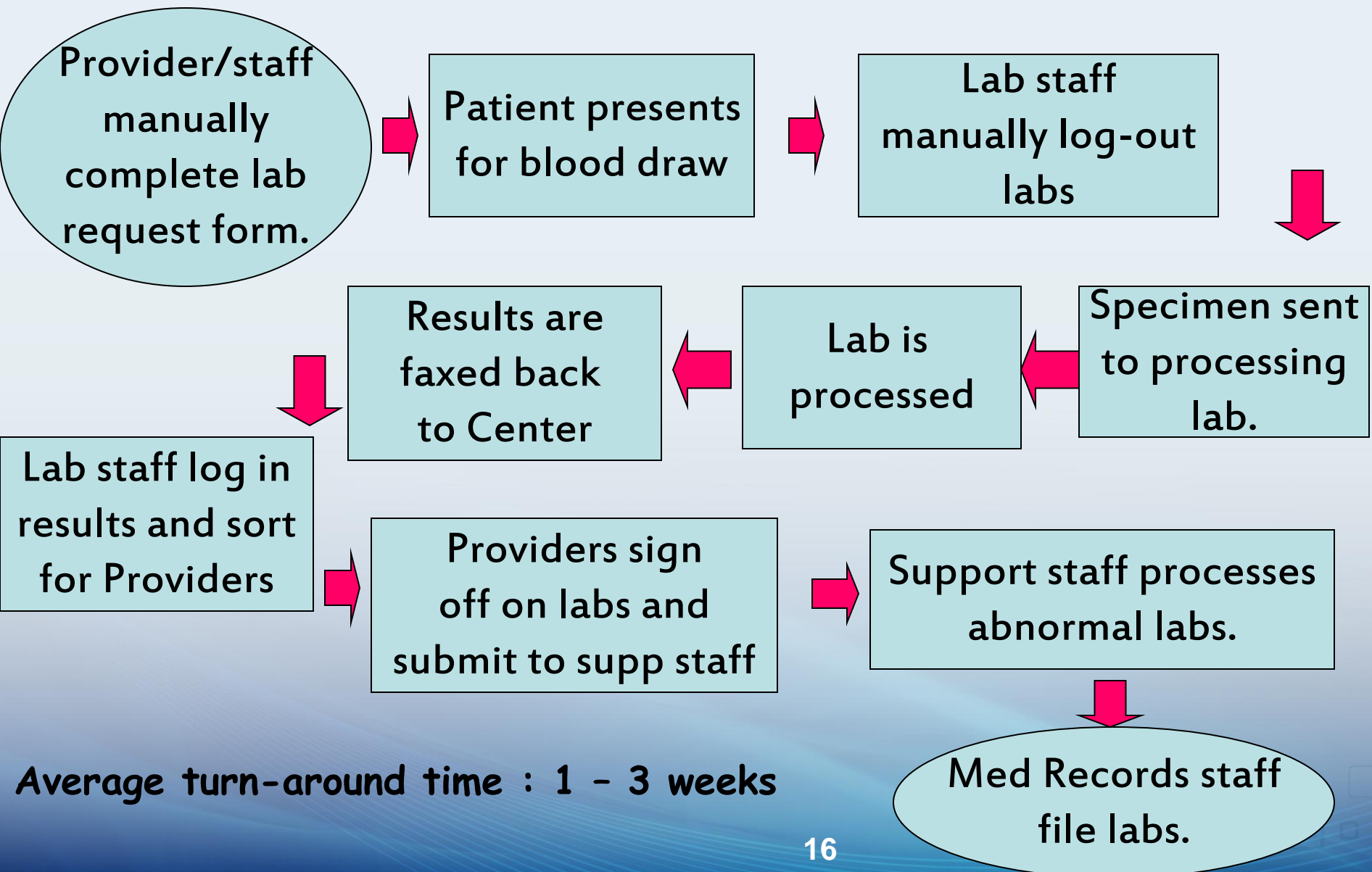
Average turn-around time : 1 – 3 weeks

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ELECTRONIC PROCESSING OF LABS

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

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↓

Lab staff log in results and sort for Providers

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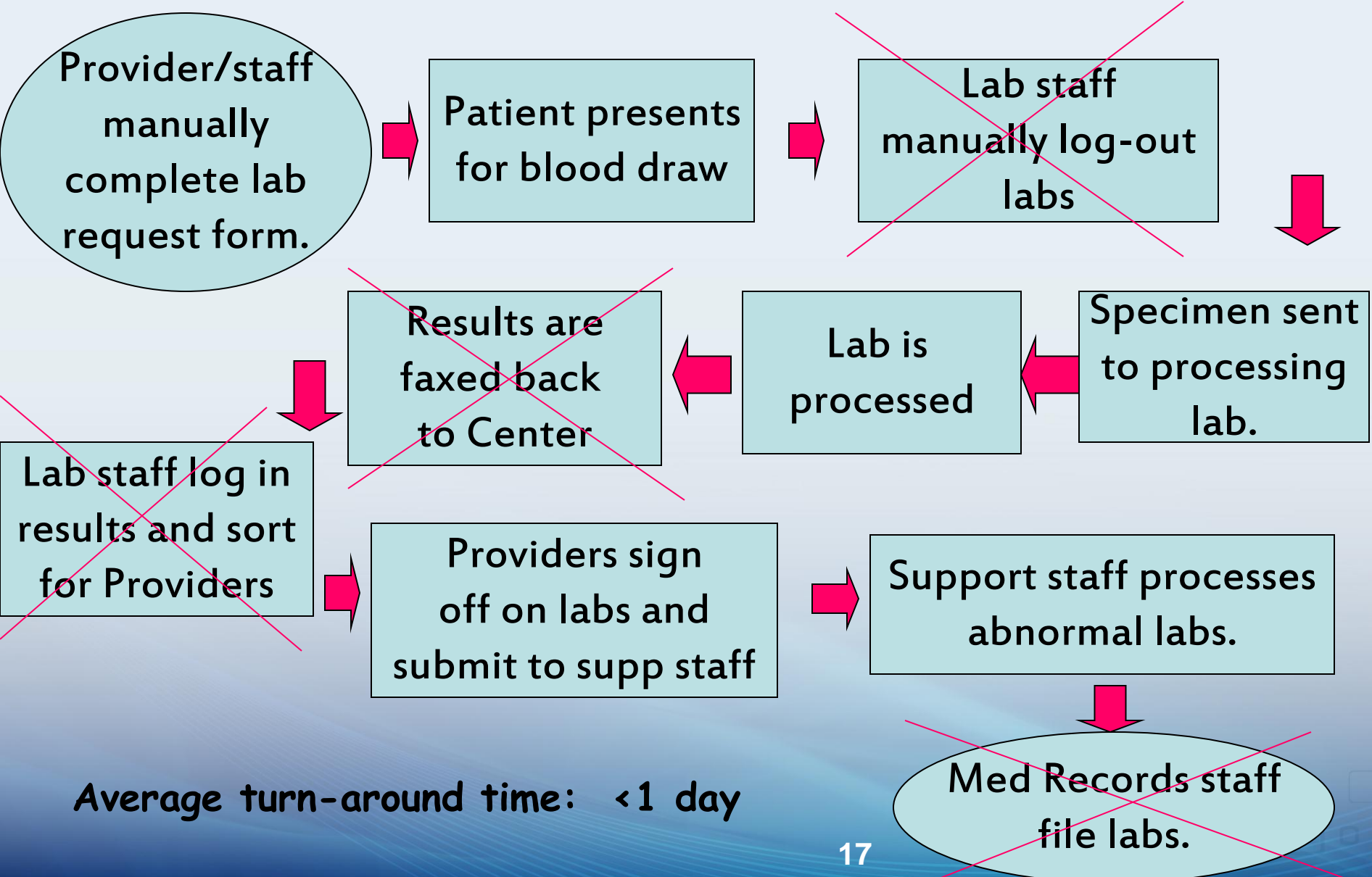
Average turn-around time: <1 day

17

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 → Updates Flow Sheets → Completes Prescription
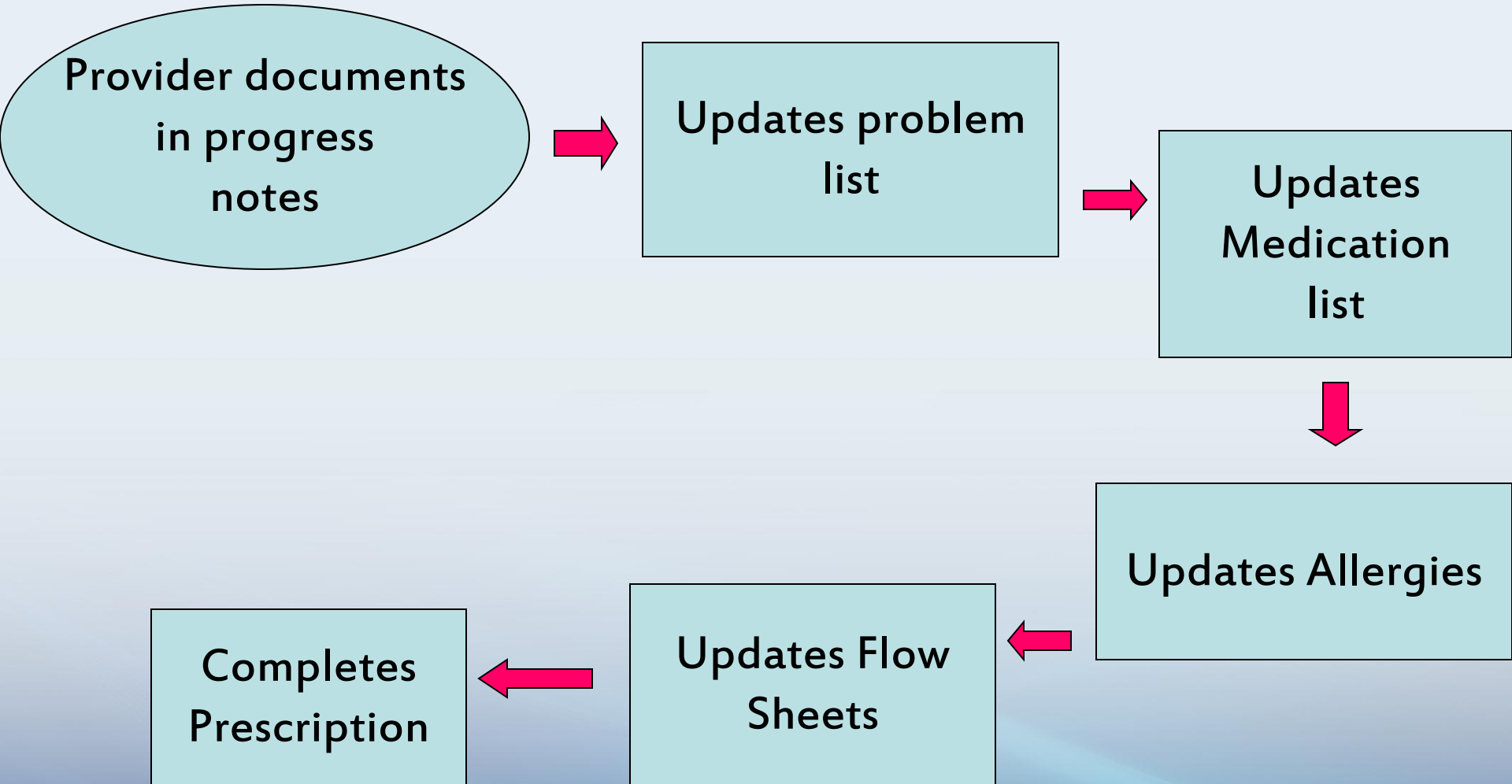
PROGRESS NOTES - Electronic

Provider documents in progress notes

→ Updates problem list

→ Updates Medication list

System creates Family & Social History List & Care Plan

→ CPT & ICD9 Codes -> **Billing**

Updates Flow Sheets

Updates Allergies

Completes Prescription

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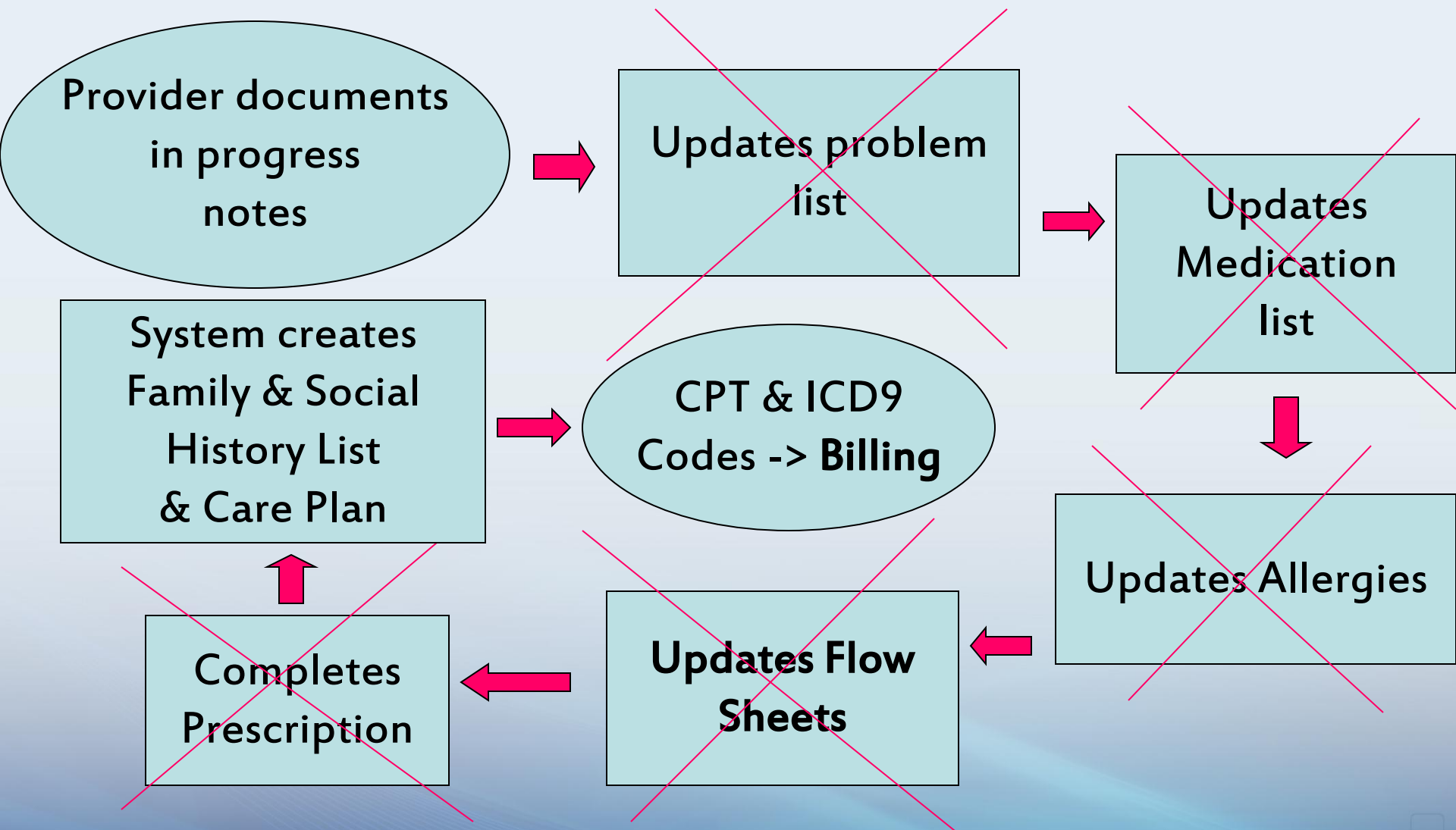
BENEFITS OF E-DOCUMENTATION

- **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**

EHR: Capture of Data from Point of Care Documentation

Medications

Vitals

Labs

Encounter Documentation

MANAGEMENT REPORTS

Diastolic BP-Sitting

96.00	
93.00	
90.00	
87.00	
84.00	
81.00	
78.00	
75.00	
72.00	
69.00	

mmHg

04/08/03   04/08/03   02/04/03   11/22/02
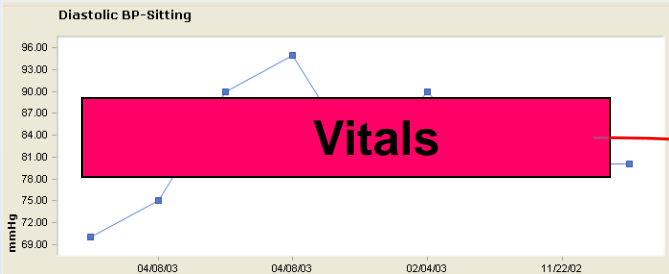
Lab Tests	Description	Status
04/07/03	Cholesterol, Total	Abnormal
04/07/03	GLUCOSE, PLASMA	
04/07/03	Electrol	
04/07/03	THYRO	
04/07/03	RPR (MONITOR) W/ REFL TITER	
01/28/03	ELECTROLYTE PANEL	

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 ILLN
Steven Carlson is a 69 year old male.
° No headache. ° No worsening vision.   nea. ° No polyphagia. ° No changes in urinary habits.   No
polydypsia and no feelings of weaknes   numbness not of the limbs. ° No sleep disturbances.

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

ALLERGIES
• Penicillins   Reaction: Skin Rashes/Hives   Confirmed: 04/08/2003.

Health Information Management (HIM) Department (Medical Records)

Health Information Management (HIM) Department (Medical Records)

- 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

www.hcnetwork.org

www.southfloridarec.org

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

UTAH 18,000 patients
RHODE ISLAND 35,000 patients
KANSAS 10,000 patients
WEST VIRGINIA 65,000 patients
MARYLAND 27,000 patients
NEW MEXICO 109,000 patients
TEXAS 9,000 patients
MISSOURI 20,000 patients
FLORIDA 475,000 patients
HAWAII 7,000 patients
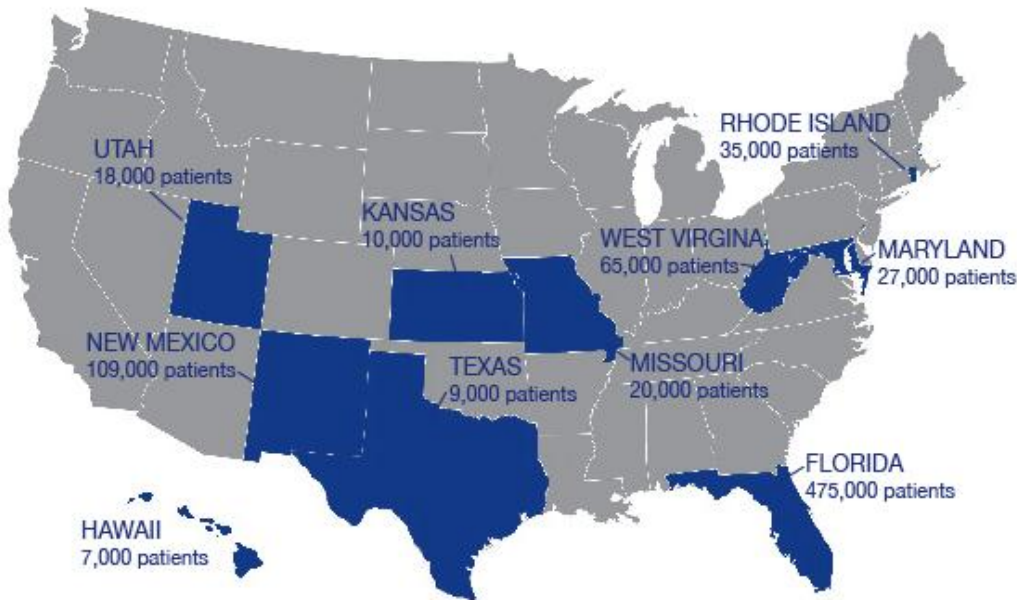
HCN Health Information Technology Services

- **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

HCNetwork.org®
Health Choice Network
INNOVATIVE HEALTH TECHNOLOGY SOLUTIONS

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

The OCHIN Collaborative
CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN

1. Adventist Health
Tillamook County General Hospital
1000 3rd Street, Tillamook, OR 97141
P 503.842.4444 F 503.842.3062
RHC   PM 18,000   EMR 18,000

2. Adventist Health Feather River Hospital
5974 Pentz Road
Paradise, CA 95969
P 530.877.9361
RHC   EMR 72,000

3. AIDS Resource Center of Wisconsin
820 North Plankinton Avenue
Milwaukee, WI 53203
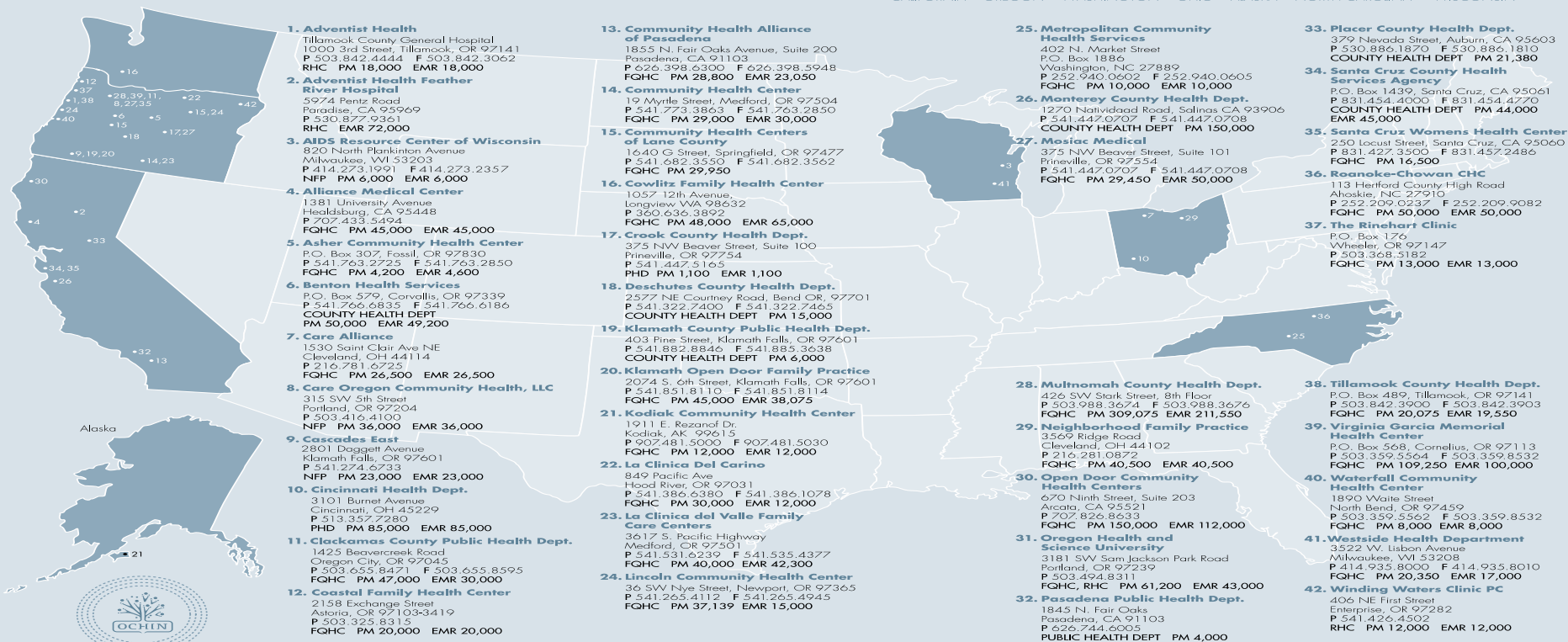P 414.273.1991 F 414.273.2357
NFP   PM 6,000   EMR 6,000

4. Alliance Medical Center
1381 University Avenue
Healdsburg, CA 95448
P 707.433.5494
FQHC   PM 45,000   EMR 45,000

5. Asher Community Health Center
P.O. Box 307, Fossil, OR 97830
P 541.763.2725 F 541.763.2850
FQHC   PM 4,200   EMR 4,600

6. Benton Health Services
P.O. Box 579, Corvallis, OR 97339
P 541.766.6835 F 541.766.6186
COUNTY HEALTH DEPT
PM 76,000   EMR 49,200

7. Care Alliance
1530 Saint Clair Ave NE
Cleveland, OH 44114
P 216.781.6725
FQHC   PM 26,500   EMR 26,500

8. Care Oregon Community Health, LLC
315 SW 5th Street
Portland, OR 97204
P 503.416.4100
NFP   PM 36,000   EMR 36,000

9. Cascades East
2801 Daggett Avenue
Klamath Falls, OR 97601
P 541.274.6733
NFP   PM 23,000   EMR 23,000

10. Cincinnati Health Dept.
3101 Burnet Avenue
Cincinnati, OH 45229
P 513.357.7280
PHD   PM 85,000   EMR 85,000

11. Clackamas County Public Health Dept.
1425 Beavercreek Road
Oregon City, OR 97045
P 503.655.8471 F 503.655.8595
FQHC   PM 47,000   EMR 30,000

12. Coastal Family Health Center
2158 Exchange Street
Astoria, OR 97103-3419
P 503.325.8315
FQHC   PM 20,000   EMR 20,000

13. Community Health Alliance of Pasadena
1855 N. Fair Oaks Avenue, Suite 200
Pasadena, CA 91103
P 626.398.6300 F 626.398.5948
FQHC   PM 28,800   EMR 23,050

14. Community Health Center
19 Myrtle Street, Medford, OR 97504
P 541.773.3863 F 541.763.2850
FQHC   PM 29,000   EMR 30,000

15. Community Health Centers of Lane County
1640 G Street, Springfield, OR 97477
P 541.682.3550 F 541.682.3562
FQHC   PM 29,950

16. Cowlitz Family Health Center
1057 12th Avenue,
Longview WA 98632
P 360.636.3892
FQHC   PM 48,000   EMR 65,000

17. Crook County Health Dept.
375 NW Beaver Street, Suite 100
Prineville, OR 97754
P 541.447.5165
PHD   PM 1,100   EMR 1,100

18. Deschutes County Health Dept.
2577 NE Courtney Road, Bend OR, 97701
P 541.322.7400 F 541.322.7465
COUNTY HEALTH DEPT   PM 15,000

19. Klamath County Public Health Dept.
403 Pine Street, Klamath Falls, OR 97601
P 541.882.8846 F 541.885.3638
COUNTY HEALTH DEPT   PM 6,000

20. Klamath Open Door Family Practice
2074 S. 6th Street, Klamath Falls, OR 97601
P 541.851.8110 F 541.851.8114
FQHC   PM 45,000   EMR 38,075

21. Kodiak Community Health Center
1911 E. Rezanof Dr.
Kodiak, AK 99615
P 907.481.5000 F 907.481.5030
FQHC   PM 12,000   EMR 12,000

22. La Clinica Del Carino
849 Pacific Ave
Hood River, OR 97031
P 541.386.6380 F 541.386.1078
FQHC   PM 30,000   EMR 12,000

23. La Clinica del Valle Family Care Centers
3617 S. Pacific Highway
Medford, OR 97501
P 541.531.6239 F 541.535.4377
FQHC   PM 40,000   EMR 42,300

24. Lincoln Community Health Center
36 SW Nye Street, Newport, OR, 97365
P 541.265.4112 F 541.265.4945
FQHC   PM 37,139 EMR 15,000

25. Metropolitan Community Health Services
402 N. Market Street
P.O. Box 1886
Washington, NC 27889
P 252.940.0602 F 252.940.0605
FQHC   PM 10,000   EMR 10,000

26. Monterey County Health Dept.
1270 Natividad Road, Salinas CA 93906
P 541.447.0707 F 541.447.0708
COUNTY HEALTH DEPT   PM 150,000

27. Mosaic Medical
375 NW Beaver Street, Suite 101
Prineville, OR 97554
P 541.447.0707 F 541.447.0708
FQHC   PM 29,450   EMR 50,000

28. Multnomah County Health Dept.
426 SW Stark Street, 8th Floor
P 503.988.3674 F 503.988.3676
FQHC   PM 309,075 EMR 211,550

29. Neighborhood Family Practice
3569 Ridge Road
Cleveland, OH 44102
P 216.281.0872
FQHC   PM 40,500   EMR 40,500

30. Open Door Community Health Centers
670 Ninth Street, Suite 203
Arcata, CA 95521
P 707.826.8633
FQHC   PM 150,000   EMR 112,000

31. Oregon Health and Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239
P 503.494.8311
FQHC, RHC   PM 61,200   EMR 43,000

32. Pasadena Public Health Dept.
1845 N. Fair Oaks
Pasadena, CA 91103
P 626.744.6005
PUBLIC HEALTH DEPT   PM 4,000

33. Placer County Health Dept.
379 Nevada Street, Auburn, CA 95603
P 530.886.1870 F 530.886.1810
COUNTY HEALTH DEPT   PM 21,380

34. Santa Cruz County Health Services Agency
P.O. Box 1439, Santa Cruz, CA 95061
P 831.454.4000 F 831.454.4770
COUNTY HEALTH DEPT   PM 44,000
EMR 45,000

35. Santa Cruz Womens Health Center
250 Locust Street, Santa Cruz, CA 95060
P 831.427.3500 F 831.457.2486
FQHC   PM 16,500

36. Roanoke-Chowan CHC
113 Hertford County High Road
Ahoskie, NC 27910
P 252.209.0237 F 252.209.9082
FQHC   PM 50,000   EMR 50,000

37. The Rinehart Clinic
P.O. Box 176
Wheeler, OR 97147
P 503.368.5182
FQHC   PM 13,000 EMR 13,000

38. Tillamook County Health Dept.
P.O. Box 489, Tillamook, OR 97141
P 503.842.3900 F 503.842.3903
FQHC   PM 20,075 EMR 19,550

39. Virginia Garcia Memorial Health Center
P.O. Box 568, Cornelius, OR 97113
P 503.359.5564 F 503.359.8532
FQHC   PM 109,250 EMR 100,000

40. Waterfall Community Health Center
1890 Waite Street
North Bend, OR 97459
P 503.359.5562 F 503.359.8532
FQHC   PM 8,000 EMR 8,000

41. Westside Health Department
3522 W. Lisbon Avenue
Milwaukee, WI 53208
P 414.935.8000 F 414.935.8010
FQHC   PM 20,350 EMR 17,000

42. Winding Waters Clinic PC
406 NE First Street
Enterprise, OR 97282
P 541.426.4502
RHC   PM 12,000 EMR 12,000

Alaska

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

AHIT — THE CENTER FOR THE ADVANCEMENT of HEALTH IT

www.AdvanceHealthIT.org

Regional Extension Center

Est. 2010

Community Health Centers
ALLIANCE

"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

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)
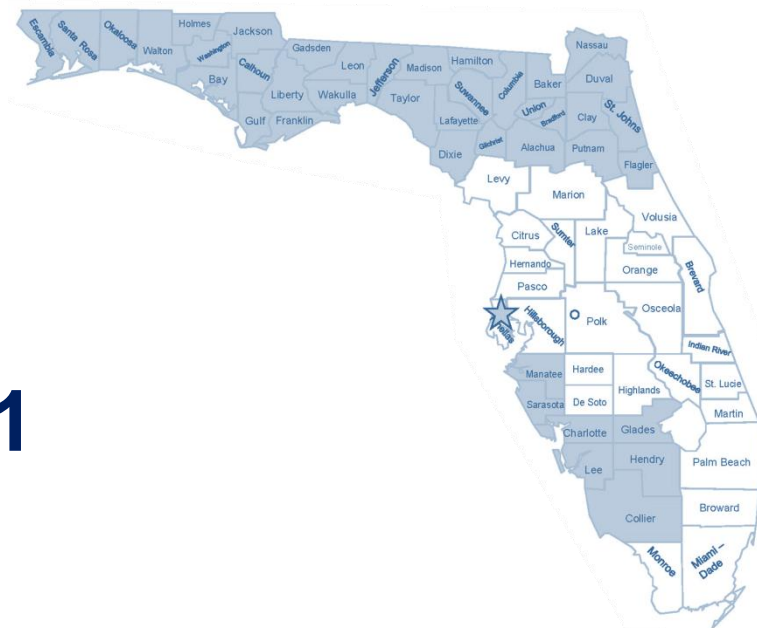
Service Area Counties: 41
Provider Goal: 2,026

- 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)*