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**

EHR Selection & Implementation

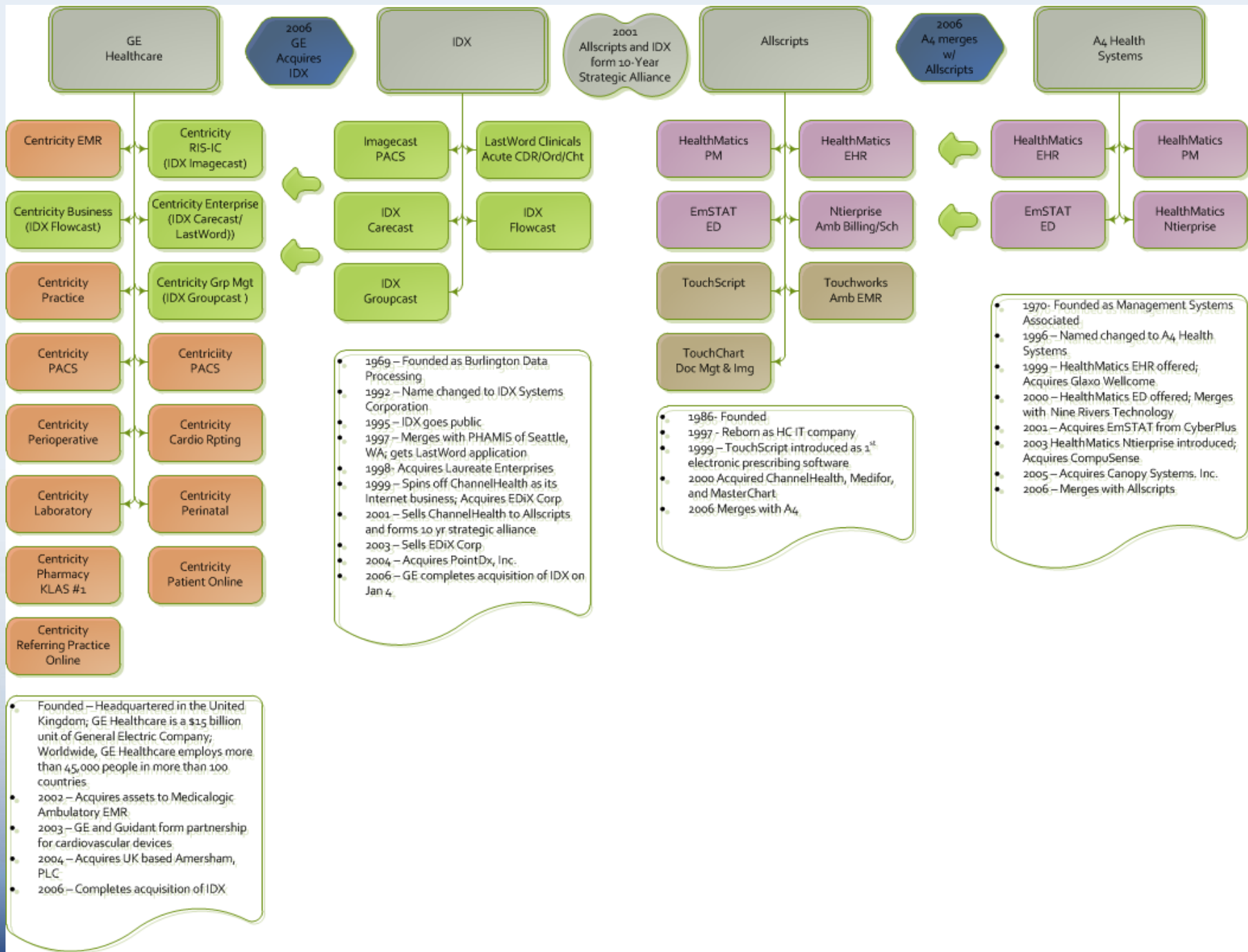## Using a Network or Regional Extension Center

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

GE Healthcare

2006 GE Acquires IDX

IDX

2001 Allscripts and IDX form 10-Year Strategic Alliance

Allscripts

2006 A4 merges w/ Allscripts

A4 Health Systems

Centricity EMR
Centricity RIS-IC (IDX Imagecast)

Centricity Business (IDX Flowcast)
Centricity Enterprise (IDX Carecast/ LastWord))

Centricity Practice
Centricity Grp Mgt (IDX Groupcast)

Centricity PACS
Centriciity PACS

Centricity Perioperative
Centricity Cardio Rpting

Centricity Laboratory
Centricity Perinatal

Centricity Pharmacy KLAS #1
Centricity Patient Online

Centricity Referring Practice Online

Imagecast PACS
LastWord Clinicals Acute CDR/Ord/Cht

IDX Carecast
IDX Flowcast

IDX Groupcast

HealthMatics PM
HealthMatics EHR

EmSTAT ED
Ntierprise Amb Billing/Sch

TouchScript
Touchworks Amb EMR

TouchChart Doc Mgt & Img

HealthMatics EHR
HealthMatics PM

EmSTAT ED
HealthMatics Ntierprise

- 1969 – Founded as Burlington Data Processing
- 1992 – Name changed to IDX Systems Corporation
- 1995 – IDX goes public
- 1997 – Merges with PHAMIS of Seattle, WA; gets LastWord application
- 1998- Acquires Laureate Enterprises
- 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 PointDx, Inc.
- 2006 – GE completes acquisition of IDX on Jan 4

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

- 1970- Founded as Management Systems Associated
- 1996 – Named changed to A4 Health Systems
- 1999 – HealthMatics EHR offered; Acquires Glaxo Wellcome
- 2000 – HealthMatics ED offered; Merges with Nine Rivers Technology
- 2001 – Acquires EmSTAT from CyberPlus
- 2003 HealthMatics Ntierprise introduced; Acquires CompuSense
- 2005 – Acquires Canopy Systems. Inc.
- 2006 – Merges with Allscripts

- 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 Medicalogic Ambulatory EMR
- 2003 – GE and Guidant form partnership for cardiovascular devices
- 2004 – Acquires UK based Amersham, PLC
- 2006 – Completes acquisition of IDX

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 you 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?

Going it Alone (cont.)

- "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

	RFP	References	Site Visits	Demonstration
Financial Stability	✚			
Clinical Functionality		✚	✚	✚
Technical Viability	✚		✚	
Health Information Exchange		✚	✚	✚
Reporting		✚	✚	✚
Cost (Analyzed Separately)	✚			

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

	RFP	References	Site Visits	Demonstration
Financial Stability	✚			
Clinical Functionality		✚	✚	✚
Technical Viability	✚		✚	
Health Information Exchange		✚	✚	✚
Reporting		✚	✚	✚
Cost (Analyzed Separately)	✚			

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

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
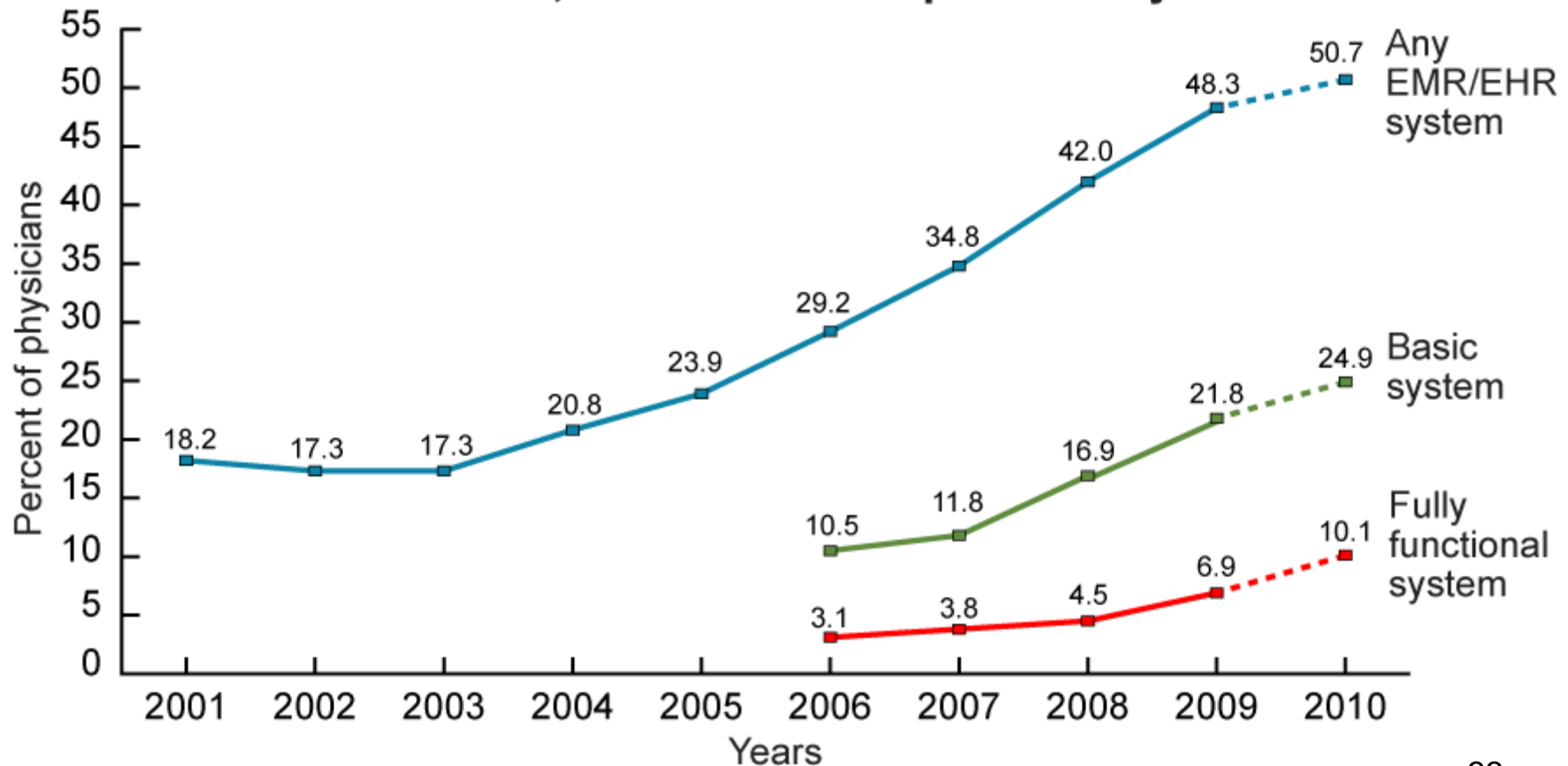
Successful Implementation

- ❑ 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

Practice Management

Documentation Tools

Workflow

Efficiency
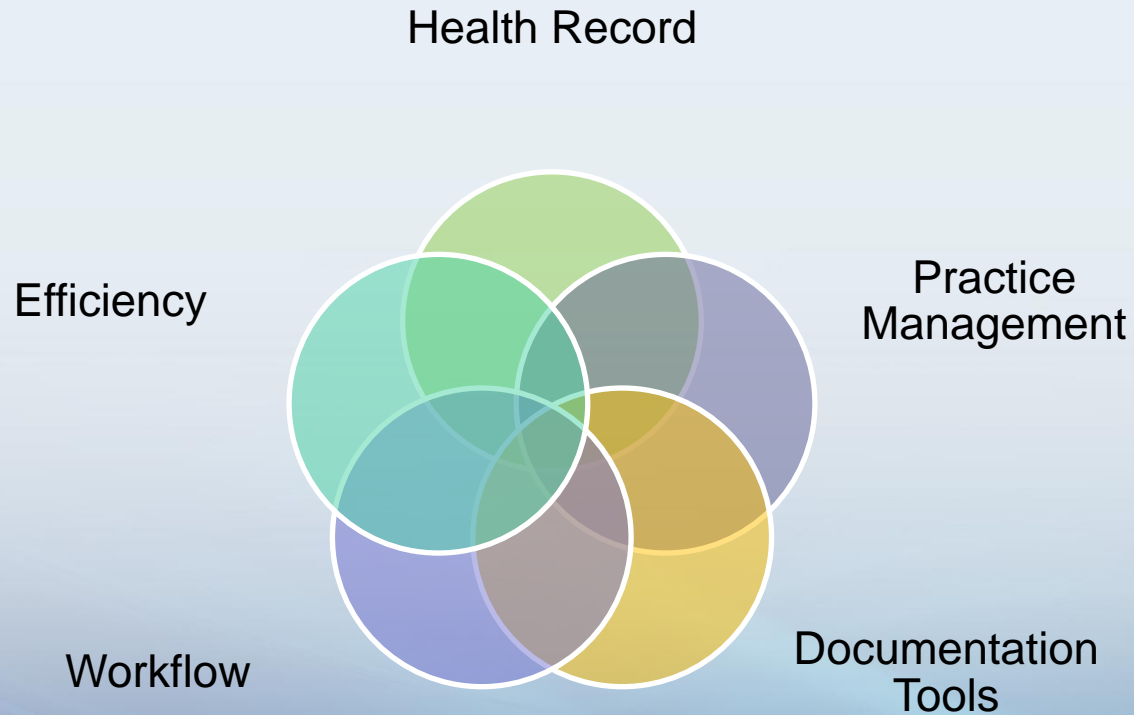
Behavioral Health Program Components

BH/PCP	MH	Addictions	DD

Blended	Adults / Children / Adolescents

Outpatient	Outpatient / Intensive Outpatient / Residential

Practice Management – Scheduling, Billing, Reporting

Data Extraction / Utilization Management

Systems Integration - Radiology / Laboratory / Pharmacy

Clinical Documentation

Workflow

Efficiency
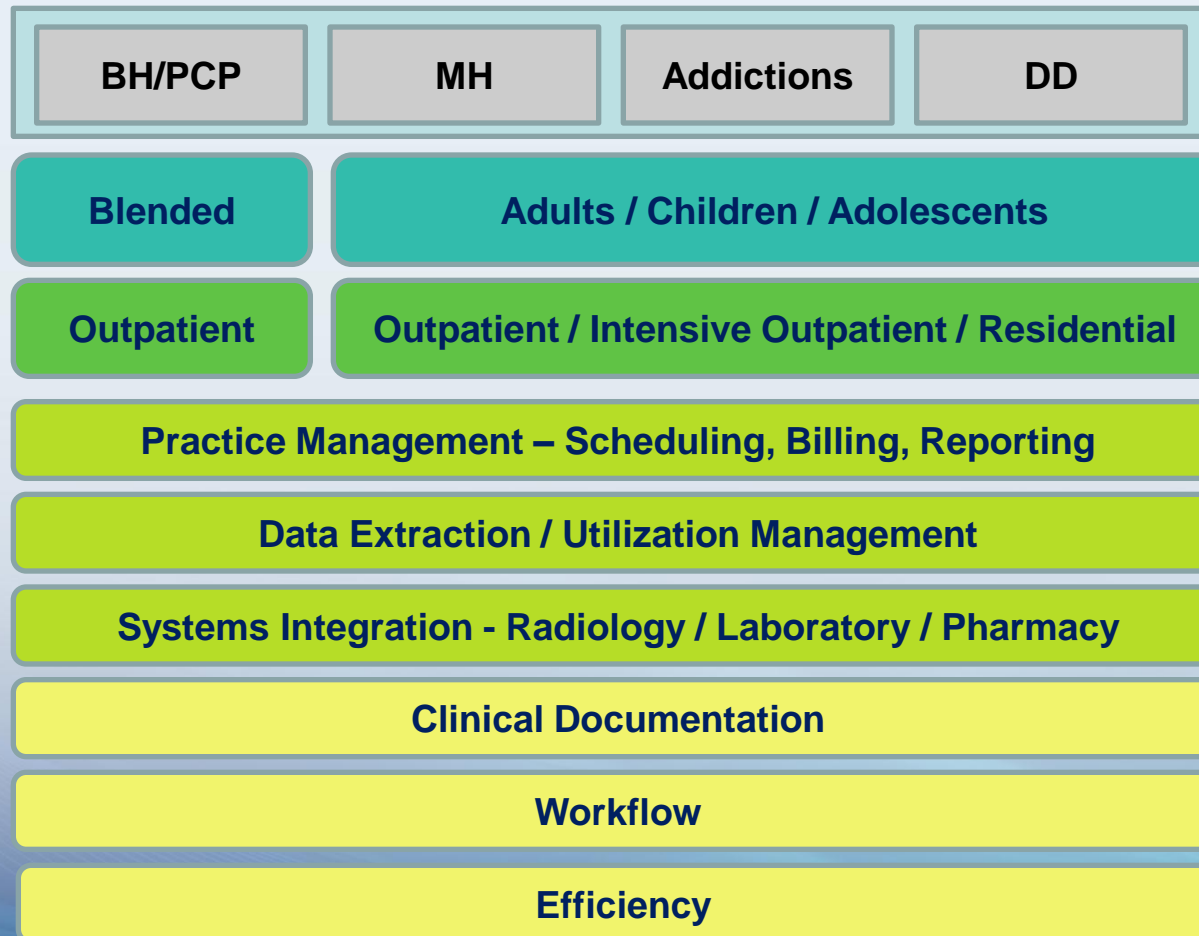
OCHIN (a HCCN & REC) BH Product Scope Diagram

BH/PCP			MH	Addictions	DD

LEVEL OF CARE

Adults/Children/Adolescents			Adults		Children / Adolescents
Outpatient			Outpatient	Intensive Outpatient	Residential
Prescriber	Behaviorist	RN	Prescriber	Therapist	Case Manager	RN

Deliverables

PRACTICE MANAGMENT

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	Disease Specific	Encounter Specific	Intervention Specific	Preventative Care	Wellness	EBT / Best Practice
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
Customized Reminders	Care Coordination						

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
- Assessment
- Service Plan
- Service Note(s)

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 -

Initiation and Setup	Model System Overview	Member Setup	Setup Validation	Final Preparation and Go Live	Support
Introduction and expectation management of member executives	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	Prepare the model system for testing; Members prepare for UAT and implementation; Prepare Site Specialists to support clinic staff	OCHIN and Super Users to confirm system is adequately prepared for implementation and go/no go decision made	Final preparations for cutover to model system	Ensure the successful use and implementation of the OCHIN model system

Implementation Process

- Core Initiatives -

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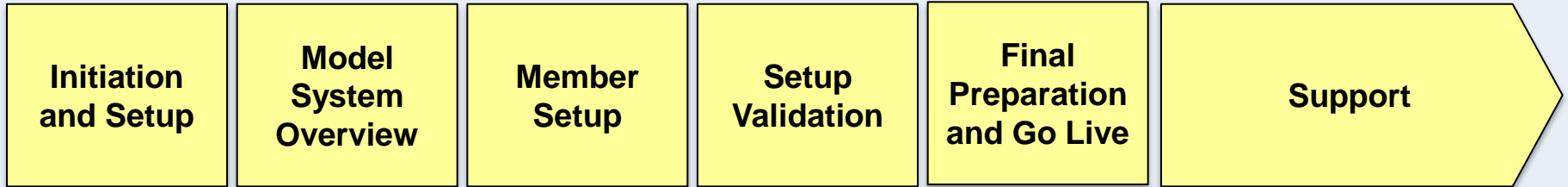
Training

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 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

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

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Clinic Staff Involvement

Keys to success
...include the right decision makers

Executive Sponsor

Operations Representative

IT Representative

Clinic Team

Clinical Champion

Nursing Leadership

Union Representative

Subject Matter Experts

Project Leadership

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
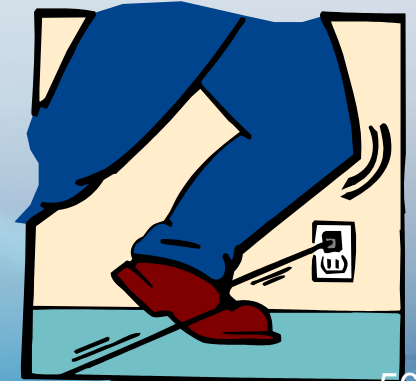
Critical Success Factors

- **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!

Moving Forward

"Prediction is very difficult, especially about the future."

--Neils Bohr

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
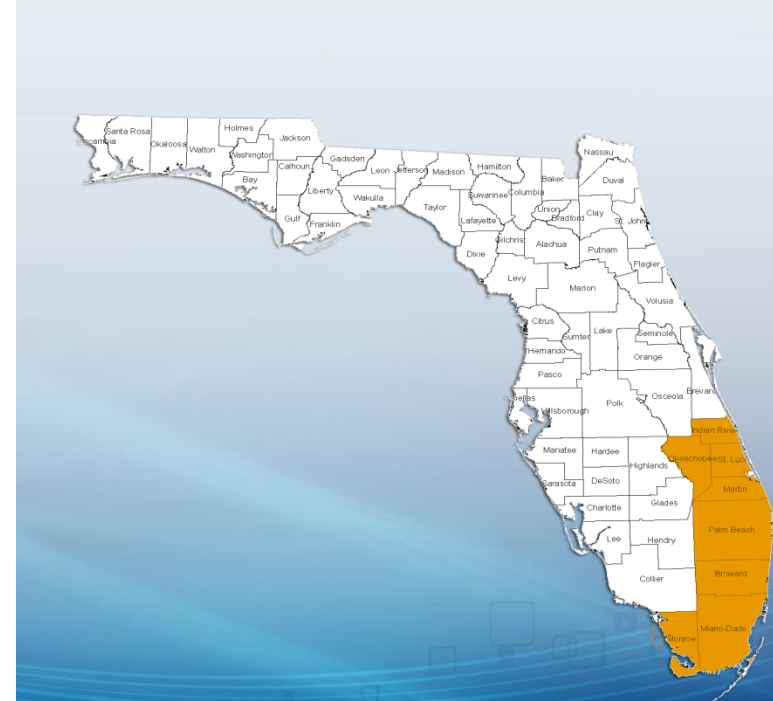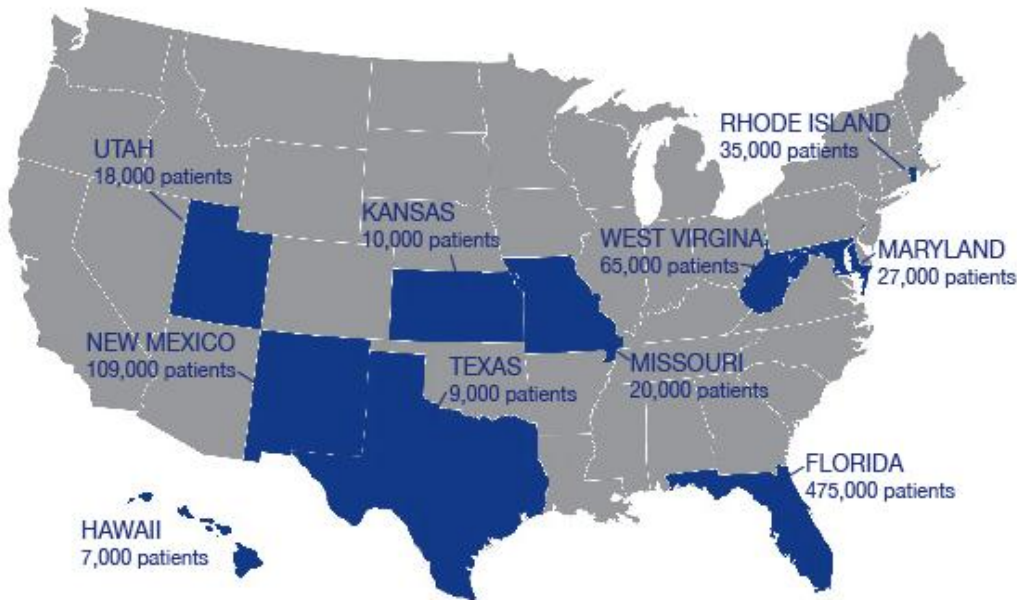
HCN Health Information Technology Services

- **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

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 50,000 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
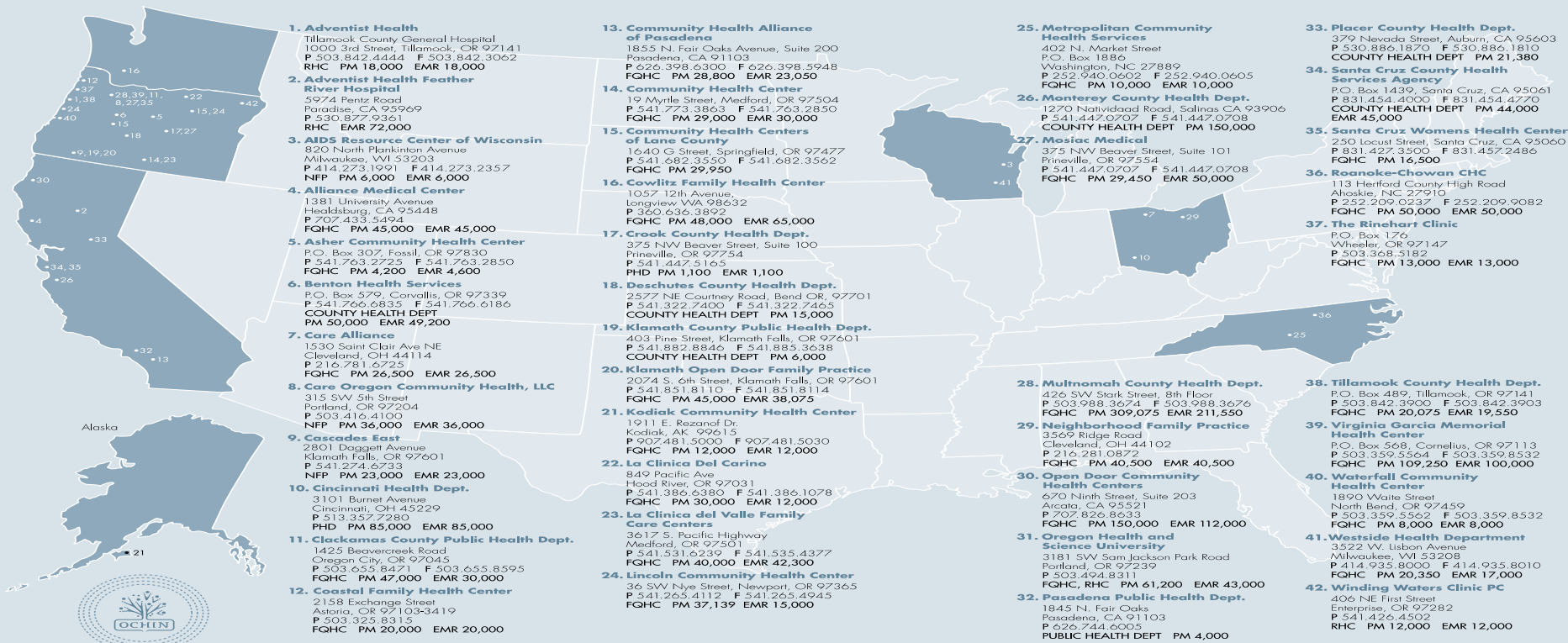1057 12th Avenue,
Longview WA 98632
P 360.636.3892
FQHC PM 48,000 EMR 65,000

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 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 Natividaad Road, Salinas CA 93906
P 541.447.0707 F 541.447.0708
COUNTY HEALTH DEPT PM 150,000

27. Mosiac 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 Herford 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

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**
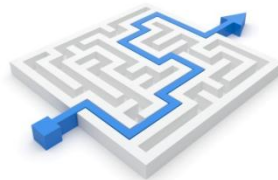 - ✓ Safety Net clinical research & clinical collaboration opportunities

www.CHCAlliance.org

Health Center Controlled Network

Est. 1999

www.AdvanceHealthIT.org

Regional Extension Center

Est. 2010

Community Health Centers
**ALLIANCE**

"Meaningful" Users of EHR Since 2005

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)

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
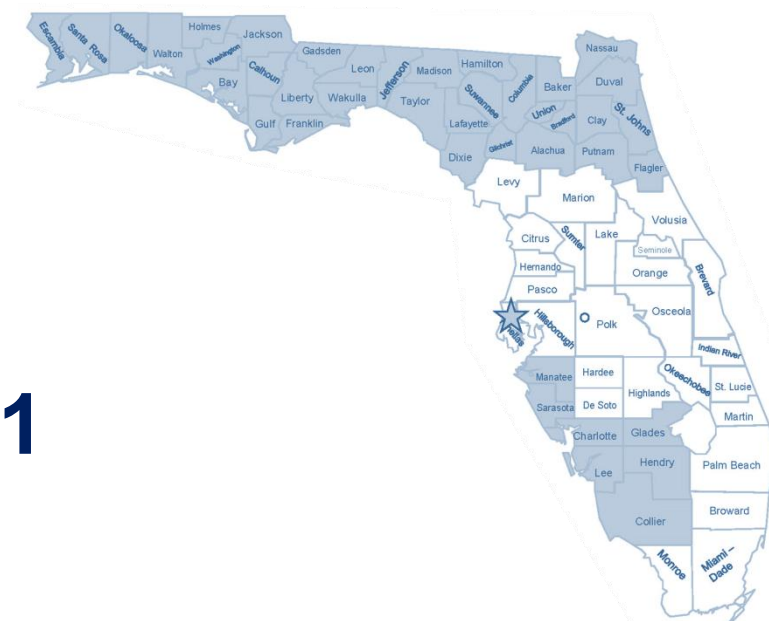
Service Area Counties: 41
Provider Goal: 2,026

- 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)*