

# Electronic Health Records for Community Health Centers

Overview for WCC

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## Objectives

- Current state of IT and EHRs in CHCs
- Strategies for selection
- Tools and resources
- Strategies for implementation

## Current State of IT at CHCs

- Varies widely
  - LAN
  - WAN
  - Internet connectivity (bandwidth)

Texas CHCs received nearly 13 million dollars for infrastructure and technology implementation between 1998-2002.

- Largely dependant on available funding and infrastructure
  - Hardware
  - Software
  - Monthly line charges (point to point, virtual)
  - Upgrades and depreciation

## EHR Use at CHCs

- EMR vs EHR
  - Comprehensive records with interoperability and broad functionality
- Many times, Centers start with Practice Management and graduate to EHR systems

## Why Use EHR?

- Information sharing for patient care/remote access
- Improve documentation/billing support
- Clinical data capture
- Reduce medical errors
- Facilitate clinical decision support
- Improve timeliness of services
- Eliminate chart pulls/lost charts

- Finding information in the chart
- Drug recalls
- Grants and health initiatives
- Public Health
- Disaster recovery
- Document storage
- Improved security and documentation

- At least 6 different Vendors in use in Texas
  - Companion/Megawest
  - Healthpro/Med Mgr
  - Sevocity by Conceptual Mindworks
  - NextGen
  - EPIC
  - Digital Thoughts

## Different PM/EHR Models

- Self contained network with single or multiple locations
  - Retain access to your records
  - Maintain control of your data (plus)
  - Maintain control of your data (oops)
  - Offsite backups?
  - Offsite / dial in tech support

- ASP (hosted) service
  - Bandwidth issues
  - Possible access issues
  - Increased vendor control of data
  - Increased security, disaster recovery, tech support, service
  - Increased cost?

- Hybrid system
  - Onsite server with realtime backup to remote location
    - Best of both worlds, ease of access and control plus offsite benefits
  - Bandwidth usage plus onsite hardware costs
    - Higher cost?

- Different platforms and software
  - Windows, Citrix, Linux, Oracle
  - Proprietary systems
  - Open source/government funded
- Each system has its own set of hardware and software requirements – be very careful!
- RHIO – other partnered projects

# Strategies for Selection

- Getting Started
  - Look at your needs and capabilities
    - Put together a committee
      - Identify Decision makers
    - Spend time thinking about clinic systems
      - Have a plan for redesign
      - How will you transition from paper?
    - In house IT support capabilities
      - Be honest!

- Consider all technical factors listed above
  - What is your infrastructure
  - Hardware/software
- Look at TOTAL cost of ownership
  - Project yearly fees, licensing, infrastructure support, equipment replacement, recurring costs
  - Don't forget what you will NOT be paying for
    - Transcription, paper storage, MR staff, etc

- Vendor selection
  - What is the business model?
    - Going public?
    - NOTHING is free
    - Ongoing costs
  - Scope of use
    - Locations – remote login
    - Per user/per seat
    - Third party use

- Acceptance criteria for customization and sign off
- Interoperability
- Scalability
- Warranty
- Installation and training
- Software updates and third party software

- Indemnification, intellectual property rights (vendor warranty)
- Termination
- Choice of law and venue
  - Mediation clause

## Resources

- Do your research
  - IOM
  - California HealthCare Foundation
  - NHLA
  - HRSA/BPHC, DHHS/ONCHIT, AHRQ
  - AAFP
  - Use each other!
- WCC staff can email you some links to get you started

## Strategies for Implementation

- You must have a champion!

- Identify your users (CHF)

- Viewers

- Dictate, hand write

- Basic users

- Viewing plus some data entry

- Strivers

- Substantial time investment, data entry and documentation, use of templates

- Arrivers
  - Engage in activities that complement EHR, reorganizing practice and workflow
- System changers
  - Delegate, advocate for more extensive changes, focus on quality

- Identify a champion
- Obtain provider commitment to use the system
- Maximize electronic data exchange
- Arrange comprehensive support
- Incentivize providers to use the system

## Words to the Wise

- Productivity WILL GO DOWN at first
- There may be staff (and provider) casualties
- This process TAKES TIME
- If at first you don't succeed (will you have the heart to do it all over?)