

Characteristics of a Mature EHR Infrastructure



- Established Committee Structure
 - Knowledgeable Staff
- Integrated Ancillary Products
 - Information Exchange
 - Reporting Capabilities
 - System Security

Examples of CHAN Committees

- Finance Committee- comprised of network Finance Director, Finance Directors from each member plus BOD treasurer. Meets quarterly.
- IT Committee- facilitated by network IT Manager and comprised of member IT managers. Meets quarterly.
- Security Committee- comprised of network CIO, member and network IT staff, 2 member ED's, 1 member Finance Director, 1 member Medical Director, 1 member COO and 1 member ARNP. Meets quarterly or as needed.
- **Health Services Committee-** hosted by network Clinical Systems Coordinator and committee members trade off facilitating. Comprised of member Medical and Clinical Directors. Meets quarterly.
- **EMR User Group Committee-** Facilitated by network Business Systems Analyst and comprised of providers and EMR Champions (one site, one vote). Meets every 6 wks.
- Business Office Managers User Group Committee- comprised of member Business Office Managers. Meets quarterly.
- Reporting Committee- comprised of network CIO, network Clinical Systems Coordinator, network Clinical Quality Data Manager and member RN and member ARNP (clinical EMR advisors to network).

Committees must be....fluid

- If a committee is no longer needed, disband it! If the network would benefit from a new committee, form it!
- Distribute tentative committee schedules on an annual basis so committee members can get these dates on their calendars and participate.
- Majority of members on a committee can no longer meet on established committee day and time? **CHANGE IT!**
- If committee members are willing, have them share the facilitating responsibilities; keeps members engaged in the process!

Flexible and Informed IT Staff

- Centralized Network IT staff

- Flexible

- Pagers, help desk time allocation and reallocation
- Divvy up EHR system responsibilities based on individual expertise and interest. THEN..... cross train!
- If staff structure isn't meeting expectations, change it!

- Informed

- Set education expectations with staff and budget for this continuing education (plus travel) EVERY YEAR.
- Get your IT staff OUT THERE, both internally (offer TA and training at member site locations, attend member committee meetings as requested) and externally (user group conferences, workshops and webinars).

Staff Directly Supporting CHAN's EHR

- Chief Information Officer (CIO)- .15 FTE
- Information Technology (IT) Mngr- .60 FTE
- Business Systems Analyst - .75 FTE
- Systems Administrator/Security Officer- .30 FTE
- IT Systems Support- .30 FTE
- Add'l Help Desk Support- .20 FTE
- Clinical EMR Coordinator- .75 FTE
- Clinical Quality Data Manager - .36 FTE
- Reporting Specialist- .25 FTE

Total

3.66 FTE

Ancillary Products

- Electronic faxing (saves staff time!)
- Electronic prescribing
- Integrated support care devices (vitals, EKGs)
- Patient entered medical history
- Scanning
- Current project; reporting application which will allow providers and administrators to generate and drill down into their agency and provider specific reports

Information Exchange

➤ Secure Messaging

- Secure communication via a web portal
- Secure, remote access for providers
- Secure “view only” access for ER docs, hospitalists and specialists

➤ Lab, Hospital Interfaces

➤ Electronic Faxing

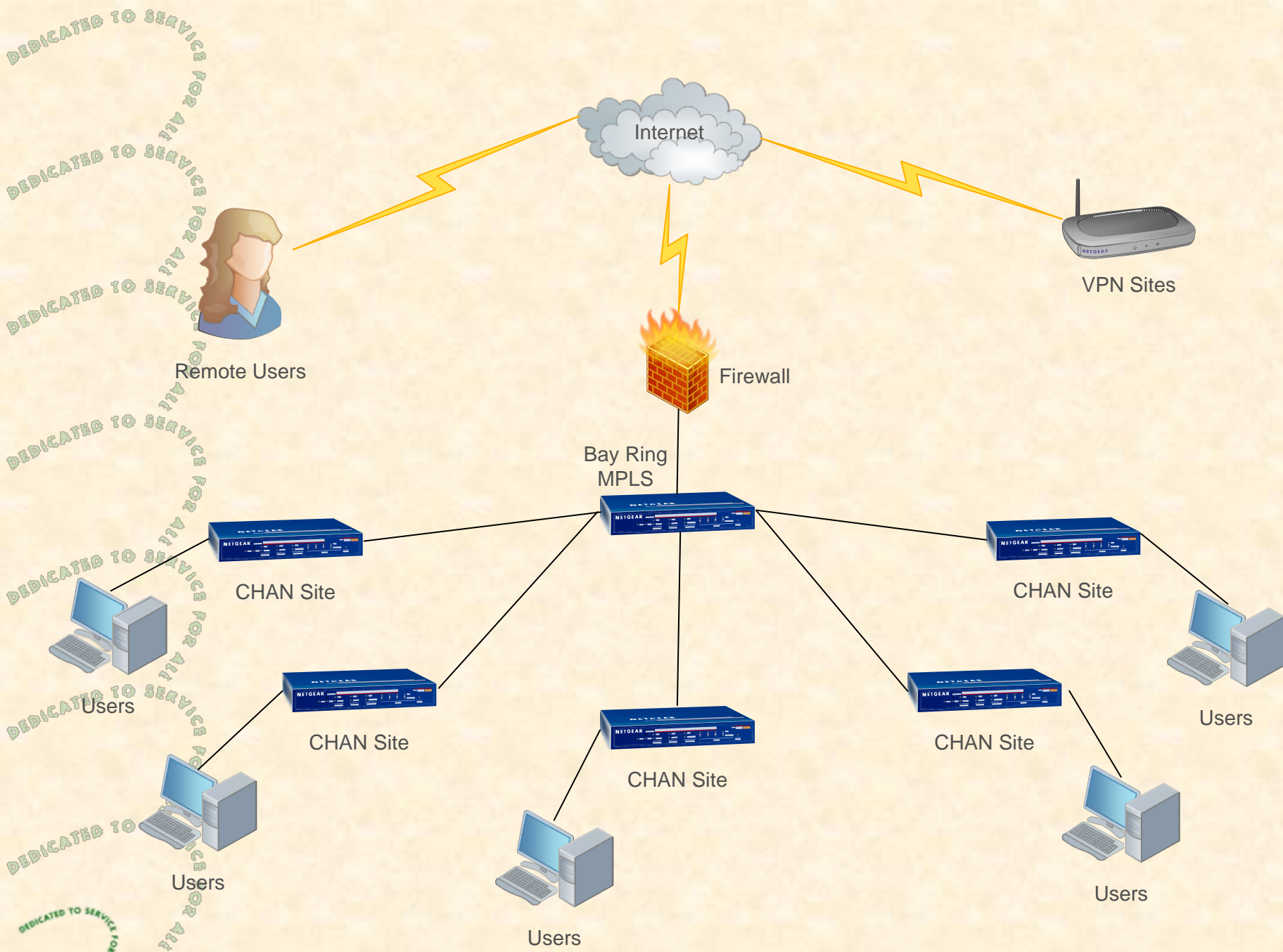
Reporting

- Data is **USEFUL** to both providers and administrators (why are we reporting on certain data?)
- Data is **CORRECT** (do you have a process for verifying the data?)
- Ability to share the data electronically
- Infrastructure to **PROTECT** the data
- Are you able to write your own reports?



System Security and Data Redundancy

- Secure and encrypted Wide Area Network (WAN)
- Back up infrastructure and procedures to ensure data redundancy
 - Backup servers
 - Nightly tape and disk-to-disk backups
- Onsite generator supports the system in the case of electrical outages and power spikes
- Climate controlled server room
- Heptoflouoropropane fire suppression system (will not harm staff or servers in case of release)
- CHAN next step; co-location system @ MPLS vendor site



Your Mature EHR will meet “*Meaningful Use*” definition

- Meaningful use is a key term that ultimately will determine eligibility for billions of EHR money made available thru the economic stimulus package.
- Meaningful users have been defined generally as physicians who have demonstrated to the government that they are using e-Rx and that their systems are connected to other entities in a way that provides for exchange of health data to improve care quality

By Chris Silva, American Medical News staff. Posted Aug 3, 2009

Meaningful Use (cont)

Recommendations by Office of the National Coordinator (ONC) HIT Policy Committee

(Green light from Dr. Blumenthal)



By 2011 meaningful users must meet multiple objectives, including

- Maintaining an active medication list
- Incorporating lab test results into the EHR as structured data
- Generating lists of patients by specific conditions to use for QI, reduction of disparities and outreach
- Reporting ambulatory quality measures to CMS
- Sending reminders to patients for preventive and follow-up care
- Documenting a patient progress note for each encounter

Minimize frustration...

Listen to your system users!



- Help Desk
- Flags sent to EMR Clinical Coord; be responsive
- Encourage participation in committee meetings

Communicate to your system users!

- ANY changes need to be communicated! i.e.
 - changes to help desk process
 - Electronic form changes
 - Scheduled upgrades (estimate down time and multiply by 3!)

Support your system users!

- Schedule follow-up trainings for both seasoned and new providers
- Empathize with your users; system issues that inhibit staff's ability to do their jobs have got to be addressed in a timely fashion

Continual New Product Research

The network Chief Information Officer (CIO) and network IT Manager drive this bus BUT encourage network and member staff to bring new ideas to the table i.e.

- member MA suggested an additional use of secure encrypted email for bidirectional communication with their health center diabetic patient population
- member IT manager suggested biometric authentication (thumb print readers) for network user authentication; currently in test phase

Welcome input from all staff

- Ask for input, especially for new ideas and new products
- Include staff in demos (actually seeing what a product can do and being able to ask ?'s goes a long way towards staff buy-in)
- Include systems users and staff in strategic planning (who are we to tell them what their focus should be on and where they want to be in 5 years?)

Celebrate...



...successful implementations, improvements in patient care identified by improved clinical measures, improved patient satisfactions, weathering an ice storm when power is out for days, a new grant award, birthdays, Fridays, etc...

Finally.....

...have a vision, communicate
that vision at every opportunity
and keep moving towards it!

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