Clinical Collaboration and the Electronic Health Record

The Metropolitan Collaborative on Health Information Technology (METCHIT)

Community Health Care Association of New York State
Region II Conference
Rye Brooke, NY   July 12, 2009

Presenters

- ## Nick Egleson
  - President, Paladin Consulting and Programming, Inc.
- ## Warria Esmond, MD
  - Medical Director, Settlement Health Center
- ## David Collymore, MD
  - Medical Director, Comprehensive Community Development Corporation
- ## Perry Pong, MD
  - CMO, Charles B. Wang Community Health Center
- ## Lynn D. Sherman, MBA
  - CFO, Charles B. Wang Community Health Center

METCHIT Overview

○ Established 2007

○ Health center controlled network

○ Technology focused

○ All members are FQHCs:

- Charles B. Wang Community Health Center
- Comprehensive Community Development Corporation
- Morris Heights Health Center
- Settlement Health Center

METCHIT Overview cont.

- Provides primary care to patients including Hispanic, African-American and Asian-American medically underserved communities
- Located in East Harlem, Bronx, Chinatown, Flushing
- Number of sites: 20
- Number of patients seen in 2008: > 100,000
- Number of visits in 2008: > 600,000

Network Governance

- Steering Committee
- Clinical Leadership Committee

METCHIT Goals

- Implementation in all sites
- Coordination of interfaces and vendor negotiations
- Accomplish network sharing:
  - Reporting
  - Level II and III tech support on database and EHR
  - Help desk backup (10 hrs/month per health center)
  - Consultation on disaster recovery and backup planning
  - Representation at City/State meetings re data requests and exchanges
  - Best practices exchange with other data HCCN data warehouses – Alliance, etc.

METCHIT activities

○ METCHIT has arranged activities that increase knowledge and enhance implementation:

- TA visits
- Regional and National EHR forums
- EHR Vendor demonstrations
- Lab vendor demonstrations
- Topic-specific meetings

HRSA EHR Implementation Grant

○ Technology grant for EHR implementation

○ Funded by the Office of Health Information Technology (Health Resources and Services Administration)

○ Awarded 2007

Mentorship and Early Collaboration

Mentorship

- A significant network benefit is mentorship:
    - METCHIT adopted an each-one-teach-one approach one
    - Less steep learning curve for those in later phases
    - Avoid mistakes by knowing the experience of others

Mentorship during the implementation process

- Some areas where network members have benefited from mentorship include:
  - Contract negotiation
  - Equipment purchases
  - Preloading charts
  - Training
  - Clinical consultant recommendations
  - Emotional support

Success story #1: Settlement Health Center

- Was the second health center to go-live on the EHR
- Pediatrics department
- Go-live March 2008
- Benefited from mentorship advice:
  - choosing the EHR system
  - negotiating with the EHR vendor
  - method of preloading
  - roll-out schedule
  - other

Clinical Collaboration: METCHIT's model

- METCHIT has regular clinical leadership meetings
- Members in different stages of implementation share their experiences, difficulties, questions and advice
- Supporting each other through implementation has built rapport among the clinicians

Clinical Collaboration

- Some factors that have made the collaboration effective are:
  - Involvement of key clinical leaders
  - Shared vision
  - Openness
  - Commitment

- The rapport formed during EHR implementation gave confidence and excitement for clinicians to collaborate in other areas.

Areas of collaboration

- Experiences
  - Implementation
  - Workflow and processes
  - Lab interfaces
  - Outside relationships (more on this later)
- EHR Tools
  - Templates
  - Tools for interfaces
- Personnel
  - IT and CI staff are involved in meetings
- Evaluating enhancements and third party add-ons

Template collaboration: Benefits

○ Templates: one example where collaboration has benefits and challenges

○ A network can:
- Provide shared template designs
  - ○ During implementation, receiving templates from network members reduces stress and time
- Reduce the work of developing custom template designs
  - ○ Post-implementation, templates still need to be modified

Template collaboration: Challenges

○ But there are challenges in developing customized templates within a network:
- Differing organizational cultures
  - ○ Some are used to having their custom templates
- Different patient populations
  - ○ Different options for ethnicities on templates
  - ○ Different template needs: HIV templates may be important to some organizations but not all
- Different program requirements
  - ○ Title X
  - ○ HIV
  - ○ OB-GYN

Early Collaboration: Conclusion

- Overall network benefits include:
  - Avoid reinventing the wheel
  - Reduced stress and time by hearing experiences of others and receiving shared resources
  - Support of others
- Overall challenges include:
  - Focusing the time of the network to meet everybody's needs
  - Working collaboratively when organizations differ in:
    - Needs
    - Culture
    - Phases of implementation

Receiving the benefits of collaboration during EHR implementation

The experience of Comprehensive Community Development Corporation as a member of METCHIT

Success Story #2: Comprehensive Community Development Corporation

- Go-live March 2009
- Satellite site – Diallo Medical Center
  - Family Practice, OB/GYN, Podiatry
- 75% productivity by end of first week
- Second site going live July 2009

Implementation Planning

- ○ Implementation schedule
- ○ Preloading
- ○ Workflow redesign
- ○ Roll-out

Replication of other health centers

- As the fourth member to go live, CCDC had been able to replicate the successes of other health centers
  - Shared clinical consultant
  - Using tools created by other members when working on the lab interface & prescription printing
  - Shared templates
  - Sharing processes/workflows

Advice: Lessons Learned

- Attending METCHIT meetings provided invaluable advice:
    - Contract negotiation
    - Equipment decisions
    - Installing interfaces
        - Ex. cross-reference mapping
    - Operational challenges

Shared successes

- With the network, CCDC achieved shared successes such as:
  - Smooth implementation
  - Address common reporting issues
  - Meeting with NYC DOHMH and GE
  - Discussing ARRA funding for EHRs with State Senators with the support of the network

Managing outside relationships with a network

How to keep informed when implementation is a priority

Outside relationships

- There are many other HIT groups, RHIOs, and organizations:
  - NYC Department of Health and Mental Hygiene
  - Primary Care Health Information Consortium
  - Visiting Nurse Services
  - Lab vendors
  - IT vendors
- A network can help:
  - Leverage outside relationships
  - Keep track of the wealth of information and activity

How?

- Letters of support:
  - For grant opportunities
  - Lab vendor negotiations
    - Example: LabCorp

How?

- Send one representative on behalf of network:
  - Heal V, NYC DOHMH
  - PCHIC
  - Heal X
  - User group meetings
  - EHR Vendor (GE Centricity) meetings

How?

- Bring other players to the table:
  - Meeting with NYC DOHMH to discuss bi-directional immunization interface
  - Meeting with GE leadership
  - GE "tips and tricks" training
  - May not have been done for a single health center

How?

- Appoint one network member to:
  - Follow and evaluate grant opportunities
  - Inform others of latest news on ARRA, "meaningful use", etc.

Success Story #3: Charles B. Wang Community Health Center

- Being a part of METCHIT has strengthened CBWCHC's voice with the EHR vendor, GE

- GE executives have visited METCHIT to hear the concerns and suggestions of its CHC members

Key takeaway

- A network can greatly increase an individual health center's wealth of knowledge and voice (by numbers) while reducing time deciphering the meeting schedules, initiatives and reports from other HIT groups

- A network helps a health center stay informed while staying focused on implementation

Network Next Steps

Outside scope of implementation

- It's better to be part of a Health Center Controlled Network than a single entity:
  - TA visits
  - Learning from each other in other HIT areas:
    - Scanning and indexing
    - Using EHR in Health Collaboratives
    - Reporting
  - Regional and National forums

METCHIT next steps

- Developing an appropriate network structure
- Prioritizing goals for the future, such as:
  - Common forms
  - Being able to generate mandatory reports from EHR for members (ex. UDS)
  - Other common reporting
  - Influencing health policy
  - Shared staff
- Pooling network data for research – could attract grants and hospital/university collaborators
- Collaborations with other networks

HCCN working together

○ Chicago Alliance

○ Dentrix-Centricity Users

○ HRSA sponsored collaborations

○ Training

Networks in the future

- Newer members will benefit from several previously implemented network organizations
- Network will provide a stronger voice for outside relationships
- Network will provide additional resources and knowledge for CHCs with limited personnel and expertise
- Networks will expand funding opportunities for individual members

○ Learn it!

○ Do it!

○ Teach it!

Thank You

- Q & A