



**AHCA Point of Care Model
“E.H.R. Implementation in Miami-Dade Free Clinics”
End-of-Grant Presentation**

**Presented by
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Agenda

- Introduction
- Overview of Implementation Process
- Go-live
- Successes, Benefits & challenges
- Evaluation – Cost Savings & Improved Patient Care
- Lessons Learned
- Sustainability

Why EHR In Free Clinics?

- Foundation for medical homes for the uninsured
- Creation of Personal Health Records to facilitate continuity of care
- Unify existing network of FQHCs, free clinics, hospitals and public and private health care providers

Key Stakeholders

- Agency For Health Care Administration
 - Honorable Holly Benson, Secretary
- Free Clinics
 - Good News Care Center - Rev. Michael Daily, Director
 - St. John Bosco - Sister Edith Gonzalez, Director
- Health Foundation of South Florida
 - Steve Marcus, Ph.D., President
- Miami-Dade County Health Department/HAN
 - Lillian Rivera, Ph.D., Administrator
- Health Choice Network
 - Kevin Kearns, CEO
- Florida International University
 - Gloria Deckard, Ph.D., Professor & Program Director

Getting Started: Pre-implementation

- Stakeholder development
- Introductions & roles
- Defining scope of grant
- Identifying benefits, challenges, obstacles, cost savings & better patient care
- Focus on system providing for better patient care outcomes
- Understanding and setting expectations

Implementation Process

- Reoccurring Meetings to discuss and develop
 - Business needs & preparedness assessment
 - Scope definition
 - Customizations
 - Sign off
 - Work plan development
 - Integrating change management principles
 - Purchasing & receipt of hardware/software
 - Data lines
 - Equipment
 - Installation & configuration of hardware & software
 - Delivery & testing
 - Training program
 - Beta
 - **Go-live!**

Training

- Training program
 - Onsite
 - Online tutorials/CBT
 - WebEx with HCN Trainers (One-on-One)
- Providers & staff – based on responsibility & job function
- After-hours training for volunteers and interns
- Bi-lingual training (English & Spanish)

Go-Live

- Both clinics go-live were on-time & on-schedule
 - Good News Care Clinic: Week of May 18th
 - St. John Bosco: Week of May 25th
- Both sites had onsite support during operating hours for two weeks
- Both clinics began transition process from paper-based records to EHR
- Ongoing remote support

Go-Live

- Modules implemented & actively used:
 - Practice Management
 - Pt. registration
 - Scheduling
 - Referrals
 - Phone Messaging
 - Electronic Health Record
 - Encounter note
 - Rx Writer
 - Digital Office Manager/Imaging
 - Health Management
 - Lab results & trending

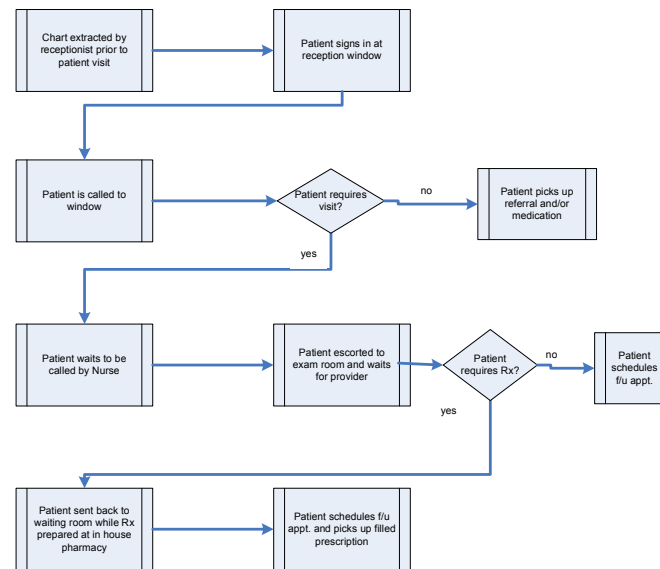
Evaluation Process

- Qualitative and Quantitative
- Goal is to understand
 - Impact on workflows
 - Satisfaction with EHR
 - Improvements in quality care delivery & outcomes
 - Cost benefits

Evaluation Process

Good News Patient Flow: Pre- EHR Implementation

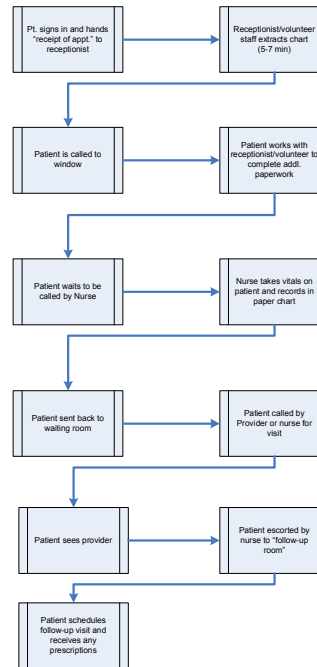
May 5-7, 2009



Evaluation Process

St. John Bosco Patient Flow: Pre- EHR Implementation

April 22, 2009



Successes

- Went live on schedule
- Systems and all modules are actively being used
- Enthusiasm for future use and development
- Fostered collaboration between free clinics – on EHR and non-EHR operational issues

Perceived Benefits

Clinic stakeholders have noted the following perceived benefits:

- Elimination of “paper” – forms, charts, referrals
- Increased productivity (e.g. no longer waiting on hold for lab results from hospitals)
- Improved documentation
- Improved patient flow

Perceived Benefits

- Flagging of Rx contraindications alert when ordering/dispensing meds
- Evidence based protocols (point of care decision making)
- Reduced duplication
- Ability to give migrant workers Personal Health Record/ record

Perceived Benefits

- Advanced reporting will assist Free Clinics in grant writing activities
- Back up & archive of records

Challenges

Implementation Challenges:

- Adoption curve – post go-live stresses
 - Adjusting patient schedules
 - Learning curve – system navigation
 - Duplicate work
 - Scanning of charts
- Training & retraining due to different schedules of volunteers, providers and interns within project scope
- Keeping project deliverables within scope
- Reassessing licensing and hardware mid-course. Additions were purchased to satisfy needs.

Challenges

- Integration of Lab Results into patient record
- Connectivity hampered some remote training sessions due to limited clinic bandwidth
- Adjustments needed to keep the “humanity” of patient visits vs. data entry
- Funding of ongoing maintenance & support

Cost Savings

- Straight ROI may be elusive in many cases
- Not immediately apparent first year – think long-term
 - Start up costs are significant during YR 1 & 2
- Have not been realized by the clinics as of yet

Return On Investment

- Expected savings includes:
 - Process improvement & increased productivity
 - Data collection and reporting
 - Reduced medical records
 - Reduced photocopying
 - Portability of providers for improved coordination of care

These are not simply “soft” costs and can be calculated

Better Patient Care

Perceived improvements in patient care

- Better management of diseases, particularly diabetes care
- Improved patient education (e.g. print information directly during visit on DM, HTN, Nutrition, etc.)
- Future efficiencies = better treatment of patients

Lessons Learned

- Attitude – it's everything!
- Service Provider/Client trust
 - Build trust through one-on-one interactions and groups
- Identify provider “champion” and “super-user”
- Carefully plan the “transition” period between systems

Lessons Learned

- Consider getting additional help with scanning of records prior to go-live
- Weigh the advantages of waiting for vendor customizations vs. immediate implementation
- View benefits and ROI with a long-term view. They will come.

Lessons Learned

- Best practice single clinic *implementation* timeline:
 - Business needs & preparedness assessment - 30 days
 - Scope definition – 10 days
 - Customizations
 - Sign off
 - Work plan development – 5 days
 - Integrating change management principles
 - Purchasing & receipt of hardware/software – 45 days
 - Data lines
 - Equipment
 - Installation & configuration of hardware & software - 45 days
 - Delivery & testing
 - Training program – 30 days?
 - Beta – 5 days
 - **Go-live!**

Estimate 6 – 8 Months

Lessons Learned

EHR Project Life Cycle

- Where does the project end?
- How should the project end?
- *Is there a natural end to an EHR implementation?*
- Answer: Its an evolution!

Sustainability

- Both free clinics are fully committed to keeping their EHR systems
- Both are identifying funding opportunities to maintain their licensing & support
- Funding will be a yearly challenge, though not insurmountable for either

Future

- Health Information Exchange
- Model for other Free-Clinics

Q&A

- Questions?

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