

Community Health Centers
ALLIANCE

The Quest for
Electronic Health Records
Presented by Diane Gaddis, President/CEO



The Beginning



- Community Health Centers Alliance (CHCA) founded in 1999
- Founding members believed in the power of collaboration and sharing
- By mid-2001, two of Florida's largest CHC organizations on CHCA's centralized practice management system for billing and scheduling.

Growth with Minimal Dollars



- CHCA's efforts solely supported by membership through mid-2001
- Received small Federal development grant - summer, 2001
- CHCA continued to grow and evolve to its current size of 14 Florida member organizations, 13 of which are Federally Qualified Health Centers

Growth – continued...

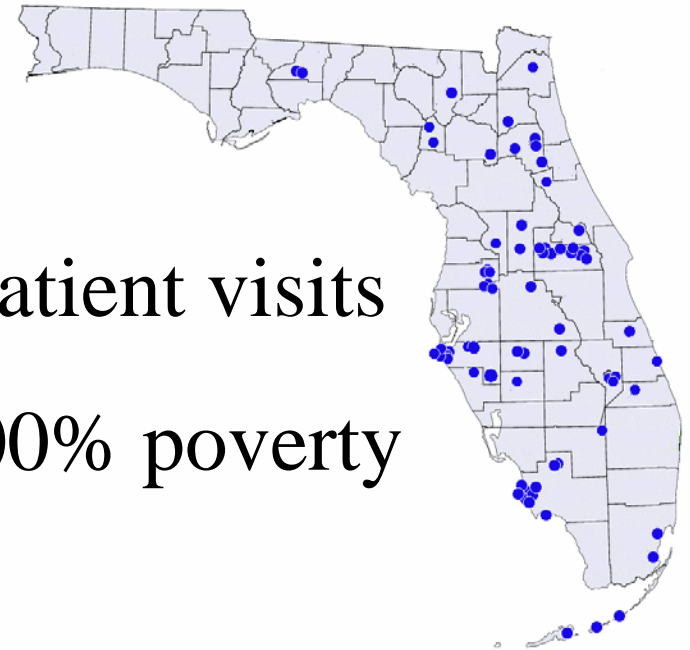


- 9 out of 14 members on centralized practice management system
- Another on stand-alone practice management system supported by CHC Alliance team
- Projection: will add at least 2 additional members to centralized server by EOY 2005
- Also provide Medical Manager expertise and support to sister Network out of West Virginia

CHC Alliance Today



- 14 Member Organizations, 13 FQHC's
- 71 total locations
- Over 280,000 patients served
- Approximately 1.15 million patient visits
- 50% uninsured; 80% below 200% poverty level



EHR - The Quest Begins



- Early 2003: Began research effort
- Observed the endeavors of others in private and CHC sectors
- Carefully monitored other Networks—their progress or challenges
- Became very familiar with ambulatory care product offerings and those working with CHC sector

EHR Pilot Organizations



- Two pilot organizations with strong leadership and vision stepped forward to serve as pilots for CHC Alliance
 - Manatee County Rural Health Services
 - Collier Health Services
- Manatee County Rural Health Services and Collier Health Services combined impact
 - 70 providers
 - 24 delivery sites
 - 350,000 medical or dental visits per year
 - \$42.8 million patient services
- Pilot project funded by these members – no ICT grant

Selection Process Overview



- Process Analysis
- Request for Information
- Dog n' Pony Show
- Request for Proposal
- Scoring Assessment
- In-depth / Situational Vendor Presentations
- Site Visits
- Vendor Selection
- Contract Negotiations

CHCA Selection Process



- Process Analysis: 2003, Started review of various clinical processes, must understand paper and resource flows

“Successful EMR implementation requires a thorough understanding of the everyday activities and work habits of those providing care.”

- Electronic Medical Records: A Guide for Clinicians and Administrators,
Jerome H. Carter, MD

Process Analysis



- Time management and scheduling
- Reviewing diagnostic test results and clinical documents
- Diagnostic test ordering
- Patient flow documentation
- Medication prescribing
- Electronic signatures
- Clinical decision support
- Disease guidance
- Data analysis and report generation
- Patient education
- Patient encounter documentation (the examination process)

Selection Process – continued...



- Early 2004: Sent out RFI packages to 5 vendors – Cerner, Cliniflow, NextGen, GE, WebMD (Medical Manager)
 - Included an enhanced version of the BPHC’s Functional Requirements Document
- Evaluated companies as well as functionality overview
- Eliminated 3, reduced to top 2 contenders

Selection Process – continued...



- End of March, 2004, 2-day intensive demonstration session –
 - *Over 30 providers attended!*
- Spring, 2004 - began contract negotiations with both vendors
- Early July, held follow up 2-day hands-on demo session for clinical focus group
- Announced primary vendor choice, continued negotiations with both
 - Tracking over 120 talking points and responses

Selection Process – continued...



- Through negotiations, found primary to be lacking in quality contract preparation, follow-through in verbal commitments; this vendor moved to secondary position – September, 2004
- Signed Letter of Intent in November with new primary; held pre-contract planning session
- Contract signed in December, 2004

EHR Project Plans



- Due to size of pilot organizations, estimate 24 months to 36 months from contract signing to bring all sites live
- Within first 18 months – have 4-5 members participating in “EHR-Lite” project
- Goal – 5 members live on EHR within 4 years (dependent upon funding opportunities)

Pilots Within Pilots



- Pediatric Focus
- One delivery of care location within each Pilot organization
- Total of 9 Pediatricians

Leadership



- CHC Alliance EHR Executive Committee
 - Network CEO
 - Network Project Manager
 - VP of Admin/COO – Manatee
 - VP of MIS/ Finance – Collier
 - Medical Director – Manatee
 - Medical Director – Collier

Leadership



Strong clinician leadership and participation

Resources Provided By Network



- CEO (*formerly CIO/COO*)
- Project Manager .9 FTEs
- MIS/Technical Staff 2.0 FTEs
- Build Team 3.0 FTEs
- Administrative Assistant .3 FTEs

Member Committees



- Member - Oriented Teams:
 - Clinical Team
 - Technical Team
 - Business Team

Resources Provided By Member



- Clinicians
- Nursing Management and Staff
- Quality Assurance
- Medical Records
- Operations Management
- MIS Management and Staff
- Billing/Business Office Personnel

Financial Resources



- Investment / One-Time Costs
 - Software
 - Hardware
 - Furniture for new staff
 - Computers for new staff
 - Networking Devices
 - Implementation costs such as:
 - Vendor Services
 - Travel
 - Consultants

\$680K Estimated

(approximately 40% or less related to vendor software acquisition)

Financial Resources continued...



- **Recurring / Annual Costs**

- Support / Development Staff
- MIS/Technical Resources
- Vendor Maintenance Fees
- Other Licensing / Subscription Fees
- Office Lease & Other Administrative Overhead
- Training Staff

\$595K

(approximately 15-20% related to vendor software; anticipate a possible 15% reduction in costs after 3rd year)

#1 Point to Remember



“It’s not about the hardware and software; it’s about the people and process”