



ochin

*2005 All Grantee Meeting*

EHR: Readiness Assessment

June 23, 2005

# OCHIN is.....

Headquartered in Portland, Oregon, OCHIN is an Administrative Services organization that supports ambulatory care clinics that serve the vulnerable populations. OCHIN uses the Epic System suite of products, Cache, Solaris and Citrix technologies to support Practice Management, EHR, Quality Initiatives, Interoperability and centralized billing services.

OCHIN's strategy is to create synergy for Community Health Centers and Public Health Departments by creating a situation where quality products and vendor partnerships can be used to affect



operations on all levels.

# OCHIN Facts

- Support PM services across three states; Washington, Oregon and California
- Contracts with 16 organizations
- State of the art network & hardware infrastructure
- Network meets Six Sigma Quality Standards
- 48 full time staff focused on ambulatory/community provider needs and growing
- 750,000 visits with over 200,000 unduplicated patients
- Over 2200 users
- One centralized database with a comprehensive master patient index



# OCHIN Strategy

- Strong Board of Directors comprised of industry leaders in IT and Healthcare and our Partners.
- Focus on quality product and a strategic partner
- Important to nurture vendor relationship
- Collaboration allows organizations to learn from one another organically.
- Standardized the capturing and management of data elements.
- Working with operationally lean organizations reduce risk areas and make the process easy and understandable
- Coordination for the completion of the work
- Technical experts....pay for quality staff
- Multiple EHR and PM implementation teams at multiple organizations.



# OCHIN Strategy

- High expectations and accountability for Partners and OCHIN staff
- Mixed culture of innovation, constant quality/process improvement, customer service, high energy and FUN!
- Staff need to understand community health, public health, private sector ambulatory care delivery, billing requirements, clinical issues, IT project management, technical skills and great communication skills.
- Consider ourselves change agents.



# Current Status

- Improved time for payment on claims dramatically.
- Implemented PM in 15 organizations.
- EHR is on target for an October 25, 2005 beta site implementation.
- Second beta site implementation scheduled for February 2006.
- Full roll-out expected to begin in March 2006.



# What is Success?

- A product that charts and bills without frustrating staff and without reducing provider productivity or adding more infrastructure to Community Health Centers.
- A clean, unduplicated database that allows for aggregate reporting to improve policy making for the vulnerable populations.
- A system/product that will be able to share quality data with other large healthcare delivery systems.
- Using the Epic product to affect quality of care at the provider level in a real way.



# Challenges

- Creating a buy in process that will result in wide spread provider acceptance.
- Turn over of key leaders in CHCs.
- Compliance with agreed upon standards.
- Keeping recurring costs low while producing an exceptional product.
- Minimize the risk for loss of productivity.
- How to pay for the infrastructure to manage the new auditing responsibilities, data integrity management and clinical quality review?
- What part can the data that OCHIN has aggregated play in policy making?



# Challenges

- What is the most efficient way to co-own the system?
- The OCHIN/Partner relationship needs to be brought to the next level.
- How do we minimize the distractions in the environment long enough to create success?
- HIPAA hurdles – One patient chart across all enterprises
- Will and how does the Safety Net participate in the RHIO initiatives?
- How does clinical quality improvement and patient safety get wrapped into the EHR world effectively in a network environment?
- HOW DO WE ALL PAY FOR IT???



# How is PM same as EHR?

- It's all just software.
- Basic IT implementation strategies work in both environments.
- Must have buy-in at all levels.
- Billing codes and payors are the same.
- Working with the same provider infrastructure as in the past.
- Foundation has been laid with PM that allows the EHR to build upon a successful track record.
- Same staffing issues.



# How is PM different than EHR?

- An EHR is a new tool.
- Provider has a great deal of responsibility for documentation and accountability for closing the record.
- New costs to the clinic.
- Requires different medical records management.
- Requires provider commitment to build charting tools and own the process.

# How is PM different from EHR?

- Needs significant QA process.
- Workflows are completely redesigned.
- Training is role based vs skill based.
- Patient and provider interaction will change.
- Quality Improvement moves from claims based analysis to clinical information analysis.
- Much more maintenance and upkeep technically.

# How is OCHIN different?

- Clinical, operational and research collaborations with Institute of Urban Family Health, OHSU, Group Health Cooperative of Puget Sound, Kaiser and the Heart of Texas.
- Partner workgroups that build best practices.
- Ongoing training and support over time.
- Collaboratively build and manage the system.
- Collaborative governance.





# *Summary*