



Health Information Technology Considerations

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Presentation Topics

- Using Health Information Technology Resources
- Electronic Health Record Vendor Selection
- EHR “Go Live” Preparations
- Sample EHR Software Screen Shots
- Lessons Learned & Best Practices



Using HIT Resources

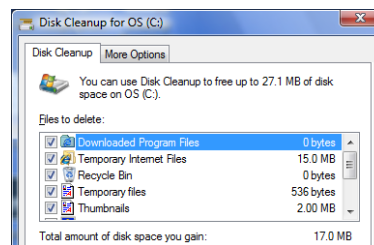
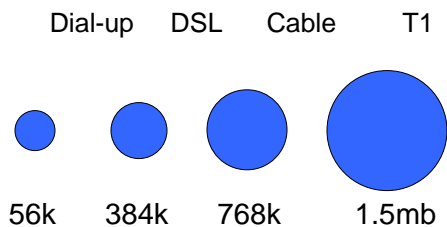
- Maximize existing hardware and software.
- Determine new system network bandwidth requirements.
- Budget for future information technology needs.
- Conduct an EHR Readiness Assessment.
- Consider an application service provider to host EHR software and data if your organization doesn't want to manage servers in-house.



Computer Performance Tips

- Windows Disk Cleanup
- Hard disk defragmentation
- Internet connection speed factor

Reviews.cnet.com/internet-speed-test/



EHR Vendor Selection

- Review online demos of vendor's software applications.
- Tap into resources available through AHIMA, AHRQ, HIMSS, HRSA, Tides, and other organizations for evaluation tools and free educational webinars.
- Look for flexible medical records templates with CCHIT certification, strong practice management and document scanning capabilities.

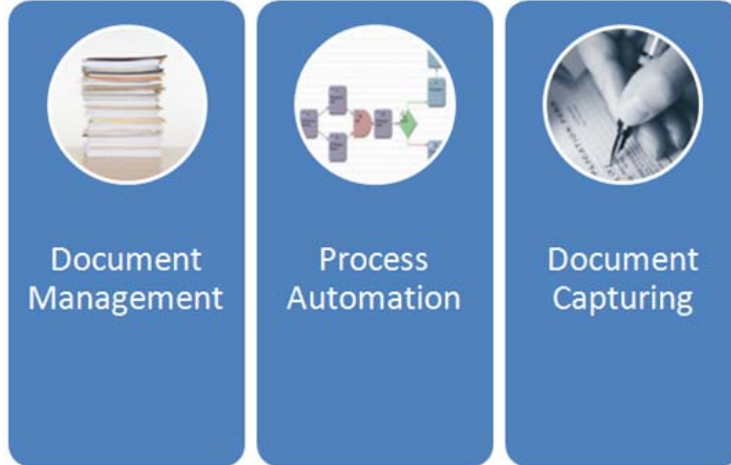


EHR Go Live Preparations

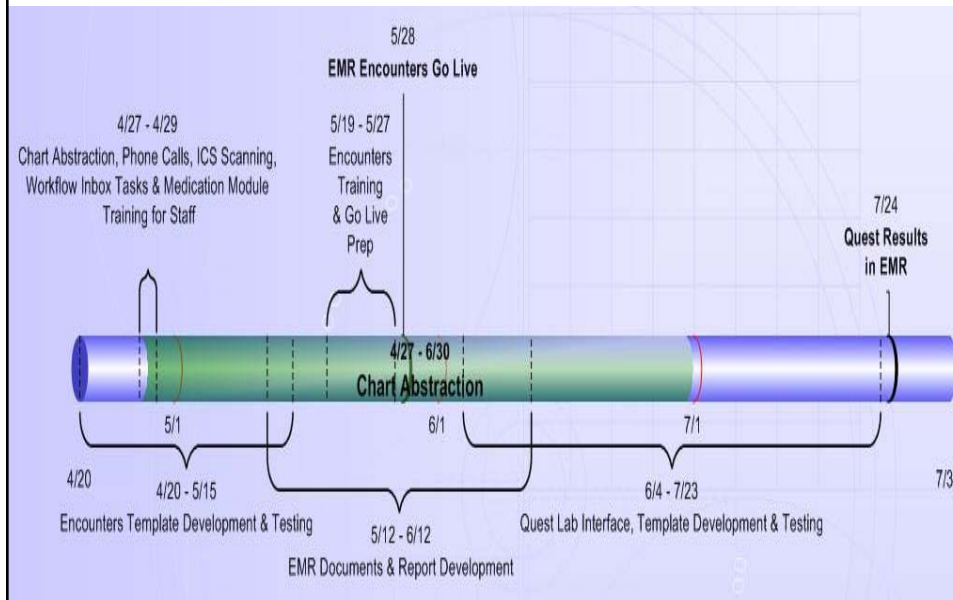
- Develop an in-house implementation team with clinical, administrative and information technology staff to work with vendors and consultants throughout the process.
- Document and flowchart workflow processes to transition from paper to electronic charting software tools.
- Use outside resources if needed to supplement internal skill sets and keep the project's momentum going.
- Schedule adequate time for staff to learn the new system, and designate super users to support others.



Workflow Readiness Considerations



EHR Project Timeline



EHR Home Page

Patient: Test T. Patient **Age:** 22 Years **DOB:** 04/15/1987
Current Provider: Test T. Provider MD **Gender:** Female **Current Encounter:** 11/12/2009

Navigation

- HOME
- Demographics
- Record Vital Signs
- Nurse Doc
- Chart Summary
- Order Management
- Allergies
- Immunizations
- Past Medical Hx
- Family History
- Social History
- Tobacco Cessation
- Health Maintenance
- HPI
- Problem List
- Review of System
- Physical Exam
- Procedures
- Assessment
- Disease Mgmt
- Orders
- Plan
- Document Library
- EM Coding
- Adult OV
- Nutrition
- Anticoagulation

Preview Offline

New patient Established patient **Reason(s) for Visit** **Brief Visit** **Chronic Problem List** **Add New Problem**

Specialty Template Set chest pain FU FU

Visit Type: Office Visit FU FU

Historian: FU FU

Referring MD | PCP Info **Quick Visits** **Add to Today's Assessments**

Alerts **Patient Service info** **Advance Directives**

Vitals **Add New Vital Signs** **Expand Vital Signs**

| Date / Time | Temp F | Temp C | BP | Pulse | Rhythm | Respiration | Ht In | Ht Cm | wt Lb | wt Kg | C |
|---------------------|--------|--------|----|-------|--------|-------------|-------|-------|-------|-------|---|
| 09/03/2009 05:46 PM | | | / | | | | | | | | |

Medications No Medications Meds Reviewed **Comment** **Allergies** No Known Allergies **Comment**

| Medication | Dose | Sig Description | Start Date | Ingredient/Allergen | Brand Name |
|----------------|--------|--|------------|---------------------|------------|
| FLUOXETINE HCL | 20MG | Take one capsule by mouth two times per day. | 08/13/2 | BENOXINATE HCL | FLURESS |
| CARVEDILOL | 6.25MG | take 1 tablet (6.25MG) by ORAL route 2 times every | 05/19/2 | FLUORESCEN SODIUM | FLURESS |
| | | | | LOTEPREDNOL | LOTEMAX |

Health Monitor (To see accurate Health Monitor due dates you must open Health Maintenance first.)
Set Disease Management Protocols **Set Health Maintenance Protocols** Tobacco User: yes quit

| Physical Exam | Due: | Tetanus | Due: | Eye Exam | Due: | ALT/AST | Due: |
|---------------|------------|-------------|------------|----------------|------------|--------------|------------|
| Lipid Panel | 11/12/2009 | Breast Exam | 11/12/2009 | Foot Exam | 12/02/2009 | CPK | 11/12/2009 |
| Colonoscopy | 11/12/2009 | Mammogram | 11/12/2009 | HgbA1C | 12/01/2009 | Urinanalysis | 11/12/2009 |
| Sigmoidoscopy | 11/12/2009 | PAP Test | 11/12/2009 | BMP Fasting | 11/12/2009 | Urine Micro | 12/01/2009 |
| FOBT x3 | 11/12/2009 | GYH Exam | 11/12/2009 | EKG | 11/12/2009 | TSH | 11/12/2009 |
| Influenza Vac | 11/12/2009 | DEXA Scan | 11/12/2009 | Stress Test | 11/12/2009 | PFT | 11/12/2009 |
| Pneumo Vac | 11/12/2009 | | | Echocardiogram | 11/12/2009 | Chest X-ray | 11/12/2009 |

EHR Medications Page

System 22 Year(s) Old Female

Medication View

| Status | Medication | Last Audit | Method | Start Date | Sig | Refills | Comments |
|-------------------|-------------------------|------------|--------------------|------------|---------------------------|---------|----------|
| Active (15 items) | | | | | | | |
| Active | PROZAC (fluoxetine hcl) | | 20MG ORAL CAPSULE | 8/13/2009 | Take one capsule by ... | 1 | Fa |
| Active | CARVEDILOL | 09/01/2010 | 6.25MG ORAL TABLET | 5/19/2009 | take 1 tablet (6.25MG...) | 5 | zxcvq |
| Active | XOLAIR (omalizumab) | | 150MG SUB-Q VIAL | 3/17/2009 | | | Fa |
| Active | CELEBREX (celecoxib) | | 200MG ORAL CAPSULE | 3/9/2009 | take 1 capsule (200M... | 0 | Fa |
| Active | CORBIC (carbamazepine) | | 6.25MG ORAL TABLET | 2/27/2009 | take 1 tablet (6.25MG) | 0 | Fa |

Prescribe New Print Fax Renew Stop Interactions Education Dose Range Delete Eligibility Medication History

Select a drug...

Sig: Add Sig...

Problem: Add Problem...

Note: Add Note...

Start Date: 11/19/2009 Stop Date: 11/19/2009 PRN Reason: Lot #: Exp: / /
 Quantity: Duration: Refills: 0 Sample Limit Renewals Prescribe Elsewhere Site: Date: / /
 Instructions: Prior Authorization Auth Id: Units: Disperse As Written

Provider: Provider, Test T MD Location: Default Location

Formulary Data: Last Renewed: Times Renewed: Find: Search Class Filter Use Formulary Options...

Accept Cancel

Medication Search: test Dr Parker RDs Meds List Favorites 1 Favorite

Description: Bayer Arthritis Pain Regimen(aspirin) 500mg Tablet Sig: take 2 tablet (1000MG) by ORAL route every 6 hours as needed Refills: 0 Quantity: 30 Generic OK: Yes Bayer Plus Extra Strength(aspirin, buffered) 500mg Tablet

E-Prescribing Screen

Patient Name

Patient Address

DOB : 07-04-1972

Doctor Name

Pharmacy Name

Pharmacy Address

Comments

Covering Provider

ePrescription Type

New Rx Refill Rx

Response

Approved Denied

Denied New Rx to Follow

Refill Details

Refills:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | C | |

PRN refills

Note

Prescription

| | |
|----------------|--|
| Drug | LISINO-HCTZ 20-12.5 TAB |
| Dosage Form | Tablet |
| Strength | 20 |
| Strength Units | EA |
| Days Supply | 30 |
| Refills | 1 |
| Quantity | 30 |
| Last Fill Date | 2008-09-16 |
| Direction | 1QD - TAKE ONE TABLET BY MOUTH EVERY DAY |

Best Matched Prescription

Select Rx...

| | |
|----------------|--|
| Drug | |
| Dosage Form | Tablet |
| Strength | 20 |
| Days Supply | 30 |
| Refills | 0 |
| Quantity | 30 |
| Last Fill Date | 2008-09-16 |
| Direction | 1QD - TAKE ONE TABLET BY MOUTH EVERY DAY |

E-Prescribing Screens

1. Medication

ANALGESICS - OPIOID

Opioid Combinations

- Hydrocodone-Acetaminophen
- Vicodin
- Vicodin ES
- Vicodin HP
- Hydrocodone-Ibuprofen
- Vicoprofen

MULTIVITAMINS

2. Strength/Form

- OR TABS 10-325 MG - Formula unavailable
- OR TABS 10-500 MG - Formula unavailable
- OR TABS 10-650 MG - Formula unavailable
- OR TABS 10-660 MG - Formula unavailable
- OR TABS 10-750 MG - Formula unavailable
- OR TABS 2.5-500 MG - Formula unavailable

Enter Medication Details Save As Favorite

Patient Name

Medication Name

Strength/Form

Quantity

SIG

Refills

Note to Pharmacist

Substitution Permissible

Dispense As Written

New Rx

Renewal

E-Prescribing Screen

Choose or write a SIG for Lipitor 20 MG Tab Oral :

Patient Ed Sheet Change Med Add to Script Pad ▶ Add & Review ▶▶ Cancel

Preferred All Write Free Text SIG

TAKE 1 TABLET DAILY AT BEDTIME.
TAKE 1 TABLET AT BEDTIME ON MONDAY, WEDNESDAY, AND FRIDAY.
TAKE 1 TABLET DAILY AS DIRECTED.
TAKE 1 TABLET DAILY.

Days Supply :

Quantity :

Refills:

Provider:

Pharmacy Comments (Maximum 210 characters)

Done

Potential Implementation Barriers

- Overcoming initial 30-45 days of change
 - ▶ Multiple software application learning curve
 - ▶ Adaption from “how it used to be done” to new processes
- New responsibilities for staff
- Integrating paper to electronic chart management
- Effective use of alerts, reminders, and new software tools
- Easy access to EHR applications and fast computer network connectivity for providers and staff.

Lessons Learned/Best Practices

- Need hands on involvement from clinical leadership.
- Dedicate and empower an EHR project manager.
- Conduct pre-implementation skills assessments for staff.
- Factor in learning curve with new equipment and software.
- Understand how changes in workflow impact operations.
- Provide enough real-world practice and training time.



Lessons Learned/Best Practices

- Use paper chart abstraction to familiarize staff with EHR functionality prior to charting at the point of care.
- Perform outreach to pharmacies to involve them in your e-prescribing efforts, and select a few for testing purposes.
- Thoroughly map out processes for electronic prescription renewals/refill request scenarios, since they are currently read-only transactions with no changes allowed.
- Consult your laboratory representatives about electronic orders and results interface options.
- Join a users group for your EHR software if available to network with other organizations and compare notes.

Top 10 EHR Adoption Success Factors

1. Ensure executive-level sponsorship and physician leadership endorsement.
2. Plan for fiscal and workflow impact on organization and staff.
3. Engage payers, pharmacies and other outside entities to ensure connectivity.
4. Create realistic expectations among providers and staff.
5. Establish a cross-functional provider and staff team.
6. Engage physicians and staff in one-on-one training and support upon initial deployment.
7. Create a definition and QI measures for progress and success.
8. Organize a mechanism for communication and feedback.
9. Gain vendor commitment to support implementation and rollout to meet practice goals.
10. Create an ongoing training and support plan.

Questions?

