Electronic Health Records Implementation at a FQHC

Outline

- Evaluation of need
- Initial challenges
- Implementation by Department
- Evolution
- Lessons learned

Evaluation of need

- Early 2000’s – concerns about paper, lost records, security, inability to track data and patterns, chart reviews, etc.
- Early reports-paperless records, instant record, time consuming
- Cost
- No decision was made, but kept track of trends.
- Government and EMR
Evaluation of Need

- Mid-2000’s-grant opportunity for EMR
  - Development of partnership with 4 FQHC’s
    (one would host software and manage product and licensure)
  - Began meetings to discuss challenges June 08
  - Began provider meetings to discuss product, benefits and challenges—transition a concern
  - All had similar goals

Initial Challenges

- Wireless or not: Wireless—mobility and home use
- Abstraction-decisions about what information to bring to EMR (populate-problem list, PMH, Meds, Allergies, Surgeries, last EKG and CXR, vaccines, CT/US/MRI, hosp discharge last 2 years, procedures)
- Initial phase: Peds first
- Intensive training with excellent trainers on site
- First days – paper and EMR did not work
- Reduction in productivity for a short time in Peds.
- Met three times a day for 2 weeks
- eprescribe

Initial Challenges

- Worked with El Rio, NextGen and our trainers (4-6 trainers on site) to solve issues.
- Connectivity failed on several occasions (back up-paper and scan)
- Abstraction was incorrect or incomplete
Implementation by Department

- Moved to Internal Medicine and OB/GYN
- Added a few features to templates—did not customize
- Adjusted scheduling for IM
- Reduction in productivity for a few months
- Laptops were used
- Connectivity improved, better abstraction (clinical abstractors)

Now

- All notes on EMR, lab interface, e prescribe, alerts on drug interactions, ability to use for quality and audits (future), reminders for advance directives, health care maintenance, immunizations, messages, tasking, radiology orders, referrals
- Upgrades pending for anticoagulation clinic
- Letters are scanned to patient’s chart
- Access to records during night call
- Potential for medication error reduction

Lessons Learned

- Get providers into the conversation early—explain the need, benefits, and challenges ahead
- Enter into partnerships to use expertise, consistent IT support, and reduce costs
- Use templates—resist the need to customize
- Superior training is critical on site, ongoing training
- It is a journey and will not end—continued upgrades and better software.
- Decision about wireless system
- Aid in recruitment
- Not all providers will support the project
- The story telling will improve with time.
- Computer training prior to EMR