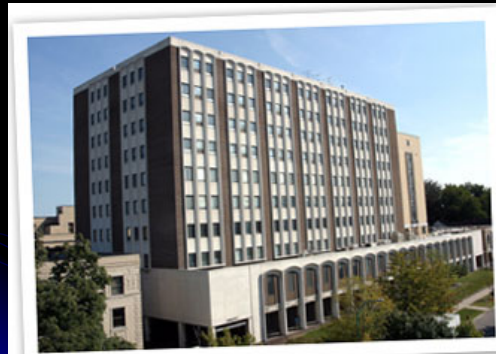




Ambulatory EHR Update

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EHR Ambulatory Update

Goals

- To create an ambulatory EHR for the Kaleida Ambulatory clinics
 - Pediatrics, Women's Services, Family Medicine, Internal Medicine & Geriatrics.
- To develop a standardized documentation.



EHR Ambulatory Update

- What we have done so far?
- What still needs to be done?
- When is it coming?
- Brief Demonstration



What has gone before?

- Involvement at all levels of Kaleida and UB/MD
 - Administration, IST, Pharmacy, and Clinical staff (MD, Nurse Practitioners and Nursing)
- **Multiple** design meetings.
- Delineated a launch schedule



What have we done so far?

- Reviewed and approved an EHR product.
- Launched integration of immunizations into PowerChart
 - Demonstrated ability to integrate current, paper-based data into electronic form
- Reviewed Forms for EHR documentation of visits
- Begun process of integrating Medication index with Cerner Millennium.
- Addressed process flow issues





What still needs to be done?

- Resolution of co-signature process with Residents
- Resolution of Medical Student notes
- Integration of electronic prescriptions
- Time-table for integrating paper chart into the EHR
- What historical chart info will go into the new EHR?

What still needs to be done?

- Lab results/review
- Phone triage
- Discharge process
- How will we prep charts for go-live?
- What will our ongoing chart prep process be?
- What computer interface will providers use?
 - Laptop vs. in-room desktop or...

Training and Support



- Project Superusers
 - Work through proof of concept phase through launch
- Clinic Based Superusers
 - Begin training at least 8 weeks before launch
- Training prior to launch for clinic staff and providers
 - Classroom and clinic
- Ongoing support during and after launch

When is it coming?

June 1, 2009

When is it coming?

- West Side Health Center-June 1st, 2009
- Hodge Pediatrics- September 1st, 2009
- Towne Garden Pediatrics-November 1st, 2009

Brief Demonstration

QUESTIONS???

The UB|MD Electronic Health Record

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UB|MD

- UB|MD will be a single, multi-specialty, practice formed by combining the 18 UB practice plans
- Governance structure and by-laws have been developed by a consensus process
- Goals of this transition include economies of scale, ease of internal referrals and increased bargaining power
- Critical areas of unification are practice management (billing) systems and **electronic health record systems**

Why Do We Need EHRs?

• Clinical Information Management

- Enormous amounts of patient data
- Guidelines undergoing rapid development
- Ever-expanding medical knowledge



Why Do We Need EHRs?

• Reporting

- Pay-for-performance
- Population management
- Reminder and recall
- Follow-up of labs and consults
- Quality improvement



Why Do We Need EHRs?

- Demand by patients for access to their medical information
- Public health needs
 - Retrospective, population-based reviews
 - Real-time (active) surveillance
- Improve value of health care dollars
- Research
 - Clinical trial support
 - Translational research support



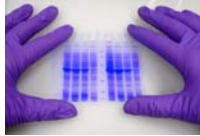
Clinical Trial Support

- Improve clinical trial accruals
 - Identification of patients on clinical trials
 - Identification of clinical trials available to a patient
 - Identification of patients eligible for clinical trials
- Reduce duplicate data entry & abstraction



Translational Research Support

- Provide readily-available clinical information about specimens (vertical integration)
- Allow correlation of multiple laboratory results from a single specimen/patient (horizontal integration)
- Allow identification of available specimens and laboratory results from particular populations of interest
- Facilitate data mining of health information



The EHR

- Nomenclature
 - Electronic Health Record (EHR)
 - Electronic Medical Record (EMR)
 - Computer-Based Patient Record (CPR)
 - vs. Computerized Physician Order Entry (CPOE)
 - vs. Personal Health Record (PHR)

EHR State of the Art

- Current systems:
 - emphasize workflow solutions
 - are document-centric vs. data-element-centric
 - are physician (institution)-centric vs. patient-centric
- Implementation is a challenge
 - Cultural changes
 - Role of technology
 - Conversion from existing paper charts
 - Data entry methodology



EHR Wish List

- Interoperability with other EHRs
- Clinical decision support
- Reporting/data mining/data warehousing
- Patient portal
- Ubiquitous, universal, patient-centric information

These require:

1. Data stored electronically (adoption)
2. Data stored as database elements (templates)
3. Data encoded with machine-interpretable meaning (ontologies)
4. Infrastructure to exchange data among systems (RHIOs)

UB|MD Vendor Selection Process

- September 2007: EHR Committee formed
- October 2007: Initial selection of 4 vendors based on administrative imperatives; demos of all systems
- November 2007: Selection of 2 finalists based on feedback from demos
- November 2007 – May 2008: RFP, reference site visits, specialty demos, corporate visits and implementation team visits of finalists
- June 2008: Review of all data; consultant final report
- July 30, 2008: Final vendor selection: Allscripts

Brief Allscripts Demo



Initial Phases

- Conversion of AMS IDX implementation
- Conversion of AMS EHR from V10 to V11
- Conversion of Pediatric A/I EHR to Allscripts
- Rolling addition of practice plans to IDX and Allscripts

9 Month Plan					
Key Milestones	Q408	Q109	Q209	Q309	Q409
Integrated AMS upgrade/UBMD implementation					
Peds Allergy Misys Conversion					
Peds Implementation/Rollout					
Advance / General Rollout (UBMD owns)					

Summary

- Although the UB|MD EHR must provide support for the clinical workflow, UB|MD additionally requires that the EHR support the academic mission
- The UB|MD EHR will have an impact beyond the clinical faculty
- The UB|MD EHR will act as the most important source of clinical information in UB

