

Implementing WorldVista EHR at a CHC

WorldVista Community Conference

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WorldVista Overview

- Use Available Resources
- Use a Project Management Approach
- Form Teams
- It's Really about Managing People and Change
- Look Beyond Implementation



Use Available Resources

- <http://www.va.gov/vdl/>
- <http://www.vehu.med.va.gov/>
- <http://groups.google.com/group/Hardhats>
- <http://www.hrsa.gov/healthit/>
- <http://www.vistasoftware.org/resources/index>
- Your own staff and contractors



II. Preparation & Implementation Checklist

Recommended Pre-Installation/Implementation Activities

1. Facility activities before CPRS

- ☐ Establish CPRS Implementation committee composed of service chiefs, clinicians, Clinical Application Coordinators (CACs), upper management, and IRM
- ☐ Create Mail Groups for CPRS Super Users, CPRS Admin., and CPRS CACs
- ☐ Recruit a Clinical Champion who is well respected by the clinicians and who can dedicate time to CPRS activities. At both West Palm Beach and Puget Sound, the Clinical Champions assumed the “lion’s share” of the responsibility for making sure their staff were familiar with CPRS before going live.
- ☐ Establish a schedule for CPRS Orientation Kick-Off
- ☐ Establish a Training Schedule for CPRS Super Users and End Users
- ☐ Establish a Training Schedule for Pharmacy Super Users and End Users

Project Management

- Start Time
- End Time
- Milestones
- Deliverables
- Budget
- Accountability
- Hand off to Staff



Form Teams

- Involve Stakeholders Early
- Establish “Ownership”
- Cultivate Champions
- Solve Problems



IT Team (Purpose)

Purpose

- survey IT needs;
- install and configure the necessary software;
- identify and provide solutions to technical problems
- document configuration
- security
- maintenance protocols.



IT Team (continued)

- Members:
 - IT contractors
 - IT Supervisor
 - CAC
 - Clinician with IT skills, if possible



IT Team (continued)

- Special Challenges:
 - developing implementation cycle to keep at least one step ahead of the other teams.
 - documentation of changes,
 - working with other teams and
 - working with each other



Cross-Sectional Team

- Purpose:
 - To catalogue all processes affected by EHR implementation;
 - perform a “gap analysis” on current and future job descriptions and staff;
 - improvise, test and strain clinic processes using the EHR and other technical tools;
 - collaborate with the other teams, especially the Clinical teams on process development



Cross Sectional Team (continued)

- Members:
 - Front/Back office hotshots
 - Site Manager
 - Clinical Champion
 - IT guy
 - CAC



Cross Sectional Team (continued)

- Special Challenges:
 - Understand the current processes and EHR details well enough to visualize the changes
 - Take a real participatory role



Clinical Team

- Purpose:
 - review templates, CPRS parameters, order sets, chronic care design, clinical reminders and other things of direct clinical interest for speed, accuracy and suitability;
 - express needs clearly to IT staff;
 - know what can and can't be done (easily).



Clinical Team (continued)

- Members:
 - pertinent provider specialties,
 - CAC,
 - IT guy,
 - clinical champion
 - Chronic Care Coordinator



Clinical Team (continued)

- Special Challenges:
 - Understand the system well enough to make reasonable and helpful suggestions



Oversight/Research Team

- Purpose: Patient Safety and Research
- Members: CAC, CMO, QM, Site Manager
- Special Challenges:
 - Understanding the role and knowing the software and process changes well enough to provide oversight.
 - Understanding research needs



Clinica Timeline

- Eight Month Project
- Four related tracks
- Dependencies Identified
- Monitor Milestones
- Just in Time Training
- Dynamic Open Access Scheduling at go live



Productivity Considerations

- Week of go-live was a Friday, plenty of support
- Staff trained and practiced before go-live
- Core training/implementation team works the week end
- Any staff member not competent must attend weekend remedial classes
- Some data scanned pre-visit and post visit
- Morning briefings the first week



Provider Productivity: The Strategy

- Scheduled at 2/hour
- After 7 working days scheduled 3/hr
- Oct 1 4/hr
- Wave scheduling
- Same day Appts allow individual teams to control patient flow
- Productivity bonuses guaranteed at last quarter average



Provider Productivity: The Numbers

- Peds: 1st Week 14-19 patients per day were seen
 - 3rd Week: 16-32 patients seen (average 25)
- Family Practice: 1st Week 10-17 patients seen
 - 3rd Week 8-21 (avg 17) No show problem when 8 was seen.
- Internal Medicine: 1st Week 8-15 patients seen
 - 3rd Week 14-23 patients seen



EHR Transition Satisfaction Survey Summary

Clinic: Tidwell

Provider Staff

9-10 to 9-13-07

N = 4/5 (1 on vacation)

Please CIRCLE your answer.	Strongly Agree 5	Agree 4	No Opinion 3	Disagree 2	Strongly Disagree 1
The transition process went better than I expected		3.75			
The EHR will positively impact my productivity				2.00	
The EHR will improve patient care		3.50			
The patients will see the benefit of having an EHR			3.00		

EHR Transition Survey: Staff

CLINICA ADELANTE, INC.

EHR Transition Satisfaction Survey Summary

Clinic: Tidwell

Non-Provider Staff

9-10 to 9-13-07

N = 18

Please CIRCLE your answer.	Strongly Agree 5	Agree 4	No Opinion 3	Disagree 2	Strongly Disagree 1
The transition process went better than I expected		4.33			
The EHR will positively impact my productivity		4.33			
The EHR will improve patient care		4.50			
The patients will see the benefit of having an EHR		4.39			

EHR Transition Survey: Patients

CLINICA ADELANTE, INC.

EHR Satisfaction Survey Summary

Clinic: Tidwell

Patients

9-10 to 9-12-07

English N = 23

Spanish N = 16

Total = 39

Please CIRCLE your answer.	Strongly Agree 5	Agree 4	No Opinion 3	Disagree 2	Strongly Disagree 1
Changing from a paper chart to the Electronic Health Record went better than I thought it would		Eng 3.74 Span 3.94 All 3.82			
My care will be better because my doctor is using the Electronic Health Record		Eng 3.74 Span 3.88 All 3.79			

Actual Costs of WorldVistA Implementation at Clinica Adelante Inc

Special Services Vendor Costs

GE Centricity Costs to "Collaborate" on the Interface	\$2,050.00
Quest Costs to Collaborate of the Interface	\$0.00
Training Cost (contractors)	\$5,600.00
Development Costs (GT.M and VistA)	\$4,700.00
JAVA and HDC reports	\$6,000.00

Total non-recurring costs **\$18,350.00**

Support Costs (includes install, configuration, updates, operating maintenance and most of the interface development and HDC reports: **\$3300/month**

Also Hired a **"CAC" (Trainer)** and experienced Hardware Costs: **\$60,000/yr** for the trainer and so far about \$22,000 for the hardware \$10,000 for a Satellite System for the Rural Health Teams.



“It’s the People, Stupid!”

- Involve staff early
- Address stakeholders needs
- Process is more important than outcome, especially at the beginning
- CAC
- Provider Champion
- Training
- Ongoing monitors
- Staff and Providers are insured against losses in transition



Beyond Implementation

- Training Supervisors
- Establishing Reports
- Lessons Learned
- Demand Documentation
- Understanding Maintenance needs
- Security Needs
- Best Practices, Continuous Improvement



Questions?

