



**Davies Community Health Organization Committee  
Recommendations for a Supplemental Q&A Document to  
Accompany the Urban Health Plan Application**

**Q:** Can you provide further explanation regarding maintenance and support costs?

**A:**

The annual support and maintenance fee includes telephone support, product upgrades and content usage for drug database and drug interaction checks. The fee is broken down as follows: Support – 18% of licensing fee; Maintenance - \$600 per provider per year. Support is provided 24 hours 7 days a week.

Other ongoing costs, which are passed through from the vendor, include clearing house charges of \$59 per provider per month.

**Q:** Provide additional detail regarding the completely integrated workflow.

**A:**

Workflow analysis and re-design was integral to the successful implementation of the EHR. The Project Manager held meetings with each department to map the organization's existing direct and indirect patient care processes. These processes were very deliberately redesigned and improved, taking advantage of technology where possible. When staff and providers received training on the EHR, they were indirectly also being trained on new workflows. For example, the use of iris recognition to identify patients became part of our patient identifiers (for patient safety).

We attempted to automate manual processes to the extent possible. Vital signs are taken using Welch Allyn machines that electronically populate the progress note, eliminating the possibility of entry error. In addition, EKG's, Holter monitoring and spirometry devices are interfaced into the EHR so the results are available

upon completion of the test. Lab interfaces facilitate order entry and electronic receipt and automatic assignment to the appropriate provider and all pediatric vaccines are transmitted to the Citywide Immunization Registry – a process that was previously time consuming and prone to human error. Finally, all patients with a scheduled appointment receive reminder calls one and three days prior to their appointment via PhoneTree, an automated telephone reminder system that is integrated with the EHR.

Medical Records staff were transitioned to perform scanning, quality assurance of all scanned paper, produce aging reports that provide oversight of “tasks” to be completed, such as labs and documents to be reviewed, number of unlocked notes, and referral appointments to be made.

In addition to all of the technology, probably most instrumental in the successful implementation is our organizations ability to embrace change, starting with the senior leadership.

**Q:** Describe how the EHR is infused throughout the health center and leveraged to improve health outcomes.

**A:**

Urban Health Plan’s Institute for the Advancement of Community Health is the internal division that oversees the Quality Management Plan under the direction of the Chief Medical Officer. The Quality Management Plan assists in reducing the health care disparities that exist in the UHP service area, helps meet the 2010 Healthy People goals and assures that best practices are implemented throughout the organization thus improving the overall quality of services and systems both clinical and non-clinical.

Performance Improvement Collaborative Teams are initiated when the organization identifies an opportunity to improve a process. The organization uses an integrated approach through the use of improvement teams. The Learning Model, Care Model and the Model for Improvement are the models that are used for process improvement. Performance Teams are trained in the three models and are provided with internal support provided by trained experts called Master Minds.

We educate staff and visitors by displaying storyboards such as Asthma, Depression, Diabetes, Fit 4 Life (pediatric obesity) throughout the organization. The storyboard contains the successes and failures of the team and serves as motivation. The data is reviewed on a monthly basis so the teams can design ways (PDSA) to improve outcome measures. This culture of continuous quality improvement is ingrained into the staff as QI training is part of New and Annual Employee Orientation.

Q: Provide additional insight into the involvement of clinical leadership.

A:

The Project Manager worked with provider groups to design and tailor templates for the new system. These super users were carefully selected, as they were advanced users of our previous EHR, from each site/department and then trained and cultivated so they could assist other providers/staff with questions as they arose. For instance, pediatrics, adult medicine, walk-in and cardiology all had successful users of the prior system.

In contrast, the physical therapy dept was resistant to using the EHR. By demonstrating possible documentation styles and using a tablet to facilitate charting, we were able to get them to embrace the system. Mental health providers were also a challenge as they felt templates or pre-defined data elements could not be used. We compromised by having them free text the HPI and utilize drop down options in the exam section.