



DAVIES AMBULATORY AWARD – COMMUNITY HEALTH ORGANIZATION

- Name of Organization: Mountain Park Health Center
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- Title of Case Study: safety

Executive Summary

Mountain Park Health Center's mission is to provide access to affordable primary healthcare within the communities we serve. We have been providing care to the greater Phoenix community since 1983. Mountain Park has 5 full service Joint Commission-certified PCMH clinics, a YMCA based Pediatrics Only and Dental clinic, and two school based Pediatric clinics. Our primary integrated care model reaches over 70,000 patients and we provide the community over 365,000 encounters.

We began the process to adopt an Electronic Health Record (EHR) which would improve our already high standards of quality and safety, while allowing for a streamlined, paperless billing process. Although the decision to adapt an EHR system was not new to Mountain Park; leadership attempted to modify the Open Source VistA product with an external coalition of professionals. This attempt proved to be a disaster for Mountain Park, causing leadership to abandon the project.

After the recognizing the need for a reboot, leadership created an internal, cross-functional, work group made up of both clinical and administrative personnel. The team developed a checklist of needs and wants for the EHR system. The main drivers were quality, safety, and overall ease of use. The team wanted a system which would make the provider's experience and productivity seamless. Upon implementation, although Mountain Park expected and planned for a drop in productivity, preparation was sufficient enough that minimal impact was felt. Leadership budgeted for an overall 20% drop in productivity, but experienced closer to a 5% productivity drop during implementation.

At the completion of the project, when all locations were 100% operational on the EHR, it was discovered during review, no loss of productivity had been experienced. Mountain Park is very proud of this result after experiencing the initial failure.



Background Knowledge

Mountain Park is a federally qualified, private non-profit, community health center (FQHC) operating 8 clinic locations in metro Phoenix, serving nearly 70,000 patients and providing the community with 365,000 medical visits annually.

Mountain Park embraces a whole patient approach to healthcare. Our clinics are large enough to provide Pediatrics, Women's Health, Adult Medicine, Dental, Pharmacy, and Integrated Health Services which includes behavioral health, dietetics and clinical pharmacists.

We have over 130 providers serving our patients daily. Together we deliver 1,830 babies annually, e-prescribe 250,000 prescriptions, immunize over 95% of our pediatric patients under 2 years old, and provide access to cancer screenings for our adult patients for three main types: breast, cervical, and colon cancers. Our cancer screening rates are phenomenal...60% of eligible patients have completed the colon cancer screen, and 81% of eligible patients have had their mammogram completed.

This data proves our desire to use EHR technology to improve patient health has been successful. Without the ability to analyze data, identify patients eligible for screening, monitor patient adherence, and provide staff with the tools to manage patient health efficiently, we were missing opportunities to care for our patients.

Intended Improvement/Outcome

When Mountain Park first traveled down the road toward an Electronic Health Record (EHR) system, the CEO was instrumental in forming partnerships with outside FQHCs to customize the Open Source VistA model. When initial attempts didn't work, another strategy was needed quickly. Mountain Park's senior leadership team recognized in order for the EHR to work, clinical leadership not only needed to have buy in, they needed to be the ones making the decisions.

MPHC recognized the VistA EHR system we were attempting to adapt for our use was not working. We struggled to retrieve data from the system and discovered it was so difficult to use that instead of improving quality, the system was hindering it. The Open Source system had no IT support, clinical support, or systems support. Program changes to the software were obsolete and this allowed for errors to occur. E-prescriptions generally improve patient safety, but with our version of VistA, we were experiencing a lack of patient safety with this initiative.

It was clear a vital change needed to happen immediately in order to drive improvement in quality and safety for our patients. We decided to terminate the VistA EHR and dedicate the necessary resources, including time, people and finances to find the right system which would allow us to achieve our quality goals easily.



Without a certified EHR product, Mountain Park could not meet federal reporting requirements for Meaningful Use and UDS reports. Previous Joint Commission inspections highlighted the limitations of peer review and clinical quality measures without an EHR.

Design and Implementation (Governance, Selection Process, Testing)

Specific goals related to the implementation of the new EHR system were identified as follows:

- Improve Patient Safety
- Improve Health Outcomes by Using Clinical Decision Support Systems
- Improve Care Coordination
- Improve Reporting and Tracking of Clinical Quality Measures
- Improve Efficiency with Workflow Designs

Additionally, more help from the senior leadership team was needed to make the project and transition successful. The senior leadership team reviewed 8 proposals and had a cross-functional team interview the top 5 candidates. Once the candidates were narrowed again, site visits were conducted.

The strategy to have the EHR system meet the needs of the clinical team first was highlighted by the team who had final decision making authority: two Associate Medical Directors and the Pharmacy Director. An EHR evaluation tool was developed and used to determine which system would best fit our needs.

EHR Evaluation Tool Sept 2010			
	Feature	Acceptable	Comments
1)	Evidence of compatibility with Centricity	<input type="checkbox"/> Y <input type="checkbox"/> N	
2)	User friendly	<input type="checkbox"/> Y <input type="checkbox"/> N	
a)	SOAP (IM and family practice)	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)	OB trifold	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)	Peds (ESPD)	<input type="checkbox"/> Y <input type="checkbox"/> N	
d)	Lab order/retrieval	<input type="checkbox"/> Y <input type="checkbox"/> N	
e)	Provider orders	<input type="checkbox"/> Y <input type="checkbox"/> N	
f)	E-Prescribe	<input type="checkbox"/> Y <input type="checkbox"/> N	



g)	Referral request, transmission and tracking	<input type="checkbox"/> Y <input type="checkbox"/> N	
h)	Clinical reminders	<input type="checkbox"/> Y <input type="checkbox"/> N	
i)	Patient education materials	<input type="checkbox"/> Y <input type="checkbox"/> N	
3)	Reports/UDS Capability	<input type="checkbox"/> Y <input type="checkbox"/> N	
4)	Peer review	<input type="checkbox"/> Y <input type="checkbox"/> N	
a)	Reports by provider	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)	Reports by department	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)	Core Measures reports	<input type="checkbox"/> Y <input type="checkbox"/> N	
5)	Billing integration	<input type="checkbox"/> Y <input type="checkbox"/> N	
6)	Meaningful use criteria and CCHIT certified	<input type="checkbox"/> Y <input type="checkbox"/> N	
7)	Implementation support	<input type="checkbox"/> Y <input type="checkbox"/> N	
8)	Cost-Start up and ongoing	<input type="checkbox"/> Y <input type="checkbox"/> N	
9)	Site visit experience	<input type="checkbox"/> Y <input type="checkbox"/> N	
10)	Market share/Reputation	<input type="checkbox"/> Y <input type="checkbox"/> N	

With clinical leadership driving the implementation, the project team was able to make decisions on a real time basis. Key processes throughout the organization were reviewed with the help of the vendor by utilizing the services of a business analyst. During planning/implementation, the project team, in conjunction with the vendor’s project manager and business analyst, met weekly to review milestones, track progress, plan next steps, and troubleshoot problems.

How was Health IT Utilized?

Mountain Park recognized without a certified EHR, not only would we not meet federal reporting requirements for Meaningful Use and UDS reports, we were missing the opportunity to highlight our quality work. Without these reports, we would not be eligible for additional funding available as a result of our quality achievements. Additionally, we would not be able to meet patient expectations for an easily accessible Patient Centered Medical Home (PCMH) practice.



In order to achieve efficiency and rapid adoption of the EHR system, Mountain Park's strategy for "go-live" was an incident command structure, coupled with side-by-side senior leadership/clinic staff participation. The Associate Medical Directors served as the incident commander, the communications and the Marketing Director was the Public Information Officer (PIO). The rest of the EHR implementation team, along with training specialists from the vendor, handled logistics. We "huddled" early each morning as we rolled out the EHR across our sites, sharing concerns and coming up with specific strategies for the day ahead. We worked across the organization and alongside staff in every site and pod to ensure overall implementation. This was essential to the adoption of the system. This system remained in place for two weeks as each site went live. At each site, the incident command team used an issues log for tracking purposes which consisted of the following categories:

- Description
- Discovery
- Impact/Causation
- Tracking and Remediation

In addition to having a certified EHR system, we have been able to engage patients with technology. Over 50% of our patients are web enabled and using our patient portal. We utilize text messaging to send messages to our patients related to missed appointments and population health metrics.

Value Derived

Post implementation, Mountain Park has been recognized for quality achievements by both the federal government and The Joint Commission. We now have an EHR system in place to help achieve additional goals. Such as:

- Growth of health information technology, solid platform.
- Move toward population health and quality driven processes.
- EHR Governance structure was developed to help drive clinical quality and provide a mechanism to look at tracking data. The team includes the Medical Director, Senior Director of Clinical Informatics, Clinical Department Chairs/Leads, EHR Training Manager, Clinical Informatics Manager, Clinical Informatics Specialists, Data Manager, Provider Champions, and Champion Users.

Internally, Mountain Park leadership has developed an effective and cross-functional team which allows for ease of **reporting and monitoring** of the EHR system. We have the appropriate governance structure in place to **monitor and maintain** the integrity of the system.



By December 2013, Mountain Park clinics were fully operational on the new EHR system. The success of the system was evident quickly. In 2014, Mountain Park received HRSA's largest quality award, nearly \$190,000, for demonstrating the ability to improve accessibility, quality of care, and value of care. Additionally, in 2014 Mountain Park received The Joint Commission Patient Centered Medical Home (PCMH) certification, another quality based recognition.

Lessons Learned/Change Management

Mountain Park was noticeably underprepared for the implementation of Open Source VistA. We quickly learned the value in a quality, user-friendly system. Implementing an EHR system is so much more than just picking a software system. The process is a moving change management effort that hasn't stopped bringing change to our practice yet. Whether developing new teams to deal with changes, empowering staff to open tickets regarding the system, to ask questions or provide real time training for providers, our lessons learned have been tremendous. Post implementation, Mountain Park has been recognized for quality achievements by both the federal government and The Joint Commission.

Internally, Mountain Park leadership has developed an effective and cross-functional team which allows for ease of reporting and monitoring of the EHR system. Champion Users have been identified for operational staff and providers. These team members receive additional training to help communicate progress, decisions or issues real time inside the clinic. They are considered the artery of communication for all things related to the EHR system. The Champion Users are the first level of support for staff in their department. If the end user is unable to resolve the issue with their Champion User, the Champion User e-mails the MPHC helpdesk. The helpdesk handles all concerns or issues related to the EHR. Champion users can report issues or request system configuration changes. The requests are triaged by a member of the desktop support team and routed to the appropriate member of the EHR team. The EHR team member determines how to resolve the problem. The EHR specialist researches the problem and determines if a problem is related to user error or a system error. If the problem is a user error, the EHR specialist educates the user. If it is a system error, the EHR specialist will submit a ticket to the EHR vendor and work with the vendor to resolve the issue. If the user is requesting a configuration change, the request is taken to the provider champion team or the EHR Admin team for consideration. A monthly meeting of the EHR Admin Team reviews all workflow change requests, system upgrades, and enhancements. The provider champions meet monthly with the EHR Training Manager to discuss clinical considerations and receive updates on new features and enhancements from the EHR vendor.



Financial Considerations: Cost of Implementation and ROI

One reason for the success of our implementation is leadership's decision to invest \$250,000 worth of training for all staff. Training staff prior to go-live and having subject matter experts providing elbow support during go-live was key to success. All staff were trained in a phased approach prior to go-live at their clinic. During the first two weeks of using the system, training specialists from the vendor were available onsite for elbow support and troubleshooting.

After a failure to launch with the VistA system, the new strategy to have an EHR that was embraced by clinical leadership was successful. Upon implementation, although Mountain Park expected and planned for a drop in productivity, our preparation was sufficient enough that minimal impact was felt. Our leadership budgeted for an overall 20% drop in productivity and experienced closer to a 5% drop during implementation.

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APPENDIX

eCW Go-Live Overview



Planning

Prior to go-live, clinic staff will meet with Implementation team to discuss

1. Expectations during go live week and after
2. Resources before, during, and after go-live.
3. Discuss communications needs



Training

All staff in the clinic will be trained.

1. Training Schedule
2. Training Manuals



Go-Live Week

What to expect during the week and how will it impact patients and staff?

1. eCW Trainers on-site
2. Mountain Park implementation team on-site
3. Report back
4. Patient Impact



I've been trained, we went through go-live, but I forgot something... Now what?

1. Champion Users
2. The Intranet
3. Workflows

Process Flow for Issues Arising During Go-Live

