

Do our EMR's need Couple's Therapy? Getting Multiple Electronic Medical Record Systems to Communicate



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2010 Ryan White Grantee Meeting

August 24, 2010

2:00-3:30 pm

Fenway Community Health Center

- Located in Boston, MA
- Founded 1971
- 3 Locations
- Ryan White Parts A,B,C and D
- Federally Qualified
- Specializing in LGBT Health
- > 15,000 patients annually
- 1,500 HIV-infected patients, ~ 1,300 MSM



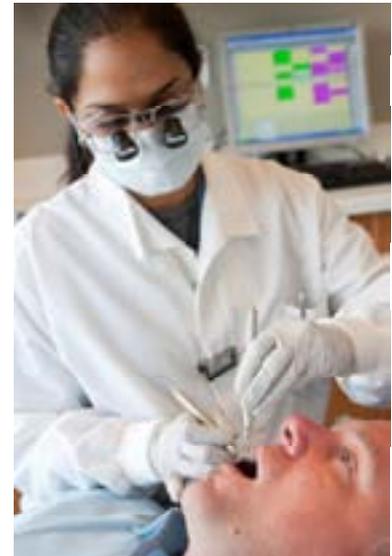
Fenway Services

- Medical
- Behavioral Health
- Counseling and Testing Services
- The Fenway Institute
- Pharmacy
- Dental
- Optometry



HIT Project Background

- ❑ Two new services added in April 2009
 - ❑ Dentistry
 - ❑ Optometry
- ❑ “Putting the HIT pieces together”
- ❑ Achieving Meaningful Use
- ❑ Improved data reporting



HIT Clinical Goals

Clinical Communication

- Accessibility
- Allow the treating physician to view records

Example: Early manifestations of disease

Multiple System Integration = Better Coordinated Care

Patient Centered Medical Home

- Core elements important to care

Centralized clinical information

- Reduce duplicative testing and procedures
- Reduce fragmentation



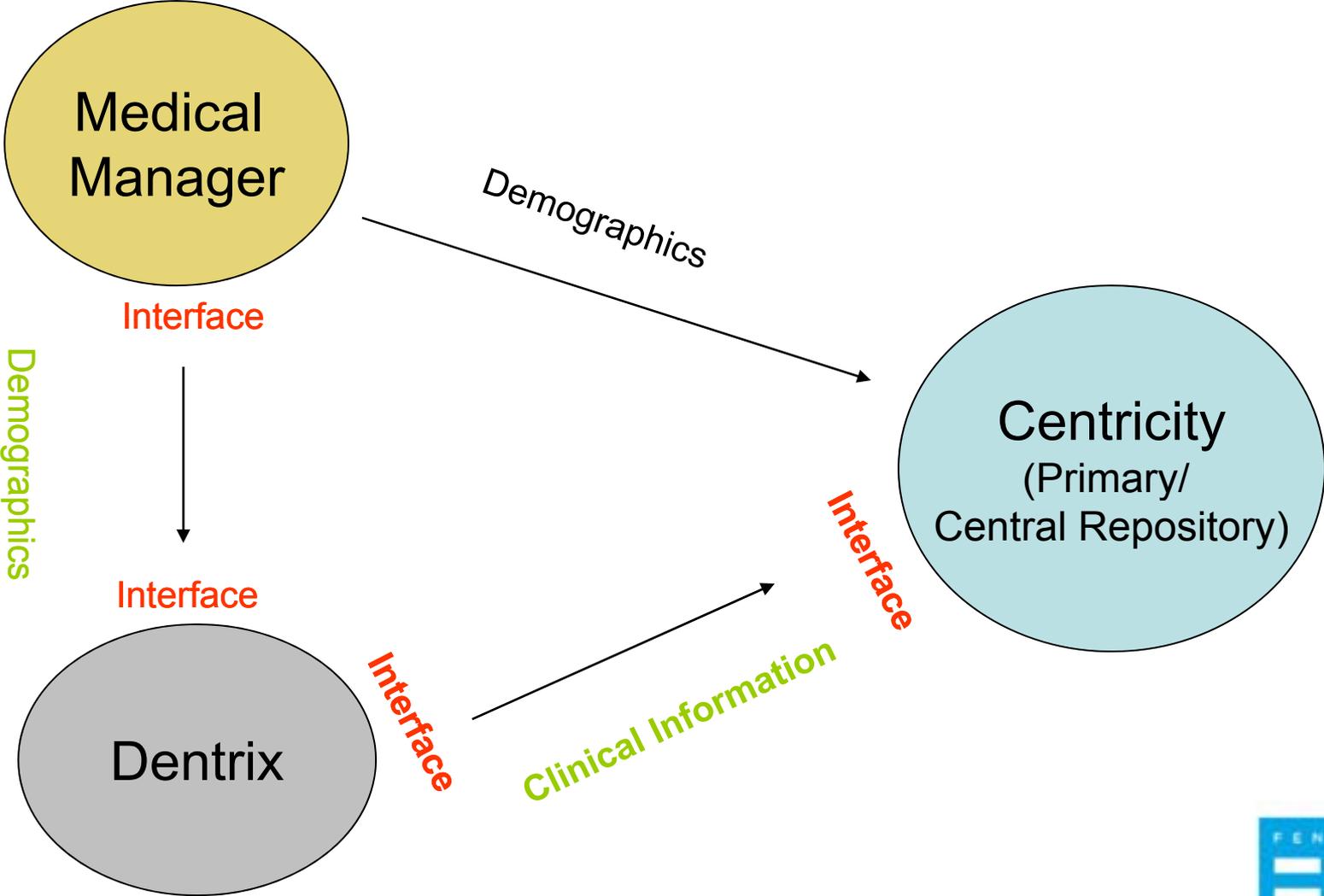
Putting Fenway's HIT Pieces Together



Deployed at site:	1997	1999	2009
Purpose:	<ul style="list-style-type: none"> •EMR •Clinical Information •Visit Notes •Patient Demographics 	<ul style="list-style-type: none"> •Registration •Patient Demographics •Service Utilization •Billing 	<ul style="list-style-type: none"> •Dental Clinical Information

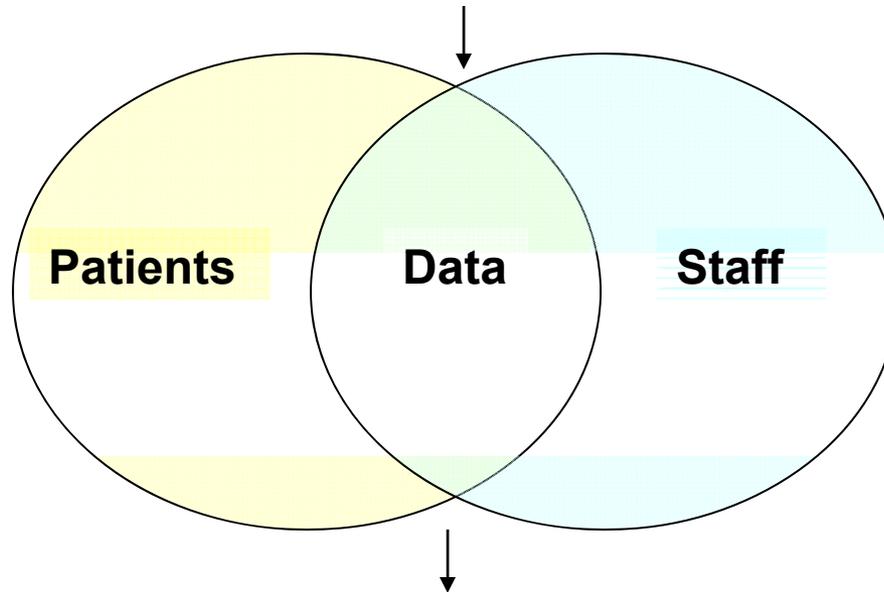


Data Exchange



Data Integration

Evaluate multiple workflows



Improving Outcomes
Improving Clinical Process
Better access to information



Improved RSR Reporting

❑ Data Quality Issues

- Improve efficiency
- Reduce data discrepancy and error

Example: Pre-loaded patient demographic data into Dentrix

❑ Achieve continuity across systems

- Streamlined care

❑ Track service utilization

- Use the same medical record number
- Reduces redundancy



Health Information Exchange

- Can the systems communicate?
- Has this been done before?
- What data will be exchanged?
- Costs
 - Customize HL7 files
- Mapping codes between systems
 - For example: Race and Ethnicity codes



Clinical Integration Decisions

- Involve Clinical staff **as necessary**
- What information do the clinicians want?
- Make clinical notes easily accessible and clear
- Clinical Documents
 - Routing of documents
 - Does data come in signed off?



Non-Clinical Integration Issues

Staff

- Information Systems
- Information Technology

Hardware

- Can server handle more data?
- Can EMR handle more data?

Testing Interfaces

- Does the interface automatically restart?



Working with 3rd party vendors

- ❑ Agree on priorities with vendors
 - Timelines
 - Order of process
- ❑ Communication Issues (not just for computers)
 - Use language and terms that everyone can understand
 - Require informative updates on project



Recommendations

- ❑ Create test environment
 - Repurpose old computers/servers
- ❑ Consider computing capacity of your current staff
- ❑ Deploy interfaces in stages
- ❑ Use the same patient identifier across all systems
 - Example: Medical Record Number



Recommendations cont.

- ❑ Maintain a “Parent” clinical system
 - ❑ Specialty EMR systems should be “child” systems
- ❑ Practice management systems should be able to “talk” to other electronic clinical systems
- ❑ Utilize standard HL7 formats
- ❑ Unidirectional vs. bidirectional data exchange



Recommendations Cont.

- ❑ Avoid entering data into multiple systems
- ❑ Capture information in database fields
 - ❑ Data can be easily extracted through reports and pushed through HL7 interfaces
- ❑ Include different department members
- ❑ Communication – both internally and externally



Thanks!

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