

IMPLEMENTING ELECTRONIC MEDICAL RECORDS

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ABOUT US

Meridian Community Care, established in 1972, is an innovative not-for-profit organization that is dedicated to Saving Lives and Serving Communities. Meridian provides a comprehensive array of services including medical and non-medical counseling and addiction treatment, workforce wellness and testing, prevention education, and supportive housing.



OUR HISTORY

- 1972 Founded as the Mahoning County Drug Programs offering Medication-Assisted Treatment
- 1980 Expanded services to include outpatient counseling, HIV/AIDS programs, and prevention education (PANDA)
- 1989 Started Worklife division, offering drug testing and physicals
- 1991 Started first supportive housing program
- 1997 Started first Dual-Disorder Treatment program in Ohio
- 2001 Started Adolescent Residential Treatment program
- 2004 Received grant to provide gambling treatment
- 2007 Assumed all programming from Addiction Program of Mahoning County, including Donofrio Men's & Women's Centers
- 2009 Expanded MAT, offering Suboxone Therapy



OUR ORGANIZATION

- **Mission:** Saving Lives and Serving Communities
Stemming the Tide of an Epidemic
- **Divisions:** Recovery, Prevention, Worklife, Housing
- **Locations:** 11 locations across the Mahoning Valley
- **Employees:** 198 employees (professional counselors, social workers, nurses, physicians, administrative support)
- **Budget:** \$9 million
- **Licenses/Accreditations:** CARF Accredited, Certified by the Ohio Department of Alcohol and Drug Addiction Services and Ohio Department of Mental Health

Service Continuum

Prevention (Panda, Community Education)

Brief Intervention & Therapy

Outpatient Treatment (IOP)

Day Treatment

Residential Treatment

Specialized Programs:

Medication Assisted Treatment

Youth & Young Adult

Gambling Treatment

Co-occurring Treatment

Aftercare & Relapse Prevention

Transitional Housing

Permanent Housing



OUR VALUES

Service

Integrity

Excellence

INFORMAL 4TH VALUE

Change is going to happen – NOW-
embrace it

MERIDIAN'S IT/MEDICAL RECORDS HISTORY

- 2005
 - 18 yrs. history using CMHC an electronic financial system designed for behavioral health systems also meeting some needs of management
 - 20 Computers allocated to fiscal and administrative staff and to some counselors
 - Newest operating system? One Windows XP, three Windows 2000, too many Windows 98's, and three Windows 3.1
 - IT Specialists? None
 - IT budget line item? None

MERIDIAN'S IT/MEDICAL RECORDS HISTORY

- 2007
 - 65 Computers for all staff
 - 3 Servers
 - 1 Firewall Router
 - \$88,500 Budget (hardware, software, staff)

MERIDIAN'S IT/MEDICAL RECORDS HISTORY

- Storage of charts??? Archived and closed charts stored in a MUSHROOM CAVE in Pennsylvania!!!



MERIDIAN'S IT/MEDICAL RECORDS HISTORY

- Six staff allocated to Medical Records management.
- Huge files for clients, some of whom receiving services for over 20 years.
- Medical services housed in separate charts from behavioral health files.

MERIDIAN'S IT/MEDICAL RECORDS HISTORY



WHAT STIMULATED CHANGE?

- EARLY STIMULUS

- Increasing demands by stakeholders for electronic communication
 - Including rapid growth of clinical staff new out of graduate school
 - Regulatory bodies, funders, etc
- Value of MIS in the delivery of care brought in with new CEO and his team seven years ago
- ORGANIZATIONAL RESPONSE TO THE OPIATE EPIDEMIC-dramatic and sustained demand for medication assisted treatment.

WHAT STIMULATED CHANGE cont.

- LATER STIMULUS

- Clinical integration of care: example of issue.

- Client in residential care may also be concurrently in IDDT, MAT, and receiving medical services. WHO HAS THE CHART?? WHERE IS THE TX PLAN??

- PAPER RARELY CAUGHT UP TO THE CLIENT

- Managers drive to lead from information; “can I trust this data?”

- LOST BILLINGS/REVENUE

- Desire by clinical staff to actually use the medical record

WHAT STIMULATED CHANGE cont.

- STRATEGIC PLAN “.....And it came to me then that ***EVERY PLAN*** is a tiny prayer to father time”
DEATH CAB FOR CUTIE
 - Stick to the goal and be very flexible with the objectives the field changes so quickly
- MEANINGFUL USE BENCHMARKS
 - Are we in a position to become a provider of integrated primary medical care and behavioral health?

1st EMR and the OPIATE EPIDEMIC

2006:

- Realignment of admissions/assessment department using NIATx process; plan, do study, act.
- Early signs of the epidemic
 - Demand for methadone began to rise rapidly
 - 78 clients at the end of 2005 doubling by the end of 2006

1st EMR and the OPIATE EPIDEMIC

- Increased risk of medical/dosing errors,
 - Open another window and increase dosing staff?
 - Place holds on new admissions?
 - Hope it isn't really an epidemic?
 - Consider electronic dosing?
- Problems in reconciling the amount of medication used daily.
 - DEA indicated we were the only manual dosing agency to have perfect reconciliation
 - THIS WAS THE ONLY THING WE DID PERFECTLY!!!!
SOMETHING MUST BE WRONG

1st EMR

- Study began in early 2007 for electronic dosing and EMR
- Criteria
 - Meet industry standards
 - Ability to interface with CMHC
 - Medical record interface with counseling record
 - Ease of input and reliability and ease of access of reports
 - Be drug free capable
- Selection made by July 2007
- Implementation plan developed over next six months
- Go Live March 2008

1st EMR Lessons Learned

- Put together change team: clinical, medical, fiscal
 - Dumped our external IT partner and selected a more comprehensive external partner to manage hardware, security, connectivity needs (part of the change team)
- Selected TOWER
 - Very treatment program friendly vs. just medical
 - GUI interface – nice graphics
 - Great mission and philosophy about their role
 - Committed to integrating their billing system to “latice” into CMHC
 - Committed to developing a drug free component

1st EMR: Lessons Learned

- Prepared staff: clinical, medical, administrative.
- Prepared clients
- Geared up for a three day implementation
 - Transitioned client data
 - Installed and tested hardware
 - On site training of medical and counseling staff
 - Went live on March 11, 2008
 - Stopped paper.....started electronic....no scanning

1st EMR: Lessons Learned

- While TOWER provided a nearly complete electronic medical record for our Methadone program, “tweaking” was still needed to adapt provided clinical forms (treatment plan, discharge summary, group session note ect.) to state standards and recommendations (ODADAS).
- Following 2008 ODADAS site visit, Program Director and Manager consulting with TOWER’s team to make changes to existing documents.
- Often a “frustrating” process

1st EMR: Lessons Learned

- Initial staff resistance to change; comfortable with “paper and pen”
- However, staff acclimated quickly and utilized the system with relative ease.



1st EMR: Lessons Learned

- 2008 End of the Honeymoon
- Acquired two adult residential programs
- Initiated Suboxone program as epidemic grows
- Priority change for current EMR vendor (TOWER)
- Fiscal integration of softwares unsuccessful
- Increasing organizational drive to be fully electronic
- Professional staff expands from 20 to 42 (2011)

NEW PLANNING TEAM

- Options:
 - completely new system?
 - Build on CMHC with Netsmart products including replacing TOWERS/electronic dosing system?
 - Build on CMHC with Netsmart products and continue to operate TOWERS separately?

The Decision...

- Build on CMHC with Netsmart products and continue to operate TOWERS separately
- Realization that this was the best option after considering cost, implementation and that TOWER was a very effective program to maintain, particularly the dosing component.
- While TOWER could still be used for the dosing component, clinical documentation could be completed in ECET so all Meridian's programs essentially using the same EMR.

Planning Assurances

- Ensure end user involvement - particularly in planning
- Avoid poor project planning/due diligence
- Computer technical issues (slow computers, lack of training, poor clinician computer skills)
- Address clinical issues (loss of productivity, privacy concerns)
- Concerns over “canned” Treatment

Planning Assurances

- Establish and adhere to time lines including preparation of staff
- Strategic budgeting for staff, software, hard hardware, connectivity (three year plan)
- Scanning/paper records strategy
- Meaningful use timelines of vendor
- Work flow analysis design

Planning Assurances

- Front Desk/Scheduler capacity for both event based and “super bill” based transactions for medical billing.
- Dual system management during implementation
- Billing transition plan including testing
- Decide how much control over record design

IMPLEMENTATION PLAN

- Hire an IT/Medical Records manager
- Find an external expert not on NetSmart payroll (look at NetSmart/eCet user groups)
- Establish a Task List – make it the road map and control the clock
- Form implementation team of directors and managers

Implementation Process/Lessons Learned

- **BEST STRATEGIC DECISION EVER!**

Annie and Joe!



Implementation Process/Lessons Learned

- Implement Scheduler first – Nov. 2010 – dual entry
JUST ENDED!!!
- 80/20 Rule applies to the following. 80% of the staff get “it” 20% take up all the time and delay the timelines.
- Progress Notes
- Treatment Plan
- Assessment

MAT Ambivalence

- The decision to switch to ECET was welcomed by other Meridian programs. However, MAT staff was a harder “sell”
- MAT staff needed to understand the overall goal of integration within the agency.
- With the increasing number of “joint clients”, MAT clinical staff quickly realized the benefits of one universal EMR.
- As with the TOWER implementation, MAT staff adapted quickly and now use the system with relative ease.

MERIDIAN'S IT/MEDICAL RECORDS TODAY

- All counseling and administrative staff have computers (120)
- 5 Servers
- 5 Firewall routers
- Two electronic medical records systems
- Medical Records Department Director with a degree in Health Informatics
- Same number of FTE's plus an external partner
- \$300,000 budget annually: hardware, software, staff
- Remote Access from all service points and in cl homes
- Primary health care integration with BH

SECURITY! SECURITY!

- Need to Know takes on whole new meaning
- 45 states (plus D.C., Puerto Rico and Virgin Islands) have security breach notification laws
- Security Breach Crisis Response Plan/Team
- HITECH Act – HIPPA – Meaningful Use

Where do we go from here?

- Security
- Using smart phones and tablet PC's
- Continue to stay abreast of the field
- Telemedicine with smaller agencies w/o medical staff
- Refine and train managers in using the information

Where do we go from here?

- It's the vision of where we want to be that got us where we are today.
- We have to define where information management and EMR fit within the priorities of the agency, especially in fiscally lean times
- Are there opportunities for partnering with other agencies with our like EMR?