Bridging the Digital Divide Between Your EMR and EDR

A panel presentation on best practices for integration

Monday, June 25, 2012
2:00-3:30 pm Eastern | 11:00 am-12:30 pm Pacific

Huong N. Le, DDS, FACP - Dental Director, Asian Health Services
Margaret Drozdowski Maule, DMD, MBA - Chief Dental Officer, Community Health Center, Inc.
John V. Caron, DMD, MPH - Dental Director, HealthPoint
Steven Russell, MEEM, MSHA, CPHIT - Dental EDR-EHR Project Manager, Unity Health System

Moderated by Shane Hickey, Director, Information Technology Assistance, NACHC
What is NNOHA?

• A nationwide network of safety-net oral health providers and their supporters.

• Established in 1991 by a group of Dental Directors from Federally Qualified Community Health Centers (FQHCs) who recognized the need for peer-to-peer networking, services, and collaboration to most effectively operate Health Center dental programs.
What is NNOHA?

• **Mission:** “To improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.”

• Currently about **2,000** members.
What is NACHC?

- The National Association of Community Health Centers (NACHC) organized in 1971. NACHC works with a network of state health center and primary care organizations to serve health centers in a variety of ways:
  - Provide research-based advocacy for health centers and their clients.
  - Educate the public about the mission and value of health centers.
  - Train and provide technical assistance to health center staff and boards.
  - Develop alliances with private partners and key stakeholders to foster the delivery of primary health care services to communities in need.
What is NACHC?

• **Mission:** “To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.”
ASIAN HEALTH SERVICES

Huong Le, DDS
Dental Director

June 25, 2012
Located in Oakland and Alameda, CA
2 locations:
  › Oakland Chinatown
  › campus of the College of Alameda in Alameda
As of 2011, 3,800 unduplicated patients and 13,500 visits
5 FTE dentists, 11 RDA’s, 1 RDAEF, 6 front office staff members
Medical NextGen-went live February 2012 only EPM not complete EHR at this time. Dental has always been on Dentrix since we opened in June 2003.
At this time, we only have a demographic interface.
Never had paper chart, started out with Dentrix.
Stand alone- using all modules: scheduling, billing, chart, digital X-rays, reports
Conducted training before clinic opened in June 2003
  More trainings 6 months and 1 year later.
  When major upgrade took place with the financial module, we had another training.
Current State

- Demographic interface only - only unilateral, not bidirectional
- Dentists can look up medication lists, lab values and appointments in NextGen if needed. Dental cannot make appointments in NextGen.
- Medical can look up appointments but cannot schedule in Dentrix.
- Data reporting: My IT staff uses access database to link to Dentrix’s tables, and then filters based on criteria that was asked to get numbers. Data are copied into the Excel file to make a pivot table or to get the percentage.
Future State

- eRx is coming with Dentrix
- We have identified the level of integration we want:
  - Medications
  - Labs
  - Problem lists
  - Referrals
My IT staff uses access database to link to Dentrix’s tables, and then filters based on criteria that was asked to get numbers. Data are copied into the Excel file to make a pivot table or to get the percentage.

Referral (specialty, medical, pregnant, HIV, etc.) and follow-up tracking is done with Dentrix.

Prescriptions: Dental can see medical on NextGen, medical cannot see dental.
Lessons Learned

- It has a lot to do with when the EHR is implemented in the various departments: implementation around the same time or a wide time gap in between.
  - If dental starts with EHR first, the dental director may have more leverage.
- Selection depends on an organization’s vision, autonomy of various departments, IT, fiscal and billing.
Recommendations

- Work with your IT, CFO, & Clinic Operations team to identify what you all need, what each team is willing to let go, and have a plan. Each Health Center has its own needs.
  - The NNOHA HIT White Paper has a lot of relevant information.
- Before starting, assess your infrastructure, internal resources, and operations.
- Good communication, collaboration and planning with the department is key. Don’t be afraid to try out new things. It is okay to start out with less.
- Talk to colleagues who have gone through a similar process with a similar organizational structure.
- Understand your department’s needs and work collaboratively with other departments within your organization.
Health Choice Network

Farren Glen Hurwitz
IT Business Development Manager
&
EDR Product Specialist

June 25, 2012
Organizational Profile

- Miami, FL
- 43 FQHC’s in 12 states: FL, HI, RI, TX, MD, NM, UT, NC, MO, OCHIN (OR, CA, OH)
- 500+ Dentrix Enterprise Licenses
- 300 + Vitera/Sage Intergy EHR Providers
- Medical EHR: Vitera/Sage Intergy
- Oral Health: Henry Schein Dentrix Enterprise
- Go Live Date: Medical 2000 Dental EDR 2002
- EHR & EDR Integration: HL-7 ADT & DFT
Past State
Prior to EHR Adoption-
• Lost patient charts
• Slow to receive patient charts
• Charts at a different physical location
• Huge amounts of storage space; very costly
• Medical chart different/separate than Dental chart. Huge risk factor when prescribing medications.
• No continuity of care at all across departments & specialties.
Will pushing less paper increase access to care and improve quality?

OR…
Current State

• ADT Interface from Medical EHR into Dental EDR
  o Demographics flow uni-directional real time from medical EHR into dental EDR includes name, SS#, address, sex, phone number, & default dental provider.

• DFT Interface from Dental EDR to Medical EHR
  o Completed charges flow from dental EDR into medical EHR as “Pending Charges” ready for posting.

Challenges

• Lack of clinical integration & appointment information. Must continue to push for medication, allergy, problem list, CCR/CCD, & appointment history.
Future State of Integration

• Additional HL-7 segments to include clinical history, including medications, allergies, CCR/CCD, appointment history, patient alerts.

• API (Application Programming Interface) Maintaining all prescription & allergy history inside our medical EHR. However, having single sign on access to the specific module from within our dental EDR allowing the dental providers to stay in one application and minimizing the need to access the medical EHR.
Improving Patient Care

- Use “Amalga” Data aggregation tool & repository to bridge the gap of integration
Improving Patient Care

Planned Use Case

"Show me those patients that need special attention prior to their visit."
Lessons Learned

• Getting your Medical EHR vendor to play nice in the sandbox with your Dental EDR vendor is not easy.
• Conflicting goals & objectives are a common theme.
• Cost? Who will pay for what?
• Time & effort on both parties.
• Limited resources to focus on project.
• Anything outside of MU is secondary.
Recommendations

• Ongoing pressure from us, the clients. Power in numbers especially from the HCCN’s of the world.
• Project manage the vendors. Hold them accountable with weekly, monthly, & quarterly updates.
• Do your research! Other EDR’s are completely integrated into the medical EHR and so should ours. Don’t be afraid to throw names of other vendors out in the open. Scare tactics are a beautiful thing!
On the cutting edge of Integration?

If you are not on the edge, you are taking up too much room
EDR/ EHR Integration Objectives

- Maintain one billing/collections and A/R system
- Ability to run UDS and practice management reports from one system
- Limit the amount of training required
  - Staff already familiar with Practice Management System
  - Core functions and processes will not change from a practice management perspective
- Easily provide clinicians with the tools not present in the Medical Manager / Intergy system – Clinical Charting
- Ability to view patient’s dental/medical information from anywhere in the organization including medication list
EDR - Development of Dentrix Interface

- HCN assisted with development and testing of the HL7 Interface between the medical and dental software
- HCN is the first Medical Manager / Intergy and Dentrix client to have a bridge between both systems
Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

CHC Inc. Profile:
• Founding Year - 1972
• Primary Care Hubs – 13
• No. of Service Locations - 218
• Licensed SBHC locations – 24
• Organization Staff - 500

Innovations
• Integrated primary care disciplines
• Fully integrated EHR
• Patient portal and HIE
• Extensive school-based care system
• “Wherever You Are” Health Care
• Centering Pregnancy model
• Residency training for nurse practitioners
• New residency training for psychologists

Three Foundational Pillars
Clinical Excellence
Research & Development
Training the Next Generation
Organizational Profile

• Largest FQHC in state of Connecticut
• 13 Primary Health Center Hubs, 7 with dental services
• 130,000 Patients, 410,000 Annual Visits (70,000 Dental)
• 500 Organizational FTE’s Number of FTEs (including dentists, physicians, nurse practitioners, etc)
• Currently using eClinicalWorks and Open Dental
• Rollout timeline

2006
 eCW Medical Rollout

2007
 eCW Behavioral Health Rollout

2011
 eCW/Dental Module Rollout

• EHR & EDR Fully integrated
Past State

- All disciplines used paper charts
- Patient safety issues associated with all paper records
  - Unable to locate charts
  - Transport of charts between sites
  - Illegible chart entries
  - Work load to pull and return charts by support staff
- Paper charts were the “norm”
- Chemical Radiographs
  - 20-30 minute turn around time for process of FMX
  - Endodontics required time to process films
- All pre-auth needed to be sent by mail
- Difficult to do chart audits and complete data on clinical care
Current State  “The Patient lives in eCW, the teeth live in Open Dental”

• All dental visits start in eCW with patient schedule
• The patient lives in eCW but the teeth live in Open Dental
• Share demographics, medications, allergies, problem lists, referrals, labs, imaging, billing charges, patient documents
  – Allows for separation of highly specialized information
  – Patient specific information is fully shared
  – Dental procedure specific information remains customized in Open Dental
• Right hand panel in Open Dental is the main vehicle for overview of medical information
• Radiographs are held in a separate database (Apteryx product, XRVision)
Current State “The Patient lives in eCW, the teeth live in Open Dental”

- No looking for lost paper records
- Chart Audits are easier to execute
- On call provider has access to full patient record
- Productivity unchanged but radiography much faster
- Patient care is enhanced
- Communication with medical providers easier
- Entire record is legible
Future State  data, reports, and more data

• Integration is very good
  – Able to easily communicate with medical providers
  – Medication reconciliation and scripts
  – Last step is to build an interphase to the digital radiography records

• Future
  – Data collection and reporting
    • Treatment delivered and completion rates
    • Outstanding treatments for demand studies
    • Ability to tie back medical diagnosis codes to the dental diagnosis coded (e.g.: how many diabetics have more than 4 pockets that are 5mm or greater)
    • Ability to track oral health of various populations of patients
    • Track treatment completion rates broken down by provider, facility, patient demographics
      • Tracking dental diagnosis prior to dental treatment

• Removal all paper charts
Improving Patient Care

• How does CHCI currently use its IT systems to:
  – Develop population lists (i.e. pregnant women, diabetic patients, HIV patients, etc.)
    ❖ CHCI has built a clinical cube integrated with Sharepoint reporting services to provider agency wide, panel management, outcome measurement, Hypertension, Chronic Pad and Diabetes Dashboards. Dental specifics will be added.
  – Refer patients across disciplines, follow-up & track referrals
    ❖ Electronic referrals or TE to refer pts between disciplines, also to inform pt is not in medication compliance. CHCI has implemented care coordination between schools, medical, dental, behavioral health and care managers with huge success. The IT platform has promoted the team approach of care for all patients across all CHCI services.
Improving Patient Care

• Medication Reconciliation
  – All prescriptions are sent out from eCW.
  – Seen in OD.
  – Any script sent by a dental provider appears both in eCW and OD chart notes and right hand panel.
  – Dental providers reconcile medication and inform medical provider of medication compliance via telephone encounters.
  – Jointly developed Medication reconciliation policy for all CHCI providers.
Lessons Learned

• **Opertory Design**
  
  • Identify the needs of your staff before starting
    
    – Staff computer skills assessment followed by training if needed
    
    – Identifies strong IT users as potential superusers

• Need a strong IT team and dedicated staff for the roll out process

• Need an engaged core clinical super users group to develop workflows

• Need a strong dental director or designee as the “cheerleader” to manage the upcoming change positively

• Need to engage with medical colleagues regarding joint issues such as medication reconciliation and referrals

• Ensure enough time is available for training

• Provide one on one shadowing when rolling out

• Establish policies and guidelines for treatment by students, consents, medical histories

• Develop training manual for all staff and establish new provider training protocols

• Utilize all your resources and ask questions
Recommendations

- Start with introduction of computers into the operatory with digital radiography or entry of medical histories into EMR prior to rolling out dental electronic records
  - Evaluate computer literacy for all staff
  - Determine the complexity of change
  - Evaluate mobile environment
  - Evaluate digital radiography options
- Choose system that is fully integrated with your other services.
- Develop superusers and champions to develop work flow diagrams
- Division of tasks between dental team members
- Evaluate needs for a mobile dental component for both imaging and records
- Allow for remote log ins by dentists to support after hours on call demands and completion of records while away from office
Recommendations

• Develop reports that would identify missing documentation and unlocked notes
• Standardize as much as possible
  – Creation of “Autonotes”
  – Keep policies, consent, and autonotes as living documents
  – Allows for adherence to policies (pain assessment, informed consent, medication reconciliation)
  – Engage champions in design
• Engage in systematic and scaled up roll out time table
  – Allows for identification of workflow improvements
• Allow for remote access into patient records
• Develop a plan for down time
• Develop a plan for removing of paper records
  – Scanning of entire record? Selected portions?
  – Fate of radiographic film
Contact Information

www.chcl.com

Margaret Drozdowski Maule, DMD, MBA
Chief Dental Officer
ph: 860.224.3642 x5167
maggie@chcl.com
Integrating Health Information (the beginning)

John V Caron, DMD, MPH
Dental Director, HealthPoint
June 25, 2012
455 Employees
33.3 fte MD
9.4 fte MidLev
11.6 fte DDS
8.5 fte BH
5.2 fte ND

2011
83,549 Patients
227,784 Visits
159,399 Medical
38,837 Dental
17,788 Behavioral Health
17,760 Complementary Alternative Medicine
Past State:

- Paper everything: dental records, scheduling, medical records
  - Little to no interactivity between systems
  - Reenter patient information at many levels
  - Frustrating to staff and patients
  - Locating records and information a burden
- Electronic scheduling – paper dental - paper medical
  - Still no interactivity unless paper driven
- Electronic scheduling – Electronic medical – Paper dental
  - Paper driven internal referrals
  - Paper medical histories
- Electronic everything: medical, dental, scheduling
Integrating Electronic Health Care Record Conceptual Approach

- Several applications sharing data in real time.
- Shared data entered once.

Diagram showing overlapping circles representing different healthcare domains:
- Administration
- Medical
- Dental
- Patient
- Complementary Alternative Medicine
- Behavioral Health
- Pharmacy

HealthPoint: Your Community Health Center
Integrated Electronic Health Care Record Timeline

- PTSO (Practice Technology Service Organization) 2004
  Support for 5 CHCs
- EPM – NextGen (scheduling/demographics/billing) 2005
- EMR – NextGen (medical) 2006
- EDR – QSI (dental) 2010
- Radiographs – Apertryx (dental) 2010
- QS1 - (Pharmacy) 2012
Application Launcher

NextGen:

- Background Business Processor
- EDR - FHC
- EDR - HPC
- EDR - NCH
- EDR - YNHS
- EHR
- EPM
- File Maintenance
- ICS
- License Manager
- Report Server
- Rosetta Holding Tank
- SetDB
- System Administrator
- Template Editor
- Template Import/Export

Create Shortcuts/Menu Items
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<th>AUDC DP</th>
<th>AUDC NP</th>
<th>AUDC Hygiene 2</th>
<th>AUDC Student</th>
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**6/7/2012 8:14:27 AM**
Future State:

- Radiographs
- Patient education
- EDR, EMR, EPM
Improving Patient Care

- Develop lists of patients needing recall appointments
- Develop lists of pregnant medical patients needing dental appointments
- Schedule Well Child dental visits at the Well Child medical visit
- Tasks from medical to dental and vice versa
- Coordinate and update medications/BP/allergies
- Health care record available to all HealthPoint authorized users in real time
- Medical and dental health education available to patient
Improving Patient Care

**Dental Visits**

- 2009: 35234
- 2010: 34379
- 2011: 38922
- 2012 proj: 41470

**Recall Exams**

- 2009: 5,462
- 2010: 5,743
- 2011: 6,515
- 2012 proj: 9,254

**Well Child Dental Visits (<2)**

Pregnant Medical Patient visits to dental

- 2009: 20.0%
- 2010: 40.0%
- 2011: 60.0%
- 2012 ytd: 80.0%

**Treatment Plans Complete**

- 2009: WCC 40.0% Preg 0.0%
- 2010: WCC 40.0% Preg 0.0%
- 2011: WCC 60.0% Preg 0.0%
- 2012 ytd: WCC 80.0% Preg 0.0%

- Children: WCC 60.0% Preg 0.0%
- Adults: WCC 80.0% Preg 0.0%
Future State (Opportunities):

• Pharmacy integration beyond demographics and eRx
• Patient Oral Health Risk Assessment (CAMBRA)
• Patient vitals in dental (Height, weight, BP) - BMI
• Patient Visit Summary (meaningful use)
PATIENT PLAN
Dental Patient1 Zztest1
06/04/2012 8:56 AM
Visit Type: dental

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today’s visit and other instructions and information we hope you find helpful.

Assessment/Plan
Fractured dental restorative material with loss of material
Avoid sugary and acidic foods and beverages. Brush after every meal. Return as soon as possible for new restoration.

Medications

<table>
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<tr>
<th>Brand Name</th>
<th>Dose</th>
<th>Sig Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Tylenol</td>
<td>325 Mg</td>
<td>take 1 tablet</td>
<td>by oral route every 4 hours as needed</td>
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<tr>
<td>Naproxen</td>
<td>375 Mg</td>
<td>take 1 tablet</td>
<td>by oral route 2 times every day with food</td>
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<tr>
<td>Clindamycin Hcl</td>
<td>300 Mg</td>
<td>take 1 capsule</td>
<td>by oral route every 6 hours</td>
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Allergies

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<th>Allergen/Ingredient</th>
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<tr>
<td>Amoxicillin Trihydrate</td>
<td>Augmentin</td>
<td>Nausea/Vomiting</td>
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Procedures

Sincerely,

John V. Caron DMD
Lessons Learned:

- Staged implementation and integration, not all at once
- In house training facilities for initial and upgrades
- Use on-site experts, super users for minor fixes
- Incorporate IS training as part of new employee orientation
- Use dental assistants to their maximum potential – data entry for all applications
Recommendations:

• Focus on a few interfaces at first – BP, Medications, Allergies
• Initial emphasis on OB, Children, diabetic patients
• Use the built in systems for sharing (tasking, communications, email)
• Consider your source for reports (NextGen, QSI, QS1)
• Consider your source for support (vendor vs PTSO)
Unity Health System
www.unityhealth.org

Steven Russell, MEEM, MSHA, CPHIT
Unity Health System Dental EDR-EHR Project Manager
and NYS Health 17 Grant Manager
June 25, 2012
Organizational Profile

- Unity Health System
  - 681-bed health care network
  - 70 locations in Rochester and Monroe County, New York
  - 12 practices achieved Level 3 Patient-Centered Medical Homes

- 3 Dental Clinics and Mobile Unit
  - 45,000 patient visits
  - 10 dentists, 9 dental hygienists
  - 25 office staff

- Integrated EDR/EHR/HIE Solution
  - QSI EDR and Imaging
  - NextGen EHR and EPM

- Go Live Completed March 2012

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CLIENT VOLUME 2011

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<td>- Hospital</td>
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<td>- Births (included in above)</td>
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<td>- Living Centers</td>
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<td>- Acute</td>
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<td>- Emergency</td>
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<td>- Behavioral Health</td>
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SURGICAL CASES

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CONSOLIDATED FINANCIAL INFORMATION (000's omitted)

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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenues (net)</td>
<td>$524,752</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$291,151</td>
</tr>
<tr>
<td>- Salaries &amp; Benefits</td>
<td>$181,850</td>
</tr>
<tr>
<td>- Supplies &amp; Expenses</td>
<td>$31,801</td>
</tr>
<tr>
<td>- Interest &amp; Depreciation</td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$504,802</td>
</tr>
<tr>
<td>Profit From Operations</td>
<td>$19,950</td>
</tr>
</tbody>
</table>
Past State – “Silos In Care and Information”

- Patient care is provided in separate locations; three Dental Practice locations with paper charts and x-Ray film
- Operational barriers and inefficient workflow complicated the coordination of medical and dental care
- Inefficient and lack of real time communication existed between medical and dental providers for patient care
- Slow adoption of EHRs and increasing pressure to improve operational efficiency, reduce the cost of care, ensure patient privacy, and meet regulatory pressures - while, at the same time, improving the quality of care
- Meaningful Use incentives opportunity driving widespread shift from paper-based records and disparate silos of critical patient information to EDR/EHR solution, “single patient record view”
- Acknowledgment that there was lack of strategic information exchange between dental and medical records or inconsistent information
- Lack tools to engage patients, track results
Path to Current State – “Digital Transition”

**2010**
- Prepare a Dental Strategic IT Plan and System Solution with cross functional team
- Prepare proposal for new dental clinic $750K and secure capital budget
- Obtain Unity Foundation funding for Dental Imaging and EDR $175K
- Complete RFI process and select vendor solutions
- Purchase imaging solution and finalize EDR/EHR implementation plans

**2011 -> 2012**
- Purchase and implement imaging and EDR solution “Phased Approach”
  - Phase 1: Dental Digital Imaging (Backload)
  - Phase 2: EDR/EHR (Test and Production, Implement, Train, Go-live)
- Yellow and Green belt training for dental staff (operational process improvement)
- Train dental staff on system “Train the Trainer, On-line and On-site”
- Transition to all digital workflow and adopt best practices (NNOHA)
- Finalize implementation plan for Stage 1 Meaningful Use and integration of EHR
- Post Go-live evaluation and continuous improvement
- Participation in the QSI-NextGen user forum and sharing lessons learned
Path to Current State – EHR Selection Tool*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description of Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eligible Professional Assessment</td>
</tr>
<tr>
<td>2</td>
<td>Vendor Background Information - Request For Information (RFI)</td>
</tr>
<tr>
<td>3</td>
<td>Review of Meaningful Use (MU) Core &amp; Menu Set Objectives</td>
</tr>
<tr>
<td>4</td>
<td>Review of MU Clinical Quality Measures</td>
</tr>
<tr>
<td>5</td>
<td>Vendor Response to MU Certification and Reporting Measures</td>
</tr>
<tr>
<td>6</td>
<td>Vendor Response to NNOHA's Proposed Clinical Quality Measures for Oral Health</td>
</tr>
<tr>
<td>7</td>
<td>Vendor Response to EDR-EHR Practice-Specific Requirements</td>
</tr>
<tr>
<td>8</td>
<td>Vendor Response to Qualitative Requirements</td>
</tr>
<tr>
<td>9</td>
<td>Vendor Response to Vendor Solution Cost</td>
</tr>
<tr>
<td>10</td>
<td>Vendor Selection Criteria and Summary Ratings</td>
</tr>
</tbody>
</table>

*NNOHA Electronic Dental Record (EDR)/EHR selection tool is a multistep process that will guide members and other interested stakeholders in evaluating and selecting an EDR/EHR for oral health programs and assist dentists (an eligible professional (EP), in determining eligibility for the Medicare and Medicaid EHR incentive programs.

Checklist for EDR/EHR Selection Process

- Define EDR/EHR system and Meaningful Use requirements
  - Clinical, care management & treatment planning requirements
  - Front-office and Back-office requirements
  - Image capture equipment
  - Integration among above
- Identify key stakeholders & decision makers
- Develop business model and ROI
- Estimate funding needs and key resources
- Identify alternative vendors
- Research basic & advanced software capabilities
- Vendor selection
  - Request for Information (RFI)
  - Define criteria for selection
  - Demonstrations / Presentations
  - Check references / Site visit
  - Evaluate and select the best alternative
- Negotiate the best deal possible
  - Request a detailed price quote
  - Provide necessary data for price quote
  - Ensure quotes are complete: software, service, training, etc.
  - Compare quotes on an equivalent basis
  - Request the vendors’ software license agreement (SLA)
- Financing: Philanthropy sources, Meaningful Use incentives, Capital and operational funds
Current State - Dental System Solution

- Patient charts and images are viewable at each location chair side
- Remote Unity IT support for each location
Current State - Dental Imaging System

Planmeca ProOne Digital Pan

QSI Digital X-Ray Imaging / Apteryx Imaging

Epson Dental Film Scanner 10000xl transparency unit

ScanX Intraoral / Pan

Gendex Digital Sensors

QSIDental Intraoral Camera
Current State – NextGen EDR-EHR Software

- **Single Solution:** EHRs for both dentists and physicians and practice management

- **Centralized Reporting:** UDS, HDC, FQHC, DOQ-IT, PQRS, Ryan White and quality outcomes analysis and HEDIS measures

- **Simplified UDS Reporting Data:** BPHC-required user, staffing and financial tables; stores UDS reports as submitted

- **Centralized Appointment Scheduling:** single appointment management system, access to schedules across an entire health organization

- **Comprehensive Electronic Medical Record:** Features extensive knowledge bases for various medical specialties

- **Comprehensive Health Maintenance and Disease Management:** includes preferred workflows and care plans, patient education

- **Automatic Entry:** automatic entry of services from the electronic dental records (CPS) and EHRs (NextGen® Ambulatory EHR)

- **Enhanced CHC Encounter Billing:** to UGS / Medicaid programs for medical & dental services, with auto claim splits for carve-out services

- **Centralized Prescription Management:** drug management area for patients; track meds dispensed, patient allergies and drug interaction

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NextGen™ Electronic Dental Record (EDR) is the dental complement to the NextGen™ Ambulatory EHR and NextGen™ Practice Management solutions
Current State – Mobile Medical & Dental Unit

- Mobile unit provides medical and dental care to 9000 homeless individuals
- Features EDR, advanced digital imaging and secure wireless communication
- Educational material and family entertainment
- Wheelchair accessible
Future State – “HIE Hub Integration”

Goals

• Complete NYS Health 17 Unity – RHIO – NYS SHINY HIE Project in 2012

• Provide “Single Patient View”

• Improve patient engagement and care coordination

• Improve “Point-of-Care” analytics

• Improve communication, reduced errors and redundancies

• Improve patient care and satisfaction
Future State – Dental Semantic Interoperability

• Continue pursuit of efficient, lower cost Health Information Exchange (HIE)
• Improve semantic interoperability (SNODENT, SNOMED, ICD-10, other)

Diabetes and Oral Health Problems

The more severe form of gum disease is called periodontitis. When you reach this stage, your gums begin to pull away from your teeth. Pockets form between your teeth and gums. These fill with germs and pus, and deepen. When this happens, you may need gum surgery to save your teeth. If nothing is done, the infection goes on to destroy the bone around your teeth. The teeth may start to move or get loose. Your teeth may fall out or need to be pulled.

Is There an Association Between Gum Disease and Diabetes?

For the nearly 24 million Americans that have diabetes, many may be surprised to learn about an unexpected complication associated with this condition. Research shows that there is an increased prevalence of gum disease among those with diabetes, adding serious gum disease to the list of other complications associated with diabetes, such as heart disease, stroke and kidney disease.
Lessons Learned

• Better information produces better outcomes
  • Fully integrated, single patient view, patient record and care model
  • Data integrity and security must remain a high priority
  • Secure access to EHR and HIE for vital patient information
  • Semantics and vocabulary as a foundation for analytics
  • Mobility is important and EHRs are moving beyond “view only” apps
Recommendations – “Break Down the Silos”

• Liberate Data: Interoperability among disparate EMRs, internal HIE, eMPI, SSO, Longitudinal Patient Record

• Link Care Settings: Virtual health care record accessible to community care zone partners, and streamline communication transitions of care

• Synch Protocols: Shared decision support tools, shared gaps in care alerts, care management

• Patient view of care: Easily accessible portal, patient data upload, education, provider communication, practice communication

Integrating Medical and Dental Records: A New Frontier in Health Information Management

Integrating records of systemic and oral health would improve patient care. It would also open up a new frontier in health information management.

A fully integrated patient record and care model for both systemic health (medical) and oral health (dental) is needed for health information technology (HIT) standards, implementation and interoperability to avoid discrepancies between records and to support quality of care, safety, and cost reduction initiatives.

—Project on Clinical Data Integration Articulating Dental and Medical Care and Data for Patients, 2009
NNOHA HIT Resources

- Main page: www.nnoha.org
- HIT webpage: http://www.nnoha.org/practicemanagement/hit.html
  - EDR/EHR selection tool
  - EDR/EHR matrix
NACHC HIT Resources

• Main page: www.nachc.com
• Planning to attest for Stage 1 Meaningful Use measures in 2012? If so, you cannot afford to miss our NEW vendor specific webinars designed exclusively for Health Centers!
  – eClinicalWorks: From AIU to Stage 1
    June 28, 2012 – 2-3:30PM, EDT
    Online registration deadline: June 26, 2012
  – NextGen: From AIU to Stage 1
    June 29, 2012 – 2-3:30PM, EDT
    Online registration deadline: June 27, 2012
Questions?

• Please type your question into the Q & A box. Who is your question for?
  – Dr. Le
  – Mr. Hurwitz
  – Dr. Maule
  – Dr. Caron
  – Mr. Russell
  – Mr. Hickey (moderator)
Contact Us

• NACHC:
  – Shane Hickey, Director, Information Technology Assistance
    • shickey@nachc.com

• NNOHA:
  – Mitsuko Ikeda, Project Director
    • mitsuko@nnoha.org