

# FADAA Training

## Session 1 Introduction to Electronic Health Records (EHRs)



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## Introduction

“To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that within five years, all of America’s medical records are computerized ... It just won’t save billions of dollars and thousands of jobs – it will save lives.”

President Elect Obama  
(January 5, 2009)

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## What is an EHR?

- An Electronic Health Records (EHR) is “a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.”

HIMSS, 2010

- Colloquial Definition – Computer records in doctors offices that can talk to pharmacies, has decision support, talks to hospitals, improves quality, decreases costs, and saves the world

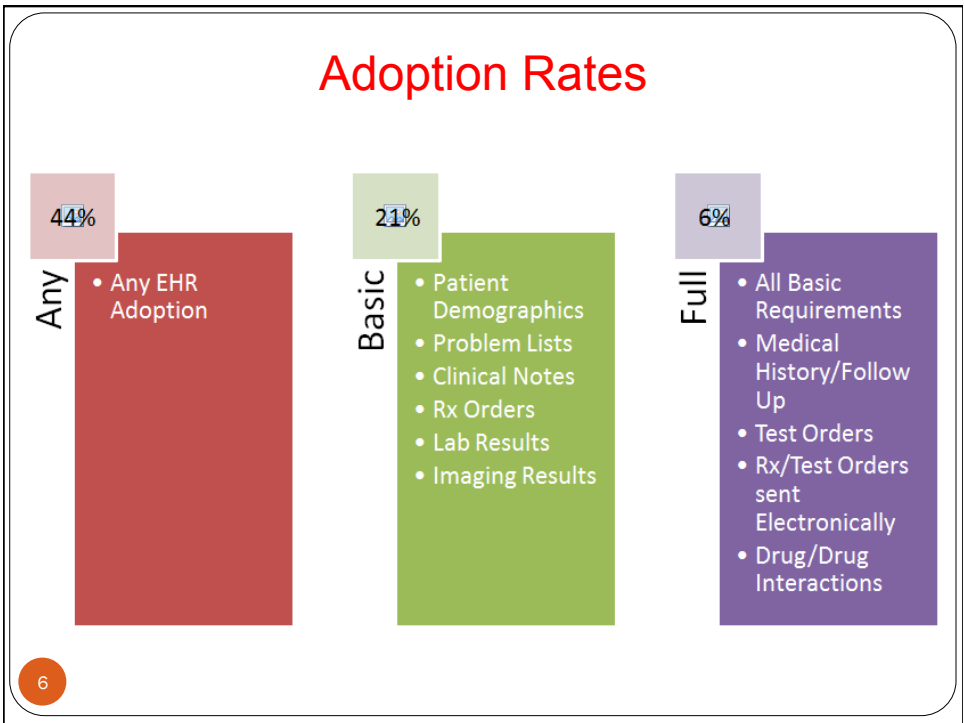
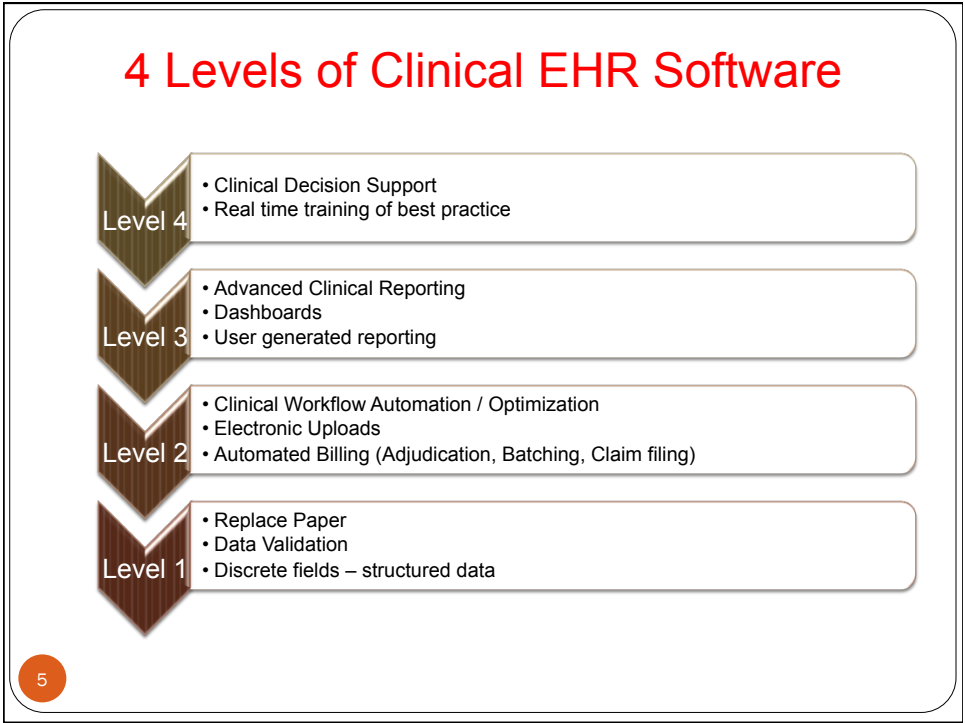
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## WITS

### Web Infrastructure of Treatment Services

- Open Source – Full Electronic Behavioral Health Record
- Developed by SAMHSA from 2001 – 2004
- Data system that populates State and Federal required data elements as a byproduct of the clinical care process
- Reusable, collaborative model, ensures constant evolution

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## Benefits of using EHRs

### Potential Productivity & Financial Improvement

- Fewer chart pulls
- Improved efficiency of handling client communication and information
- Improved billing
- Reduced transcription costs
- Improved coding of visit

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<http://www.centerforhit.org/online/chit/home/cme-learn/tutorials/ehrcourses/ehr101/benefits.html>

## Benefits of using EHRs

### Quality of Care Improvement

- Point-of-care decision support
- Rapid and remote access to patient information
- Easier chronic problem management
- Integration of evidence-based clinical guidelines

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## Benefits of using EHRs

### Job Satisfaction Improvement

- Fewer repetitive, tedious tasks
- Less "chart chasing"
- Improved intra-office communication
- Access to patient information while on-call or different facility
- Easier compliance with regulations
- Demonstrable high-quality care

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<http://www.centerforhit.org/online/chit/home/cme-learn/tutorials/ehrcourses/ehr101/benefits.html>

## Benefits of using EHRs

### Customer Satisfaction Improvement

- Quick access to their records
- A more efficient office leads to improved care access for patients
- Improved continuity of care
- Improved delivery of patient education material

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<http://www.centerforhit.org/online/chit/home/cme-learn/tutorials/ehrcourses/ehr101/benefits.html>

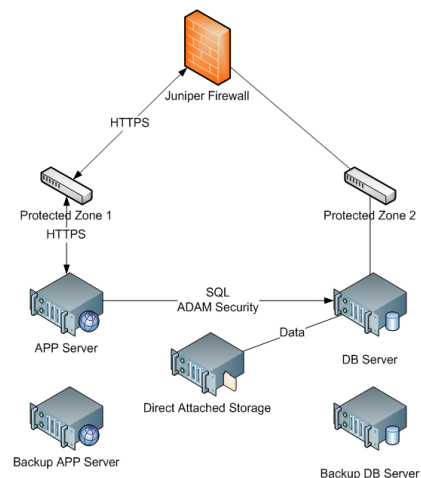
## Examples of WITS Time Saving Benefits

- **Alaska Quarterly Reports**
  - Prior to WITS, required paper reporting took 2 weeks, now reduced to ~30 seconds
- **Illinois Billing**
  - Prior to WITS, provider payments took 3 months to process and distribute, now reduced to 1 week using automated adjudication
- **Clinicians time spent generating narratives**
  - Assessment narratives automatically generated from DENS ASI, reduces time by ~20 minutes per patient per clinician

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## WITS Hardware and Software

- Web-based
  - No special hardware or software requirements for providers or clinicians – only requires PCs with Internet Explorer 6 or higher.
- State-hosted
  - Application and database servers are managed by the State, eliminating the administrative and technical burden for providers.
- State-owned
  - The WITS system was purchased and is owned by the state and made available to providers at no additional cost, freeing up provider funds for improved patient care.



## Cost and Cost Offset (Salt Lake County, UT)

SLCo SA TX Cost	\$25,000,000
SLCo EHR Cost as %	1.35%
Apply National Average (5%)	\$1,250,000
Apply SLCo EHR Cost (1.35%)	\$337,500
<b>Net Savings</b>	<b>\$912,500</b>
Gained TX Admissions	203
Due to Savings (\$4,500)	

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## HITECH... and Meaningful Use

- The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 was a part of ARRA
- Allocated funds to spur the adoption of electronic health records - mostly administered through ONC and CMS
- Incentive Payments for **Meaningful Use** are administered through CMS
  - Medicare: Maximum Incentive = \$44k/physician
  - Medicaid: Maximum Incentive = \$63k/physician
  - Incentives will be paid 2011- 2016, then penalties will begin
- Meaningful Use Rules were released July 13, 2010

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## Basically...



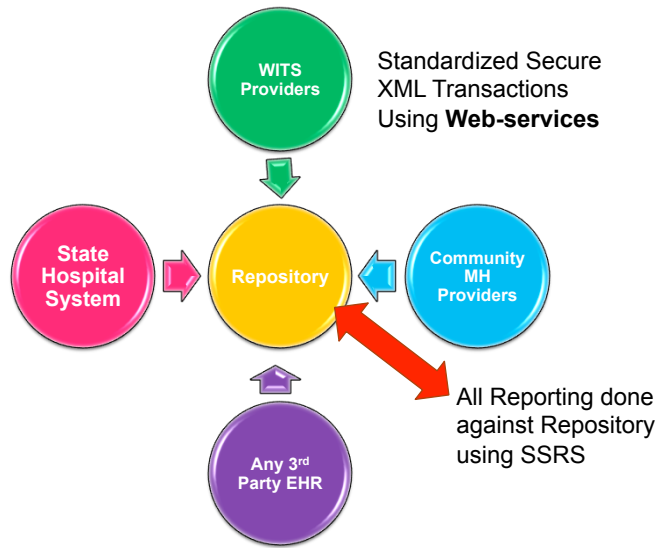
## Clinical Business Intelligence Capability in EHR Tools Enables Decision Support as Required by 'Meaningful Use'

According to Gartner, IT investments required [by the American Recovery and Reinvestment Act of 2009] are expected to include **clinical business intelligence** among the many capabilities available in EHR offerings (17 March 2009)

### Value of Clinical Business Intelligence in the Delivery of Patient Care

- **Integration** – merges clinical and financial data to allow providers to make more informed decisions
- **Risk mitigation** – performs data analysis to see into the future and be predictive in order to avoid risks
- **Performance management** – tracks and measures clinical performance and how it directly impacts patient outcomes
- **Collaboration** – enhances the ability of providers to work together to monitor the progress of patients

## State Data Repositories



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## Standardized Data Exchange – Interoperable Systems



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## Future Direction Patient Centered Medical Homes

- Behavioral Health community will interact with primary care
- Necessary to share patient data electronically through consented referrals
- **Triple Aim:** Improved Patient Outcomes, Reduced Cost, Better health for populations
- BH providers are required to collect, store and send patient data on a 24 hour basis – prime importance of EHRs