

HIE Planning Pilot Grant

Washington County Regional Medical Center Collaborative





Primary Applicant: WCRMC

- Rural 56-bed hospital located in Sandersville
- Only hospital in region
- Physicians on staff practice in Washington, Johnson, Hancock, and (soon) in Wilkinson
- Hospital has some bits and pieces of an EMR, but no integration among departments or access by other providers

Challenges

Poverty – 19% percent average

Percentage Medicaid – 32.2%

Uninsured – 22%

Average daily census – 32

Revenues – 90% 'Caid/'Care

Continued viability

Little money for non-essentials



Why a planning grant?

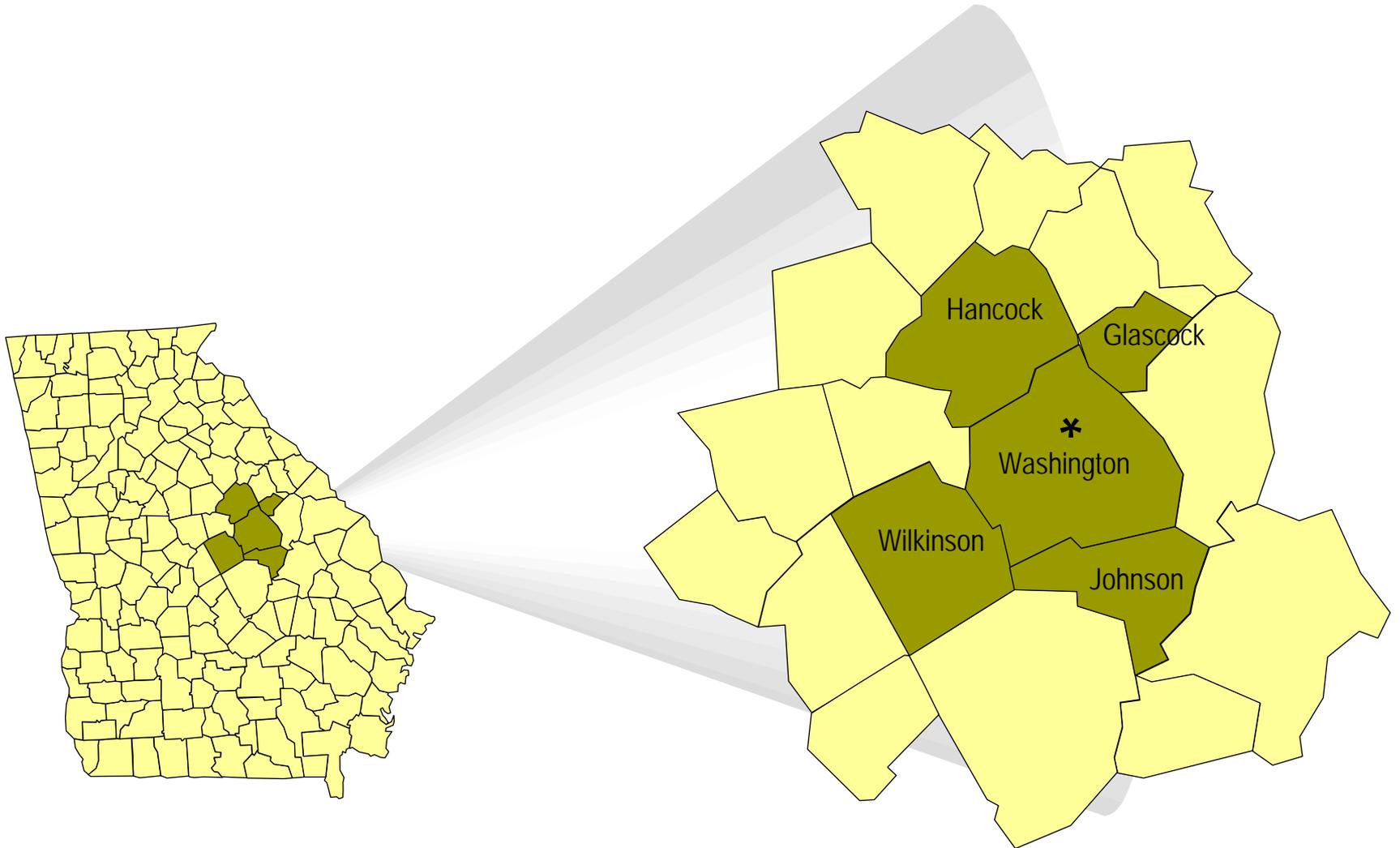
- ❑ We need doctors and new doctors expect technology
- ❑ Geographic isolation/separation – EMR will provide immediate access from the provider's location in this very rural part of the state
- ❑ There's no extra money – hospital reports collecting .37 for every Medicaid dollar billed
- ❑ We need a common vehicle if we intend to improve communications and quality
- ❑ We need to work together – EMR will cement the relationships at a time when this is critical to continued viability
- ❑ Commitment and buy-in are critical to success

The great leap

- ❑ Everything is currently on paper (except radiology)
- ❑ We depend on fax or voice for test results
- ❑ We have poor communications with nursing facilities (ten in region) and health departments
- ❑ Some doctors live 25 or more miles from the hospital



The WCRMC Collaborative





Collaborative members

- ❑ Hospital
- ❑ All WCRMC staff physician offices in Washington and Johnson Counties
 - Hancock and Wilkinson
- ❑ All Community Health Centers – Johnson, Washington, Hancock, Glascock, Wilkinson
- ❑ All health departments in the service area
- ❑ All nursing homes in the service area

Project mission

- Through the implementation of an electronic medical record, project partners will create a dynamic medical communications system that will:
 - Improve quality of care and patient safety;
 - Improve reporting capabilities;
 - Ensure privacy and security of patient health information;
 - Help ensure provider viability and continued access to our underserved populations; and
 - Provide efficiencies and economies in record keeping.

Project vision

- ❑ WCRMC and its collaborating facilities and providers will be a model for other rural hospitals in their development of a shared EMR



The planning process

- ❑ Identify current state of technology for all collaborative members
- ❑ Identify what hospital has to do to bring current elements into one platform
- ❑ Set up 12 monthly meetings with all stakeholders



Planning: a '12 step' program

- ❑ Identify IT capabilities – hospital/collaborative members
- ❑ Identify needs/desires per stakeholder
- ❑ Prioritize needs
- ❑ Identify barriers and risks
- ❑ Identify ROI
- ❑ Define role-based access
- ❑ Identify needs for training/education for users
- ❑ Identify security issues
- ❑ Identify EMR best practices, means of maximizing use
- ❑ Plan transparency and communication with patients
- ❑ Identify potential vendors and RFQ process
- ❑ Select vendor

Tight timeframe - specific duties for each month of the year

November 2007

□ Collaborative/Executive Committee

- stakeholder strategic planning session for project overview
 - establish timeline, finalize dates for meetings
 - IT, HIT, Hospital Consultant will facilitate
 - Homework: identify technology capabilities

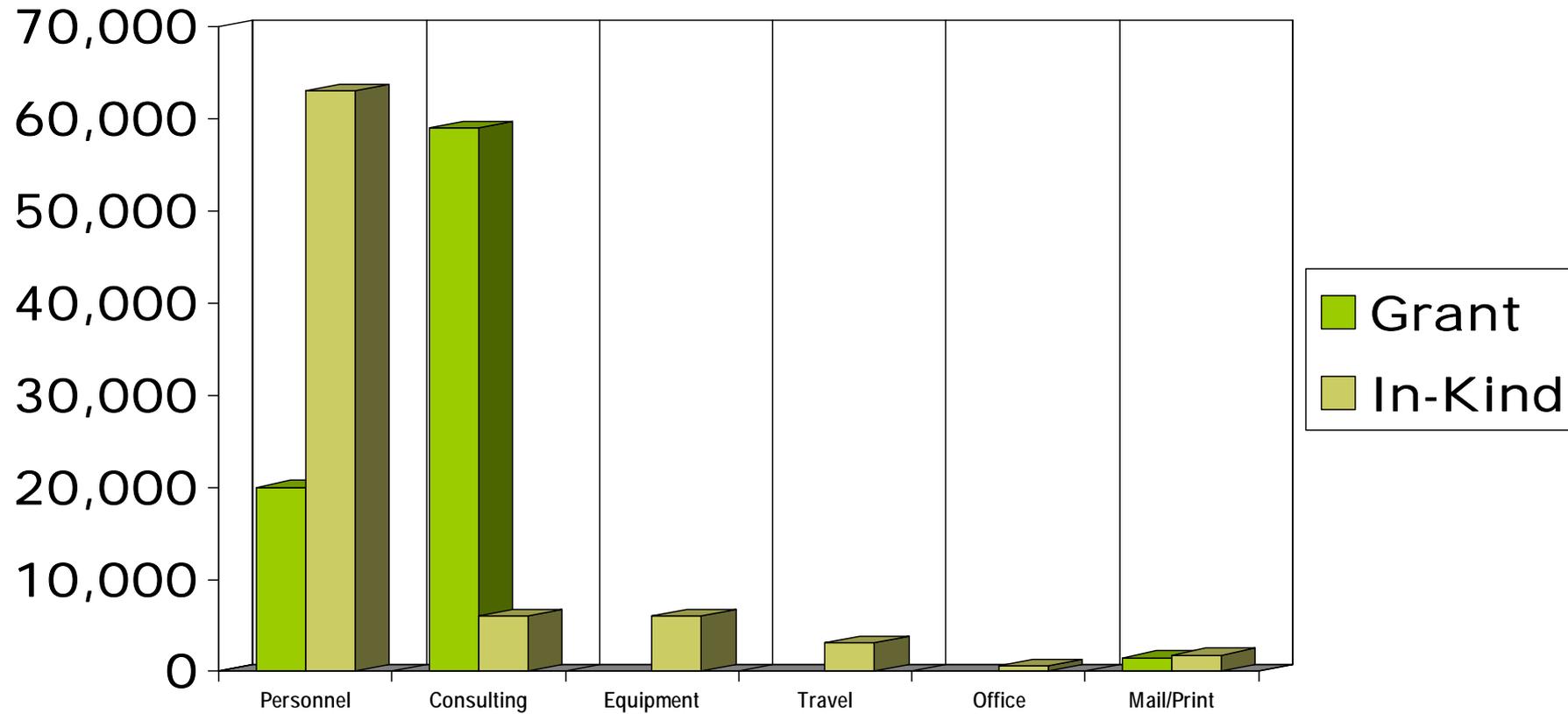
□ Executive Committee/Project Manager

- Identify potential consulting firms
- Conduct technology assessment at hospital to leverage existing technology and hold down implementation costs

Project management

- Dedicated project manager - .5 FTE In-Kind
- Administrative support – 1.5 FTE – In-Kind
- Assistance for kick-off
 - IT Consultant, RHIA, MHA for strategic planning
- EMR Consultant to steer process
- Standard project management tools
- Monthly homework/goals

Budget = \$161,000



Evaluation by collaborative

- Formal evaluation of each element of project from participation to on-time deliverables
- Formal evaluation of goals
 - Cost-savings/Cost-effectiveness?
 - EMR meets needs/requirements/best practices?
 - Better coordination of care?
 - Solidification of service area?
 - Potential to reduce risk of security issues and medical errors?

Evaluation continued

- Improved chances of recruiting newly trained physicians?
- Did we maintain stakeholder participation?
- Did we advance public health integration?
- Are we more viable?
- Do we have a vendor selected?





State view

- ❑ Replication: can this model work in other areas?
- ❑ Did we submit reports in a timely manner?
- ❑ Was money spent according to budget?

TECHNOLOGY - TRANSPARENCY



THANKS