Electronic Health Records Implementation’s effect.

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*Our Mission:* “To provide quality healthcare and education, improve the overall well-being of the family, bringing the underserved, ethnically diverse communities into the mainstream of our society, through a caring, effective, culturally and linguistically competent manner, respecting the dignity of all patients.”

*History:* Clinic formed in 1990 under La Maestra Amnesty Center. The need for culturally competent healthcare was identified by Student Council representing over 12,000 students who participated in legal residency and citizenship programs, ESL, VESL, job training at LMAC.

*First Clinic, opened 1990*

*LEED Certified Gold Health Center, opened 2010*
- 7 medical and 10 dental sites; 4 school-based clinics; Hope Clinic (Access Point for Homeless) in San Diego communities:
  - City Heights
  - El Cajon
  - National City
  - Lemon Grove
- Mental health services onsite & via telehealth
- Digital Imaging – mammo, X-ray, ultrasound, dexa and CT scan
- Mobile clinic – medical, dental, optometry, telehealth
- Mobile mammogram coach - first in San Diego
Evolution of the EHR

Resource: Smartbear.com
Medical Record’s evolution.
La Maestra EHR

- When did La Maestra adopt EHR?
  Summer 2012
- What EHR is La Maestra Using?
  NextGen® Healthcare
What has EHR allowed us to do?

1. Stratification of patients by Risk.
2. Coordinated care team approach.
3. Development of more efficient workflows.
5. Coordination of Care.
6. Tracking of care and quality outcomes.
7. Easier implementation of best practices.
EHR utilization and LM outcomes.
1. Access to care

60% of Patients indicated best served in a language other than English in 2017
2. LM 2017 Population Demographics

- At least 66% of Patients earned at or below 100% Federal Poverty Level
- 21% of Patients Uninsured, 77% have Medicaid or Medicare
- At least 60% of Patients preferred a language other than English
- 60% of patients were Female
- 3.8% of patients (1,866) were Homeless
3. How have LM been able to use EHR for quality?
## Preventive Health Care

### Children and Adolescents
- Annual weight assessment and counseling
- BMI Recorded per encounter
- Well Child Visit 6-24M
- Well Child Visit 1-6Y
- Well Care Visit 12-21Y
- Access to PCP 12-24M
- Access to PCP 25M-6Y
- Access to PCP 7+1Y
- Access to PCP 12-13Y
- Childhood Immunizations by 2Y
- Adolescent Immunizations by 13Y
- HPV for females 9-13Y
- Lead screening <2Y
- URI treatment 3M-18Y
- Strep test for pharyngitis
- ADHD medication followup

### Women and Adolescent Girls
- Chlamydia screening 16-24Y
- Cervical cancer screening 21-64Y
- Breast cancer screening 40-74Y
- Prenatal care (informational only)
- Postpartum care (informational only)

### Adults
- Annual weight assessment and counseling 18-74Y
- BMI Recorded per encounter
- BP Check per encounter: Avoidance of antibiotics for acute bronchitis 18-64Y
- Colorectal cancer screening 50-75Y
- Monitoring persistent meds >10Y
- Access to preventive/ambulatory health services
- Staying Healthy Assessment Signed Date: 04/25/2018

### Seniors
- Care for older adults >= 66Y
- Glaucoma screening >65Y
- Osteoporosis management in women with fracture >67Y
- Flu Shot
- Pneumococcal Vaccine

## Condition-Specific Care

### Asthma
- Use of appropriate meds 5-64Y
- ED Visit
- Inpatient Encounter
- Patient Visits with med dispensing
- Medication dispensing

### Diabetes
- LDL-C
- Eye Exam
- Foot Exam
- Hba1c Exam
- Medication dispensing

### Cardiac
- Beta-blocker treatment 18Y
- LDL Screening 18-75Y
- Controlling high blood pressure

### Rheumatoid Arthritis
- Anti-Rheumatic drug therapy

### COPD
- Spirometry testing >40Y

### Tobacco Users
- Smoking cessation >12Y
- Tobacco Screening

### Depression
- Antidepressant med mgmt >18Y
- Screening for PHQ-9

### Substance Dependency Screening
- Dependency Screening (GBIRT)
Quality!

<table>
<thead>
<tr>
<th>Metrics</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (HbA1c compliant)</td>
<td>56.64%</td>
<td>75.39%</td>
<td>70.13%</td>
<td>70.69%</td>
</tr>
<tr>
<td>HTN (Last BP &gt; 130/90)</td>
<td>65.72%</td>
<td>64.81%</td>
<td>67.33%</td>
<td>71.13%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>52.79%</td>
<td>50.95%</td>
<td>51.70%</td>
<td>56.22%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>33.61%</td>
<td>51.33%</td>
<td>51.37%</td>
<td>54.32%</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>14.37%</td>
<td>42.11%</td>
<td>60.51%</td>
<td>60%</td>
</tr>
</tbody>
</table>

La Maestra CHC Quality Compliance 2014 Vs 2017

![Graph showing quality compliance metrics for different health conditions between 2014 and 2017.](image-url)
4. Reporting!

**UDS Report 2013**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Childhood Immunization</th>
<th>Total Number of Patients with 3rd Birthday During Measurement Year (a)</th>
<th>Number Charts Sampled or EHR Total (b)</th>
<th>Number of Patients Immunized (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December)</td>
<td>461</td>
<td>70</td>
<td>47</td>
</tr>
</tbody>
</table>

**UDS Report 2014**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December)</td>
<td>458</td>
<td>458</td>
<td>302</td>
</tr>
</tbody>
</table>

**UDS Report 2017**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Childhood Immunization Status (CIS)</th>
<th>Total Patients with 2nd Birthday (a)</th>
<th>Number Charts Sampled or EHR Total (b)</th>
<th>Number of Patients Immunized (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday</td>
<td>502</td>
<td>502</td>
<td>240</td>
</tr>
</tbody>
</table>
The Price paid...

1. More ancillary staff needed (Quality Improvement, Population Health, Case management, Scribes, IT, EHR super users, etc.)
2. Reduced of productivity.
3. More demands for reporting that are time consuming.
4. Provider and staff burn out.
Best Practices

More Ancillary Staff has been used for:

• Engagement of the different stakeholders able to influence the better utilization of the EHR system as a project have to be ensured and monitored.
• Increasing competency of stakeholders on ICT.
• Utilization of standing orders to allow staff to work to the top of their license.
• Adoption of team care standards has allowed the utilization of the extra staff for the benefit of patient care.
Best Practices

Reduced productivity and prevention of provider burnout:

- Care team approach has allowed provider to be able to work more effectively.
- Co-visits (nurses-provider)
- Increasing the efficiency and use of EHR so that clinicians can spend more time interacting with patients.
- Establishing scheduling teams.

More demand for reporting that are time consuming:

- The formation of a multidisciplinary team (LM SSRS team). That allows the reporting to be more efficient.
- SSRS team has adjust EHR workflows to allow quality of care and at the same time proper reporting.
Thank you!!