Electronic Health Records Implementation's effect.

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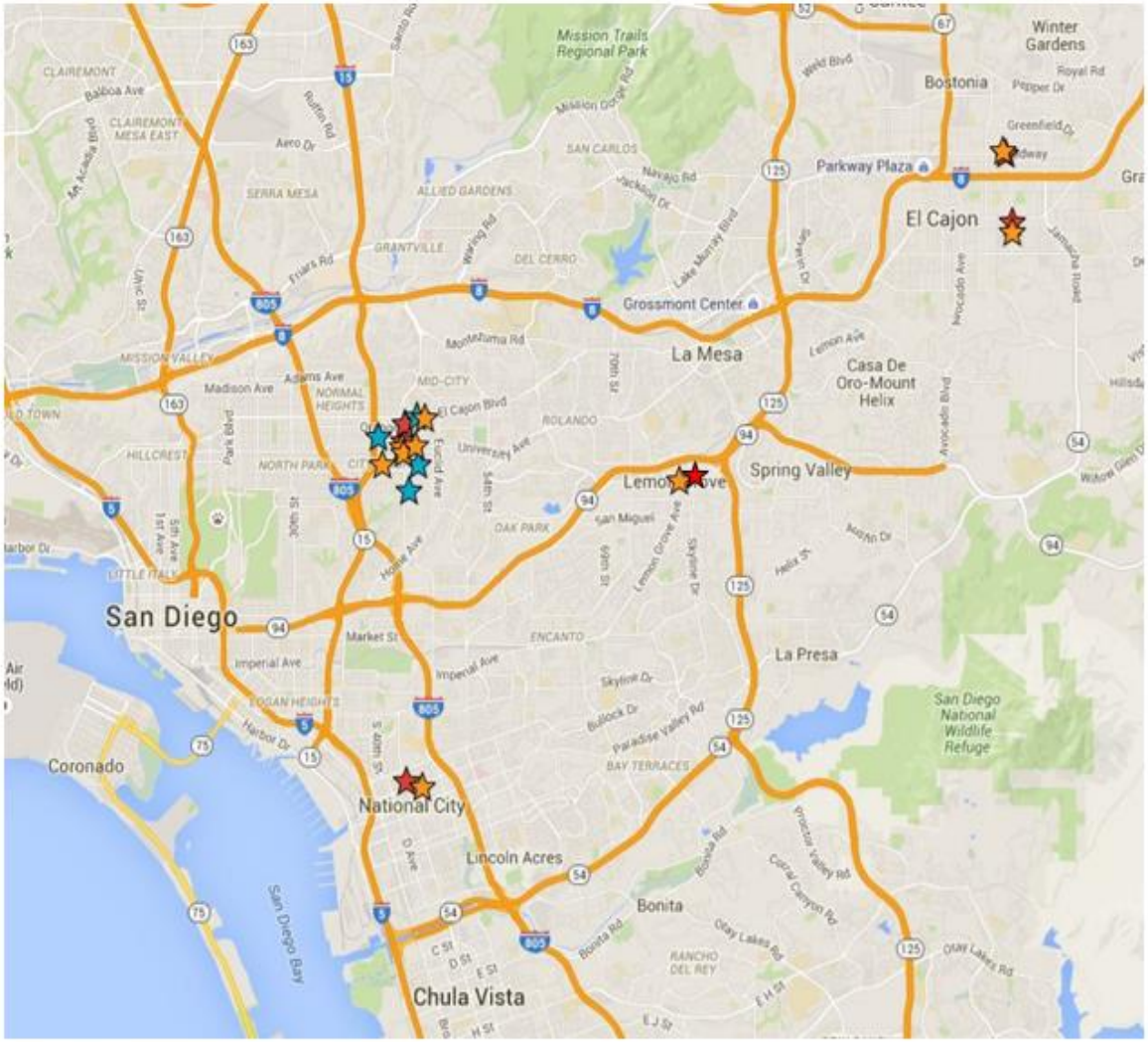
La Maestra

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 mammo coach - first in San Diego

Evolution of the EHR

Resource: Smartbear.com

Medical Record's evolution.

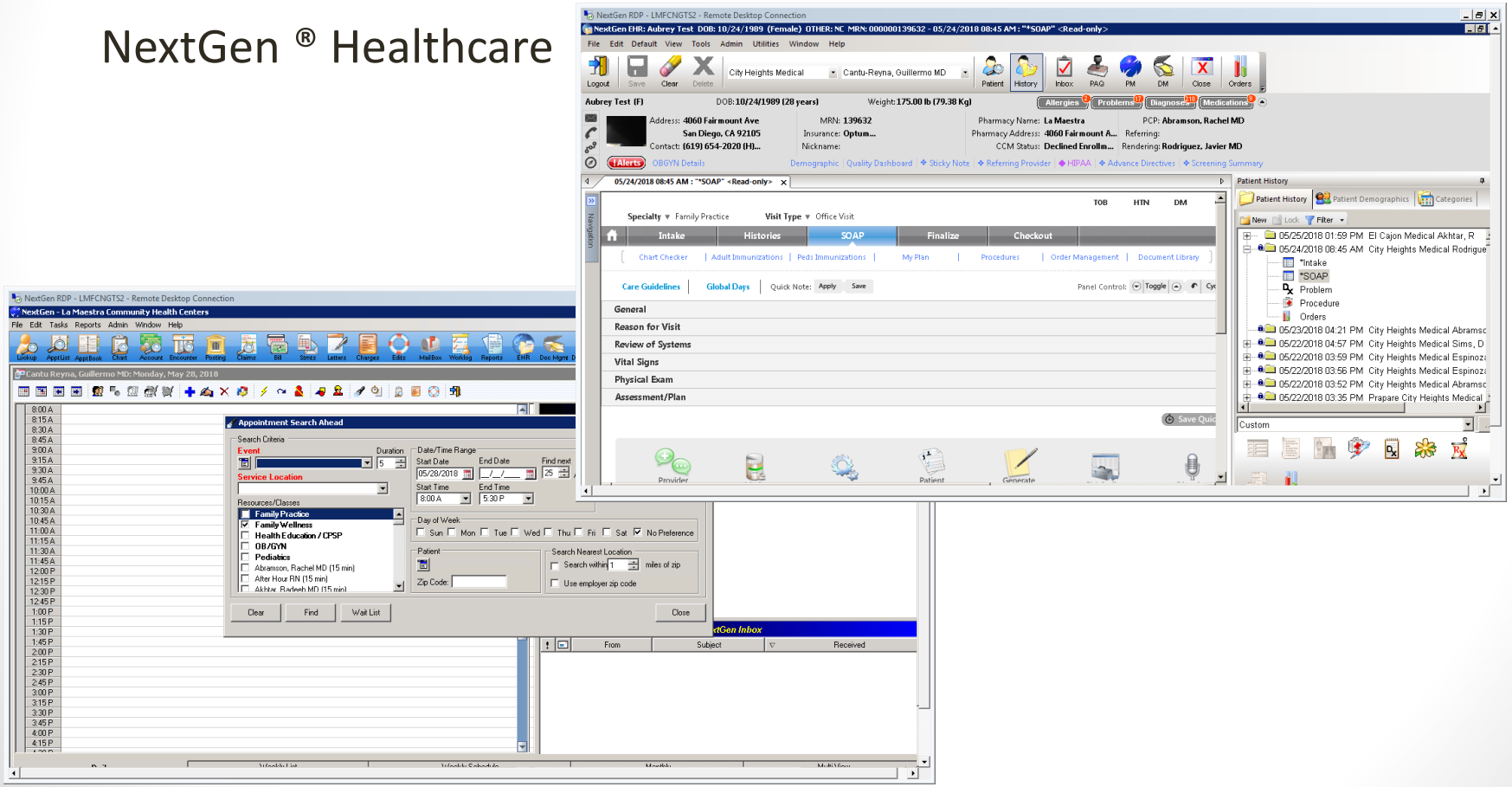
La Maestra EHR

- When did La Maestra adopt EHR?

Summer 2012

- What EHR is La Maestra Using?

NextGen ® Healthcare

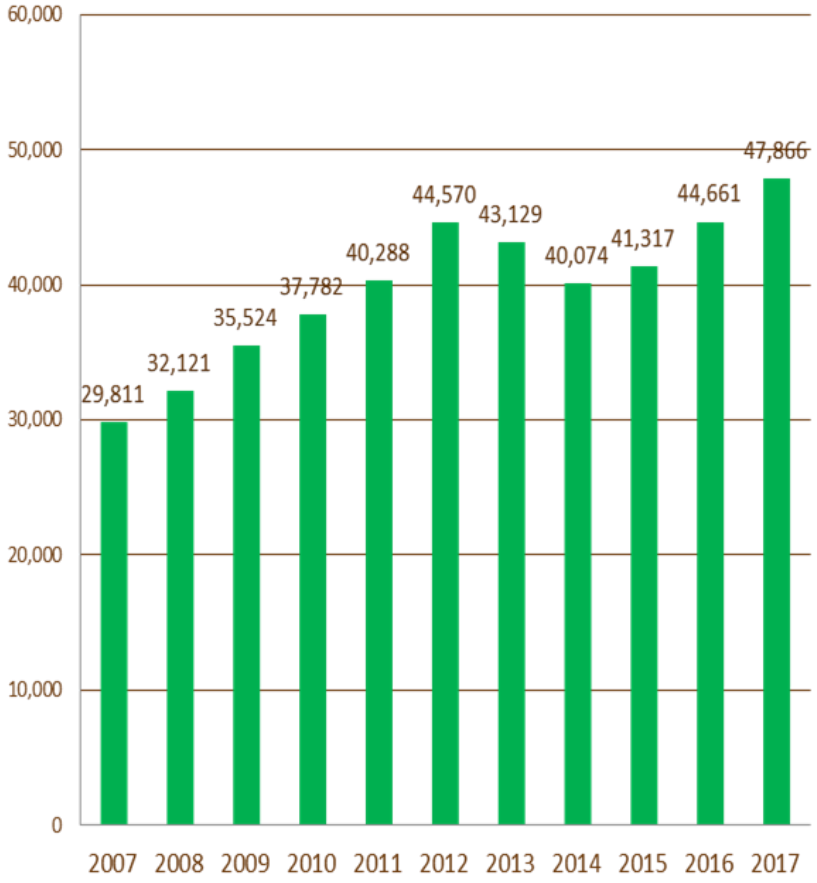


What has EHR allowed us to do?

1. Stratification of patients by Risk.
2. Coordinated care team approach.
3. Development of more efficient workflows.
4. Allows patient engagement.
5. Coordination of Care.
6. Tracking of care and quality outcomes.
7. Easier implementation of best practices.
8. Collection and utilization of Social Determinants of Health.
9. In general: Population Health Management.

EHR utilization and LM outcomes.

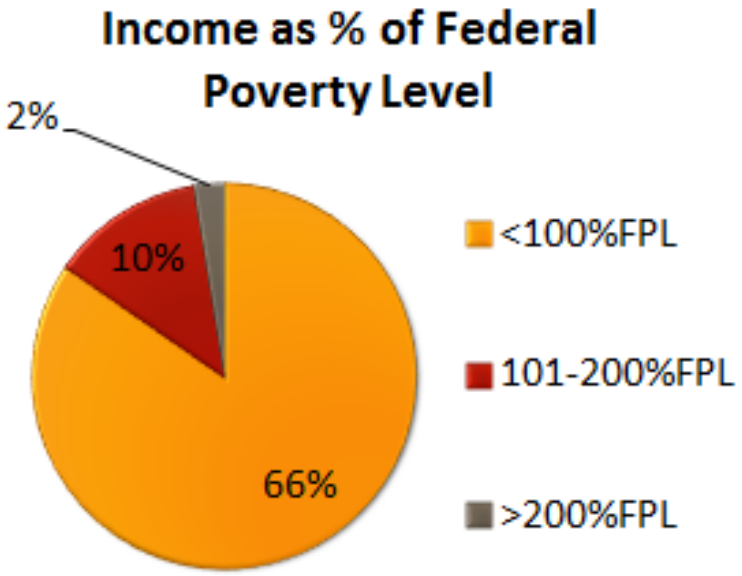
1. Access to care

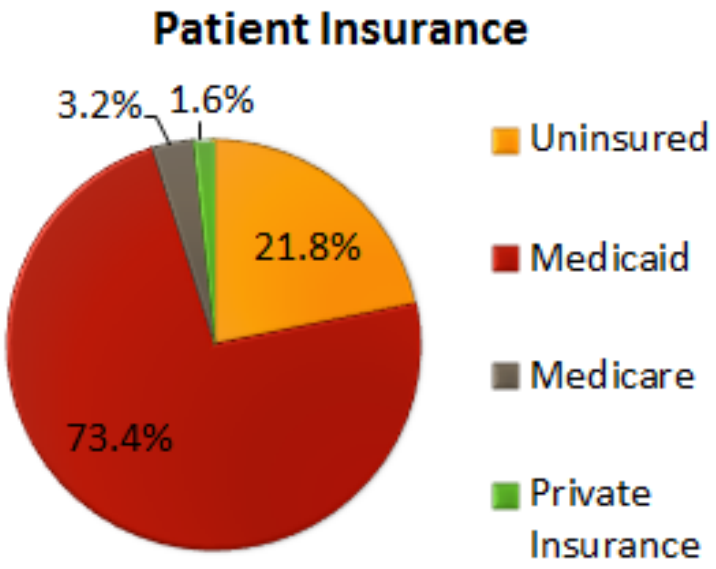


60% of Patients indicated best served in a language other than English in 2017

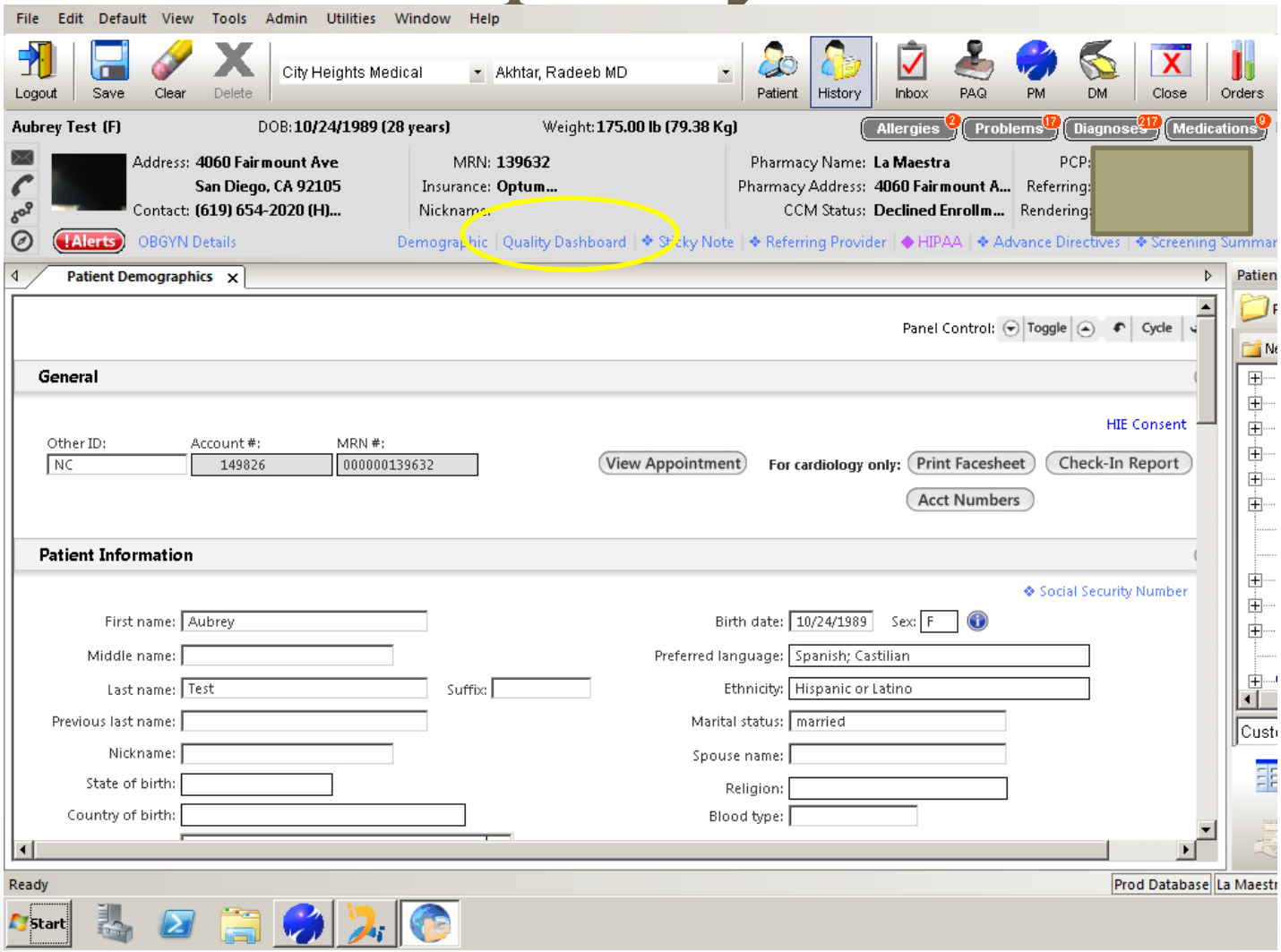
2. LM 2017 Population Demographics

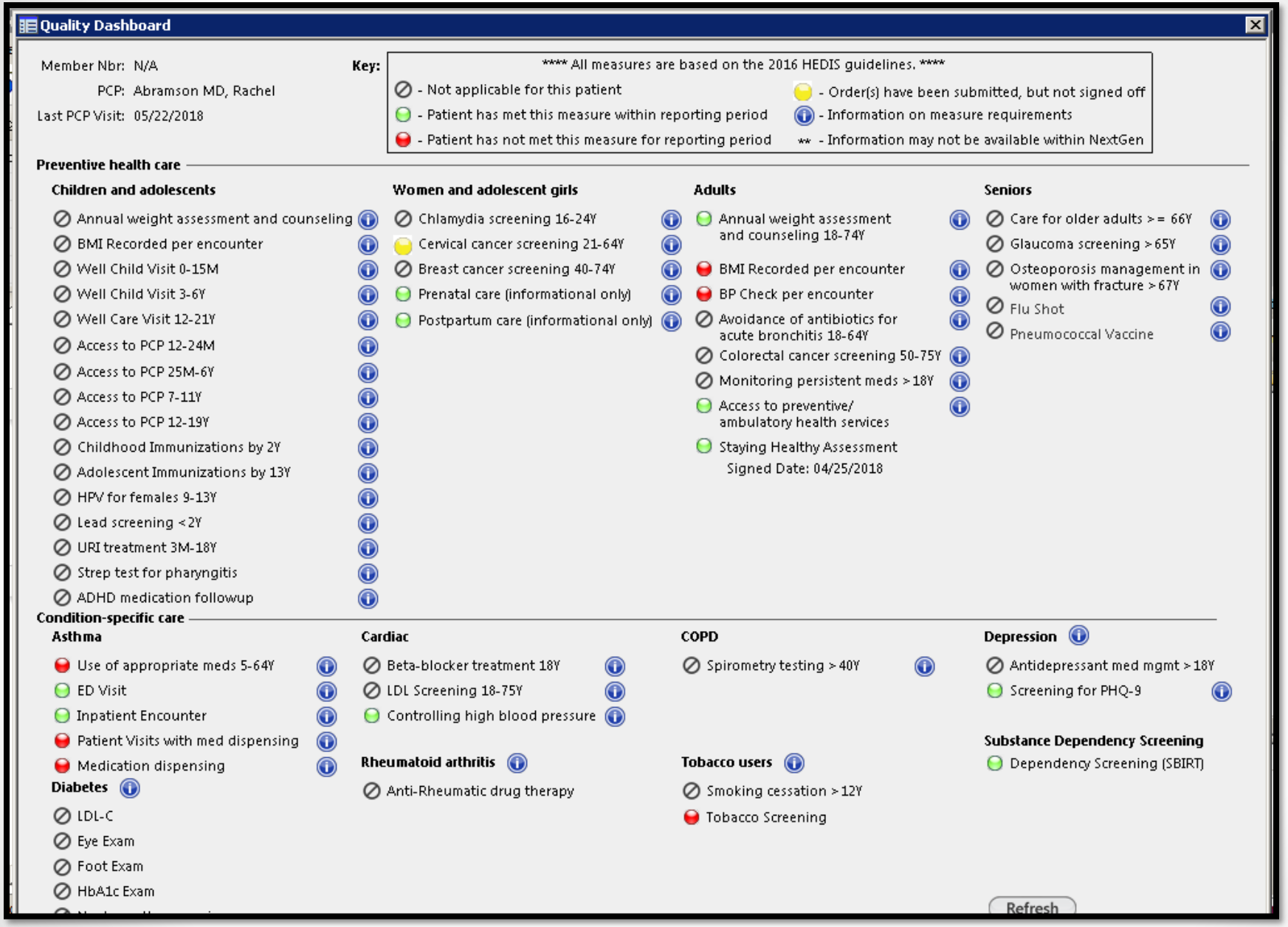
- At least 66% of Patients earned at or below 100% Federal Poverty Level
- 21% of Patients Uninsured, 77% have Medicaid or Medicare
- At least 60% of Patients preferred a language other than English
- 60% of patients were Female
- 3.8% of patients (1,866) were Homeless





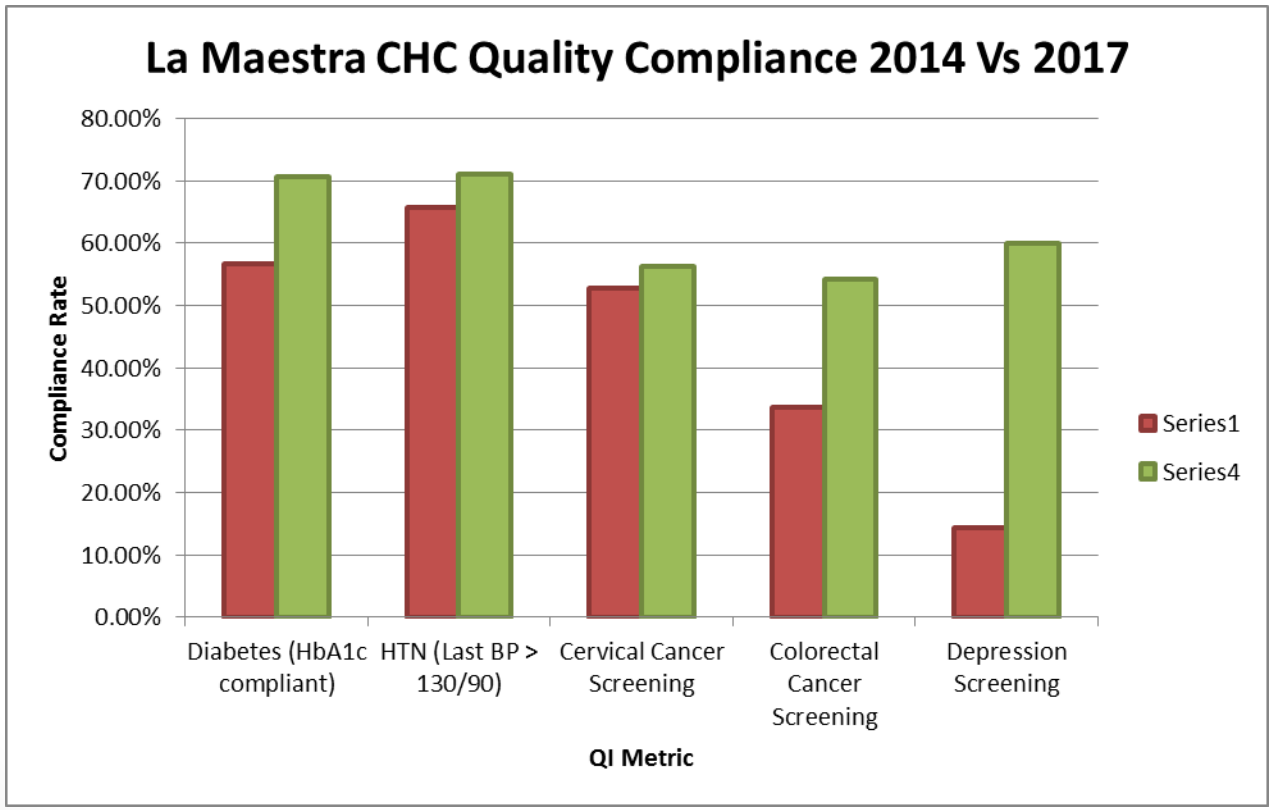
3. How have LM been able to use EHR for quality?




Quality Dashboard
Member Nbr: N/A
PCP: Abramson MD, Rachel
Last PCP Visit: 05/22/2018
Key:
**** All measures are based on the 2016 HEDIS guidelines. ****
- Not applicable for this patient
- Patient has met this measure within reporting period
- Patient has not met this measure for reporting period
- Order(s) have been submitted, but not signed off
- Information on measure requirements
** - Information may not be available within NextGen
Preventive health care
Children and adolescents
Annual weight assessment and counseling
BMI Recorded per encounter
Well Child Visit 0-15M
Well Child Visit 3-6Y
Well Care Visit 12-21Y
Access to PCP 12-24M
Access to PCP 25M-6Y
Access to PCP 7-11Y
Access to PCP 12-19Y
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 >18Y
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
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 (SBIRT)
Refresh

Quality!

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



4. Reporting!

UDS Report 2013

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

UDS Report 2014

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December)	458	458	302

UDS Report 2017

S.No	Childhood Immunization Status (CIS)	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	502	502	240

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!!