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# The Importance of Clinical Leadership in EHR Implementation

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# Practice Setting

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- Medical Director and practicing physician
- Rural FQHC in central WV
- Chief Medical Advisor for Community Health Network of WV –19 clinics
- QI programs in place...but zero full blown EHRs

# In the beginning...

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- Asked to serve as the CMO of our network (CHNWXV) 2004
- What is the point of an EHR?
- Our Network's focus is to improve the health outcomes of the patients we serve.
- How can we improve health outcomes?

# Identifying your goals

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- Improve documentation?
- Improve patient safety?
- Shorten visit time?
- What functionality is imperative vs. a bell or whistle?
- Report to payers and/or the HDC?
- Reduce staffing needs?
- Increase charges and/or collections?

# For us, the sole reason to implement an EHR is to improve patient care

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- If improved health statistics are the desired outcome, a clinical team must create the plan for the EHR
- Whole practice workflow must change...create buy in!
- Next...how can we pay for this? Support this?

# Team Leaders

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Create an EHR/Care Model team:

Project Manager

Business Leader

Technical Leader

Clinical Leader

# Clinical Leader

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- What a Clinical Leader is not...
  
- Why am I willing to lead the implementation?
  - Two EHR implementations under my belt
  - Committed to Excellence/Obligation
  - Chart Audit from the Feds was dreary
    - HgA1Cs every 6 months--23 %
    - Tobacco status documented-- 19%

$$\text{QI} = \text{EHR} + \text{CCM}$$

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- From a **clinical, business, financial,** and **project management** standpoint we unanimously agreed that the marriage of The Care Model and a population- or patient-centric EHR is the answer to improving health outcomes

# Then what?

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- Agreed to participate in CMS testing of VistA Office EHR (VOE)
- Researched multiple EHR vendors
- Studied the concept of “Open Source” software
- Recurrent meetings with CEOs, clinicians, CFOs to discuss options

# Commitment to Open Source—sharing

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“Open Source Software is licensed software in which the source code is distributed with the product, for free or minimal charge, and the user is able to modify and redistribute the derived works from this software”

--Kenneth Kizer, CEO MSC

# The Clinical Committee—Committed to CHANGE (if we must)

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- Four clinics (>13sites) represented
- Clinical Leader from each clinic
- Other key clinicians and/or support staff
- All day intensive workshops (4 total)
- Conference calls *weekly*
- *Mission=determine the goals for ourselves  
and our patients*
- Measures

“It’s not the progress I mind, it’s the change I don’t like.”

--Mark Twain

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- Willingness to change should be inversely proportional to health status of the providers’ panel
  - If a provider’s average HgA1C is greater than 8.0. how can he/she argue to *not* change?
  - Show providers their data to motivate them to “get on the bus”

# Determining the goals for our practices

Disease Surveillance Measures and Resolution		Standing Orders/ Clinical Protocols for Wellness and Illness Care
Measure	To Resolve the Reminder	
<b>Yellow fill means it is an AMA CQI measure</b>		
<b>PREVENTION</b>		
<b>Health Management Plan</b> --every patient gets a HMP annually	(1) Complete the Reminder template and (2) Give the patient a completed HMP in Notes	At the time of issuing a HMP,make sure the risk strat is completed so that the appropriate HMP is given
<b>Tobacco Status</b> – Documented each visit in anyone over age 5. Screening annually.	(1) Resolve reminder by doing the tobacco template OR (2) Document in Health Factors in the Wellness Tab (3) It is very important to documents the number of packs per day they smoke. If they are former smokers, document the number of pack years in the space provided	Anyone who uses tobacco automatically gets a consult to the tobacco cessation class and needs to complete a 6-8 week group of classes. If the group educator, care manager, or provider thinks one-on-one counseling is needed,the patient is consulted to the clinicalcoordinator for their team

Change is NOT easy, but it's worth it

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“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.”

--Niccolo Machiavelli circa  
1500

# Implementation Strategy

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- Big Bang vs. Incremental vs. combo
- Workflow workflow workflow
- Interfaces
- Scanning
- State agencies/forms
- Hardware

# Contacts

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