

ON-BOARDING LARGE PROVIDER GROUPS & HEALTHCARE SYSTEMS

Unique issues and lessons learned

AGENDA

- ✖ Project Goals
- ✖ Swedish Organization / EHR structure
- ✖ On Boarding Approach
- ✖ Unique Issues
- ✖ Issue Resolution
- ✖ Lessons Learned

PROJECT GOALS



Move from
sending
billing data
to EHR data
to WA IIS

Move to
real time
interface

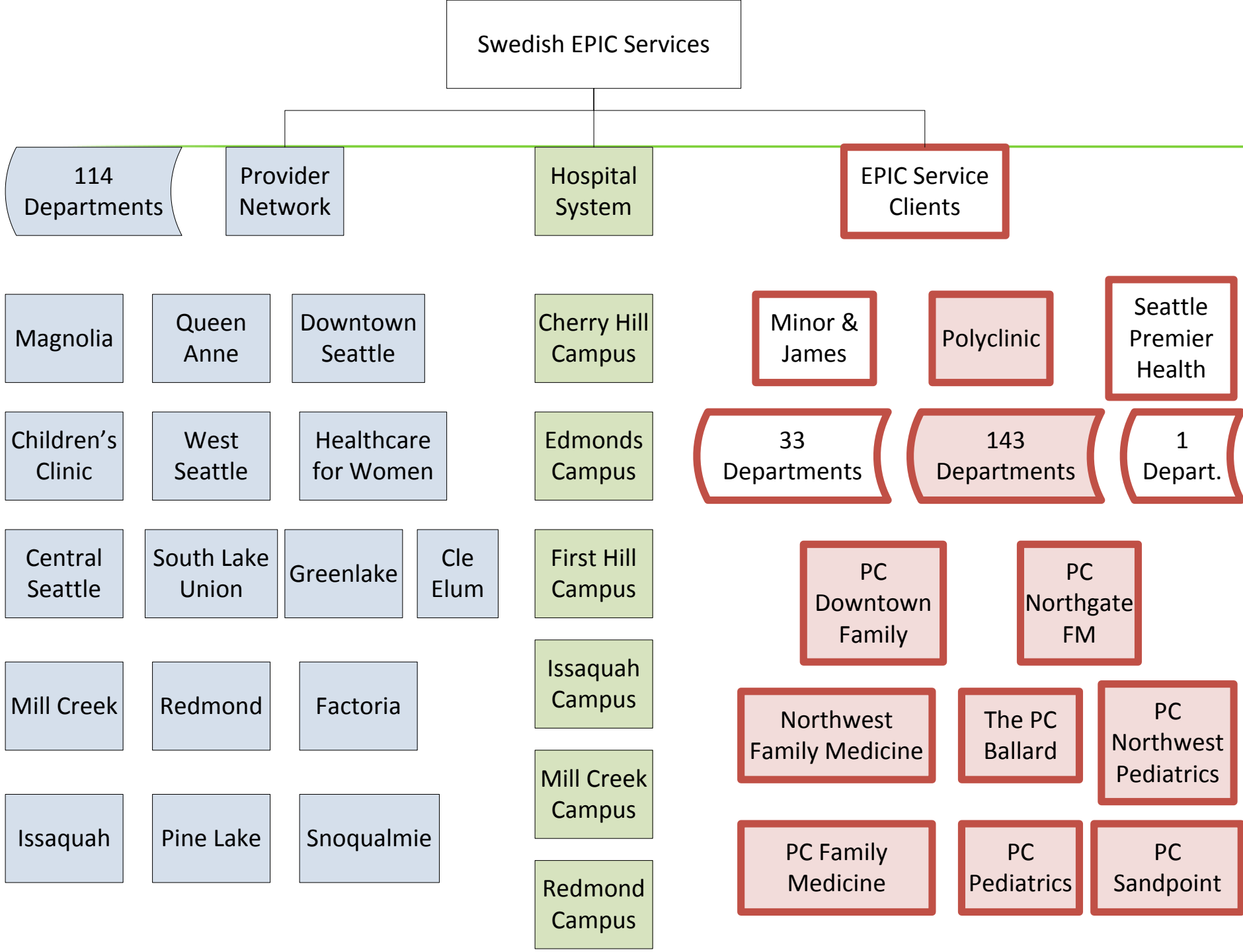
Meet
Meaningful
Use Stage 2
for all entities
under
Swedish
umbrella

Preserve
vaccine
tracking
functionality

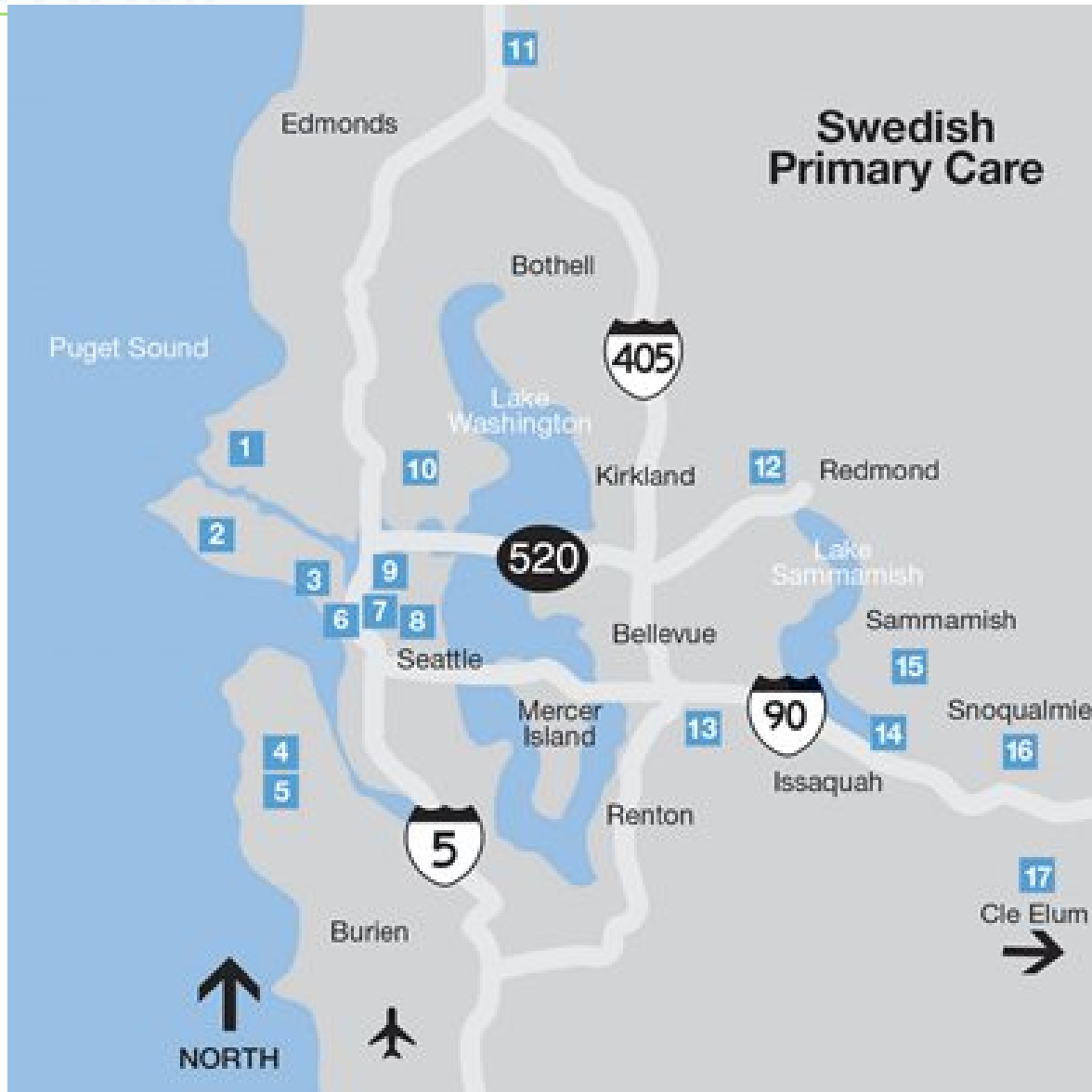
Use full WA
IIS reporting
and
immunization
assessment
tools

SWEDISH ORGANIZATION

- ✖ Largest non-profit hospital & provider group in the Greater Seattle area
- ✖ Hospitals, Private Provider Network, Community Health services and Residency Programs.
 - + All but one hospital had dropped VFC program participation
- ✖ Provides contractual IT services to 3 additional provider organizations
- ✖ Using EPIC EHR
- ✖ Acquisitions resulted in some clinic mergers
- ✖ Most have sent data to WAHS in other forms prior to import
- ✖ Administered an average of 2000 vaccines a day (jumps up to about 3000 during flu season)



LOCATIONS



ON BOARDING APPROACH

Understand current data exchange processes

- Manual data entry vs. billing import
- Who is not participating at all

Understand organizational structure

- Swedish Goals
- Relationships
- Responsibilities
- Decision making authority
- IT control

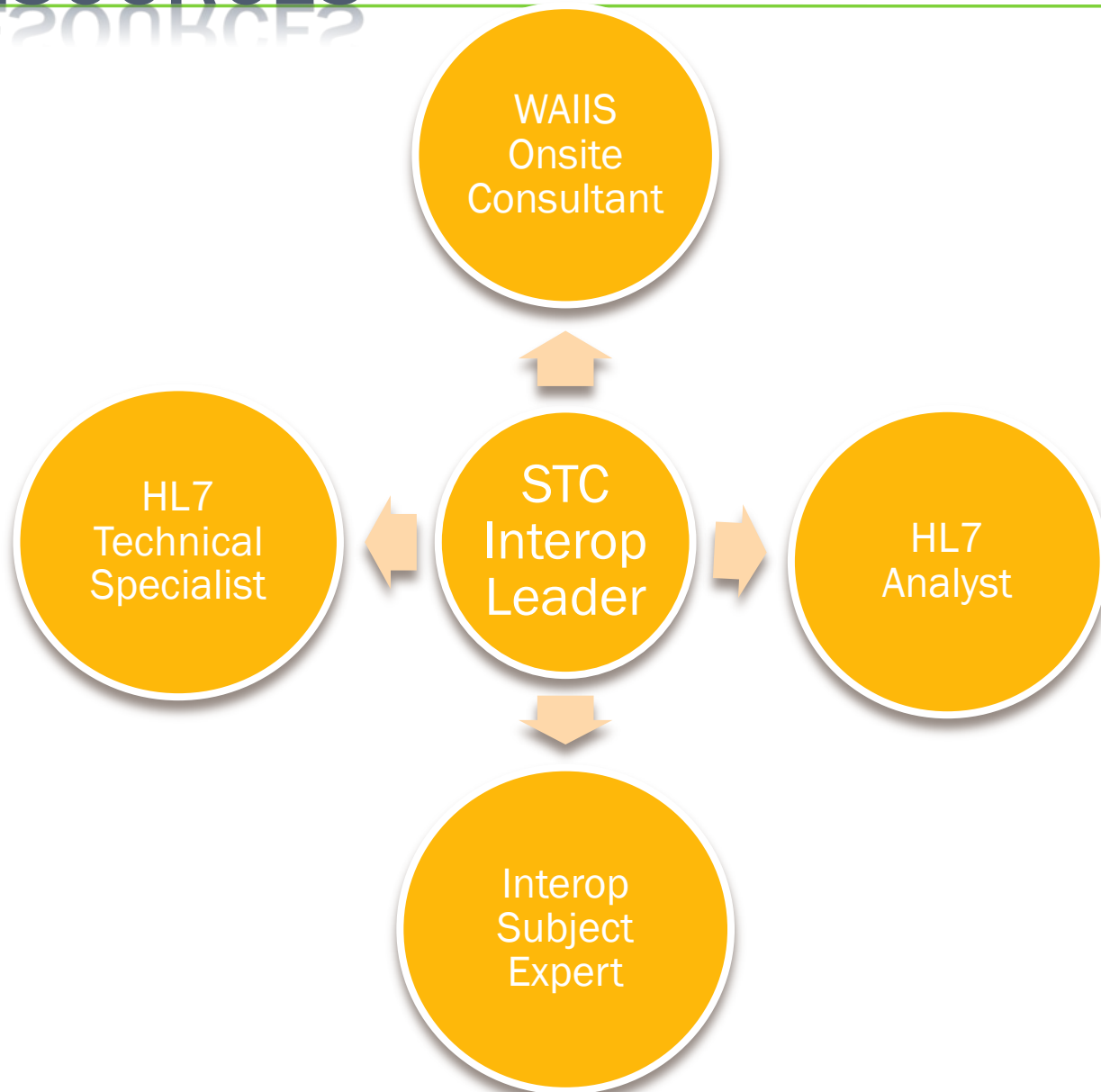
WAIS Goals

- Maintain / improve data quality
- Acquire all available data
- Don't disrupt vaccine ordering / availability
- Maintain vaccine tracking

SWEDISH TEAM RESOURCES



STC RESOURCES



THE PROCESS

Discovery

Review provider
EHR
immunization
workflow

Review
onboarding
process & WAIS
requirements
(data, inventory,
VFC)

Connectivity

Establish
connectivity

Message format
review and
analysis (Check
MVX/CVX codes,
etc.)

Data quality

Clinical &
technical review
of live
patient data

Provide
immunization
documentation
best
practice
training

Go live

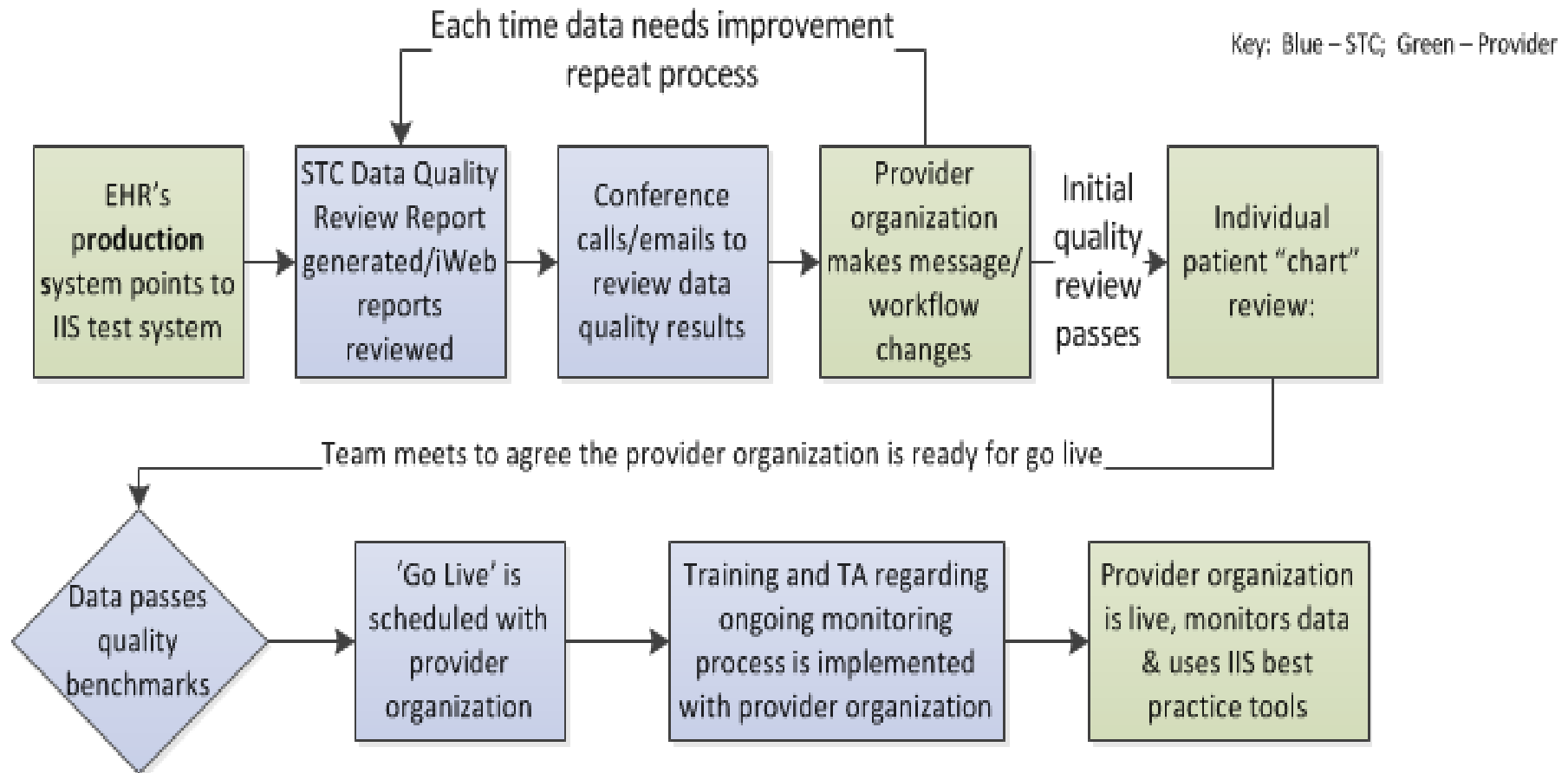
Provide
production
credentials

Implement
ongoing
provider
interface
monitoring plan

UNIQUE ISSUES

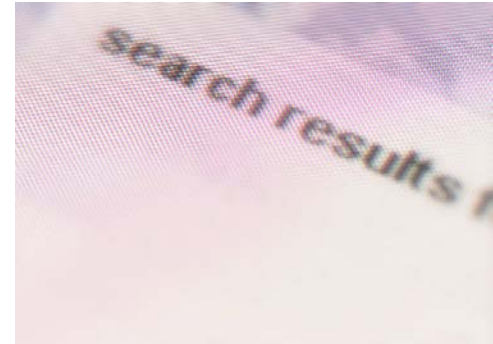
- ✖ Duplicate IDs from previous system possible
 - + EPIC unique ID needed
- ✖ Normal testing reports did not support pinpointing issue in a large organization
- ✖ Team approach needed to identify issues
 - + IT vs. Workflow or Both
- ✖ WAIS only maps high volume vaccinators to specific Facility ID

DATA QUALITY REVIEW

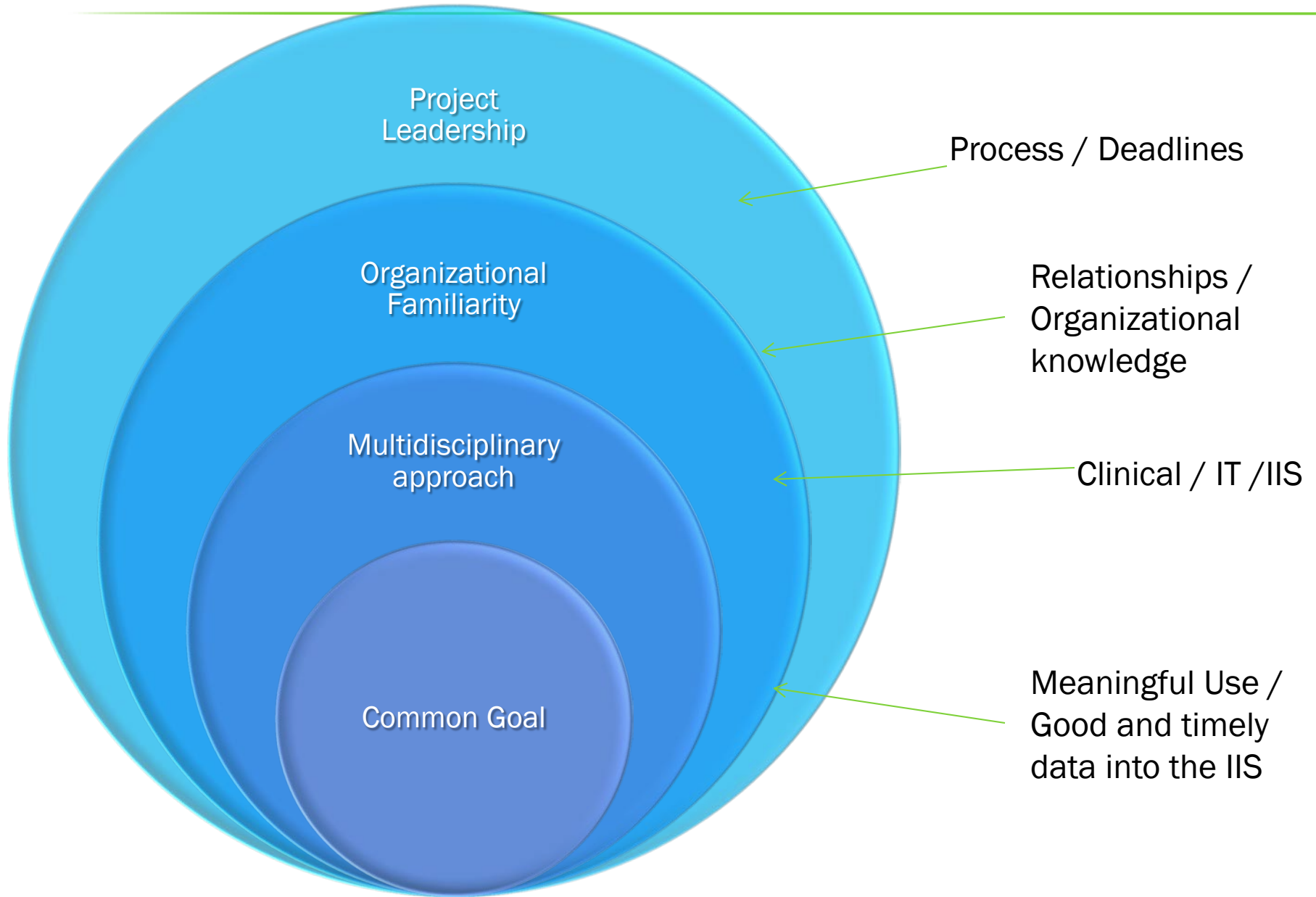


TESTING

- ✖ Started with test data to WAIS test
- ✖ Moved to LIVE patient data to WAIS test
- ✖ Large volume of daily vaccination data
- ✖ Report testing outcomes by group entity
 - + Dedicated resource followed up at each entity
 - + Iterative Testing



ISSUE RESOLUTION



OUTCOMES



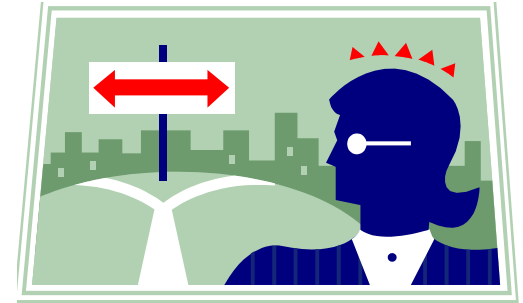
- ✖ Start date 4/24/12 –
GO LIVE 4/20/13
 - + 4/25/13 24,360 messages transmitted into WAIS production since 4/20/13 with 8 errors
- ✖ Follow up onsite training on monitoring and managing inventory
 - + Still underway

For more info . . .

List location or contact for specification (or other related documents)

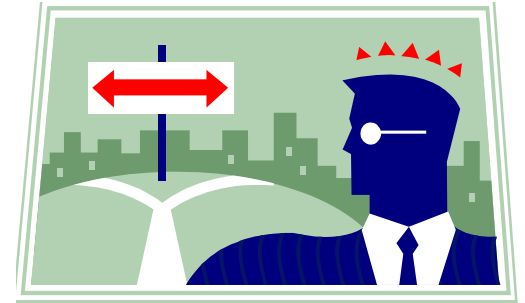
LESSONS LEARNED

- ✖ Understand the organizational chart
- ✖ Don't assume all locations are owned by the umbrella organization
- ✖ Learn as much about the health care market in a geographic area as possible
- ✖ Understand the team the provider brings
 - + Role
 - + Authority
 - + Decision making capabilities



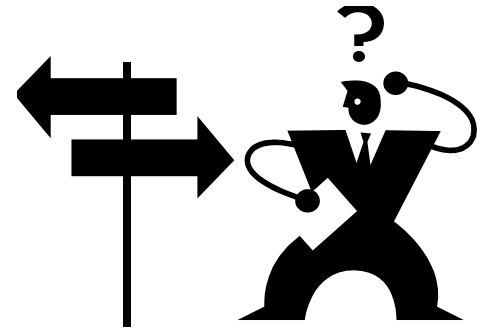
LESSONS LEARNED

- ✖ Ensure there is a project leader on the IIS side and Provider side
- ✖ Identify issues, ask for assignments and set timelines for completion.
- ✖ Anticipate the need to break analysis by individual entity or smaller
 - + Provider MRN number where issues occur for look up



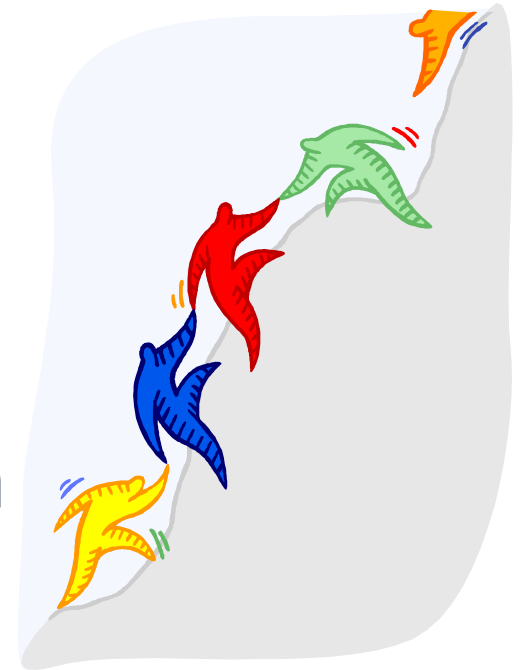
LESSONS LEARNED

- ✖ Historical vaccinations are not always associated with a provider
- ✖ Patients not associated with an organization provider may be treated differently
- ✖ Organizations may change to HL7 versions and put data in an alternate place after GO LIVE
- ✖ New entities join the organization may not be mapped to the correct organization.



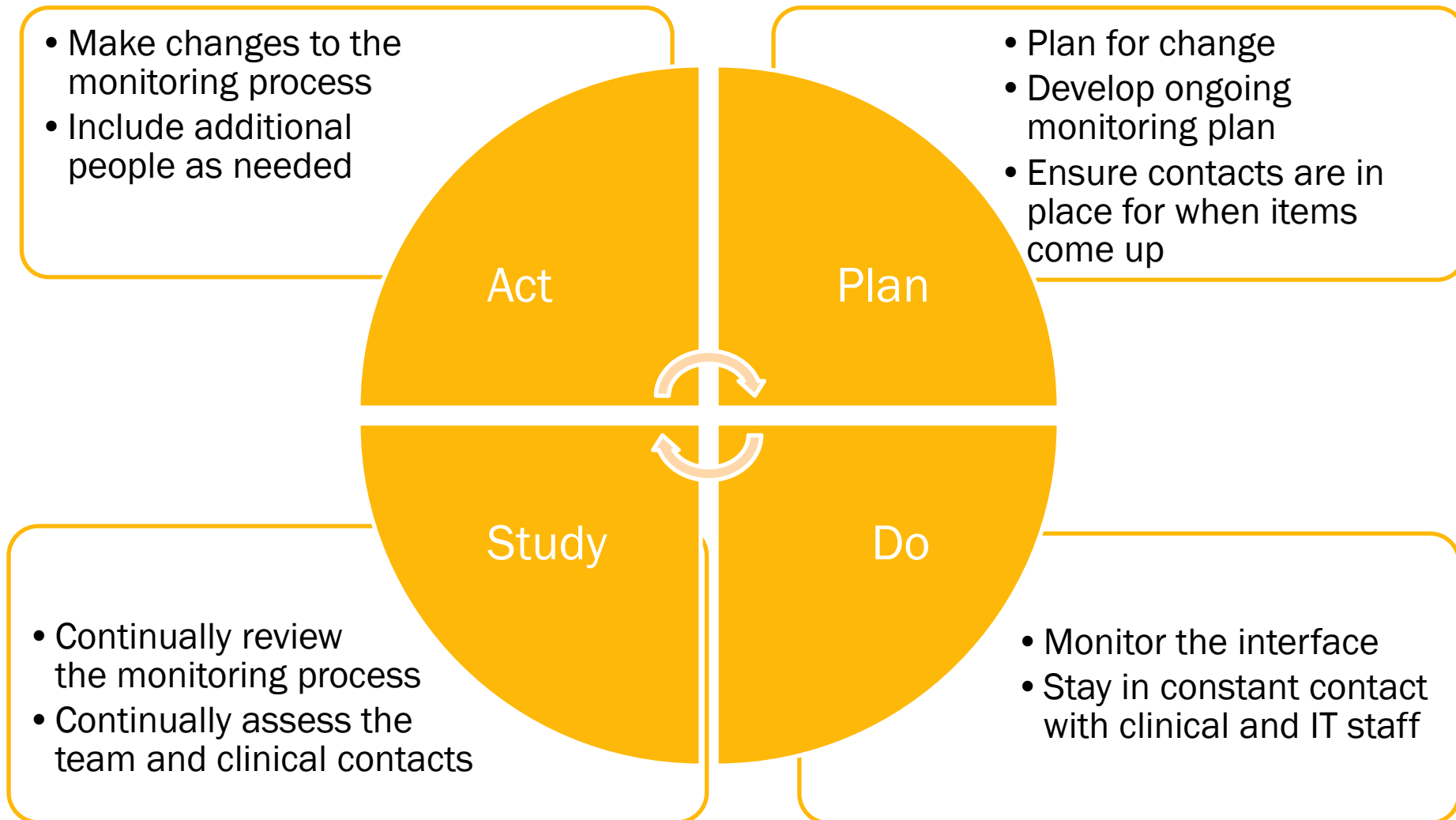
CONCLUSION

- ✖ Large organization interfaces involve multiple team members
- ✖ Large organization applications tend to be very flexible – pro/con
- ✖ Maintaining the same group throughout the process is unlikely
- ✖ Resolutions are rarely a one item fix



INTERFACES ALWAYS CHANGE:

QUALITY IMPROVEMENT PROCESSES CAN HELP MANAGE THIS CHANGE



ACKNOWLEDGEMENTS

- ✖ Karen Allvin
Epic Build Analyst, Swedish Medical Center
(206) 215-6787 Karin.Allvin@providence.org
- ✖ Janice Lyle Swedish Ambulatory Informatics
- ✖ John R. Cap Integration Analyst
- ✖ Alejandro Carrillo
- ✖ Kris O'Brien EHR Applications Analyst, Polyclinic
- ✖ Noelle Davenport Epic Clinical Educator, Swedish

CONTACT INFORMATION

Kristina Crane

Director, Provider Services

Scientific Technologies Corporation

Kristina_Crane@stchome.com 509-389-2079



Janet Balog, BS, RN

Sr. Public Health Advisor

Scientific Technologies Corporation

Janet_Balog@stchome.com 520-488-9593

