Lessons Learned from Implementing the GLHC Community Health Record (VIPR) in a Large Organization

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Presenters:

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VIPR Includes:
- Registration Info
- Results (Lab & Rad)
- Reports (Depart, H&P, ED)
- Advance Care Directives
- CCDA
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VIRTUAL INTEGRATED PATIENT RECORD (VIPR)

We’ve got you COVERED
200+ Contributing Providers
Over 8 Million Patients
Great Lakes Health Connect VIPR at Michigan Medicine
Agenda

• Michigan Medicine HIE Strategy
• VIPR Deployment
  – History & Timeline
  – Screenshots
  – Benefits
  – Issues
  – Future Integration
Enhance patient care and safety through sending, receiving and consuming all clinical data on the Michigan Medicine patient population in the most efficient, effective, and seamless manner.
1. Data Sharing
Focus and improve the work with HIE services that can *transfer the most useful health information* in the most efficient manner.

2. Data Acquisition
Continue to *acquire and integrate data* which enables clinical departments to access outside information.

3. Clinical Workflow Choice
Work with providers to integrate patient care data in the *clinical workflow context*, aligning with Michigan Medicine clinical goals.

4. Incentives and Regulatory
*Comply* with HIE regulation(s)-based programs.
History & Timeline:

- **Feb. 2016**: Launched to those with Clinical roles
- **April 2016**: Expanded user base to include Administrative roles
- **July 2016**: Targeted incoming residents for education
- **Nov/Dec 2016**: Trinity East began to contribute data
- **Q4 2017 (Future)**: Connect GLHC with Epic (Care Everywhere)
VIPR Deployment

Count by Month

Month of Accessdate

Year of Accessdate

Select More>Other Clinical Systems>GLHC Outside Records.
The GLHC screen displays. It automatically syncs with the patient’s chart that you are in, so there is no need to perform a patient search.
Benefits:

• Administrative staff found immediate benefit from functionality. When pairing with other HIE services, they could circumvent reaching out to external organizations.

• In the CVC, a medical records specialist has found “countless” times where patients were scheduled for redundant tests and prevented exams.

• Other billing purposes and patient registry needs
VIPR Deployment

Issues:

• Education and awareness issues – likely linked to original deployment strategy
• Not 100% built into the workflow of the provider
• Roles are ill defined in a decentralized clinic model
VIPR Deployment

Future

• Create one view of the patient by taking records available in VIPR and put them into the view of Care Everywhere.

• V7 Medicity upgrade in conjunction with the IHE protocol connection.
Washtenaw County Community Mental Health (WCCMH)
VIPR Implementation

Mike Harding
WCCMH

- Primary behavioral health safety net provider for individuals with serious mental illness, intellectual/developmental disability, or serious emotional disturbance
- Provides mental health services to more than 5,000 patients
- Eligibility prioritizes Medicaid, no insurance, urgent or emergent needs
- Clinical Case Management - Leadership facilitation, assessment, coordination, & monitoring of supports and services
- Washtenaw has been providing integrated care for 15+ years
We were serving individuals in silos

Information was barely flowing using traditional methods such as requests for records, faxing, phone, etc.

Staff were spending unnecessary time chasing information in lieu of providing direct care

WE KNEW WE HAD TO CHANGE COURSE AND PROVIDE MORE EFFICIENT CARE AND IMPROVE QUALITY
Implementation of VIPR

CMH Connectivity
- Have over 300 staff
- Partnered with GLHC to have them train the trainer
- Trained all current staff on the use of VIPR
- Incorporated training into new staff orientation trainings
Implementation of VIPR

Connected Community

- The need for our community partners to have all health information
- Met with each partner to discuss the possibilities
- Received federal grant funding
- Partnered with Altarum to manage the project
- Developed interconnectivity if not already developed
- CMH Trainer trained organizations that needed training
What went well?

- Staff promotion
- Ease of use of the system
- Imbedding training into new staff orientation
- Expectation that staff use the system
  - CMH’s ability to have the holistic view of the individuals we serve was a major culture shift for the organization
- Education to the individuals served
Lesson Learned

- The use of Single Sign On (SSO) significantly increased the adoption rate
- Expectation that all information would be in the VIPR record immediately
  - There is a dependence on the contributing health care provider
  - Staff needed to be trained that information may be delayed a day or two
- Start the contractual agreement process early
- Don’t underestimate the value in workflow analysis (this is not necessarily a case of “if you build it they will come”)
Value added

- Admission, Discharge, Transfer (ADT)
  - Immediate Follow-up
- Lab Results (saving approximately $70,000 a year)
- Real time prescribing
- Holistic view of individual’s health
- Med Reconciliation
- Complete Health History
- Improved Coordinated Care