

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: ABDELLATIF Vanetta M

Related Programs:

Program Characteristics:

Executive Summary

Clinical Infrastructure (Quality and Support) supports Bureau of Primary Health Care (BPHC) grant management, clinical quality, safety and health facilities standards (accreditation requirements), clinical programs fiscal accountability, and clinical technology systems development. Implementation of an Electronic Medical Records (EMR) system in the Multnomah County Health Department's primary care clinics, HIV, school-based and specialty clinics, field nursing services and Corrections Health is the next phase of the Health Department's clinical technology infrastructure plan.

Program Description

This EMR system completes the third phase of an integrated information technology initiative for the Health Department: 1) The Health Department was part of the County's implementation of a new enterprise system, the SAP financial and human resources information system. 2) The Health Department converted from the old mainframe Health Information System to a new Epic practice management system for patient scheduling and billing, provided by OCHIN. 3) Implementation of an EMR will complete replacement and expand mainframe functions that have been eliminated. The integrated EMR system will have the capacity to handle medical records for 250,000 visits a year. The EMR system is an OCHIN Epic product. The integration of the three systems (County's SAP and OCHIN's Epic practice management and EMR) supports the Health Department's goals to reduce costs and improve care while facing a future of limited resources. It also supports the County's plan to transition off the mainframe system.

Program Justification

An EMR system in the Health Department is a major and necessary undertaking and investment. Numerous experts have identified the enormous potential of information technology to improve the delivery of health care while reducing costs. The core of this potential is a secure, patient-centered EMR system. The Multnomah County Health Department is preparing to implement an Electronic Medical Records (EMR) system in FY06 in a partnership with the Oregon Community Health Information Network (OCHIN). This collaboration allows us to spend less money on a higher quality EMR system. The three-year implementation cost is estimated at \$4.2 million and will be funded through OCHIN, Care Oregon, state, federal and clinical resources. This EMR system will also provide regional and statewide data, addressing the problem of access to health care for uninsured and under-insured Oregon residents.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of clinics using EMR	0	0	0	5
Outcome	Percentage of EMR implementation that occur on time	0%	0%	0%	90%

Performance Measure - Description

After the successful implementation of the EMR at the test pilot site of North Portland Health Clinic, the rollout of the EMR will move onto the other MCHD Primary Care Clinics and School-Based Clinics through 2006. This will be followed by implementation of the EMR at the HIV, STD, and TB clinics in the first half of 2007.

The test pilot clinic is already showing marked reduction in the amount of time that the patient spends on a clinic visit due to streamlining of the various clinical processes like the lab and pharmacy. It is expected that this improvement will also come about in the other clinics who will use the EMR. Another area of improvement is in billing. Bills are being posted and sent out for claims in half the time compared to before the EMR.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$0	\$562,338	\$0	\$428,707
Contracts	\$0	\$6,500	\$0	\$20,000
Materials & Supplies	\$648,850	\$84,750	\$1,294,500	\$61,350
Internal Services	\$19,595	\$52,310	\$0	\$22,689
Subtotal: Direct Exps:	\$668,445	\$705,898	\$1,294,500	\$532,746
Administration	\$0	\$0	\$29,188	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$29,188	\$0
Total GF/non-GF:	\$668,445	\$705,898	\$1,323,688	\$532,746
Program Total:	\$1,374,343		\$1,856,434	
Program FTE	0.00	0.00	0.00	5.00
Program Revenues				
Indirect for dep't Admin	\$45,042	\$0	\$0	\$0
Intergovernmental	\$0	\$705,898	\$0	\$532,746
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$45,042	\$705,898	\$0	\$532,746

Explanation of Revenues

Significant Program Changes

Last year this program was: #40033B, Clinical Infrastructure (Quality Assurance & EMR)

Last year electronic medical records (EMR) was successfully implemented in the North Portland Clinic. This will be followed by Northwest Clinic and East Clinic in fiscal year 2006.

In the fiscal year 2007 the other primary care clinics, school-based clinics, HIV, STD and TB clinics will be implementing the EMR.