



CIO/CMIO Questionnaire Analysis

May 21, 2015

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Background:

- Questionnaire was conducted by SNI in preparation of the May 21, 2015 CIO/CMIO Convening
- Administered to County PHS in May 2015
- 46 questions
- 13 respondents (6 CIO, 7 CMIO) representing 9 County PHS
 - Alameda Health System
 - Arrowhead Regional Medical Center
 - Contra Costa Regional Medical Center
 - Natividad Medical Center
 - San Francisco Health Network
 - San Joaquin General Hospital
 - San Mateo County Health System
 - Santa Clara County Medical Center
 - Ventura County Healthcare Agency
- 2 PHS responses absent:
 - Kern Medical Center
 - Los Angeles County Dept. of Health Services



Current EHRs by County PHS

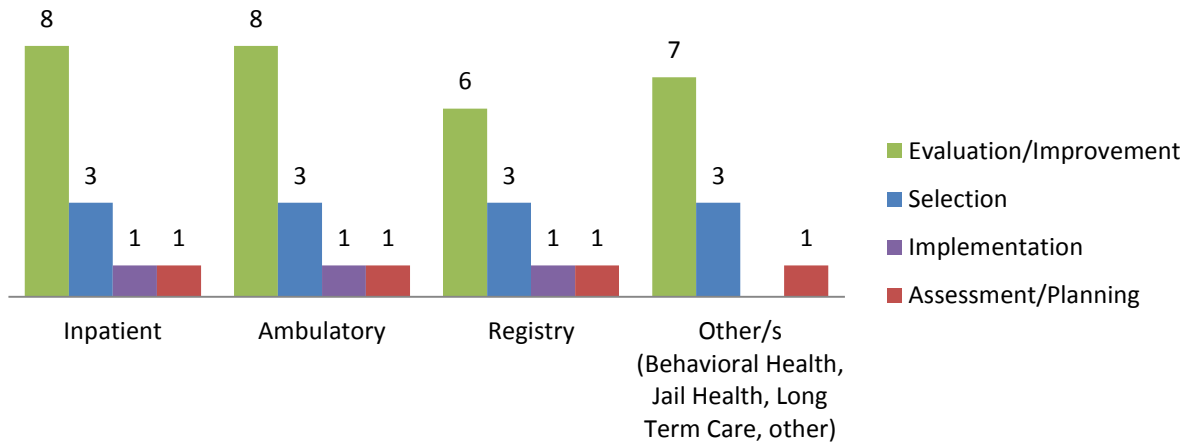
System	Inpatient	Ambulatory	Registry	Jail Health	BH	FH	Other
Meditech	Alameda, Arrowhead, Natividad	Arrowhead, Natividad	Arrowhead				
Cerner	Ventura	Ventura	Ventura				
Soarian	Alameda San Mateo						
EPIC	Santa Clara Contra Costa	Santa Clara Contra Costa	Santa Clara Contra Costa	Contra Costa	Natividad, Contra Costa*		Contra Costa
ADL	San Francisco						
ICCA	San Francisco						
INVISION	San Francisco						
Pulsecheck	San Francisco						
Watchchild	San Francisco						
NTT Data Optimum iMed	San Joaquin						
NextGen		Alameda					Santa Clara
Practice Fusion		Alameda					
Avatar		San Francisco			Natividad, San Mateo	San Mateo, Ventura	
eCW		San Francisco, San Mateo, San Joaquin					San Joaquin
i2i			San Francisco, San Joaquin				

*for low/mod, paper for severe mental illness

EHRs for Other Areas

Point Click Care	Alameda
Surgical Information Systems (SIS)	Santa Clara
Unicare	Santa Clara
Cocentrix	Santa Clara
Orion (HIE)	San Joaquin
CH MnackQ for Aging/Adult	San Mateo
Harvest LIS for Public Health Lab	San Mateo
Optum Pulsecheck for ED	San Mateo
Clinician's Gateway for BH	San Joaquin
JIMS for Jail Health	San Francisco

Where Are You in Your EHR Lifecycle? n=13



If you are planning to change EHRs, what is the reason?

PHS	Reason
Alameda	End of life cycle, Integrate with other systems, “Considering Epic and Cerner Millenium, Siemens sold to Cerner”
Arrowhead	Integrate with other systems
San Francisco	All EHRs and some diagnostic systems
San Joaquin	Dissatisfaction, “NTT Data Optimum iMed doesn't meet needs in many ways. iMed is implemented partially with Cerner replacement planned”
San Mateo	Dissatisfaction, End of Life Cycle, Integrate with other systems
Santa Clara	“Jail Health is moving to EPIC, BEH is TBD”



Top 5 Data Strategic Initiatives

Count	Area	Details
8	Technology	EMR selection, system development, implementation, interoperability
6	Data Governance	Data governance, definitions, security
6	Analytics	Analytics for operations, finance, managing population health
5	Population Health	Population Health
4	Data Warehouse	Data warehouse, data center
4	Integration	Integration of EMR across Behavioral Health, PCMH, county systems etc.
4	Staffing	Improve procurement process of IT and analytic staff
4	Clinical Quality	Improved care and patient health
3	HIE	HIE, data exchange
3	Patient Engagement	Improving patient engagement
3	Financial/Operational	Decreasing delays, costs, enhanced Revenue Cycle Management
2	DSRIP	DSRIP data reporting strategy/development
2	Access	Expand/improve access [<i>to data or health care?</i>]
2	Data Integrity	Better data, improved structured data entry
2	Data Visualization	Data visualization (dashboards)



Top 5 Pain Points

Count	Area	Detail
7	Reporting capacity	Inadequate reporting capacity to meet needs, limited clinical knowledge of report writers or of EHR, reports not matching needs
5	Staffing	Finding qualified staff to meet growing technology needs, high cost of employee benefits, CIO recruitment
5	Interoperability	Interoperability, multiple data stores,
4	Data-driven culture	Siloed workflows and information, lack of alignment between IT and Strategic Plan
3	Access to data	Inability to easily access data, siloed data
3	Capital/Resources	County-level support of hospital IT initiatives, lack of capital
3	EHR	EHR inadequacy, incomplete implementation, EHR 2.0 planning
3	Technology	Keeping up w/ new technologies, infrastructure maintenance, BYOD
3	Change Management	Employee change management, spread of new workflows, difficulty keeping pace with regulatory change
2	Access to care	Coordination in care, obstacles for patients seeking access to care
2	Data governance	Bureaucracy, IT security
2	Purchasing	EHR vendor acquisition, contract process
1	Patient Engagement	Patient Engagement
1	Project Management	Effective project management
1	Business Intelligence	Business Intelligence Tools
1	Data Integrity	Un-validated reports, data consumers to lose trust in the data
1	Meaningful Use	MU2
1	Performance Monitoring	Ill-defined key performance indicators
1	Privacy/Security	HIPAA



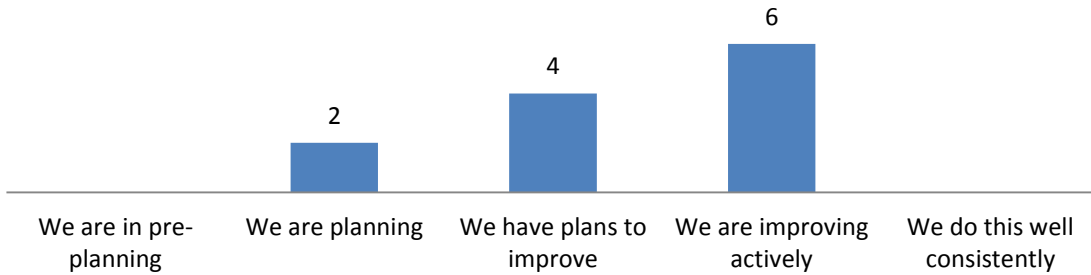
Top 5 ways you think collaboration could help your organization

Count	Collaboration Areas	Details
18	Lessons Learned:	
	11 General	Share expertise and lessons learned
	3 EHR	Connect with others who use the same EHR vendor to identify successes; quantify the minimum level of EHR implementation that will be required to meet outcome measure reporting
	3 Reporting	Better understand new outcome measurements and reporting, share dashboards, understand others' reporting writing team structure
	2 Data Governance	Share ideas on data governance, prioritization of data requests, and building analytic skills throughout the organization
	1 E-Referrals	Share how other PHS are handling eConsults/eReferrals
	1 Patient Engagement	Patient engagement strategy and tactics
7	Procurement/ Contracting	Leverage vendor contracts, share RFP/RFQs and other procurement tools, possible shared EHR vendor
5	Shared services	Collaborate on analytics, pooling resources
3	Staffing	Strategy for HIT staffing, IT resource sharing/call coverage
3	Networking	Get to know IT leads
2	HIE	HIE collaboration, data sharing
1	Patient Engagement	Patient engagement strategy and tactics
1	Training	Training



Data Strategy

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - IT governance structures
 - We are establishing information governance now and I would like to see how others manage that (committees, policy, procedures, stewardship)
 - Learn about what others are doing to educate managers on dashboards and tools
 - Best use case for improvement
- We are first deploying the necessary infrastructure to support this before we can execute
- Share resources
- Working with CCI and SNAP

What other support could you use?

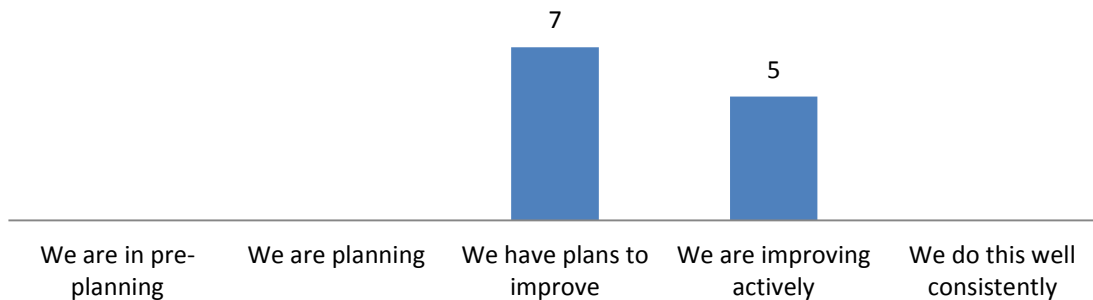
- Expanding data literacy techniques
- Help running and combining reports
- Assistance with refining reports and automation

Notes:



Data Analytics

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Already working with San Mateo who to me seems to be a leader in this area. Learning more from them on how they are using dashboards in meaningful/actionable ways.
 - BI tools others are using
 - We are taking baby steps until our EMPI/HIE is implemented, want to know how we can MacGyver some simple bridging solutions together
 - Best use case for improvement
- Share resources, analytic skills & tools

What other support could you use?

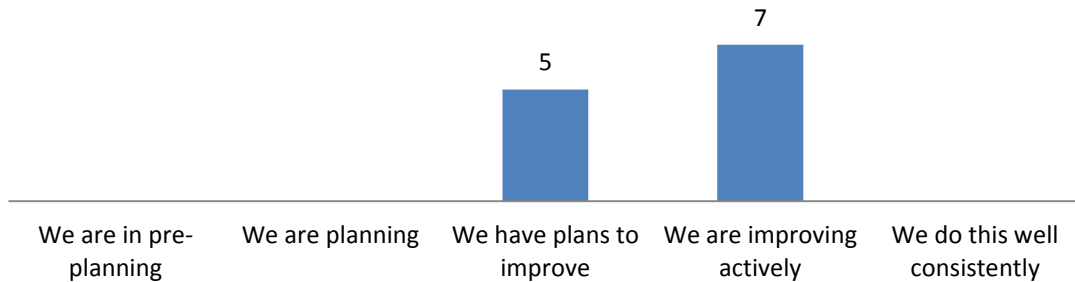
- Just forming our team and infrastructure to do this. What tools others have used, are tools like Qlik or Tableau providing value?
- Plans to implement predictive tools
- Formalized training for SQL programming and DB management skills

Notes:



Staff

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - ROI models
 - Learn about how others have organized their analytics and informatics teams
 - Learn from each other, train together, etc.
 - MU audit experience and maintenance of body of evidence.
 - Best use case for improvement
- Share resources
 - Could we pool people together and build a super team?
- Establishing a clinical informatics team. Very challenging in the public environment yet critical

What other support could you use?

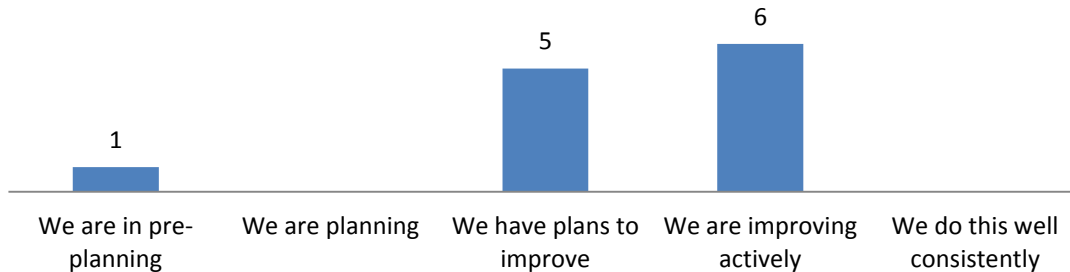
- Sharing best practice, finding who is leading in this area.
- Nurse informatics under CNA how to
- Convene members around MU troubleshooting

Notes:



Recruitment

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Sharing experience we had with using a consulting firm to help us fill 20 vacancies very quickly and reduce overall cost.
 - We are standardizing job classifications and would like to explore how we can jointly seek for similar roles in different organizations
 - Learn about what others may be doing to speed recruitment and hiring. this is a big sore spot for us
 - Sharing recruitment tools and evaluation processes
 - Best use case for improvement

What other support could you use?

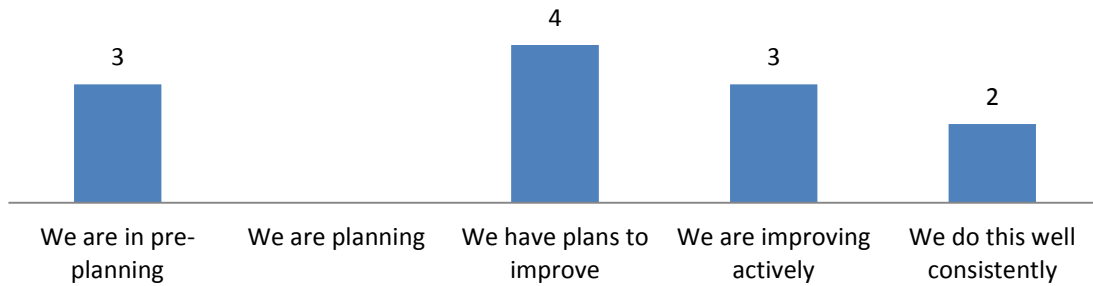
- Share org structures, job descriptions, educate HR officials about emerging roles
- Salary competition

Notes:



Procurement

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Curate content
 - This is another sore spot for us. Would like to hear what others may be doing to speed procurement cycles
 - Best use case for improvement
- Share resources
 - Vendor selection tools
 - We should create a simple repository of language that we all co-develop for RFIs, RFPs
- Use them only when I have to. Uncertain as to the real value of going through the process.

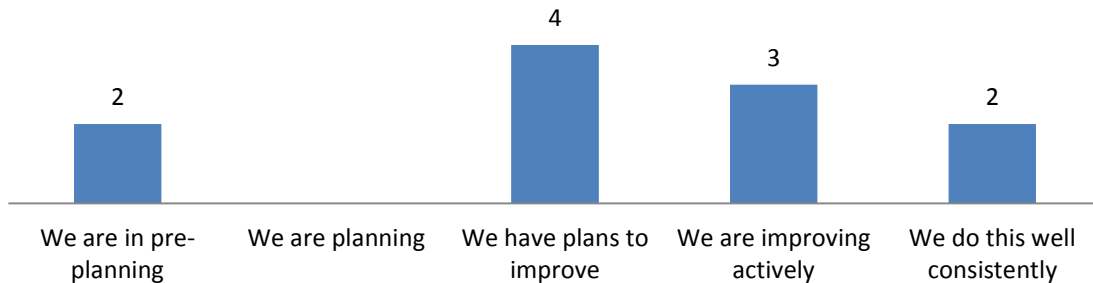
What other support could you use?

Notes:



Vendor Management

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Best use case for improvement
 - Not doing much in this area. Like to learn how others have drawn value for the work.
- Share resources:
 - Collective bargaining Resource sharing
 - We speak with a louder voice when orgs with similar systems band together! Let's do that!

What other support could you use?

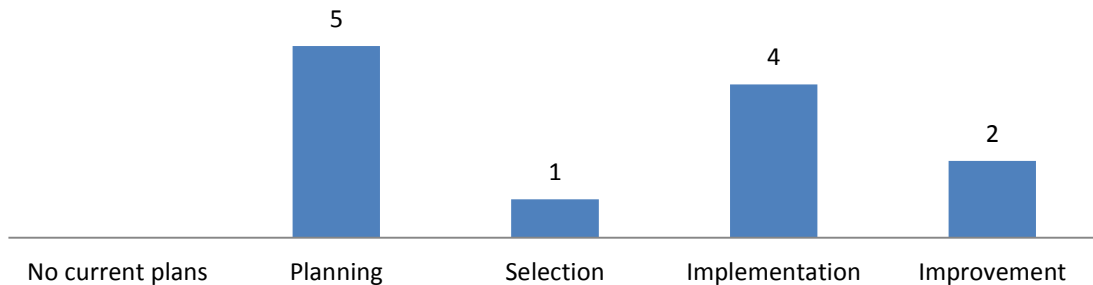
- Compare notes on pain points and "gives" of vendors
- More agility in no boarding and implementing

Notes:



Population Management

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - What registries others are building
 - Tool evaluation
 - Shared contracts
 - Engagement with epi's and other data scientists
 - Reviewing use cases, resource allocation to population management, how return on investment is measured
 - Expectation is that Pop Health will be a component of what is done with the single vendor integrated EMR. Hearing if someone has a differing approach toward this would be interesting.
 - Best use strategies
- Share resources
- Strategic planning
- Very early discussions
- Would need to check with the transitions team, likely complicated by many systems, no source of truth Live in Epic but transitioning to alternative system to support Pop Health focus
- Want to scale existing pop health capabilities to include larger data sets (community level)

What other support could you use?

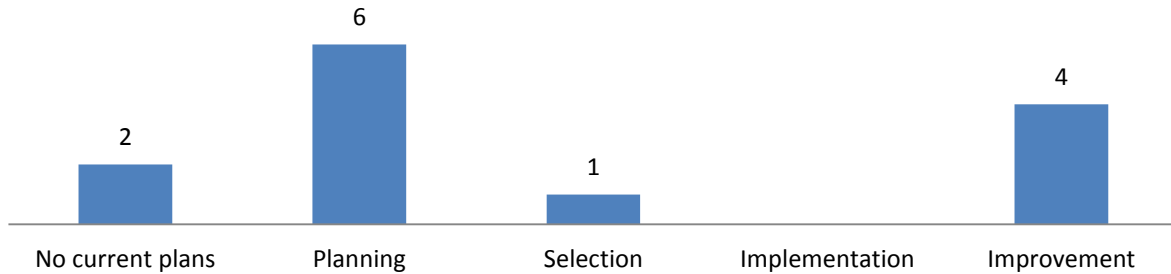
- Change management
- Report sharing for those on common platforms
- Strategy and goal sharing
- Lessons learned, best practice, what works

Notes:



Identity Management

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Utilization of duplicate criteria (best practice)
 - Managing merging in many systems
 - Using a new eMPI system effectively with legacy systems.
 - Lessons learned in jail health
 - Best use strategies
 - Share current state and planned state
- Share resources
 - Contracts, RFP/RFQ,
 - Tool evaluation
- Always is a challenge and welcome any insight
- We are not pursuing this outside of a common EMR platform across the entire organization.

What other support could you use?

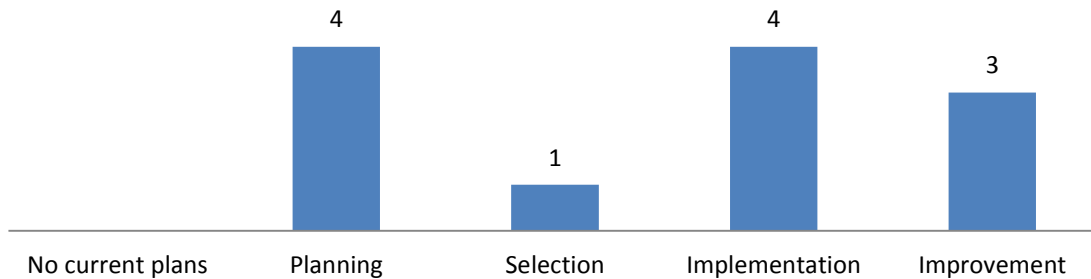
- EHR improvement
- Curation of current vendor contracts
- Staffing, project management
- We do not have a good means to manage duplicates, too reliant on people
- list of vendors/solutions and experiences

Notes:



Patient Engagement

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - How to engage low literacy, limited access to computers and smart phones
 - How to encourage/increase use and adoption of portals
 - Spanish and language workflows
 - Marketing lessons
 - If on the same platform (MobileMD) hearing about how the issue of enrollment and engagement would be of use.
 - Ideas on increasing use and best use case for structure
- Share resources:
 - Contracts
 - Tool evaluation
 - Portal of portal planning with HIE
 - Mobile outreach for between visit care as well as portals

What other support could you use?

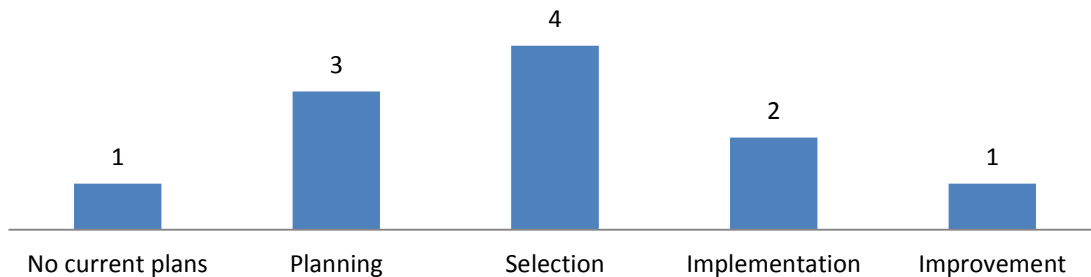
- Marketing and engaging pts
- Combining limited resources to develop plans or work with an innovation partner

Notes:



E-Referrals

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Learn from sites that have implemented this--logistic challenges, risk considerations, benefits realized
 - Best use case for integration into EMR
 - Share best practices and relationships with grant funders
- Share resources
 - Share cost
- Cross system plans
- This is hard . . . we should all discuss where we are on the roadmap . . .

What other support could you use?

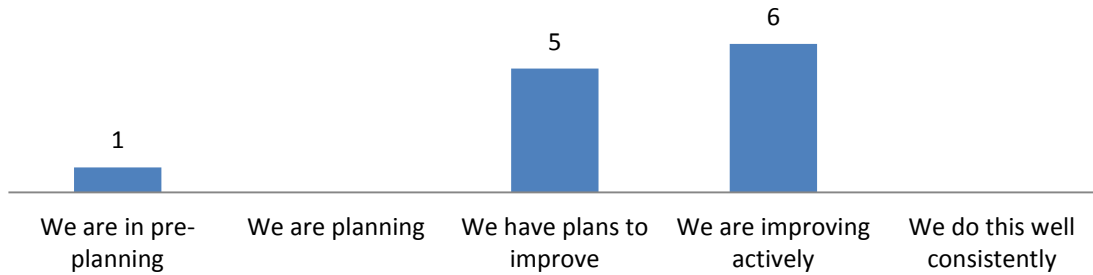
- Sharing of content in Ereferrals (required questions to gather sufficient content)
- Grant proposal review
- Expansion

Notes:



Privacy/Security

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Policies and procedures
 - Best use case of improvement
- Sharing a CISO
- Help with identifying ISO candidates (growth opportunities)
- Shared communication between those responsible for security across the organizations.

What other support could you use?

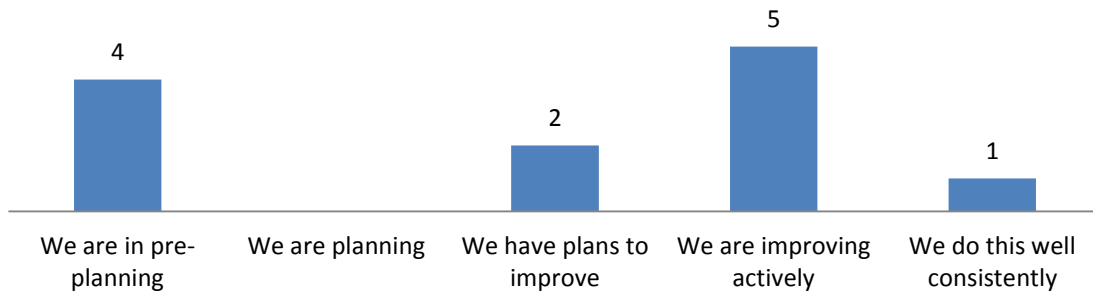
- Cloud service, SaaS
- We are still looking to hire a security position.
- Policy sharing

Notes:



Languages

Where is your hospital/health system in this area?



How would collaboration be useful for this area?

- Share best practices/lessons learned
 - Piloting this now as an innovation project, would like to share and see what others are doing
 - Resources such as HIN
 - Best use case for improvement
- Could use collaboration bringing in Polyglot to major vendors for education
- Could we coordinate licensing of software across all organizations for a discounted larger purchase? I have viewed Meducation a product that appears to do this very well. Just having placed it in our prioritization list.

What other support could you use?

- Training and support
- Share content

Notes:



Other Feedback

- I would like to set an expectation that we come out of the meeting with an actionable next steps. Have each person share at least one pearl that can be applied in their organization as a result of the meeting. If we can't do that then we need to evaluate how we could in future meetings.
- We may need to set our sights realistically and pick the one or two most important things we can accomplish together and apply our energy to those things, vigorously, versus trying to boil the ocean.
- Really glad we're doing this. We ought to create a listserv as well so there is an easy way to email the group and archive conversations for future reference.
- We are looking forward to it. Thank you for coordinating!
- Shared RFPs methodology in general selections that we plan to do, such as now we are looking at two way secure messaging, Learn from what others have done and why?