July, 2014

UPCOMING EVENTS

Utah TeleHealth Network Luncheon

Thursday, August 14, 11:30am-1pm

Doty Family Education Center

5121 Cottonwood Street, Murray

CLICK HERE TO REGISTER

PRESIDENTS MESSAGE – JULIE BEARD

July is a wonderful month to celebrate our freedom and rich heritage that enables us to accomplish what we can create in our minds.   We are off to another exciting year leading endeavors to better health through information technology. I am appreciative of the opportunity to serve as your President along with a very accomplished and talented UHIMSS Board.   We recognize and encourage your engagement and participation in UHIMSS so that all may benefit from the background and experience of our membership.

Take a moment to learn from the magnitude of the University of Utah HealthCare OneChart Inpatient, Surgical, Anesthesia, Radiology and Pharmacy concurrent transition article that is included in this newsletter.   We congratulate the University of Utah HealthCare for these significant strides to improve healthcare outcomes for their patients.   Reserve time on your calendar to attend the August 14, Utah Telehealth Network luncheon with Deb LaMarch and Dr. Terry Box discussing their experience in how Telehealth is improving patient care in Utah.

See below for new UHIMSS members, the UHIMSS scholarship winner, and an article detailing the Epic implementation at University of Utah Healthcare

On June 27, we held our annual Board retreat hosted by UHIN, to review our end of year financial status, accomplishments based upon 2014 objectives and to plan for our 2015 fiscal year.   Financially, we were able to strengthen the UHIMSS organization, with a 20% increase in net income due to the 38% decrease in forecasted expenses and significant increase in sponsorship, which provides the majority of our operational funding.   This enables UHIMSS to reinvest by offering more opportunities for our membership such as extending complimentary educational hot lunches, expanding speaker options, hosting the holiday event, providing scholarships to healthcare students and funding for growth programs.   We thank you for your feedback on our Membership survey and also on the Spring Conference survey. We utilized this information in our planning along with the continuation of our four strategic objectives approved from 2013-2014 fiscal year summarized below:

- To become the association of choice for information and management systems professionals throughout the State of Utah
- To be recognized throughout Utah as the preeminent education resource for healthcare IT trends and technologies impacting providers, payers, consumers and suppliers
- To broaden UHIMSS influence on local, state and national healthcare legislation as it relates to information technology
- To achieve more sustainable and diverse funding

I would like to provide a glimpse of the significant committee accomplishments and objectives for this current 2015 fiscal year beginning July 2014. A very important objective to strengthen each committee is to establish representation from UHIMSS membership of at least 5 members in addition to the elected Board members. This objective was accomplished by some committees with others very much in need of membership involvement. We welcome and encourage you to get engaged and participate on one of the committees. The full report by committee, to include a perspective on challenges, will be accessible on the UHIMSS website.

Advocacy Committee
- National HIMSS Presidential Award for accomplishments
- First time Governor proclamation Utah State Health IT Day
- 8 legislators attending 3rd Annual Utah State Health IT Day
- Represented Utah at National Health IT Week, HIMSS asks to all Utah federal legislators
- Fully staffed and effective subcommittee
- Attended Senate and House HHS Committee Meetings and met with representatives
- FY 2015 Goals:
  o Resource for State and Federal legislators on health IT, advocate NHIT week
  o Identify and communicate key initiatives to members
  o Provide Utah State Advocacy event on Feb. 15, increasing attendance by 20%

Communications Committee:
- Monthly UHIIMSS newsletter describing activities, upcoming events and recognition
- Periodic member communications of specific events, requests and opportunities
- FY 15 Goals:
  o Continue monthly newsletter and periodic member communications
  o Explore expansion social media communication options

HIE Committee:
- Involved with Digital Health Commission, Utah Dept. of Health, State of Utah HIE Coordinator. Digital Health Commission attended Spring Conference
- Provided two webinars:
  o "Care Achieve through the cHIE: Unlocking the Potential for Clinical Data in Utah"
  o "IC3 Beacon: Challenges and Solutions in Connectivity to improve Patient Care in the Community"
- HIE website source of information on State of Utah Innovations Grant, CMS Implementation Grant, Governors Health Innovation event on Sept. 26, 2013
- Focus group UHIMSS members tested cHIE consent on-line tool and provided feedback
- FY 15 Goals:
  o Remain active and support Digital Health Commission, State HIT plan, State of Utah HIE Coordinator, State of Utah Innovations Grant
  o Map HIE types and activity in Utah on UHIMSS website
  o Member national HIMSS HIE, communicate quarterly messages to members
  o UHIMSS membership from State of Utah Division of IT, other HIE's in Utah
  o Assist education committee on presentations related HIE adoption, technology

Membership Committee:
- Tools created to significantly enhance analysis of our UHIMSS membership
- Membership net increase 16.4%, exceeding the 10% goal. Factored in is a 24.5% membership retention loss below the 90% goal. Non-renewal most often associated with an email address that was no longer valid.
- Event attendance increased 34% with an average of 41 people, surpassing the 15% goal
- FY 15 Goals:
  o New member increase goal is 10% with 95% member retention through additional proactive efforts to provide and communicate value and strengthen organizational relationships.
  o Event attendance goal is an average of 60 people in consideration of current membership
  o Further evaluate and serve member professional development goals
  o Automate event sign in process

Physician Committee:
- FY 15 Goals:
  - Convene local CMIO group from the community
  - Increase the number of UHIMSS presentations tailored to clinicians

Program Committee:
- Provided 5 educational luncheon events:
  - Meet the Board
  - ACO, Payment Reform and the Medical Home panel:
    - Joe Mott, VP of Shared Accountability Intermountain Healthcare
    - Scott Barlow, CEO Central Utah Clinic
    - Dr. Scott Anders, Division Medical Director HCA
    - Dr. Karey A. Johnson, Director NW Region PACT Excellence for the VA
    - Lisa Lyons, Product Manager Applied Research Group 3M Health Information Systems.
  - Big Data with Dave Riley
  - UHE cosponsored Nov. "The Healthcare Executive Role in IT" panel:
    - Keith Tintle, CEO Timpanogos Regional Hospital
    - Steve Anderson, CEO Jordan Valley Medical Center
    - Robert Allen, VP Rural Region and Outreach Intermountain Healthcare
    - Erik Bermudez, Healthcare Research Director KLAS
  - Innovative Utah Technologies event:
    - Intermountain Healthcare Transformation Lab
    - Privasent
    - Orca Health
- Hosted December Holiday luncheon
- Hosted 3 webinar luncheon events:
  - "Care Achieve through the cHIE: Unlocking the Potential for Clinical Data in Utah"
  - "IC3 Beacon: Challenges and Solutions in Connectivity to improve Patient Care in the Community"
  - University of Utah Health Care "Preparing for ICD-10: Implementation and Utilization of Computer Assisted Coding to drive Coding Accuracy and Productivity, Clinical Documentation, and Quality Improvement"
- Contributed and supported Spring Conference

- FY 15 Goals:
  - Provide meaningful and interesting program events each quarter, 12 education hours per fiscal year for HIMSS Chapter Standing
  - Program content and timing consistent with member survey feedback
  - Average 60 attendees at each event
  - Increase support and participation top 4 UHIMSS membership organizations
  - Luncheon: August 14, November 13
  - Holiday event in Dec. with a motivational speaker
  - Sponsor driven webinars: September, January, June
  - Support Advocacy Day on Feb. 15
  - Annual Innovation Luncheon in March
  - Support annual Spring Conference in May

Sponsorship Committee:
- Two new Premier Sponsors, renewal of all existing Premier Sponsors
- Full capacity sponsorship at the Spring Conference with 20 participants
- Increased sponsorship at monthly educational events
- FY 15 Goals:
  - Increase Premier Sponsors
  - Early retention and future expansion Spring Conference sponsors
  - Establish sponsor opportunities for all events

Spring Conference Committee:
- Successful annual Spring Conference on May 27, first ever cohosted with Utah chapter of ACHE, 20 sponsors, approx. 160 attendees, outstanding national and local speakers
- FY 15 Goals:
  - Annual Spring Conference with expanded venue for sponsors
  - Collaborate with UHE and possibly other organizations
  - Expand event promotion among members and community
  - Venue with air-conditioning, clear parking options

Student Liaison:
- Created framework for internships on UHIMSS website, one internship posted
- Developed student focused membership brochure
- Promoted student scholarship to be awarded in Aug. 2014
- Filled committee positions with students, professors and professionals
- FY 15 Goals:
  - Increase student and professor membership and event participation by 100%
  - Provide booth at IT, IS, HIT, Informatic career fairs UVU, BYU, Weber, SLCC and/or U of U
  - Increase internship partners on website
  - Provide student list for members sponsorship at time of membership renewals
  - Connect members and organizations with instructors to present in classrooms, partner on projects
  - Explore professional training scholarship

**Upcoming Events: August 14 Utah TeleHealth Network Luncheon
11:30 – 1:00 PM
Doty Family Education Center, 5121 Cottonwood Street, Murray**

We are excited about our upcoming August 14 luncheon in which we will have the privilege of hearing from Deb LaMarche, Associate Director of the Utah Telehealth Network and Dr. Terry Box, Associate Professor in the Department of Internal Medicine at the University of Utah School of Medicine.   Deb LaMarche and Dr. Terry Box will discuss how Telehealth is improving patient care in Utah.

The Utah Telehealth Network (UTN) links patients to health care providers across our state, country and the world by using leading edge telecommunications technology. Telehealth provides rural patients and providers with access to services that are usually available only in more populated urban areas.

Dr. Terry Box is also a Huntsman Cancer Institute (HCI) investigator and a member of HCI's Gastrointestinal Cancer Program.   Dr. Box's expertise is in diagnosing and treating diseases of the liver. He has specific expertise in hepatitis B and C, hepatocellular carcinoma, and liver transplantation.

Thank You to Outgoing Board Members:
We extend our appreciation and gratitude for the many hours of volunteer service provided by our dedicated outgoing Board Members.   Their leadership and insight was integral to our 2013-2014 year of amazing accomplishments and strong financial foundation.   We wish them well and look forward to their continued support of UHIMSS.
> Ann Chenoweth – Past President
> Rudy Matthes – Secretary
> Austin Cameron – Communications Chair
> Anita Willoughby – Membership Chair
> *Jonathan Nebeker, MD – Physician Co-Chair
> *Ralph Reyes – Sponsorship Chair

*At the end of June, Dr. Nebeker and Ralph Reyes regretfully submitted Board resignations prior to the end of their two year terms: Dr. Nebeker as a result of increasing national VA responsibilities and Mr. Ralph Reyes for personal reasons. The VA is in in the process of recommending a Board candidate for consideration.

WELCOME NEW UHIMSS BOARD MEMBERS:

We are excited to welcome two new UHIMSS Board Members starting their terms July 1, 2014-2015 fiscal year.

Physician Committee Co-Chair – Arteveld Pierre Jerome, M.D. is a physician from Haiti with 14 years of experience delivering healthcare, a lifelong teacher of Anatomy and Biochemistry and the former Secretary General who administered the House of Representatives in Haiti. Dr. Jerome is excited to continue to advocate for the best use of IT to improve Healthcare delivery. Dr. Jerome is completing the Board term recently vacated by Dr. Nebeker.

Sponsorship Co-Chair – Blynn Simmons, J.D is an attorney with a strong interest in healthcare and a diverse background from working in the nutritional supplement, insurance, construction and firearms industries in-house and as part of a law firm. This past year she served on the sponsorship committee. Blynn is completing the Board term recently vacated by Ralph Reyes.

HIMSS TRANSITION TO NEW WEB PROVIDER:

UHIMSS is working closely with HIMSS to transition our website to the new provider platform by the end of August 2014.   This will offer much needed flexibility in improving our website and ability to maintain it.   Appropriate content from our existing website is being prepared to transition to the new website. We appreciate your continued patience during this process.

UHIMSS GRADUATE SCHOLARSHIP WINNER!

Congratulations to Polina Kukhareva, recipient of the $500 UHIMSS Graduate Scholarship for school year 2014-2015. Polina has a MS, MPH and is a PhD Candidate in Biomedical Informatics at University of Utah. We look forward to getting to know Polina better as she joins the Student Liaison Committee.

NEW UHIMSS MEMBERS!

We want to extend warm welcome to our newest UHIMSS members:

Erica Cuttitta, IT Clinical Systems Supervisor, ARUP Laboratories, Salt Lake City, UT
Brendan McGuire, Director, Strategic Alliances, GE Healthcare, Park City, UT
Scott Rea CISSP, Sr. PKI Architect & VP, Digicert Inc., Lehi, UT
Gary Meyer, Qvera LLC, Kaysville, UT
Ron Shapiro, Vice President & CTO, Qvera, Kaysville, UT
Lindy Buhl BSN,RN Medical Informatics, Saratoga Springs, UT
Rachael Howe, Systems Analyst, 3M HIS, Heber City, UT

# UUHC Successful with One Chart Implementation

By

Travis Gregory, Director of Clinical Systems & One Chart Program
Anne Jacob,   Senior PM/One Chart Program Manager
Michele Mills, Director of ITS Program Management Office
Pax S. Rasmussen, Account Executive/Copywriter

One Chart is the program name for the implementation of Epic at University of Utah Health Care. It replaced our inpatient, surgical, anesthesia, radiology, pharmacy, and other systems with a unified Epic foundation—which we already used for ambulatory and business. Our main goal was to connect our health care system in ways never possible in the past. With such a system, we are able to see situations where a nurse practitioner in a clinic and a physician in the hospital have instant access to life-saving medical information about the same patient, at the same time. That same patient can now access their lab results from home a day later, and can seamlessly pay their bill in the same web visit.

Included in implementation:

- Replacement of legacy systems with Epic
- Enhancement of data warehouse to accept data from new Epic modules (ie. Data is now available in the Enterprise Data Warehouse from all Epic and legacy clinical systems)
- Creation of new report templates to put real-time data in the hands of clinicians and operational leadership
- Updating infrastructure to support future Epic growth, enhanced downtime and disaster recovery capabilities
- Installation of new Business Continuity Access solution to ensure data could be accessed — even if Epic goes down

One Chart allowed us to move to a new environment of inter-connectedness, accuracy, and transparency. We're excited to share our journey with you. You can see our Previous and Current state below – color "Red" shows systems now in Epic.
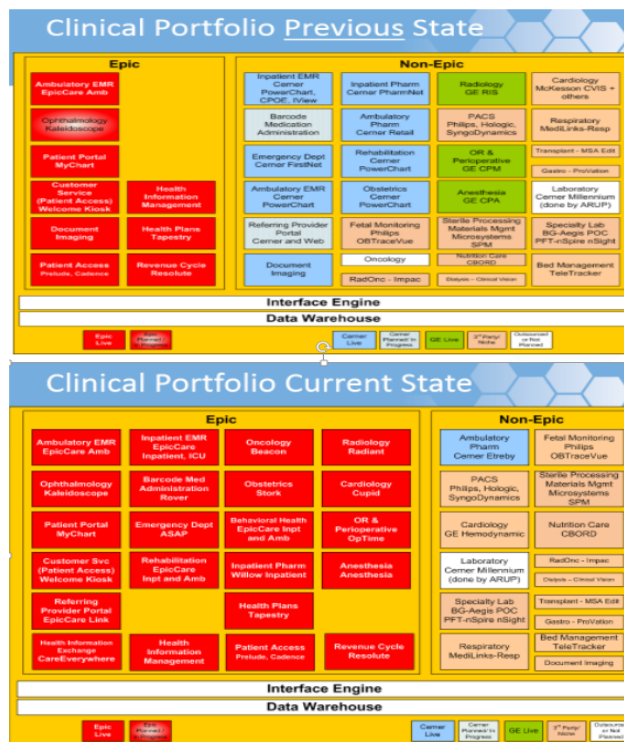
Getting It Right the First Time

We knew from the beginning that our large stakeholder population of patients, physicians, nurses, IT, and general staff would be negatively impacted by a poor implementation. We were all very mindful of the importance of "getting it right" the first time.

We put heavy emphasis on management and governance early in the process. We were also able to leverage our lessons learned from previous go-lives — Epic for Business and Ambulatory Community Based and Specialty Clinics. We had strong leadership in place to monitor key metrics and provide feedback to us quickly, so we could address issues immediately.

Executive leadership was very engaged and active in overseeing the One Chart program. Jim Turnbull, CIO, was adamant that we put in place a strong Program Manager and Program Governance structure from the beginning. He also secured strong sponsorship that included David Entwistle, University of Utah Health Care CEO and Sean Mulvihill, MD, University of Utah Medical Group CEO who served as co-chairs of the project Executive Steering Committee.

Executive Leadership remained steadfast and committed to a successful transformation of clinical and business processes from start to finish. Project Management structures were fully leveraged to ensure effective and timely management of the project activities with a focus on proactive mitigation of issues, risks, and fiscal controls. All stakeholders understood this was a core foundation for success.

Switching electronic medical record systems isn't easy for any organization, but doing this on a massive scale was a difficult undertaking. This was particularly due to the wide range of "legacy" systems we were changing from one system to another, all at the same time! The cutover was at midnight on Saturday, May 10th. At that time, our IT teams ended access to PowerChart and other legacy systems and began a seven-hour cascade of technical changes to bring up our new Epic integrated environment.

Here is our story of system mobilization to perform a stunning feat of logistics and coordination!

Testing, Training, and More Testing

In the months leading up to our Mother's Day go-live, preparation came in two forms: extensively testing our IT configurations and training every care provider in the inpatient, ancillary and Huntsman ambulatory arenas.

Testing and training facts:

- More than six months of software testing
- 2,164 providers trained
- 4,250 other staff members trained
- More than 1,700 training classes held
- More than 7,000 classroom training hours held

One Chart Command Center

The One Chart Command Center was the heart and brains of operation for go-live. Upwards of 150 staff packed a large room in the Health Sciences Education Building (HSEB). Not only were IT trouble tickets being logged and "worked" through the command center, but more importantly, it served as the brain center for all decisions about when systems were ready to be used by care providers and how issues would be resolved along the way. Administrators, IT staff, physicians, nurses, pharmacists, and others all converged on the Command Center. We planned for the worst, but ended with a better-than-expected outcome, so were able to ramp down staffing within two weeks. We did have a contingent of consultants on-board through June to ensure any residual issues were dealt with in a timely manner.

Provider Support Center

For the go-live we also created a support center for providers. In the weeks leading up to go-live, it buzzed with physicians, residents, and other providers who were receiving hands-on training in Epic. During and after go-live, the

Provider Support Center continued to serve as a resource where providers could drop in and have questions answered or pick up a quick tutorial guide from the knowledgeable and friendly Provider Support Center staff.

GoLiS Making Saves

The One Chart project saw the creation of a new acronym for us: GoLiS: our Go-Live Specialists. A GoLiS could be anyone, from physicians to MAs—anyone interested in being a subject matter expert and Epic resource for their area.
They received an intensive amount of training prior to go-live, and were available throughout the initial adoption phase to answer questions face-to-face in all of our areas going live.

Charges

Prior to our go-live we heard about several nightmare scenarios with charge capture and patient billing at other institutions across the country.   With a solid team of subject matter experts who knew what to plan for, watch for, and how to mitigate potential issues, we experienced the following:

- Charge capture has gone very well – to date hospital charges are coming through consistently above expected baselines
- Charge Sponsors and Charging GoLis actively participated in daily calls during go-live to ensure timely reporting of issues. Overall, the issue resolution turnaround time has been exceptional!
- EPIC completed an independent assessment of hospital charges for the 1st week of go-live giving an overall rating of **4.5** out of a possible 5.0
- Hospital claims were held a few extra days only as a precaution, to minimize any charging issues – hospital claims were released May 22 and are back to a pre-go-live state

The general consensus among new Epic users is summed up in a recent comment from one of our providers "With our new EMR, patient records are quickly available, when and where I need it. Paper charts can easily get lost, which is no longer a problem if the Epic system is used consistently."

There are many reasons for our success, but if we have to pick one it would be effective collaboration of the organization from top to bottom. Everyone was engaged in the process. That combined with our experienced staff provided a strong foundation for a system we expect to help us provide for patients at an even greater way than ever before. We are looking forward to what can be accomplished in the years ahead.

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