

Roane County Family Health Care



History of FHC

- Roane County Family Health Care was established in 1982 as a FQHC look-alike
- Became a FQHC in 1992
- We serve approximately 8,000 patients in Roane and three surrounding counties
- We have approximately 32,000 patient encounters per year
- 32% of our patients are uninsured
- 13% have MCD coverage

Use of CDEMS History

- Asked to join the Diabetes Collaborative by HRSA in 2006
- Began using and reporting with CDEMS in May, 2006
- Began with an initial population of focus of 150 patients assigned to one MD and one Mid-Level provider.
- Beginning A1c of 7.66

Continued:

- Spread key measures to remaining providers in April, 2007
- Average A1c for spread providers 7.37
- We went live with our EMR MediNotes e July 2007
- Our EMR does not have the capability at this time to give us accurate reports for QA or UDS purposes.
- We continue to use CDEMS for data mining and reporting monthly

Use of the EMR

Each diabetes note in our EMR has a Self Management goal prompt. This reminds the provider to either set a goal or review an established goal with the patient at each visit. 64% of our patients have a goal documented in their record.

FREQUENCY OF GLUCOSE CHECK: Glucose is checked never.

PATIENT'S SELF MANAGEMENT GOALS: Low fat diet to lower cholesterol.

LAST EYE EXAM: Last retinal exam was performed 10/18/2007.

LAST IMMUNIZATIONS: Pneumovax last given on 9/28/2004.

EMR Alerts

- By using CDEMS, we can identify patients that need services such as A1c, Lipid Panel ect... An alert is activated within the patient's chart in the EMR.

	Alert Item	Date	Resolved Date
■	Patient needs A1c at next visit. EWhiteRN	3/17/2009	
■	Patient has exhibited drug seeking behavior. VISITS WITH MDs ONLY; NO VISITS WITH PAs ALLOWED.	7/1/2008	7/1/2008

EMR Alerts

- When a diabetic patient is seen, the provider opens a special note that addresses each aspect of diabetes care.
- An “object” is placed in each note that is electronically read and sent to me as a practice alert once the note is signed.
- I then print the note and data enter the visit into CDEMS.

Barriers and Issues

- Providers do not always use the correct templates.
- No interface between CDEMS and MediNotes foreseeable.
- We are still reliant on data entry.
- Our EMR does not have the capability to easily get data and we cannot get **exclusionary reports.**

Barriers and Issues cont.

- Our beginning file of patients was not accurate so we cannot report on the “universe” in our EMR.
- I am in the process of “cleaning up” the universe. 2,844 patients have been deactivated in the attempt to make the universe more accurate.

Words of Advice

- Be absolutely certain that the EMR vendor can deliver what they promise.
- Demand that you speak with other Health Centers that use the program.
- Make sure your universe is accurate before you dump them into your EMR.
- When choosing an Electronic Medical Record, have everyone who will need to gather data out of the EMR at the table.

Words of Advice cont.

- Never stop asking questions no matter how “put off” your vendor makes you feel.
- This is a huge investment that will stress your organization in every possible way. Be prepared financially and emotionally for the upheaval.
- Most important: **If you put junk in, you get junk out!**