

# Title: Realizing Value with Right Information, Every Time, Anywhere

## I. Background:

### Why DPH needs an EHR?

A unified electronic health record (EHR) is a key enabler for DPH to achieve the Quadruple Aim of superior health care performance: (1) enhancing care experience, (2) improving population health, (3) optimizing the work life of health care providers and teams, and (4) reducing costs. DPH currently operates 61 disparate clinical information systems/modules that prevent the delivery of high quality and integrated care to patients and families. Mission-driven DPH staff are frustrated that they cannot do their best work every day (see graph on right).

Financially, DPH bills over \$650 million annually from our current patchwork of systems. Acquiring a unified EHR is the top priority for DPH and the Health Commission, having committed \$342M over 10 years to this high-impact undertaking.

### Why choose Epic?

Two enterprise EHR systems – Cerner and Epic – have the product breadth to cover DPH’s spectrum of healthcare delivery (KLAS, 2015). While functionally comparable, the Epic platform and its market dominance in Northern California (see graph on left), would enable seamless exchange of clinical information, when DPH patients transition their care to local SF health systems such as Kaiser, Sutter, and UCSF.

### What are key elements to successfully implement a unified EHR?

**“Care First” Execution:** A Care First approach to implementing an EHR means that it must be intentional about measurable value from a clinical and operations perspective rather than simply delivering the technology on-time and on-budget. It must focus on the relationships and processes important to ensuring a patient’s information is complete, accurate, and accessible during the entire care experience.

**Operations and Revenue Cycle Transformation...**not an IT Project: A unified EHR is the backbone infrastructure that touches every person throughout the organization. Those that succeed are fully prepared for major disruptive change in how people work and how revenue cycle processes are managed. As such, they invest in and develop key organizational competencies that include governance, change management, analytics, continuous improvement, process standardization, leadership and workforce development, IT infrastructure, and a laser focus on financial stewardship.

## II. Current Conditions

### UCSF Partnership Value Propositions

- Increased likelihood of on-time and on-budget DPH-APeX adoption
- ZSFG physicians and trainees are already APeX proficient; hence can serve as enablers not barriers
- More seamless care transition between SFHN and UCSF; 78% of all out-of-network referrals go to UCSF
- Strengthen existing 150-year partnership between DPH and UCSF
- “As-Is” adoption prioritizes build resource to critical non-overlapping clinical programs such as long-term care, jail health, behavioral health, public health, etc.

### DPH Principle EMR Contract Renewals:

2017: ICCA, Pulsecheck (annual), SIS (annual)  
 2018: Invision/Cerner, Salar, eCW (annual)  
 2019: Delta Home Health, JIMS - 6/30/2020, Watchchild - 8/31/2021

**APeX timeline:**

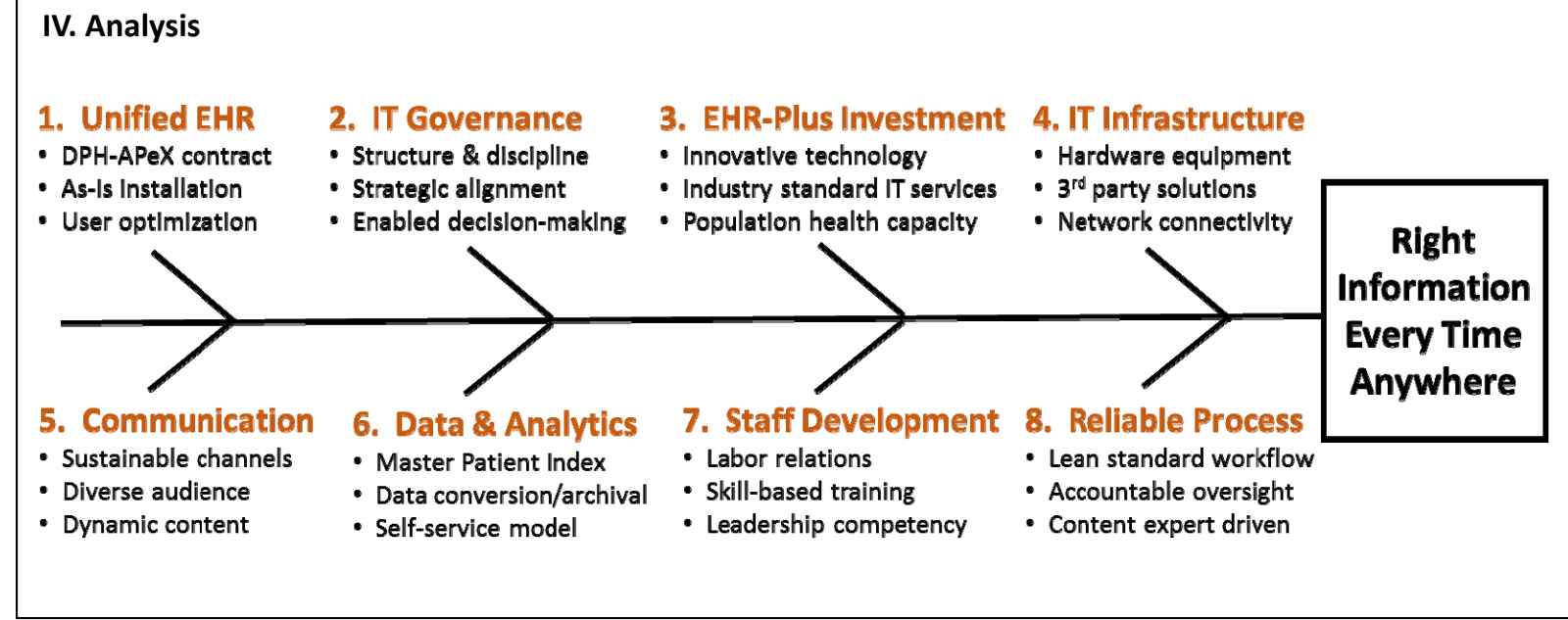
- Staffing: Organization Preparation (Green)
- Staffing: SME & Workgroups (Yellow)
- Technical Build (Blue)
- Testing/End-User Training (Orange)
- Go-Live (Red)
- Optimization (Light Blue)

DPH cannot afford any misstep in planning for and executing its strategic EHR initiative. Installing and optimizing APeX (Advanced Patient-centered EXcellence), UCSF’s EHR built with Epic software, offers significant advantages for coordinated data, patient care and safety, and financial viability. Industry and Epic standard for a typical EHR implementation cycle is 18 to 24 months; however, DPH is pressured to expedite that timeline due to anticipated contract expirations of multiple applications over the next few years; some are at risk of decommissioning by vendors all together.

### Problem Statement

DPH has fragmented care models, unreliable processes, challenging communication channels, scant analytics, ineffective data governance, disparate clinical systems, and an impending deadline to replace multiple end-of-life systems that prevent us from achieving our vision of being every San Franciscans first choice of health care and wellbeing.

- ## III. Goals & Targets
- ✓ By 12/31/16, secure a contract with UCSF to install, optimize, and maintain DPH-APeX that is within proposed budget and timeline.
  - ✓ By 6/30/17, achieve the following:
    - 75% of DPH employee survey respondents will know what “APeX” means and Go-Live date
    - 100% of DPH business/clinical programs will have current state revenue cycle process maps
    - 50% of “highly impacted” job classes will have current duties and future DPH-APeX required duties delineated and documented
    - 75% of current UCSF-APeX analytic reports will be assessed for relevance, utility, deployment and accountability
    - 75% of vacant positions and funded FTEs in the Office of Health Informatics will be filled



## V. Proposed Countermeasures & Plan

Key Task	Date	Owner	Fishbone Analysis Root Causes									
			1	2	3	4	5	6	7	8		
Initiate all Gap Discovery Workgroups: (Clinical & Ancillaries, Pharmacy, OR & Anesthesia, Revenue Cycle, Technical Infrastructure & Support, Data Interface & Conversion, Legal & Business, Governance and Facilities)	7/1/2016	Albert/Bill (Optimum/Gartner)	✓	✓		✓						
Establish a DPH-APeX project initiation phase governance structure	7/1/2016	Albert/Bill	✓	✓								
Create a DPH-APeX project initiation Program Steering charter	7/15/2016	Albert (Chartis)	✓									
Complete an organizational EHR readiness assessment	8/1/2016	Bill (Gartner)	✓		✓	✓	✓	✓	✓	✓	✓	✓
Establish a DPH Health Informatics Office to lead the DPH-APeX program	9/1/2016	Albert/Eric	✓				✓		✓	✓	✓	
Develop a multi-stakeholder engagement plan	10/1/2016	Albert/Rachael (Gartner)					✓					
Finalize Go/No Go Recommendation for DPH-APeX contract	10/14/2016	Roland/Albert	✓									
Secure a contract to establish an Integrated Program Management Office	11/1/2016	Bill	✓				✓			✓	✓	✓
Define scope, total cost, schedule, and success for DPH-APeX program	11/1/2016	Roland/Albert	✓		✓	✓						
Secure a contract with UCSF to install and maintain APeX	12/31/2016	Greg	✓									
Develop a pre go-live, workflow process improvement plan	4/1/2017	Albert/Eric	✓									✓
Develop a labor relations and staff development plan	6/1/2017	Ron/Albert/Eric	✓								✓	
Establish an Information Governance strategy and program	6/15/2017	Albert	✓	✓						✓		

- ## VII. Follow-Up
- Biweekly A3T status update to DPH Executive Cabinet meeting and SFHN Executive Leadership Meeting
  - Biweekly status update from project initiation phase consultant (Gartner) to IT and Health Informatics executive team
  - Contingency: If a “No-Go” recommendation for APeX adoption, we will pivot to assess alternative strategies