# Epic Phase 1: Proven Value at SMMC, Edison Clinic & Correctional Health Services

- Unified inpatient and ambulatory clinical record

- Improved safety, reliability, and clinician experience

- Standardized workflows across core services

- Strong adoption with measurable operational gains

- Improved revenue cycle processes and cash flow

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What SMMC Has Seen, So Far
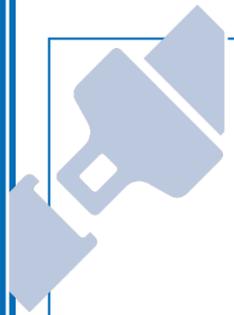
Improved safety and efficiency through greater internal and external visibility of documentation in all SMMC services

More timely access to critical lab results – workflow recognized by Joint Commissions as a "game changer"
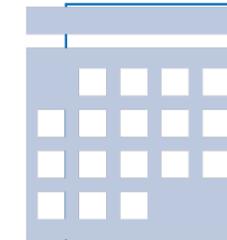
Reduction in unnecessary duplication of procedures through greater visibility into procedures done at other institutions
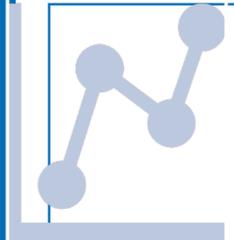
Substantial **increase in local access to data** through dashboards and internal Epic tools

Greater and more timely patient access to their medical records through MyChart

More self-service options for patients (including appointment scheduling) through MyChart

Utilizing Epic tools and process improvement, **reduced authorization and registration payment** denials from 11.6% to 5.9%
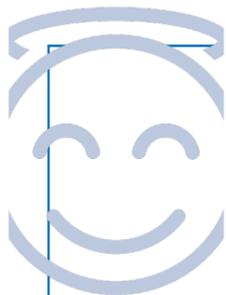
Reduced wait times for outpatient prescriptions from 90-120 minutes down to 20.

Increased cash flow by 25%.

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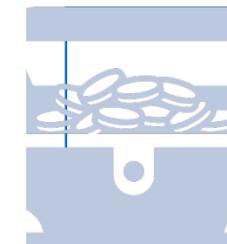# IMPROVED PATIENT EXPERIENCE

MyChart

Number of patients live on MyChart

30,637

Percent of patients seen on MyChart

9.9% ↗ change over 3 months

36.5%

Messages sent to care team via MyChart

21,074

Rx renewals requested via MyChart

8,093

Appts scheduled via MyChart

914

Current State:
Fragmented Systems, Fragmented Care

Phase 1 – Connected Care

- Single patient chart
- Reliable data exchange
- Standard workflows
- Clinician confidence
- Simpler continuum of care between internal programs

Today – Unconnected

- Data trapped in silos
- Manual workarounds and duplication
- Delayed information for care teams
- Higher operational and patient/ client risk

Mosaic – One County Health

- Unified longitudinal record
- Real-time data across settings
- Safer transitions of care
- Scalable platform for the future

Epic Phase 2: Continuing to Connect the Mosaic Across County Health

- Behavioral Health and Recovery Services

- Aging and Disability Services

- Family Health Services

- Health Coverage Unit

- Public Health Lab

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Why Implement Epic Mosaic?

- Proven momentum from Phase 1 success

- Growing regulatory and reporting complexity

- Workforce strain requires modern, integrated tools

- Fragmentation costs increase every year

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Why Now?

- Strengthen patient and client safety through integrated information

- Empower staff with efficient, modern tools

- Advance data–driven care and reporting

- Modernize investments across the enterprise

- Manage long–term costs through integration and scale

Looking Ahead through our Mosaic

- Seamless care across the continuum for One County Health

- Reliable data for quality, finance, and planning

- Stronger clinician and patient/ client experience

- Foundation for innovation, analytics, and AI
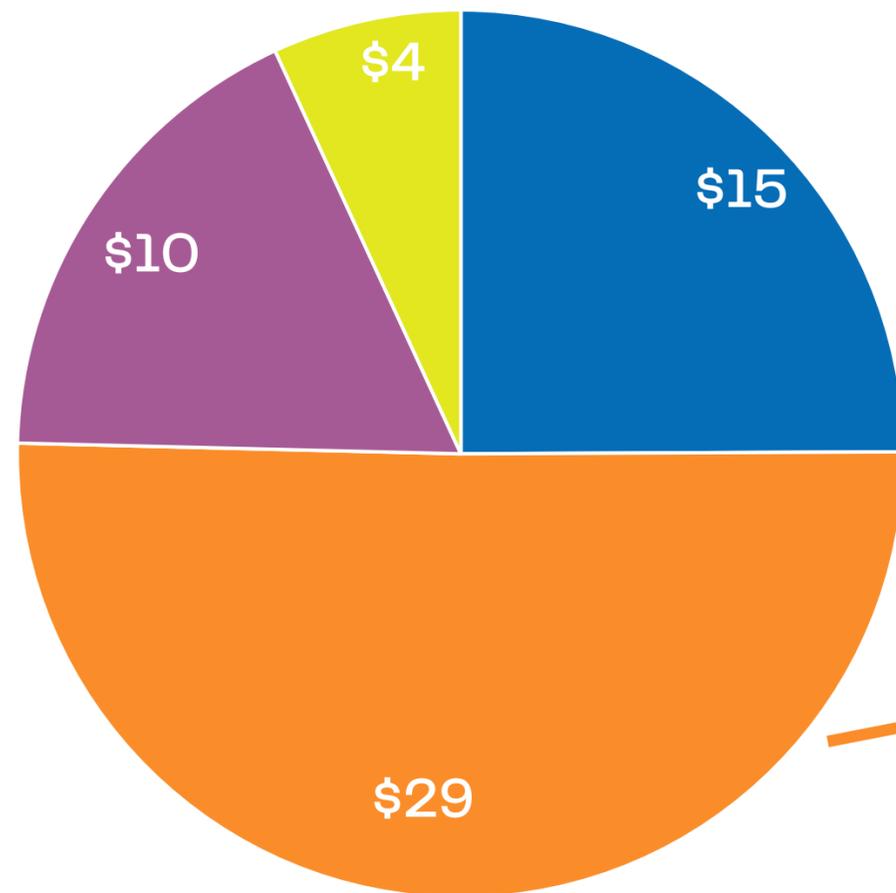
- Technology resilience and proactivity

Investing in Our Future

EHR Budget (in millions)

Recommendations for upcoming 2–year budget cycle

Implementation   Operations
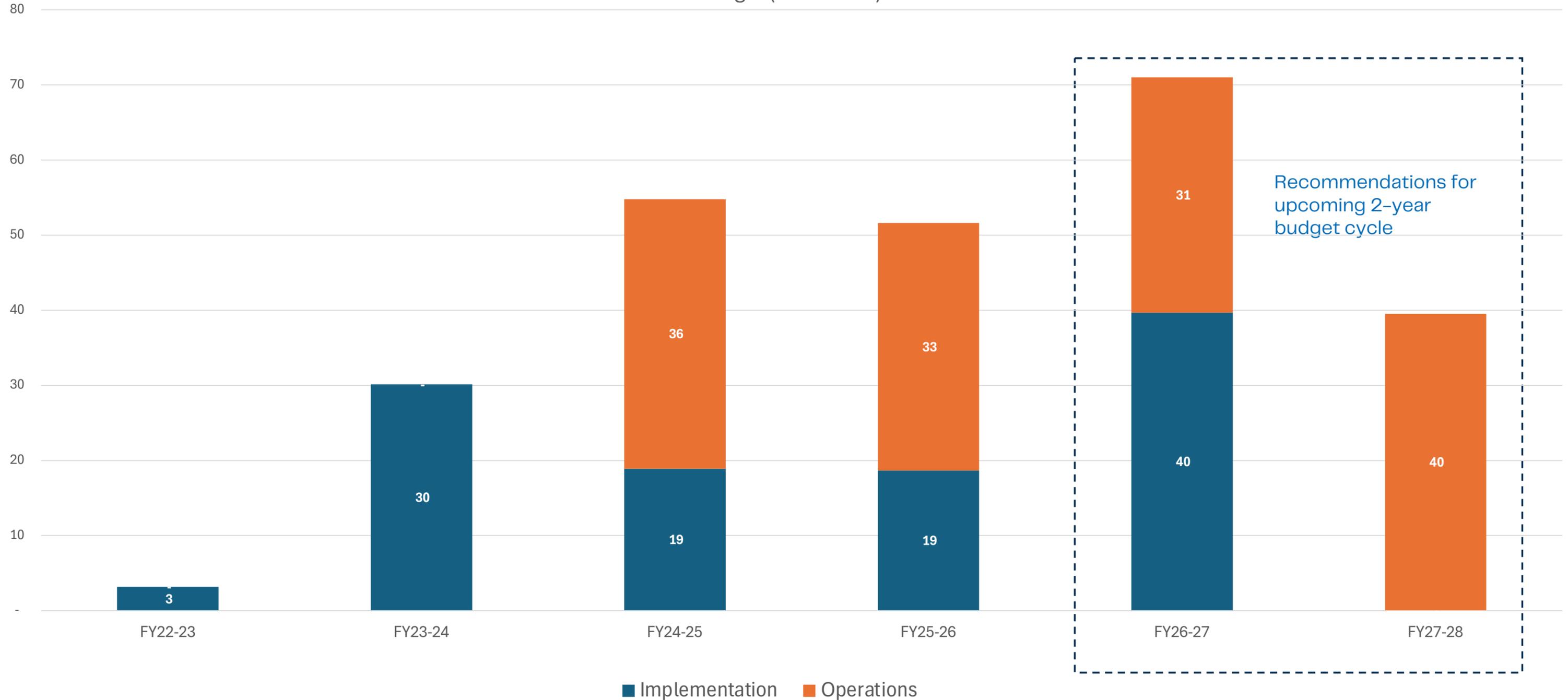
FY 26-28 Phase 2 Implementation Budget – $58 million

Phase II Implementation Budget (in millions)

Temporary Contracted Staff – 125 CTG Staff

Left pie chart values: $15, $29, $10, $4

Legend:
- Epic License
- Temporary Contracted Staff*
- County Staff
- Other

Right pie chart values: Project Mgmt 9, Software Programmers 29, Analytics & Report Writers 11, Training and Go-Live 76
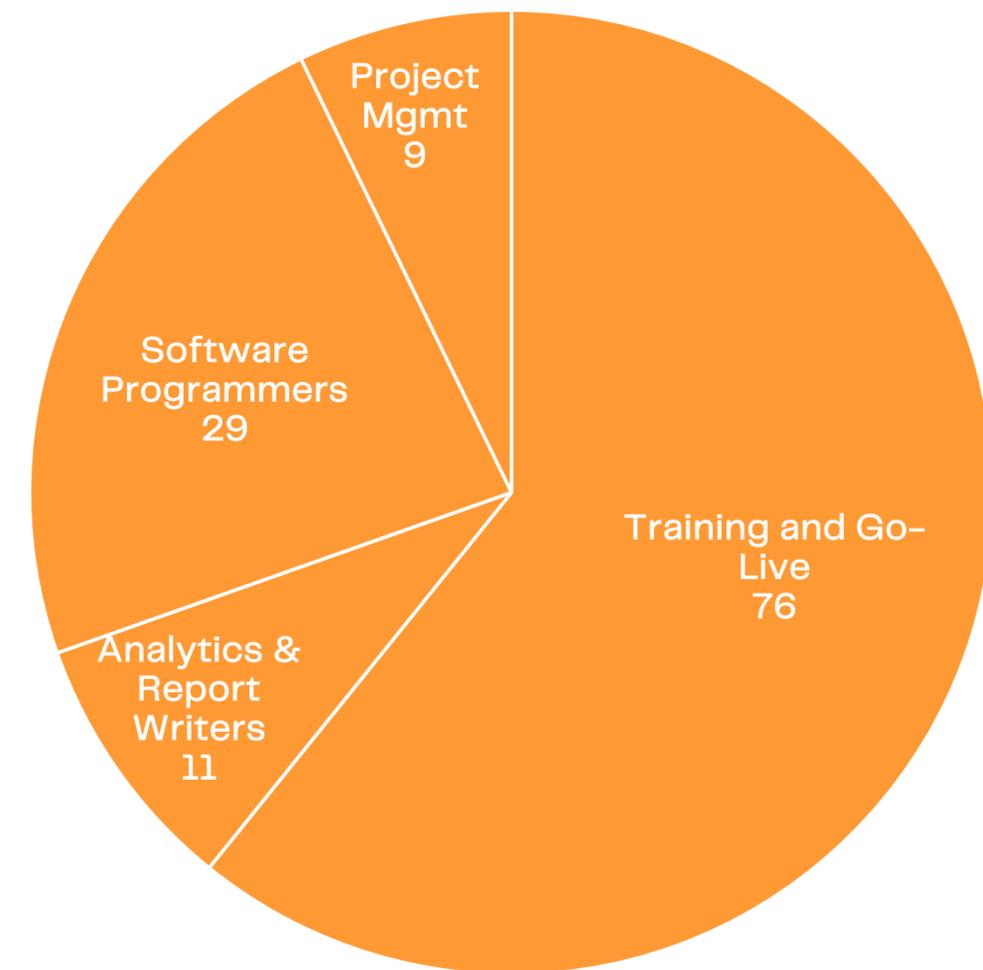
* Recommended contract with CTG for temporary implementation staffing support

FY27-28 Operational Budget – $40 million

By Category, in millions
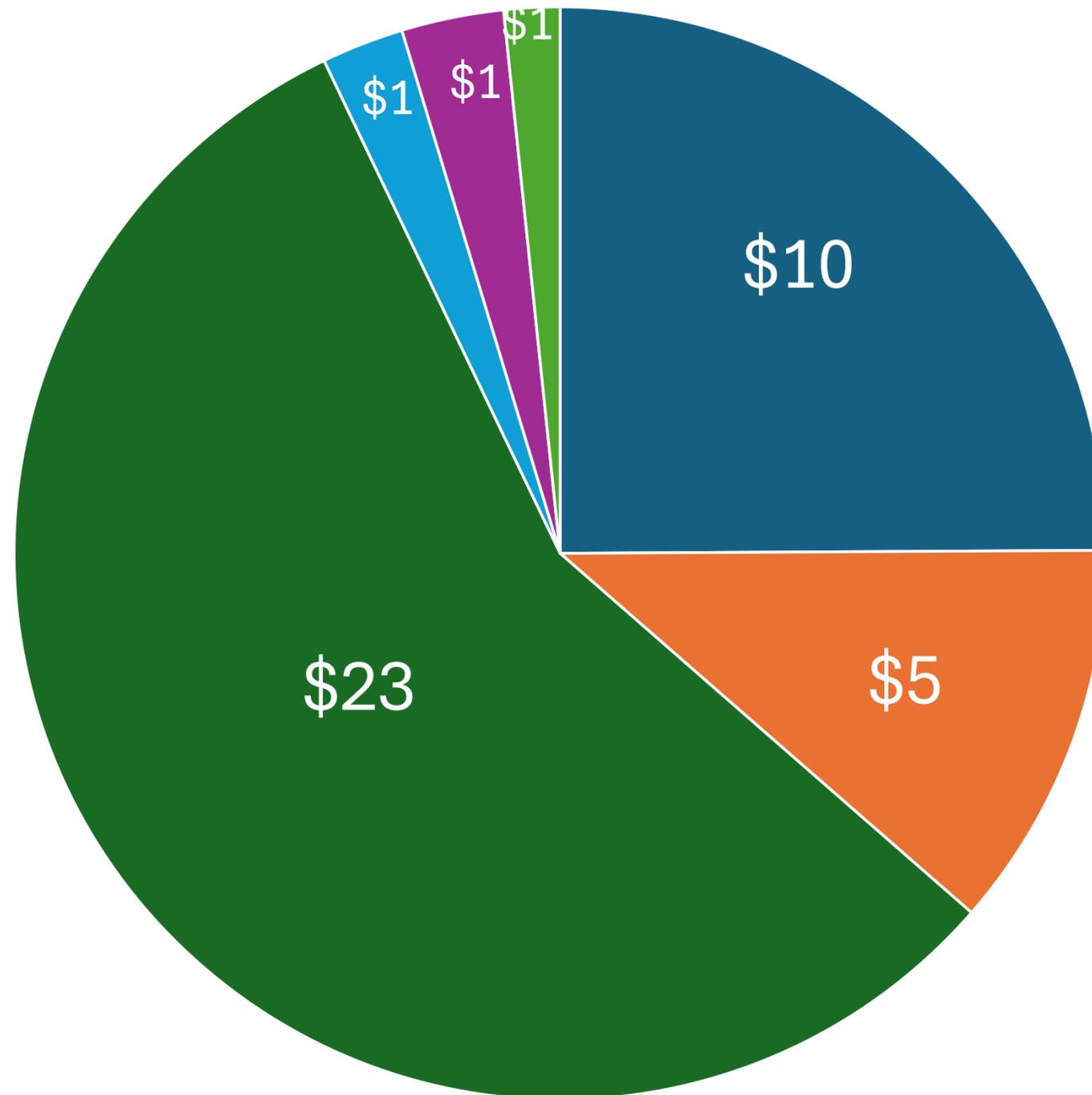
Legend:
- Epic Agreement
- 3rd Party Applications
- County Labor
- Contractor Labor
- Other Charges
- Contingency

Values shown on pie: $10, $5, $23, $1, $1, $1

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Investing in Our Resources:
FTE Support

EHR Analyst I/II	EHR Analyst III	EHR Application Leaders	Health IT Admin
23	**5**	2 Managers 2 Supervisors	1 Office Specialist 1 Admin Assistant 1 IS Data Specialist

Total New* Positions: 35

*New positions will be offset in part by the sunsetting of 24 limited term positions currently supporting Epic/ HIT Operations.

Investing in Our Resources:

CURRENT STATE: Epic Wave 1 Implementation & Ongoing Operations		
Regular	49	$13M
Limited Term	17	$4.5M
TOTAL	**66**	**$17.5M**

FUTURE STATE: Epic Mosaic Wave 2 Implementation & Ongoing Operations		
Existing Regular	49	$13M
New Regular (being requested today)	35	$9.6M
Limited Term	0	$0
TOTAL	**84**	**$22.6M**

What We Can Look Forward To

Epic provides us with the tools we will need to address the challenges that lay ahead

Utilizing more of the tools and functionality in Epic to enhance safety, quality and efficiency

Epic implementation across Health will allow greater care coordination across Health in the same way it has happened internally at SMMC

Epic implementation across Health will ensure key information such as conservator status and medication usage will be more transparent across the system

THE VALUE OF MOSAIC ISN'T IN MAKING EVERYTHING THE SAME

IT'S IN CONNECTING ALL THE PIECES

Divisional Funding

Division	FY 27-28	Legacy Offset	Net Increase	Funding Source
ADS	2.8	0.82 (Q, Collabrios)	1.98	State claim and potentially some general fund within our existing allocation
BHRS	9.75	2.78 (Avatar)	6.97	Realignment
FHS	3.57	1.1 (Avatar)	2.47	MAA Annual Claiming, other state/federal funding, and potentially some general fund within our existing allocation
PHPP	2.99	0.8 (Orchard)	2.19	MAA Annual Claiming, other state/federal funding, and potentially some general fund within our existing allocation
Cor Health	1.98	0.60 (Cerner)	1.38	CalAIM Revenue from billable activities
SMMC	19.08	5.5 (eCW, Cerner, Pices)	13.58	This allocation will be a reduction from prior years as costs are shared among other divisions.
Total	$40.17 M	$11.6	$28.57	

CHIEF INFORMATION OFFICER (CIO)
Rich Bailey

ASSISTANT CHIEF INFORMATION OFFICER (ACIO)
Joseph Morales

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Laurie Diba (LT)

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Luis Tovar
RJ Singleton (LT)

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Ed Chan (Supervisor)
Nan Lu
Nagesh Setty
Robin Stopa
Sophia Cheng
Srivatsa Hura
Steph Griffin
Virginia Di-Paola
Wil Wong

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Archana Paravastu
Dennis Marenburg
Paul Johnson
Praful Gatti
Tobias Joel

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Nadia Jafri
Sabah Shaikh
Suraj Singh

CSS Group
Alexandru Ursache
Dante Panugaling
Pansy Ang
Raphael Maass (LT)
Sean O'Donnell (Supervisor)

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Project Management
Haris Khan
Jojo Aranzamendez (Supervisor)
Montrella Wilson

Contracting
Natalie Del Sarto

Accounts Payable
Yazmin Berroteran (WOC)

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Security Coordinator
Brian De Lucia
Gautam Bhattacharya
Susana Duran
Zachary Stites

ISCSS
Guy Gov

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Muna Panday
Nereyda Gonzalez

Healthy Planet Analyst
Alyssa Davis (LT)
Lisa Behravesh

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Luis Reyes

Wisdom Analyst
Joseph Hunter

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Hannah Zhang (LT)
Kevin Wu (LT)
Jessica Jung
Senait Habtemicael
Terri Clifton

Training Coordinator
Paige Franjione (LT)
Ted Shab (LT)

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ASAP/Care Everywhere Analyst
Aisha Williams

Beaker Analyst
Aditi Shah
Ellie Homen
Jack Le (Supervisor)

Clin Doc Analyst
Alys Herring (Supervisor)
Jaime Warren Buckhanan
Marina Alcoff
Melissa Stewart
Travis Gates (Consultant)

EpicCare Inpatient Orders Analyst
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Cecil Agdipa
Derrick Tse (LT)
Marcia Matyga

Grand Central Analyst
Tina Nguyen

Lumens
Carolyn Vo

OpTime & Anesthesia Analyst
Clavel Bascom
Michael Truong (LT)

Radiant Analyst
Brandon Kim (LT)
Lisa Tso
Marquis Reeves (LT)

Willow – Ambulatory Pharm Analyst
Nesphor Wakoli
Russell Ruanto (Epic Boost)

Willow – Inpatient Pharm Analyst
Avni Kardani
Deepika Perumilla
Russell Ruanto (Epic Boost)
Shahab Siddique (Consultant)

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SUPERVISOR: Scott Dinkard

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Guenn Trent
Theo Tabora

HIM Coding and Abstracting Analyst
Isela Pena
Michelle Martinez (Onbase)

Resolute Hospital Billing Analyst
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Stuart Anderson (Consultant)
Tej Edara

Resolute Hosp Billing Claims Analyst
Marya Gomez

Resolute Prof. Billing Analyst
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Siddhartha (Sidd) Patwardhan (Consultant)

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Matthew Compelube
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Tan Quach

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UPDATED 1/12/2026 · LT - Limited Term employees · WOC - Work-Out-Of-Class

Epic Integrated Opportunities– Wave 1 Divisions Only