



# Integrated Electronic Health Record

Background and Overview for SMC Board of Supervisors

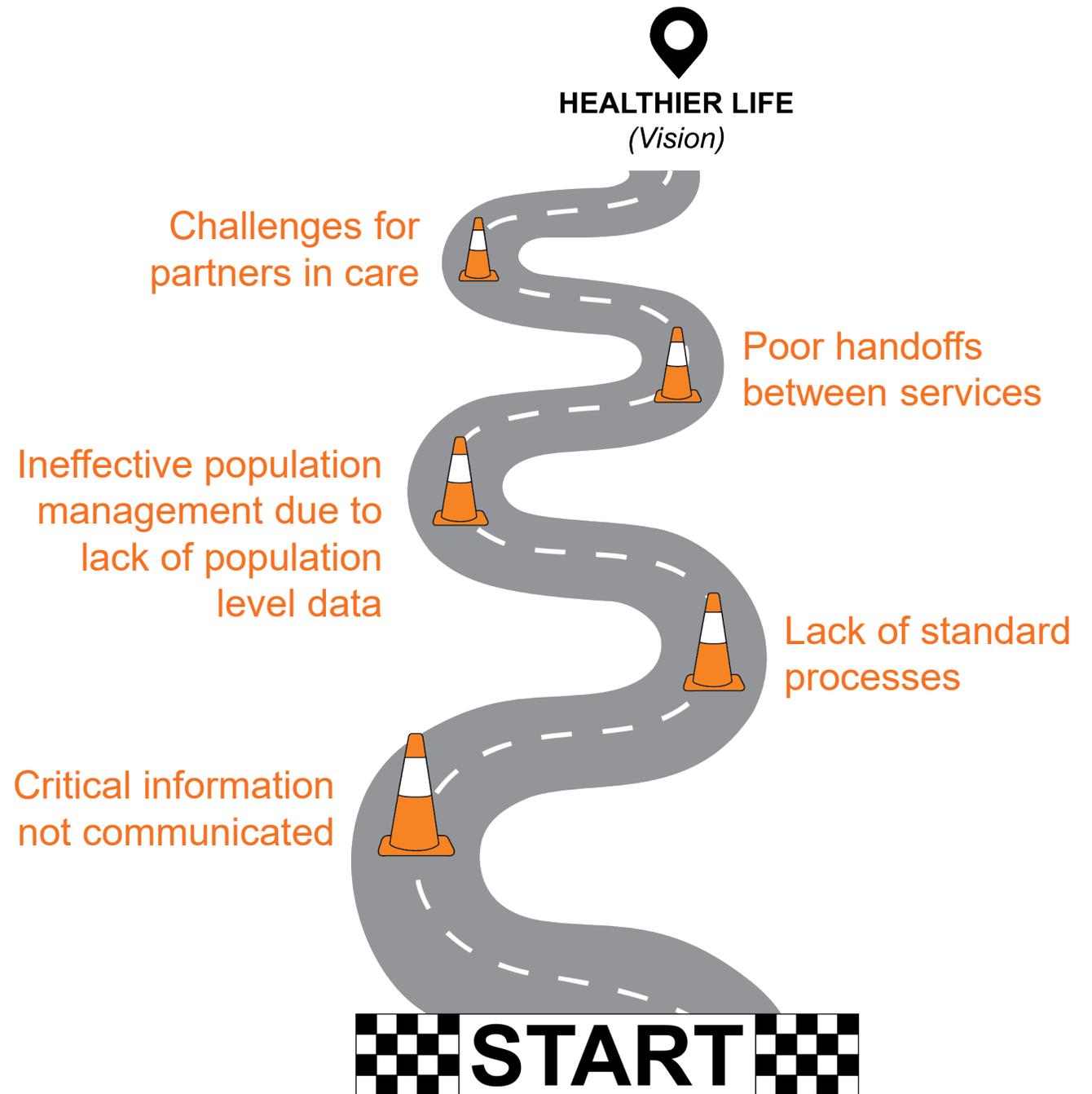
December 13, 2022



**SAN MATEO**  
**COUNTY HEALTH**

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# Roadblocks to helping our patients live longer, healthier lives





*photo source: getty images*

# PATIENT STORY

My patient, an 82-year-old Spanish speaking woman who has multiple medical issues, including chronically low sodium levels, recently went to the Emergency Department.

While she was grateful for the compassionate care she received, she was frustrated that the ED staff did not seem to know critical elements of her medical history, which is documented in a section of the Electronic Health Record not available to the ED staff. She also was frustrated she had to wait for the opinion of a specialist whom she had seen in the past, and that they attempted to admit her to the hospital unnecessarily.

It is likely that her refusal to be admitted allowed her to avoid duplicative, unnecessary, and potentially invasive testing.

# Integrated EHR: Strategic Goals

## Improve Health Outcomes

Promote person-centered care by improving safety, quality, and engagement through:

- Coordination of care in multiple settings
- Unifying client records and making them accessible to all care providers while also protecting health information appropriately
- Improve social determinants data quality (eg race/ethnicity, SOGI, literacy)
- Encourage and measure healthy behaviors
- Provide 24/7 self-service capabilities, including electronic access to their records and care teams



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# Integrated EHR: Strategic Goals

## Achieve Operational Excellence

- Standardize financial processes
- Improve staff satisfaction and productivity
- Enable flexible, secure access from a range of settings and devices and interoperability with external providers
- Increase adaptability in a changing health funding environment by capturing data at the point of care
- Reduce technology risks by eliminating dependencies on obsolete systems



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# Integrated EHR: Objectives

**Moving to an enterprise EHR will provide a better quality of care and improve fiscal accountability by:**

- Replacing multiple EHR systems (eClinicalWorks, Soarian Clinicals, Invision, Novius Lab, Pulse Check, Picis OR Manager, myAvatar) that do not “talk” to each other
- Integrating financial and clinical operations to ensure accurate classification, charge capture, documentation, coding, and billing
- Improving interfaces and data integration between all patient serving divisions within SMC Health
- Implementing before December 2024 to replace applications that are scheduled to sunset on December 31, 2024



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# Integrated EHR: Project Status

**2017 - 2020**

Consulting Group reviewed current Electronic Health Records to identify opportunities

RFP process completed and top vendor identified

**Dec  
2021**

SMMC notified EHR will sunset Dec 31, 2024

Project team initiated negotiations with preferred vendor

**Dec 13  
2022**

SMC Health will submit contract to County BOS for consideration

**December  
2024**

Phase 1 of implementation complete before existing systems reach end of life Dec 31, 2024

(18-month process)

**Dec 31  
2024**

**Identify additional funds for project**



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# Integrated EHR: Why EPIC?

- **SMC Health Clinical Staff Evaluation**
  - Scored the highest on functionality and user experience
  - Scored 21% higher than other vendors
  - Able to meet SMC Health's differentiating functionality requirements
- **Industry-leading EHR vendor**
  - 20 of 20 U.S. News Best Hospitals use Epic
  - 11 consecutive years as #1 vendor on KLAS Research rankings & rated highest by clinicians



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# Bay Area Hospitals That Use EPIC



# Integrated EHR: Why EPIC?

- **Single database structure**

- Information entered once and available to all applications
- Shared functionality across inpatient, ambulatory, emergency, behavioral health, and correctional health settings minimizes implementation effort
- Designed as an enterprise solution
- Robust foundation system minimizing customization
- Pre-built content and standard workflows
- Streamlined implementation



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# Integrated EHR: Why EPIC?

- **Revenue Cycle Optimization Drives Higher Revenue and Reduces Compliance Risk**

- ✓ Seamless integration with clinical documentation;
- ✓ Improved automation of front-end functions, such as patient scheduling, pre-registration, eligibility verification, medical necessity documentation, prior authorizations, propensity to pay, and registration quality;
- ✓ Improved timeliness and accuracy of charge capture and coding through linkage to clinical documentation;
- ✓ Enhanced work queue functionality for claims editing, processing and follow-up;
- ✓ Combines workflows for Hospital Billing and Professional Billing into a single business office function;
- ✓ Tight third-party software integrations allow users to work efficiently and optimize workflows within Epic, without needing to jump between systems



# Workforce Development: Why EPIC?

- Advanced training for state-of-the-art enterprise systems
- Opportunities for staff without tech related backgrounds
- Opportunities for improved workforce diversity
- Growth opportunities for existing IT staff



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# Integrated EHR: Staffing Needs

## Implementation & Support Team

- Redirect 28 existing Health positions
- Add 23 new regular full-time FTEs
- Add 23 new temporary/term positions
  - Term to end at time of system implementation; approx. August 2024

## Three Year Implementation

	FY2022-23	FY2023-24	FY2024-25	Three Year Total
<b>Costs</b>				
Implementation	\$6,682,750	\$13,456,350	\$5,947,450	\$26,086,550
EPIC Agreement	2,924,950	5,291,141	5,732,910	13,949,001
Labor Costs – Net increase 23 FTE + 23 temp project team	5,211,878	22,898,663	18,184,723	46,295,264
Third Party Applications	1,765,270	7,143,947	1,208,977	10,118,193
Less Legacy System Expense Redirect	0	(1,313,690)	(4,329,924)	(5,643,614)
<b>Sub-Total</b>	<b>\$16,584,848</b>	<b>\$47,476,411</b>	<b>\$26,744,136</b>	<b>\$90,805,395</b>
Project Contingency	\$5,688,400	\$9,758,020	\$6,214,812	\$21,661,232
<b>TOTAL COSTS</b>	<b>\$22,273,248</b>	<b>\$57,234,431</b>	<b>\$32,958,948</b>	<b>\$112,466,627</b>
<b>Revenue Sources</b>				
<i>One-time Funds</i>				
SMMC One-Time Funds	\$7,890,538	\$12,909,294	\$10,516,403	\$31,316,235
BHRS One-Time Funds		16,500,000	8,900,000	25,400,000
Other County Health One-Time Funds	200,000	14,760,873	1,650,905	16,611,778
County General Fund	10,000,000			10,000,000
Health Plan of San Mateo – CalAIM – Incentive Payment Program		3,000,000	1,000,000	4,000,000
Federal earmark		1,000,000		1,000,000
Healthcare for the Homeless		300,000		300,000
<i>Ongoing Sources</i>				
SMMC Operating Revenues/Reserves	4,182,710	8,764,264	5,479,490	18,426,464
Other Divisions Share of Costs			5,412,150	5,412,150
<b>TOTAL SOURCES</b>	<b>\$22,273,248</b>	<b>\$57,234,431</b>	<b>\$32,958,948</b>	<b>\$112,466,627</b>

# Next steps

- Epic Licenses & Epic Hosting Agreements & ATR to BOS– December 13, 2022
- Salary Ordinance Resolution to BOS – January 31, 2023
- Project Kick-off – February 2023
- Recruitment & Backfill Training - February 2023 to May 2023
- Staffing Training – June 2, 2023, to August 31, 2023
- Workflow & Configuration – September 2023 to December 2023
- Users & System Requirements – January 2024 to June 2024
- Training – July 2024 to August 2024
- Estimated Go-Live Date – August 30, 2024



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Thank You!

# Projected Ten Year Costs

Description	Amount
Implementation	\$28,992,950
EPIC Agreement	51,488,431
Labor Costs	134,393,872
Third Party Applications	19,429,000
Less Legacy System Expense Redirect	(53,247,762)
<b>Sub-Total</b>	<b>\$181,056,492</b>
Project Contingency Amount	\$37,396,142
<b>Grand Total</b>	<b>\$218,452,634</b>
<b><u>Revenue Sources</u></b>	
<i>One-time</i>	
County Health One-Time Funds	\$100,766,452
County General Fund	10,000,000
Health Plan of San Mateo – California Advancing and Innovating Medi-Cal (CalAIM) – Incentive Payment Program	4,000,000
Providing Access and Transforming Health (PATH) State Program Funding	4,000,000
Federal earmark	1,000,000
Healthcare for the Homeless	300,000
<i>Ongoing</i>	
SMMC Operating Revenues/Reserves	58,524,668
Other Divisions Share of Costs	39,861,515
<b>Total Sources</b>	<b>\$218,452,634</b>