

Electronic Health Record Update

Board of Health Meeting
March 21, 2024



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Current state

NetSmart

Location	Electronic Health Record choice
TDH; Sullivan; Madison Shelby (building own version of NetSmart)	EPI (pilot for state on hold due to safety reasons-potential pilot restart in Sept 2024)
Hamilton (Chattanooga)	E-Clinical Works
Knoxville	Greenway Intergy
Davidson	?????

**Metros are able to make their own decision on EHR choice.

We currently utilizing a billing/documentation system (not an integrated EHR) called PTBMIS; this allows us to bill for services, but does not collect any discrete health information; built in 1980s; **will go away September 2025 (UPDATED as of 3/12/2024)

Benefits

- Cost savings over time: \$8 per paper chart per year vs. \$2 per electronic chart per year*
- Ability to pull data efficiently
- Improved productivity
- Accessibility
- Quality of material (automatic updates)
- Quality improvement opportunities
- Patient- centered; Patient notified of appointment in their preferred method; notified of clinic changes
- Prevent fragmentation; increases collaboration between care team
- Fewer charting errors/less duplicate charting/less charting time
- Better patient safety
- Population health reporting
- Easy to transport system with mobile clinics/relocating clinic
- Telehealth visits/E-scribing
- Portal features allow for registration paperwork to be sent prior to appointment; follow up with patient satisfaction surveys

*Practice Solutions. (2017). Cost-benefit analysis of paper vs. electronic charting. <https://www.practicesol.com/single-post/2017/08/07/Cost-Benefit-Analysis-of-Paper-vs-Electronic-Claims>

Return on Investment

Hamilton County- TennCare payments

Before E-Clinical (2014-2017)	After E-Clinical implementation
63% rate of return	94.51% rate of return
~\$630,000	~\$940,000

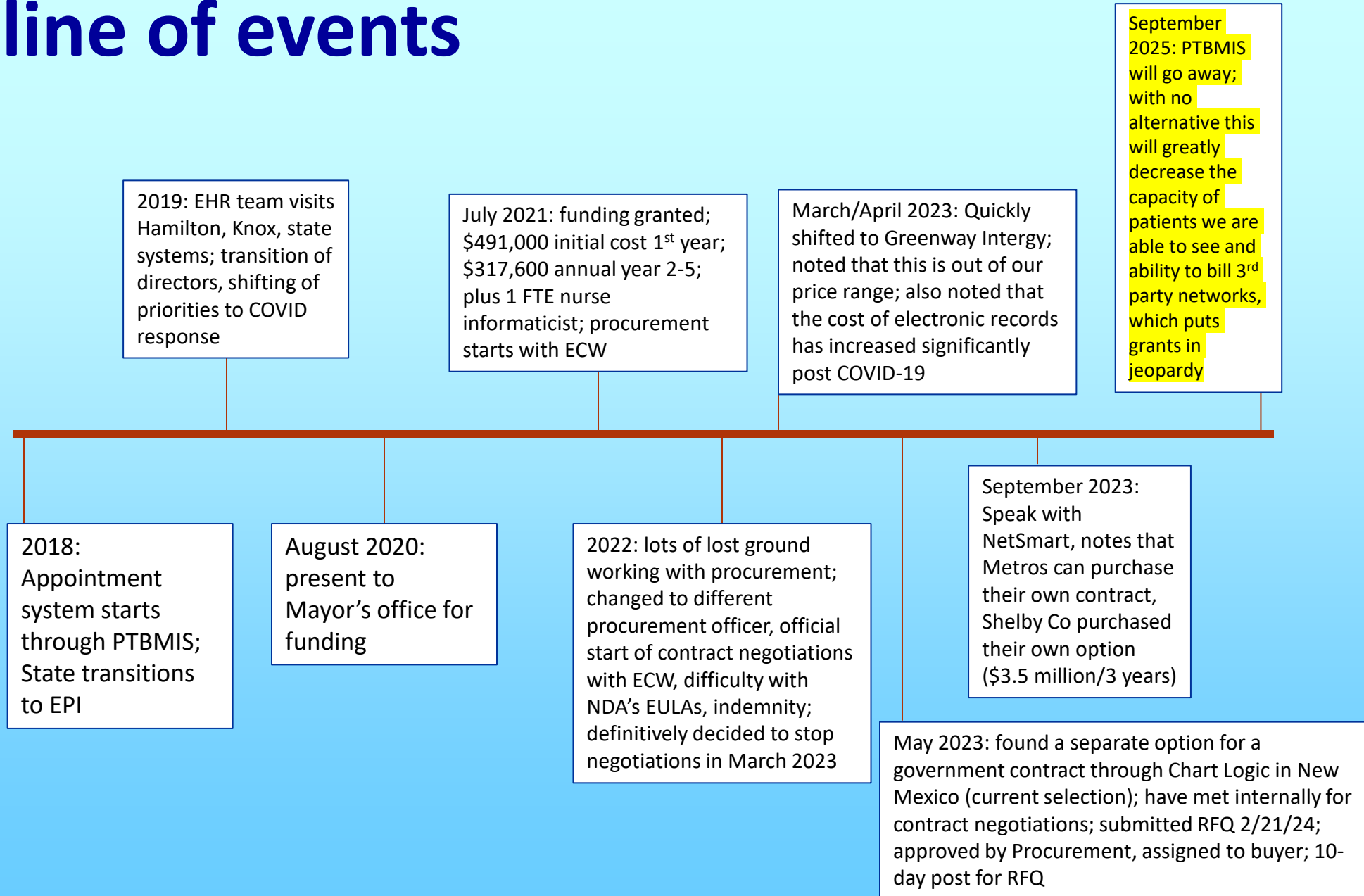
Davidson County currently runs between 60-70% return rate from TennCare over the last 3 years

Before E-Clinical (2019)	After E-Clinical implementation	
70% rate of return	90% rate of return	94% rate of return
~\$380,036	\$488,000 (↑ \$107,964)	\$510,334 (↑ \$130,298)

EHR Barriers

1. Funding
 2. Public health design, staff needs
 3. MPHD IT needs, HIPAA compliance
 4. Metro IT needs
 5. Metro legal-contracts
 - a) Indemnity clauses
 - b) Procurement
 6. Implementation needs
 7. Timeline (urgent need now)
- ** Ideally we would need 9-12 months to build system.

Timeline of events



Ask of the Board

- Advocacy
- Urgency
- Prioritization