Yale New Haven Health Adopts Single Electronic Health Record and Saves $2.6 Million Annually

MediQuant collaborated with Yale New Haven Health to transition five EHRs to one and achieve a single, simplified view of patient data. The health system is now completing a conversion for its small ambulatory care practices after experiencing a significant cost savings – $2.6 million annually – and improved data accessibility with the first project.

Profile

Yale New Haven Health, a provider of comprehensive, integrated and family focused care, has more than 100 medical specialties and over 6,685 university and community physicians and advanced practitioners. The organization is ranked among the best s in the United States by U.S. News & World Report and was named one of the most wired hospitals in the country by *Hospitals and Health Networks*.

The Challenge

Like many health systems nationwide, Yale New Haven decided to eliminate the budgetary waste associated with maintaining multiple applications. Doctors, nurses and staff require frequent access to archived data to understand patients' full medical history. But navigating multiple systems to find that data was time consuming, and staff were required to switch through multiple screens.

"A single view of data is really important from a workflow perspective," said Anna Cierpisz information technology services manager at Yale New Haven Health. "When everyone is using the same system, they can get a single, 'windows oriented' view of important data."

The health system also needed a solution for small ambulatory practices that would allow them to meet regulatory requirements and release only the required data for compliance requests. Once confident that MediQuant offered the best solution, Yale New Haven moved forward with the initial user interface project and, after its success, launched a conversion for its small ambulatory practices.

The Solution

Yale New Haven Health was introduced to the MediQuant DataArk product, which created an easy user interface that integrated with the electronic health record for simplified access to clinical data.

The health system transitioned from five EHRs to one, and integrated the Epic system with its revenue cycle platform and legacy data, providing end users with a single view.

"We brought the team out and worked through the plan in detail, and had our end users – the clinicians who would access the data on the front end, my technical team, our finance team, the medical records and health information management team – all kick the tires, which convinced us it was worth the try," said Lisa Stump, senior vice president and CIO at Yale New Haven Health.

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The result was a single, continuous electronic health record that went back into the legacy world. "So if you are in a patient's EHR today, you can click one button, Pre-Epic EMR, to view important legacy data and also know whether that data had existed in Cerner or Meditech or any of our other legacy systems, and who entered it and when," said Stump.

Keeping patient history data easily accessible to clinical staff was essential. "We asked ourselves if we needed the active archive or if just keeping the data available in some legacy server somewhere would be adequate," Stump said.

"That's where clinical data drove the answer — not losing that patient history. We had experienced a real example in our institution where challenges in accessing that historical data interfered with the best outcome for a patient."

"After the interface project was complete, we moved on to the small ambulatory project," said Cierpisz. "We already had a demo that included how the data would look in the system and we took that to leadership for consideration.

With such a strong result from MediQuant in the larger project, there was no question about which vendor we would use."

The Results

Yale New Haven Health was focused on two primary goals for their projects: cost savings and greater data accessibility to clinicians. "Our decision to use the MediQuant product served us well in transition and is still serving us well today," said Stump. "Financial savings are important. Every health system and IT division is looking to reduce its cost of ownership. In our case, legacy costs before the transition reached $2,980,000 annually and the post-project costs run $326,000, so we achieve more than $2.6 million in annual cost savings. Additional savings include the net hardware refresh and data center costs."

The small ambulatory project is still wrapping up, but early projections are optimistic that the health system will meet their goals.

Stump is clear that when taking on these projects, she truly wanted a vendor partnership, not just a vendor. "The process for these projects is complex and touches on many functions and users throughout the organization," said Stump. "And no project of this scope, transforming so much information, is without its bumps. That's why the partnership between the vendor and all of our teams is what makes a project like this successful."

Advice for Others

"First, ask the right questions," Stump advises. "Think about what type of data you are trying to manage and how it will be used. Does it need to be accessed within another workflow? Is it needed with some degree of frequency? If so, this active archive model is very well suited. We certainly don't need an active archive for all the data we store, but finding a balance of need for a specific data set is important."

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Cierpisz points out that it's critical to examine the resources required for data validation. "You need a validation team knowledgeable about legacy systems and their potential challenges. People underestimate the need for validation, but it's a critical step and every organization should consider it."

Cierpisz recommends that anyone considering a conversion or archiving project invest more time in the planning stage, and be sure to allow plenty of time.

Stump adds that it's critical to include all stakeholders in the process: clinicians, finance, medical records and tech — all teams need to work in partnership. "MediQuant was at the table with us — with a project manager and technical support team that worked side by side with our teams."

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