Test Flight: Patient Information On FHIR

Redwood Community Health Coalition

Pilot Profile

Established in 1972, OLE Health provides high-quality primary healthcare services to seven locations in Napa & Solano County. Certified as a Federally Qualified Health Center in 2005, OLE Health hosts an average of 26,000 patients per year. In 2021, there were 76,757 Medical, 14,388 Dental, and 11,715 Behavioral Health encounters with a total of 156,189 visits.

Issue

Like many health care providers, Ole Health pivoted to digital tools to provide virtual care in response to the Covid pandemic. Struggling to digitally gather important patient information and obtaining important documents to and from patients such as copies of insurance cards, both staff and patients found long call wait times, low satisfaction, and high burnout.

Solution

Ole turned to FHIR API's to explore building connections between tools to address multiple operational and technological pain points while focusing on communication burdens, and efficiencies for staff.

Tools

eClinicalWorks (eCW) EMR
Relevant Data Analytic Platform
Sharpen CX Phone System
FormDr
Luma Health

Results & Impact

Call Center staff have increased their efficiency in locating patients' charts within eCW due to widget use and an average of 9% of patients submit information to Ole digitally thus increasing both patient and staff satisfaction due to decreased wait times in person and virtually. Ole is actively engaging with staff and patients to continue to increase the percentage of patients using digital forms to submit their information before, in-between, and after visits.

LESSONS LEARNED

- Some systems may be unprepared to be successful in FHIR API connections either due to proprietary business decisions, inefficient set-up processes or technological functionality barriers.
- Start discussions with end-users early to narrow down development criteria and share current system limitations to set expectations of functionality.
- Often times Programmers have a specific coding language they work in which may be different from the other vendor involved, this means Health Centers need to have some understanding of the subject matter to facilitate the project and provide "translation".

Patient Self Scheduling

- **Idea**: Build an eCW interfaced scheduling widget for patient online use instead of calling.
- **Outcome**: Attempting to build an in-house widget Ole ran into a convoluted, low-resourced, financially infeasible process with eCW that had limited functional technological access. Instead turned to Luma who had existing scheduling connections with eCW.
- **Challenge**: Processes and charges for new connections are structured to discourage new connections and push the use of native EHR functionality.

Advanced Caller Identification Widget

- **Idea**: Build a widget for the Call Center that provides Patient Name, Date of Birth, Primary Care Provider, last appointment, last prescription filled, and primary language based on the phone number calling in.
- **Outcome:** Leveraging the existing eCW API connection with Relevant, Ole chose a *soft-phone* system that has an API in existence and the capabilities Ole would like to mature into such as a chat function. Through the connection Sharpen queries the phone number calling against Relevant giving call center staff the opportunity to pull up the patient account as they answer the call.
- **Challenge**: Multiple patient accounts with the same phone number on file due to familial relationships and coordination of care. This can make it difficult to pull up the correct patient account in eCW

Digital Patient Information & Document Collection

- **Idea**: Build and API interface between eCW & FormDr to auto-drop files and questionnaires, like PHQ2's & PHQ9's into eCW's fax inbox and department folders without staff intervention.
- **Outcome:** Running into similar technological connection functionality barriers, Ole had to pivot to a process with some manual intervention. The forms and files collected via FormDr are placed into a server folder via API for easy staff upload into eCW. This eliminates the need for staff to download then upload individual patients files from FormDr to eCW.
- **Challenge**: Platforms are not built to easily accommodate outside API connections.