

Establishing a Countywide Centralized Electronic Health Record System to Improve Patient Care

A centralized Electronic Health Record (EHR) system can transform the way that health care is delivered and compensated by making information unified and available whenever and wherever it is needed. Health care studies have shown a single EHR system can reduce variability, improve quality of care and patient outcomes, and reduce costs.

By early 2016, the Department of Health Services (DHS) will complete its implementation of Online Read-time Centralized Health Information Database (ORCHID). ORCHID is an EHR system that serves as the enterprise clinical platform for all DHS patients. It provides a unique identifier and supports the unique workflows of all the clinical specialties and patient care venues. ORCHID can be configured to support various regulatory and privacy requirements of patients and providers. Additionally, ORCHID is built on a platform that will also be utilized by the Sheriff's Department's Medical Services Bureau and the Probation Department's Juvenile Court Health Services. As a result, the health systems of DHS, the Sheriff's Department and the Probation Department will have seamless and real-time access to each other's

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MOTION BY SUPERVISOR MARK RIDLEY-THOMAS
APRIL 7, 2015
PAGE 2

patient health records, thereby promoting the efficient and integrated health care delivery of their shared patients.

The Department of Public Health is currently exploring the feasibility of also adopting ORCHID as its EHR system. Doing so would significantly improve its ability to coordinate health delivery with DHS, the Sheriff's Medical Services Bureau and the Juvenile Court Health Services.

The Department of Mental Health (DMH) began to implement its Integrated Behavioral Health Information System (IBHIS) in 2009. It is currently half-way through its countywide implementation. IBHIS, a mental health specific system, serves as an EHR system that includes claiming and clinical documentation functions.

The fact that DMH resides on a different platform restricts seamless information access with the ORCHID system. As a result, clinicians would need to manually query whether the patient has records on either system and read the entire record to find the needed clinical information. In some instances, the query may result in multiple patients with similar names. Further, ORCHID and IBHIS cannot update each other's records with relevant information, including changes in address. Even if the County invests in linkage solutions, also known as "middleware", detailed and complete data exchange may still not be possible. The resulting system may still not be as efficient as a single integrated electronic health record system. The goal should be to have one single integrated record per patient across the multiple County health systems.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Direct the Interim Chief Executive Officer, the Chief Information Officer, County Counsel, the Directors of the Departments of Health Services, Mental Health and Public Health, and request the Sheriff or his designee, to report back in 90 days in writing on integrating electronic health record systems into a single platform so that a unified record exists for each individual patient and appropriate Los Angeles County (County) employees can have a single portal to access, share and update electronic health,

MOTION BY SUPERVISOR MARK RIDLEY-THOMAS
APRIL 7, 2015
PAGE 3

mental health and public health clinical records in real time. This report back should include a discussion of:

- a) The financial and clinical benefits and drawbacks of a single unified County electronic health record system;
- b) Whether integration should be limited to clinical information or whether the departments should also further integrate claiming systems;
- c) The ramifications, if any, of discontinuing or phasing out the use of any existing system built with federal or state funds; and
- d) The feasibility of integrating all electronic health systems into ORCHID including the potential cost and timeline to do so.

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