Implementation of an Electronic Information System to Enhance Practice at an Opioid Treatment Program (R01 DA022030)

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Quality: Annual Medical & Annual, 30 & 90-Day Multidisciplinary Assessments

Aims & Hypotheses

Specific AIM 1: Quality

Hypothesis: Implementation of the electronic health record will result in a higher percent of hepatitis C antibody positive patients tested for hepatitis C and load.

Specific AIM 2: Satisfaction

Hypothesis: Implementation of the electronic health record will result in a higher percent of patients having annual medical assessments within 30 days of admission and a higher percent of patients having quality assessments on or before the due date.

Specific AIM 3: Productivity

Hypothesis: Implementation of the electronic health record will result in a higher percent of patients having annual medical assessments within 30 days of admission and a higher percent of patients having quality assessments on or before the due date.

Specific AIM 4: Productivity

Hypothesis: Implementation of the electronic health record will result in a higher percent of patients having annual medical assessments within 30 days of admission and a higher percent of patients having quality assessments on or before the due date.

Aims

• Design: Prospective, comparative, pre-post implementation study; 3-year timeline

• Purpose: Evaluate the implementation of an electronic information system using the following domains:
  - Quality
  - Risks
  - Productivity
  - Finance

Specific AIM 1: Quality

Hypothesis: Improved capture or completion of electronic systems will result in decreased medication errors, patient complaints & patient incidents.

Specific AIM 2: Satisfaction

Hypothesis: Satisfaction with the electronic health record will increase for:
  - Patients
  - Clinicians
  - Managers

Specific AIM 3: Productivity

Hypothesis: Overall closure timeline will increase for:
  - Patients
  - Clinicians
  - Managers

Specific AIM 4: Financial Performance

Hypothesis: Revenue per capita staff will increase.

Study Design & Purpose

Results

• Productivity significantly decreased for Human Services staff
  - Increased significant decline for Medical staff
  - Increased significant decline for Case Manager staff

• Staff capability to utilize the electronic system varied considerably
  - Increased awareness of staff at start to system
  - Electronic system upgrades required frequent retraining of staff

• Preparations for new billing processes required retraining of staff

Performance Measurement

% of Patients Corporate-wide with Undetectable Virus Load (<75 copies): 2012

% of Patients Corporate-wide with High <%: 2012

% of Patients Corporate-wide with SRF (49-149), SRF (150-999)

Analysis

In Conclusion

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