

Central Oklahoma Family Medical Center: Biannual Summary

1. Reporting Period: April 1, 2014 – September 30, 2014
2. RFA Number: TI023797
3. Project Director: Amanda Lawhorn

Program at a Glance

What are the current technologies being utilized by the grantee?

Central Oklahoma Family Medical Center (COFMC) serves rural clients across six counties. The TAC grant has enabled COFMC to implement an electronic health record system (NextGen)* and a patient portal. COFMC is also utilizing motivational text messaging and instant messaging to engage clients. The program purchased an iPad so that staff can meet with clients in their homes to coordinate services.

Are there any notable changes this reporting period?

COFMC requested and was approved for a no-cost extension (through September 29, 2015).

COFMC recently hired a graduate student intern (Jennifer Cody) to assist with program activities (e.g., data entry, conducting substance abuse assessments). The program hopes to transition Ms. Cody's to a full time upon graduation in May 2015.

COFMC has been unable to enroll clients in technology-based substance abuse treatment. Program staff hope to accomplish this goal during their no-cost extension period.

* This wasn't addressed as part of the biannual report, but JBS recently completed a follow-up call with Ms. Lawhorn on October 13, 2014 in which she reported that COFMC has decided to replace its NextGen EHR platform with a new system developed by Aprima – citing NextGen's high maintenance costs as the impetus for the change. Ms. Lawhorn is not confident that Aprima's platform will be responsive to the needs of the behavioral health department. JBS suggested two viable options:

- Continue to have Aprima build the platform based on Amanda's specifications.
- Find a vendor who can build a behavioral health module that can interface with Aprima's platform. This option requires selecting a vendor with sufficient technical skills and who Aprima is willing to partner with to complete the task.

JBS also reaffirmed the importance of having an active governance process– with behavioral health representation – to manage the roll-out and ongoing management of technology implementation.

What are the grantee's GPRA rates?			
	Target	Actual	Percent
Intakes (Baseline)	1300	300	23.07%
6-Month Followup	48	7	14%
If intake or followup is below 80 percent, has the grantee described its plan to increase GPRA rates?			
<p>In year 3, COFMC requested and was approved for a reduction in their original GPRA intake target (lowered from 500 clients per year to 300). Given the historical challenges that this program has faced and the fact that meaningful momentum began so late (Fall 2013), it seems unlikely that COFMC will be able to meet its GPRA targets, even at the reduced level.</p>			
Does the grantee need technical assistance? If yes, does the grantee have a request in SAIS?			
<p>COFMC indicated that they do not need technical assistance at this time; however, it appears the grantee could benefit from continued follow-up during their no-cost extension period to help them with developing an evaluation strategy, managing workflow, and establishing sustainable practices.</p>			
Are there any areas of concern in the report that require GPO attention?			
<p>COFMC continues to struggle with leadership buy-in. Aprima is the third platform COFMC has used in the last 3 years which points to the need for greater attention to contract negotiation for a system that will meet meaningful use requirements and other system specifications. JBS recommendations made during the recent follow-up call include getting COFMC's chief executive officer's commitment to participate in a planning and management process that sufficiently outlines expectations for implementing an electronic health record vendor and that ensures that COFMC manages the contract assertively and its requirements are addressed.</p> <p>Ms. Lawhorn reported that COFMC no longer intends to hire a contract therapist. Instead, they are waiting for their intern to join the team on a full-time basis in May. Until then, Ms. Lawhorn will continue to provide the majority of all substance abuse treatment services to clients. It will be challenging for Ms. Lawhorn to effectively manage the administrative and clinical functions of this project without additional help.</p> <p>COFMC has not conducted any meaningful evaluation activities beyond information collected as part of GPRA.</p>			