Confident the big day will go well

Pharmacies To Pioneer New Epic Module

On February 1, the first wave of ambulatory clinics at University of Colorado Hospital will go live on the Epic electronic medical record. Getting the clinics ready for that day has been a formidable task. But it pales beside the challenge the hospital’s outpatient retail pharmacies — which will go live the same day — have faced.

The reason is simple, says UCH Ambulatory Pharmacy Associate Director Andrew Davis, PharmD: “There’s no roadmap for us.”

In fact, Epic installed Willow Ambulatory, its hospital retail pharmacy application, for the first time just two weeks ago. And that was at Texas Children’s Hospital, which Davis says has a much smaller outpatient pharmacy operation than UCH’s.

Not the first, but the biggest. “They’re not a good barometer of what we can expect,” he says. “They have one pharmacy that fills maybe 100 prescriptions a day. We probably fill about 100 an hour across the system.”

Installing it at UCH will also be significantly more complex because it requires integration between Epic and the vendors Pharmacy uses for point-of-sale, claims adjudication, robotic drug-dispensing and drug database applications, Davis added.

The upshot is a bit of role reversal: Epic is relying to a great extent on UCH to develop its Willow module. “We’ve helped them build it,” Davis states. Epic had a basic application, he notes, “but there were lots of gaping holes. We’ve worked with them on the refinements. We’ve applied our own knowledge of pharmacy operations to tweak the application so that it meets the standards of our practice.”

While he doesn’t diminish the challenges of installing the EpicCare Ambulatory application in the outpatient clinics, it’s a more straightforward task than launching Willow in one key respect.

Little to go on. “Epic has installed its outpatient electronic medical record in [many] clinics and hospitals,” he points out. “They have a robust checklist to work from. We’ve had to create our own checklist and our training guide — from scratch.”

If that sounds like a big job, it is. “We’ve been working with Willow since November 2009,” says Fummy Sotunde, PharmD, one of two Epic analysts (Craig Foster is the other) assigned to the project, which Senior IS Project Manager Nancy Rogers leads.

“There is no class in Epic to [learn it]. We’ve worked with Epic developers to develop scenarios to make sure the system works for our pharmacies.” As a pharmacist, Sotunde says, she helps guide Epic developers through the hospital’s processes. “They need someone who knows the system inside out,” she says, “and knows the roles of pharmacists, pharmacy techs, managers, billing and so on.”

Sotunde says the Pharmacy team developed a “go-live critical list” of “must-haves” for February 1. At minimum, the system has to be able to electronically receive and fill prescription orders, adjudicate claims, print labels that scanners can read, create reports for the state board of pharmacy and generate legally required documentation, such as medication guides.

Seamless and safer. “For end users, it will be a better system,” Sotunde says. One big reason: the first wave of clinics — and eventually all of them — will switch to e-prescribing.

That will relieve Pharmacy of the tedious process of looking up patients and manually entering written data, including patient name, data, dosage, and directions, in the computer. “We also won’t have to try to read prescriptions from physicians,” Sotunde notes.

“There will be a significant safety advantage to the new system,” Davis adds. Electronic prescription information will come directly...
to the Pharmacy’s computers, where pharmacists will review them to make sure they are accurate and clinically appropriate before starting to fill them.

“Today, we might make errors in order entry or we might incorrectly decipher handwriting,” he says. “With e-prescribing, that all goes away.”

The system promises to increase efficiency, if only because it also reduces paperwork. For example, it will automatically generate medication guides, which staff now have to manually pull from accordion files, Davis notes.

Learning to play together. But there is the matter of getting multiple systems to mesh. “They all have to work with Epic,” Sotunde says. That’s why she’ll be in the pharmacies starting at 5 a.m. February 1. “We have to make sure the claims run,” she says.

In fact, it’s the interaction between Epic and Emdeon, the claims adjudication application, that Davis says worries him the most. The connection relies on a processor that Pharmacy and Epic developers won’t be able to test until the day before go-live. A failure in electronic claims adjudication would snarl the system.

“Willow has never worked with this processor before,” he notes. “The vendor [Emdeon] is standing by for support, but I’d like to drive the car a little bit more before we buy it.”

Meanwhile, the team devoted time this month to testing and evaluating the entire workflow. Willow training began January 15. Pharmacy will stop using its old system January 31 and begin a “total cut-over” to Willow. On go-live day, Sotunde and her team will be joined by “super users” in each pharmacy as well as Epic team members. Staff will have a 200-page training guide and pocket-card cheat sheets. Pharmacy will have a command center set up to monitor the operation.

“We’ll have Epic developers available the entire first week who can write code on-site if need be,” Davis says.

Even without a roadmap to follow, he says he’s cautiously confident the big day will go well. “In the end, you don’t know what you don’t know,” he admits. “We have our best people on this project, but we’re still discovering new things every day.”