

Clinic corrals paperwork for efficiency

The University of Tennessee, College of Business Administration full-time master's of business administration program collaborates each year with local non-for-profit organizations and TECH 2020 start-up companies so that students can apply their business knowledge to various challenges faced by entrepreneurs. The project is part of the MBA's Innovation and Entrepreneurship curriculum.

Recently, a team of eight MBA students entered a consulting agreement with Melissa Knight, executive director of the InterFaith Health Clinic, to help the clinic adopt new technology.

The students: Brad Ball, Lucas Bryant, Mark Buckingham, Hayley Gaynor, Kurt Gellert, Douglas Gordon, Chip Howes and Andrew Potter, with the support of faculty advisers Chuck Noon and Glenn Swift.

The organization: Since chartered in 1991, the InterFaith Health Clinic has provided services to more than 18,000 low-income, working but uninsured individuals in East Tennessee. Care includes primary health, mental-health counseling, and dental services. The clinic has an on-site medication dispensary and offers specialty care such as diabetic counseling, dermatology, and minor surgery. The clinic fills the gap between government-subsidized insurance programs, such as TennCare, and private insurance, which InterFaith's patients cannot afford.

Local hospitals work with the clinic by providing lab work and accepting patients for hospitalization and diagnostic testing. They bill patients based on the clinic's sliding-fee scale. Donations of cash and gifts-in-kind help sustain the clinic; a \$40 donation covers the average cost of one patient visit. Nearly 95 percent of all medications are donated. The clinic has more than 20,000 patient visits and 6,000 on-site volunteer hours recorded annually.

The issue: With its dependency on volunteer health-care professionals and collaboration with community hospitals, the clinic was faced with a dilemma. Its manual processes for patient health records had become not only increasingly labor intensive but also prevented information from being shared quickly and easily among health-care providers. The clinic was operating in an antiquated, isolated environment.

The challenge for the MBA students was to determine the best way to gather and match the clinic's data requirements to the vast array of available Electronic Medical Records systems.

"The problems with our current paper system were enormous and could be grouped into two areas," Knight said.

"Internally, we provide multiple services on-site, such as medical, dental, mental therapy, podiatry, etc. Often, one discipline owns the paper chart, but the other discipline requires it for patient assessment, treatment, etc. This results in a delay in efficiently meeting the patient's needs.

"Externally, because we provide so many services for each patient, a specialist outside of



INTERFAITH HEALTH CLINIC

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■ **Scope:** Provides health-care services to the working uninsured

■ **Address:** 315 Gill Ave., Knoxville

■ **Founded:** March 6, 1991

■ **Services:** Medical care, dental care, mental-health counseling and prescription medications, and specialty clinics offered throughout the month

■ **Volume:** More than 20,000 patient visits annually

■ **Principals:** Melissa Knight, executive director, and Dr. Laurie McLemore, medical director

■ **Telephone:** 865- 546-7330

■ **Web site:** www.interfaithhealthclinic.org

the clinic may need information found only in the chart, but the chart may not be readily accessible.

"With an EMR system, everyone who requires access could obtain the information immediately, thus impacting the quality of health care, the timeliness of delivery, and the ability of our staff and volunteers to be more efficient."

The approach: The students prepared a baseline of the clinic's operating procedures, including documentation of current information flows. The students then benchmarked the clinic with area hospitals and providers that have implemented EMR systems.

With data in hand, the team researched more than two-dozen EMR systems that would work for the clinic, but narrowed their

recommendation to three systems based upon cost and ease of use. Each system cost between \$8,000 and \$15,000 and would be financed through grants.

The MBA team concluded that while adopting an EMR system would be challenging and time consuming, the system would improve patient care and collaboration with partner organizations, and make the clinic's operations more efficient.

The result: The MBA team recommended that a committee comprised of employees and volunteers be created to study the three EMR options, make the final determination as to which system to purchase, and to plan for its implementation. Participant buy-in is critical to the success of the program since InterFaith has at least 100 volunteers, and each will need to be trained on the new system.

"We agree with the conclusions reached by the MBA team and are moving forward on their recommendations," Knight said. "The MBA team more than exceeded our expectations. Everything in their report — their EMR suggestions, their recommendation on developing a selection committee, their implementation plan, etc. — was on target. Their recommendations allowed us to involve our staff and volunteers at a critical level."

InterFaith plans on having a final decision as to which system to implement and have its funding in place by late fall. The system should be purchased before the end of the year. Training will begin after the first of the year, with implementation to follow shortly thereafter.

A patient at InterFaith Health Clinic receives dental services from Dr. Janelle Nunn, left, and dental assistant Margaret Bledsoe