2021-2023 Biennium Internal Budget Proposal Narrative
Division: Communication Science and Disorders (CHSS)

Evaluation Criteria: Proposals will be evaluated on every aspect of this template. It is highly recommended that the narrative portion touch on each area. Proposals forwarded to UPRC by unit leaders will be discussed at UPRC and authors are encouraged to attend so that they may answer questions and provide clarification.

Electronic Medical Record Proposal for the CSD Clinics

☐ This is a revised version of a previously submitted budget proposal.
If box is checked please briefly outline any significant changes and/or indicate why it is being resubmitted.

Click here to enter text

Statement of Purpose: *(What is the challenge or opportunity being addressed? How does the proposal address this challenge or opportunity? Limit response to 1 page – please link to any existing reports, data, supplemental materials, etc.)*

Currently, the Speech-Language-Hearing Clinics in the Department of Communications Sciences and Disorders (CSD) do not have an electronic medical records (EMR) system. An EMR is a digital version of a paper chart. An EMR system allows authorized personnel to access patient information securely, in real time. Client health information can be created and managed by authorized providers and can be shared with other providers across more than one health care facility. It is also required for any medical billing, as of January 1, 2014. per the American Recovery and Reinvestment Act of 2009 (ARRA).

Currently, all client records are kept in physical files in our CSD clinic office. During the pandemic, this has created both administrative challenges as well as training challenges. Most obviously, students and clinical educators have not had access to complete medical records for their clients, as these physical records cannot be removed from the building, per the Health Insurance Portability and Accountability Act (HIPAA). In addition, as students complete their weekly progress notes, they have had no way to add these records to their clients' physical files. They are not permitted to keep client medical records on their personal devices, nor are they permitted to print records at their homes. This has created some complicated administrative challenges for our clinics; students must de-identify and password protect all progress notes and then email them to their clinical supervisors; their supervisors must then add personal information to the records, request permission to come to campus, and print the medical records to add to the physical clinic files.

Although this is a short-term administrative problem, it highlights a problem in our record-keeping that we have long recognized—clinical records should not be transmitted via email because WWU email is not HIPAA compliant. In addition, per the ARRA, all public and private entities that bill insurance are required to have an EMR system. Although we do not currently bill clients for services, students need to be trained in how to access and use such systems in

order to become competent health care providers. Finally, we do bill our clients for certain goods (hearing aids). Not having an EMR system makes it impossible for us to bill insurance for hearing aids and other physical goods associated with hearing aid dispensing. This has limited the clientele we can serve and has limited the types of clinical hours that our AuD graduate students can earn. Students have requested more hands-on opportunities fitting hearing aids on patients; this is also important for program accreditation. Importantly, in Whatcom County, there are no pediatric hearing aid dispensers. We could fill that critical need—but only if we have the ability to bill insurance. Finally, tele-medicine is likely to stay. In order for us to continue to provide tele-medicine services, we need to have an *integrated* HIPAA compliant tele-health/electronic medical records platform.

An EMR system would provide a secure means for students and clinical supervisors to share information; would maximize clinical service and minimize data breaches and overall risk to the university, would provide necessary administrative clinical experiences for students; would enable to us to continue to provide HIPAA compliant tele-medicine to remote/underserved clients, and would potentially enable us to expand our hearing aid dispensing capability and student education in hearing technology.

Anticipated Outcome(s):

Outcomes include:
- HIPAA compliant clinical records system for interagency/intra-department communication
- Ability to increase our hearing aid dispensing to the community (including Medicaid/Medicare clients, and pediatric clients)
- Increased clinical skills in the area of hearing aid fitting
- Increased clinical skills in tele-medicine

Metrics: *(How will outcomes be measured? Please include current data points and goals. If this proposal will have any impact on the Overall Metrics included in the university's strategic plan, please indicate which specific ones here.)*

Outcomes will be measured by:
- Student clock hours in hearing aid dispensing on our accreditation report (expected increase)
- Student clock hours/experiences in communication/clinical documentation on our accreditation report
- Community feedback surveys

How does this proposal align with your departmental/divisional strategic priorities? *(Please reference specific items from the recently completed departmental/divisional strategic plan and attach a copy.)*

Our Department Vision/strategic goals include:
- Supporting student clinical preparation through innovative and collaborative clinical services, on campus and in the local, regional, and global community.
- Providing high-quality speech-language-hearing services to community members.

This proposal supports the following department strategic objectives:
- Expand the onsite hearing aid and cochlear implant clinics
- Develop tele-medicine service-delivery, using advanced telecommunication systems to assess, diagnose, and treat communication disorders.
- Increase campus and community awareness of and access to clinical programs.

This proposal is important for maintaining our accreditation per the Council on Academic Accreditation in Speech-Language Pathology and Audiology. The CAA-SLPA requires that programs:
- Have the appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology and audiology, sufficient to enter professional practice.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology and audiology, and across the range of practice settings.
- Offer academic and clinical programs on a regular basis so that students are able to satisfy degree and other requirements within the program's published time frame.
- Ensure that students understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.
- Use all forms of expressive communication - including written - with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Perform effectively in different interprofessional team roles to deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.
- Provide comprehensive clinical experiences that include recordkeeping and administrative duties relevant to professional service delivery in speech-language pathology and audiology.
- Provide clinical education in a manner that supports student development so that each student is prepared to enter professional practice.
- Provide clinical education in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.
  - Clinical settings that bill insurance for services rendered, often require that those services bill on an electronic medical record platform with accompanying clinical documentation.

How does this proposal support the University Mission and Strategic Objectives? *(Please refer to the [2018-2025 Strategic Plan](#) and indicate which core theme(s) this proposal will help achieve.)*

This project will support the following values:
- Commitment to student success, critical thought, creativity and sustainability
- Integrity, responsibility, and accountability in all our work

This project supports the following university core themes:

- Western will provide a transformational educational grounded in the liberal arts and sciences and based on innovative scholarship, research, and creative activity.
- Western will pursue justice and equity in its policies, practices, and impacts.

What are the consequences of not funding this proposal?

Foremost, we will not be providing HIPAA compliant clinical services if we cannot transition our records to an electronic format. Obviously, there is no way for us to teach students about electronic medical records systems and clinical billing if we do not have an EMR system. As a result, students will be less prepared for working in clinical settings after grad school and will be less competitive while searching for jobs. We will not be serving our most at-risk community members.

What alternatives were explored?

We have worked closely with Western's HIPAA Compliance Officer and Western's internet safety Officer to protect all client medical records. However, we have not developed a secure way for students and clinical educators/faculty to communicate about client care; or a secure way for our clinic to communicate with community providers (or share medical records).

We have been dispensing a limited number of hearing aids to community members through various partnerships (for example, we have a partnership with Indian Health). In addition, clients can pay cash for hearing aids (but this is prohibitive for most patients). However, community supervisors have expressed concern that our students are not earning enough hearing aid dispensing hours prior to being placed in off-campus settings.

We can get a small discount for this system if we partner with the SHC, but the SHC would have to agree to manage our EMR system. So far they have not agreed to do that, and the discount is small. There are also some other potential downsides to this approach related to sharing reports with outside providers.

We discussed adding a clinic fee to hearing aid dispensing, however there are some problems with that approach. First, we are a donations-based clinic. In order to bill for clinical *services* (vs. goods), we would have to participate in Medicare—this would be a *very* complicated and costly endeavor for the university. It would mean we would have to return to a pay-for-services model—one which was not financially viable in the past, and is the reason we changed our clinical service model. Becoming a Medicare provider would also put us at higher risk for a HIPAA breach. Finally, in order for the cost of the EMR to be covered through clinic billing, we would need to sell about 175 pairs of hearing aids per year (at a $200 markup). We currently dispense about 15 pairs per year. I would be surprised if we could sell enough hearing aids annually to help pay for an EMR system with our current personnel. Another concern is the ethics of adding hidden fees to the cost of the hearing aids. This has been a professional conversation for years and is the reason most consumers now resist purchasing hearing aids from audiologists.

Finally, we discussed covering the cost of the EMR by imposing a student fee. But our students are paying a hefty differential tuition and many fees already. The per student fee to cover the entire cost of the EMR would be approximately $500 per year (it would increase the total cost of the SLP program by $1000, and the AuD program by $1500). In comparing the cost of our SLP program to the cost of Washington State University's SLP program, our tuition is already about $5000 more annually.

Which units (departments, colleges, etc.) will be involved?

Communication Sciences and Disorders

Equipment needed:

Point and Click Electronic Medical Records System

For major (>$25k) purchases, please provide the following information.

Item:

Point and Click (PNC) Electronic Medical Records System

Details:
Hosted Single Tenancy PNC Server (Includes Hosted DB VM, Middleware VM, OS Licenses, MSSQL DB License, M&S, PncRegistration, PncSchedule, and PncChart)
· SSO Authentication
· Speech Language and Hearing Web User License
· Training Site Trainee User (Note: This price is only for dedicated trainee sites. It is not intended for trainees at non-trainee sites.)
· Setup New Security Division / Dept (Basic with minimal custom templates)
· Pnc Check-in
· PnC Consent
· Optum 360 Subscription (CPT+ICD+HCPCS) [AMA licenses by physician as of 2018]
· Shared Test/Training Demo Instance with no interfaces
· 600 GB storage (calculated by VM provisioned size)

Purpose:

To be compliant with HIPAA; to train students in currently used clinical and medical billing technologies; to provide services to under-served populations in our region; to continue to serve remote clients through tele-health.

Cost:

$33,860 annually

Anticipated Useful Life:

Indefinitely

Replacement Cost if any:

N/A

Human Resources *(Complete the table below adding additional rows if necessary)***:**

Position Title	*Total Headcount*	*Total FTE*	*Salary and Benefits per FTE*	*Total Cost*

Table above should match data on budget spreadsheets submitted with this proposal. Complete the spreadsheet to get salary, benefit, and total cost amounts. Contact your division budget officer with questions.

Operating & Maintenance Costs (include service contracts, installation costs, etc.):

Installation cost:
One-time Installation, Setup and Training Fees with Special Discount: **$17,600**

Space Requirements:

What type of space is needed for this proposal? (e.g., private office, lab space, group work/study space, etc.)

None—this will actually free up our file room

What features must this space have? (e.g., fume hoods, plumbing, 3-phase power, etc.)

N/A

What needs can be accommodated within your existing space?

N/A

How much new space will be required?

N/A