

IMPROVING HEALTH CARE WORKFORCE WELLNESS:

A Pilot to Reduce EMR Burden



APPLICATION OVERVIEW

In joint partnership with DC Health, the Institute for Public Health Innovation (IPHI) is pleased to offer grants to primary care physicians (PCP) in Washington D.C. to bring cutting-edge healthcare technology to their practice.

Grants cover the cost of assistive technology for electronic medical records (EMR) systems, physician time to train on and implement the technology, and staff time for data collection and reporting.

Contact DCDOHProject@institutephi.org with any questions.

This form is only a copy of the application for reference and planning. All applications must be submitted using the Application Link on IPHI's website.

Questions marked with a * are required.

ORGANIZATIONAL INFORMATION

1. *Name of organization *Text box*
2. *Organization type *Drop down menu*
 - Single practitioner practice
 - Multi-practitioner practice
 - FQHC
 - Health system
3. *Organization Address *Address field form*
 - *Address Line 1
 - Address Line 2
 - *State
 - *City
 - *Zip code
4. *Organization Point-of-contact First and Last Name *Text box*
5. *Organization Point-of-contact Title *Text box*
6. *Organization Point-of-contact E-mail Address *Text box*
7. *Organization Point-of-contact Phone Number *Text box*
8. Financial Point-of-contact First and Last Name (if different from above contact) *Text box*
9. Financial Point-of-contact Title *Text box*
10. Financial Point-of-contact E-mail Address *Text box*
11. Financial Point-of-contact Phone Number *Text box*
12. *Percent of primary care encounter volume allocated to Department of Health Care Finance beneficiaries (Medicaid, Alliance), sliding-fee, or uncompensated care *Numerical (percent) text box*

PRIMARY CARE PROVIDER DETAILS

(repeat up to 10 instances)

13. *Primary Care Provider 1 Name *Text box*
14. *Primary Care Provider 1 NPI *Numerical text box*
15. Primary Care Provider 2 Name *Text box*

16. Primary Care Provider 2 NPI *Numerical text box*
17. Primary Care Provider 3 Name *Text box*
18. Primary Care Provider 3 NPI *Numerical text box*
19. Primary Care Provider 4 Name *Text box*
20. Primary Care Provider 4 NPI *Numerical text box*
21. Add additional PCP Name / NPI as needed, up to 10 PCP

EMR SYSTEM

22. *Name of EMR system *Drop down menu*

- Allscripts
- Athenahealth
- Cerner
- eClinicalWorks
- Epic
- Evident
- Meditech
- Nextech
- Nextgen
- Praxis
- Other

23. *Describe the primary challenge(s) cited by providers at your organization when navigating the EMR system. *Comment box, 1,000 character limit*

PROPOSED TECHNOLOGY SOLUTION

24. *Type of assistive technology *Drop down menu*

- Speech recognition technology
- EMR templates
- Digital scribe

25. *Describe the expected impact of implementation of the proposed technology solution on provider documentation time and burnout. *Comment box, 1,000 character limit*

26. *Describe the organization's plan to implement the proposed technology solution and train staff on its use. *Comment box, 1,000 character limit*

BUDGET

- 27. *Assistive Technology Cost *Numerical text box*
- 28. *Staff Training Time *Numerical text box*
- 29. *Staff Data Collection Time *Numerical text box*
- 30. *Total Budget *Numerical text box*

AFFIRMATION

I hereby affirm that the information provided in this application is true and correct. The entity identified in this application meets the requirements set forth in the Request for Applications; it is located within the District of Columbia and provides primary care to underserved populations, as evidenced by forty-five percent or greater of encounter volume allocated to Department of Health Care Finance beneficiaries (Medicaid, Alliance), sliding-fee, or uncompensated care. I am an authorized representative of the applying organization with the authority to submit this application.

*Yes / No *Check boxes*

*Signature *Text box*

REQUIRED ATTACHMENTS

- Budget (budget template available on IPHI's website)
- Certificate of Clean Hands, *dated within 60 days of application submission*
- Current Business License, *certificate of licensure or proof to transact business in local jurisdiction*
- Current Certificate of Insurance
- Copy of Cyber Liability Policy
- IRS Tax-Exempt Determination Letter (nonprofits only)
- IRS 990 Form (nonprofits only)
- Current List of Board of Directors, on letterhead, *signed and dated by a certified official from the Board (this cannot be the Executive Director)*
- Assurances and Certifications