

## Wiring Boston Healthnet

A community effort, supported by local philanthropy, to automate 8 independent community healthcenters on a shared physical and software infrastructure



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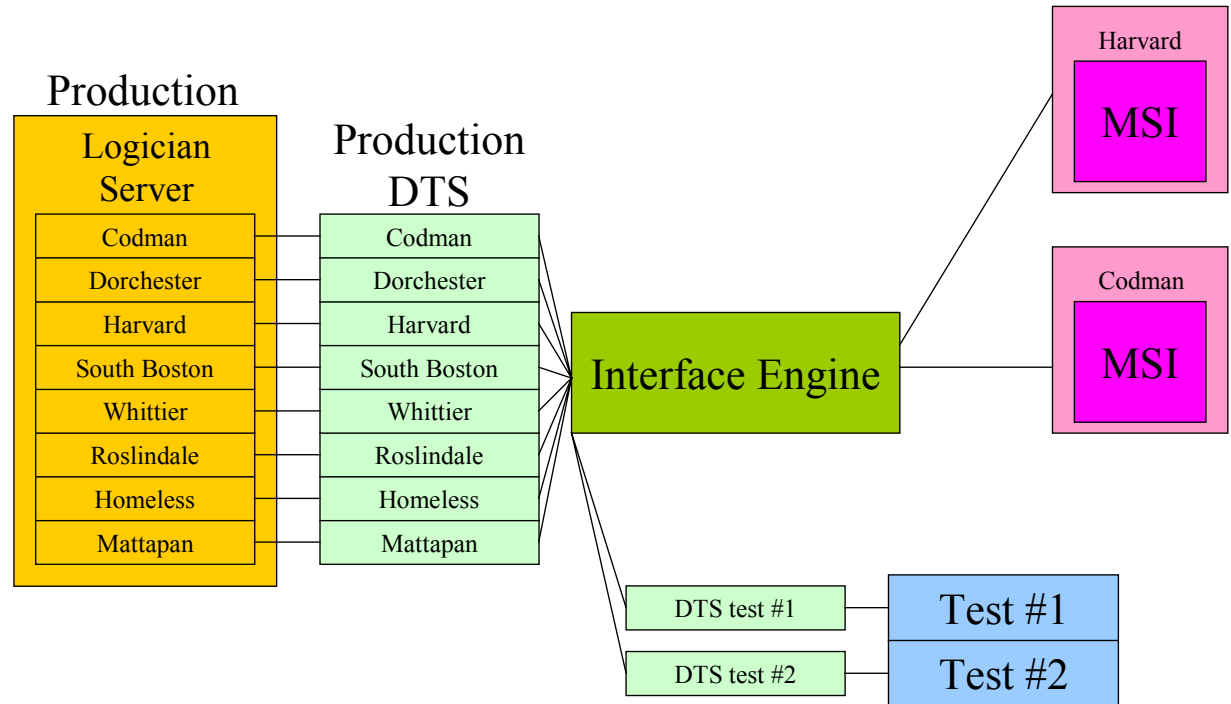
## The \$\$\$

	Phase I - POC	Phase II	Phase III	<del>Realization</del>	Totals
SOFTWARE TOTALS	\$ 237,300.00	\$ 355,800.00	\$ 579,900.00	<del>\$ 234,300.00</del>	\$ 1,407,300.00
BMC HARDWARE/NT Citrix	\$ 80,000.00	\$ 160,000.00	\$ 36,000.00	<del>\$ 36,000.00</del>	\$ 312,000.00
BMC HARDWARE/UNIX	\$ 605,000.00	\$ 90,750.00	\$ 90,750.00	<del>\$ 90,750.00</del>	\$ 877,250.00
DTS	\$ 4,000.00	\$ 12,000.00	\$ 18,400.00	<del>\$ 18,400.00</del>	\$ 52,800.00
POINT OF CARE PREP.	\$ 44,000.00	\$ 254,500.00	\$ 208,500.00	<del>\$ -</del>	\$ 507,000.00
SITE PREP. (infrastructure)	\$ 20,000.00	\$ 60,000.00	\$ 80,000.00	<del>\$ -</del>	\$ 160,000.00
Logician Staff	\$713,900.00	\$913,900.00	\$1,413,900.00	<del>\$1,413,900.00</del>	\$ 4,455,600.00
MEDSCAPE Staff	\$ 104,088.00	\$ 155,904.00	\$ 304,384.00	<del>\$ -</del>	\$ 564,376.00
				<del>\$ -</del>	\$ -
				<del>\$ -</del>	\$ -
<b>Totals By Phase</b>	\$ 1,808,288.00	\$ 2,002,854.00	\$ 2,731,834.00	<del>\$ 1,793,350.00</del>	\$ 8,336,326.00

**\$5,947,000**

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## CHART Infrastructure



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Implementation timeframe is 15 weeks;  
implemented 4 healthcenters per year for two years

	<b>BHCHP*</b>	<b>Codman</b>	<b>Dorchester</b>	<b>Harvard Street</b>	<b>Mattapan</b>	<b>Roslindale</b>	<b>SBCHC</b>	<b>Whittier St.</b>	<b>TOTALS:</b>
<b>From EMR Go Live to Date 042204</b>	10/15/02	2/2/02	4/1/02	7/22/02	9/9/03	9/19/03	3/10/03	5/5/2003	
<b>Total # CHART users by location</b>	570	407	469	211	138	147	254	268	<b>2,464</b>
<b>Total # of providers using logician by location</b>	93	88	69	53	21	33	98	98	<b>553</b>
<b>Total # of documents created from go live to-date</b>	644,098	238,805	334,491	71,070	23,350	22,306	109,719	60,631	<b>1,504,470</b>
<b>Total # patients unique by location</b>	34,684	60,281	74,207	20,974	20,036	14,105	14,633	14,577	<b>253,497</b>

Clinicians demands and desires are the same whether they practice in community healthcenters or academic medical centers.

Technical capabilities of healthcenters and their current vendors lag.

Don't bank the ROI as a mechanism for future funding.