

# eRAP Town Hall

Joseph Nahmias

December 17<sup>th</sup>, 2020



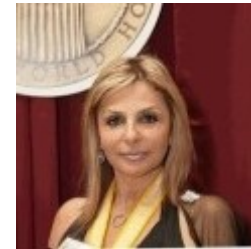
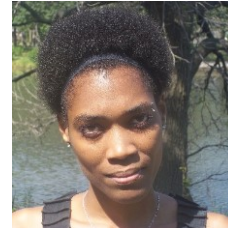
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Medicine at  
**Mount  
Sinai**

# Agenda

1. Meet the eRAP team
2. New in 2020
3. eRAP Metrics
4. Looking ahead to 2021
5. Q & A

# Meet the eRAP team

- ▶ **Patricia Kovatch** Senior Associate Dean for Scientific Computing and Data Science, Associate Professor Genetics and Genomic Sciences, Associate Professor Pharmacological Sciences
- ▶ **Chip Masters** Director, Semantic Technology
- ▶ **Joseph Nahmias** IT Director, Scientific Computing
- ▶ **Paula Baptiste** Applications Analyst I
- ▶ **Donald Louie** Programmer Analyst III
- ▶ **Alona Rabin** Technology Specialist I
- ▶ **Ankit Vartak** Programmer Analyst II



# New in 2020: Updates to MRN Lookup

- ▶ MRN Lookup feature is used by many of our largest projects
- ▶ Pulls in patient demographic information from our clinical systems
- ▶ Data was coming from MSDW – delayed up to one week
- ▶ As of 9/23, pulling data from Epic in near real-time

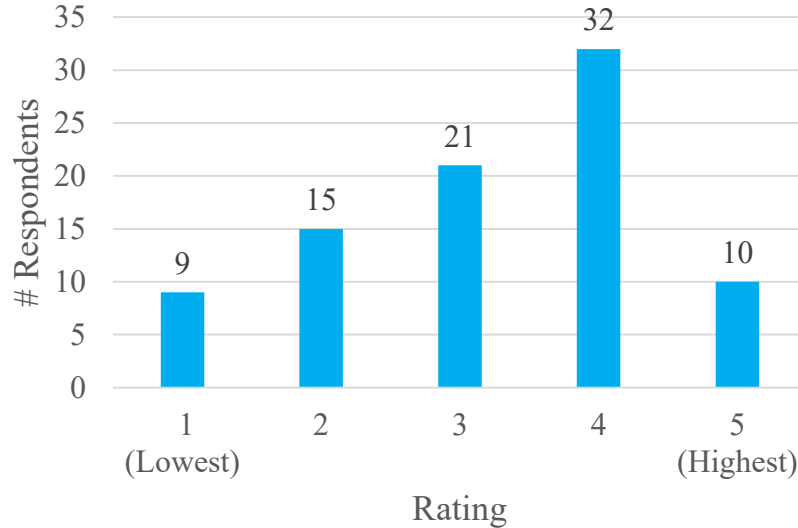
# eRAP 2020 Q1 User Survey results

Number of surveys sent: 1,398

Received: N=87

Response Rate: 6.2%

## How would you rate your satisfaction with eRAP?



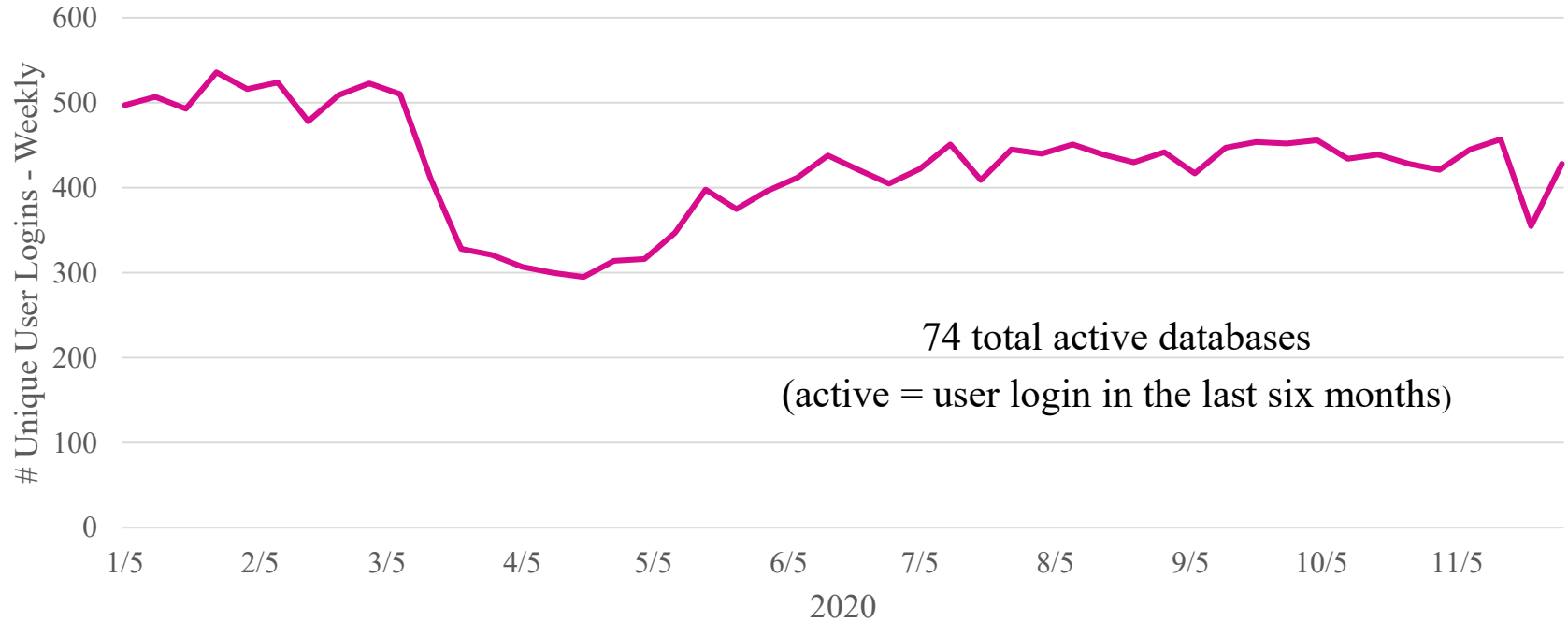
## How would you rate your satisfaction with any eRAP Support?



# Comments from 2020 Q1 User Survey

- ▶ The only issue I had with eRAP was how slow it would often be when updating after saving info.
- ▶ takes sooooooooooooo long to log in
- ▶ I think eRAP is a terrible tool. I believe the current method for booking GMCs is hindering science and is an extremely convoluted and complicated way of going about booking appointments. It would be easier for both the coordinators and the nurses to have a calendar system similar to that used by BMEI. Literally any other way than the current one would be easier. It slows us down
- ▶ This is not an appropriate tool for our work but we are forced to use it. It is not user friendly. It does not sort by due date. Doesn't inform us of denials. Frequently breaks. Is being used as a case management tool when it is not appropriate for this. Would be better investing in proper case management tool for nurses and staff.
- ▶ incredibly slow difficult and clumsy to use non-intuitive design
- ▶ Interface is very slow
- ▶ I think it's good as it is. The only problem I see is that it takes a lot of time to launch the webpage
- ▶ It is abysmally slow. It is aesthetically poor.
- ▶ Sometimes it took a long time(30seconds) to log in eRAP. Hope you can fix it.
- ▶ out dated non functional and not easy to work with
- ▶ eRap is quite slow. Logging us out could happen a few minutes later
- ▶ Whenever having issues I would call for assistance and always assisted with professionalism and issue is corrected. Thank you all

# eRAP Usage



# Moving eRAP inside MSHS network

- ▶ Driven by MSHS Compliance and IT Security departments
- ▶ Continuation of the change to MSHS credentials for external users
- ▶ All users will need to be on the MSHS network or logged in via VPN
  - Note: VPN requires two-factor auth token
- ▶ Targeting early Q1 2021



# eRAP Sustainability Model

- ▶ As per Finance, we increased our rate by \$20 to \$140/hr for 2020
  - Charges only assessed on new development
  - Currently no maintenance charged for existing projects
- ▶ eRAP is an integral part of many projects and workflows
  - Would like to modernize & improve performance
- ▶ Gap in funding for ongoing operations and improvements
  - eRAP Advisory Board being formed to obtain guidance

**Thank you for your support!**

**Questions?**

# How to Contact Us?

- ▶ New ticket: <https://tinyurl.com/new-eRAP-tkt>
- ▶ E-mail: [erap-support@mssm.edu](mailto:erap-support@mssm.edu)