



Creating eReferral in Texas for Health Care Systems Using GE Centricity as an EHR

Update Date: October 2014

eReferral Project Summary

Please describe the purpose / goals for your eReferral project. Give a description of the health care provider/system, why/how they were selected, and other relevant information. What outcomes are you seeking to achieve through this project?

Integrate a bi-directional interface for healthcare systems in the state of Texas. The approach requires clinic system buy-in following vendor integration. The approach will support any healthcare system interested in the eTobacco Protocol who is using GE Centricity.

Type of Project

Is this project for inpatients, outpatients, or both? Please describe the characteristics of the health care system / provider you are working with. Is it an acute care hospital, a specialty hospital, an ambulatory clinic, or a physicians group? Does the clinic have any special attributes, such as a behavioral health clinic or a federally qualified health center? Is the physicians’s group multispecialty, single specialty or primary care?

The project is for both outpatient and inpatient.

Dates

Please note the date started and completed. If the project is still ongoing, please include the expected date of completion.

Start Date November 2013
Expected Complete Date or _____
Actual Complete Date: May 2014

Key Players

Provide a list of the key organizations responsible for planning, implementing and funding your eReferral project.

Partner	Name	Location	Key Roles and Responsibilities for eReferral Implementation
Health Care Systems	Various systems in	Texas	Generate system buy-in, train staff



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using GE Centricity	Texas		
Quitline Service Provider	Alere Wellbeing	Seattle, WA	Technical assistance for the vendor and file requirements for the transfer.
Key Quitline Funder(s)	State of Texas		Fund evidence-based cessation treatment program for referred patients (counseling plus pharmacotherapy)
eReferral Funding	State of Texas		Funding for this piece was a \$5000 assistance package to the participating healthcare systems. The assistance package has since changed to \$2500 per healthcare system.
EHR Vendor	GE Centricity		
Process Facilitator/negotiator	University of Texas at Austin	Austin, TX	UT was in charge of connecting with the systems, creating buy-in from the systems and collaborating with all appropriate parties to make sure the process is complete.
Other			

Technology


Provide a list of the key technology vendors and resources used to build your eReferral system. Note whether you are using HL7 2.x or HL7 3.x (cCDA) as your interoperability standard. Describe your HIE framework.



Technology	Vendor Name	Software Description (eg, name, version, type)
EHR	GE Centricity	
Quitline System	Alere Wellbeing	
Interoperability Standard		
Interface Engine		
Health Information Exchange (HIE)		
Other		

Key Work

Please breakdown the project into key areas of work or milestones that must be completed so that readers have an understanding of the project framework and complexity.

Key Area / Milestone	Description of Project Steps
Health Systems Change	Create relationship/buy in with healthcare system. This could take many contact attempts. Once buy-in is established, have the healthcare system present the idea and specs to

	the EMR vendor and connect UT-Austin with the vendor to begin building the process into the system.
EHR Integration	View tobacco templates to establish what, if anything needs to be built into the system to establish referrals to the Quitline. UT facilitated calls between the healthcare system, the Quitline, and the vendor to assure the process was in place for integration. The vendor then built necessary screens, established the connection and submitted test files. Test files took a minimum of 4 weeks to complete. At this point the system was up and running.
UT Austin	Once the system integration was complete, training materials in the form of a customized video, a one page trainer with screen shots for use to assure the healthcare system was aware of what the Quitline is and how to refer patients through the electronic tool.
eReferral Program Funding	The program had some funds to offset the charges from the EMR vendor. In this case, the vendor charged only what we could reimburse.
Privacy/Security	Confirmed with the Quitline, the vendor and the Healthcare system that information is being exchanged among HIPAA complaint organizations.
Other: Training videos created so far. More to follow as new systems are on board.	
Videos	Description
 <p>NOEP-Helping My Patient Quit Tobacco – A</p>	<p>This course was developed for the Nurse Oncology Education Program to equip all nurses with knowledge and skills to appropriately address tobacco cessation and coach patients through quit attempts. The module discusses and provides scenarios for a variety of healthcare and patient health issues, including mental health and substance abuse. This course can be taken for FREE</p>

<p>Nurse's Guide</p>	<p>CNE credit by viewing it at the following site: http://www.noep.org/nursing-cne/preview/76-helping-my-patient-quit-tobacco-a-nurses-guide.</p> <p>Link: https://www.youtube.com/watch?v=Z-LX9Rkh9G8&feature=youtu.be</p>	
 <p>Helping Our Patients Quit Using Tobacco</p>	<p>This video is designed to promote the eTobacco protocol, increase awareness of the Texas Quitline, and encourage healthcare providers to use the Ask, Advise, Refer process for counseling patients on tobacco cessation. The module provides a generic electronic referral option to show clinic systems how the process could be integrated into the respective systems for broader integration.</p> <p>Link: http://youtu.be/qqNhyfXbEvg</p>	
 <p>Helping our Patient Quit Using Tobacco – WellnessPointe</p>	<p>This video is designed to train staff on the Ask, Advise, Refer process within the eTobacco protocol specific to Wellness Pointe and the vendor GE Centricity. It introduces the eTobacco templates used by the healthcare system and walks the provider through the referral process. The video also provides information on the Texas Quitline to assure that the patient will respond to the proactive outreach from the quitline staff.</p> <p>The second link is specific training developed for Lonestar Circle of Care</p> <p>Link: http://youtu.be/0f1WDJy0lz0</p>	



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	http://youtu.be/Scgn4bzwRIg	
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Project Outcomes

Please note progress to date on project implementation and outcomes. If eReferrals are being made, please describe whether they are bi-directional and whether information is being passed as discrete data or unformatted text. How many eReferrals are generated in a given timeframe?

Key Challenges / Lessons Learned

Program newly integrated, expect results by January 2015.

Attachments

Please include any supporting documentation that will help others to learn from your eReferral project. Examples include practice workflows, technology diagrams, order sets, discharge instructions, EHR screen shots, and other practical applications of your eReferral process. List below:

Holon Data Forms

Tobacco Cessation

Are you willing to quit in the next 30 days? Yes No

Can the Quitline contact you? Yes No

What is the best number to reach you?

Patient state of residence?

Can we leave a message? Yes No

Best time to contact?

Patient last name?

Patient first name?

Patient Identifier (MRN)

Patient Date of Birth

Cancel Submit



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Smoking Cessation

TOBACCO QUIT LINE

Ambulatory Referral to Tobacco Quit Line
External Referral, Routine

Accept Cancel

Class: External Ref

Referral Priority: Routine **Routine** Urgent Elective Less than 1 week Less than 2 weeks Less than 4 weeks

RefType: Consultation

Comments (F6):
Patient would like counseling

Questions:	Prompt	Answer	Comments
1.	Was consent received for the Tobacco Quit Line	Yes No	

Single response