



Oklahoma eReferral Pilot Project with Mercy Health System, Epic and Alere Wellbeing

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?

Implement a bi-directional eReferral system to support a comprehensive tobacco treatment program being implemented within the multi-facility Mercy Health System. A bi-directional eReferral system will be demonstrated using cCDA document formats within the Epic EHR system. This partnership was selected based on Mercy's single Epic system and with the request and desire of health system leadership. Mercy owns and operates 10 hospitals and 60+ clinics statewide. This process will include both inpatient and outpatient systems. The primary outcome is to create a system by which all tobacco using patients are assessed for tobacco use, readiness to quit, provided treatment to all who are ready to quit, and are referred to the Oklahoma Tobacco Helpline for quit coaching support. This is desirable as it is best practice for tobacco treatment in health care systems, based on the 5A's model. Long term outcome is to decrease tobacco use and improve the health of Mercy patients.

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 physician's group multispecialty, single specialty or primary care?

This project will reach both inpatients and outpatients. Mercy operates acute care, critical access and specialty care hospitals across Oklahoma, as well as Missouri, Kansas, and Arkansas. Once implemented within Epic, this eReferral could be usable within all 4 states, if they choose to. The physicians groups within this system are a multi-specialty group, serving both specialty and primary care.

Dates

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

Start Date	July 2013
Expected Complete Date or	December 2014 – for outpatient clinic operations April 2015 – for OKC hospital December 2015 – for all other hospitals.
Actual Complete Date:	_____

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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 System	Mercy Health System	Oklahoma City, OK Corporate offices are in St. Louis, MO	Develop and build the eReferral system within a 2014 version of Epic. Involve internal IT group in helping to map from the quitline data set (from Alere) to the Referral Summary being implemented in EPIC Communicate and collaborate regularly with OHA, Quitline vendor, and the EHR vendor as needed
Quitline Service Provider	Alere Wellbeing, Inc	Seattle, WA	Provide project work plan for eReferral implementation Provide technical specifications for building eReferrals documents Work with Mercy IT
Key Quitline Funder(s)	Oklahoma Tobacco Settlement Endowment Trust (TSET) through the Oklahoma Hospital Association Oklahoma State Department of Health Oklahoma Tobacco Research Center (OTH)	Oklahoma City, OK (all)	Fund evidence-based cessation treatment program for referred patients (counseling plus pharmacotherapy)
eReferral Funding	Mercy Health System OK TSET OHA	OKC, OK (all)	Partnership between three involved entities is providing funding and in-kind support
EHR Vendor	Epic	Wisconsin	
HIE Vendor	Coordinated Care Oklahoma	OKC, OK	
Other	Oklahoma Hospital Association	Oklahoma City, OK	Provide ongoing consultation and support during the eReferral build process Provide ongoing technical assistance and funding to support the evidence-based tobacco treatment implementation and comprehensive tobacco free environment

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	Epic	Version 2014 – build add on eReferral component.
Quitline System	Alere Wellbeing, Inc	
Interoperability Standard		
Interface Engine		
Health Information Exchange (HIE)	Coordinated Care Oklahoma	
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	Develop multidisciplinary team to oversee new patient care workflow protocols, educate health care providers, provide bedside counseling, collect and present data for reporting internally and for The Joint Commission and CMS. Hired program coordinator to manage project Work with Nursing and Medical Staff leadership to automate NRT and inpatient bedside interventions.
EHR Integration	Mercy IT staff are still in the process of tweaking the eReferral interface. It had been completed and tested but was stopped to make changes. The system was picking up patient who were not tobacco users. Those changes are still in process.
Health Information Exchange	Coordinated Care Oklahoma
eReferral Program Funding	Mercy Health TSET / OHA
Privacy/Security	
Other	

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?

New program, no outcomes to date. Outpatient launch to occur in December 2014.

Key Challenges / Lessons Learned

Size and scope of a health system that covers multiple states has been a challenge, as we determine how to focus on one state within that system.

Competing priorities, integrating new hospitals and other EMR "go live" processes has made timing a challenge and delayed progress.

Staff turnover and a recent riff which included a key IT staff person on this project, also contributed to significant delays.

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:

1. None to share at present time.
- 2.
- 3.
- 4.
- 5.