

Health Information Community of Ohio  
Short Project Descriptions  
February 24, 2006

**American Academy of Family Physicians' EHR Pilot Program** — The AAFP led a small-scale, collaborative pilot project to study and promote the transition to a paperless office and the use of electronic health records (EHR) in small- and medium-sized family practices. The pilot project recruited 18 family medicine practices, each paired with a sponsoring organization in the local community. Of these, an initial six practices began implementation in the fall of 2003.

Each office implemented the MedPlexus® XML- and Java-based EHR software application over a six-month period, at no cost to them. Siemens Medical Solutions, Hewlett-Packard, and MedPlexus® generously committed to host the application, and provided the software, training, and application management free of charge to the participating practices. The Health Information Management Systems Society (HIMSS), the nation's largest health IT industry membership organization, co-administered the pilot with AAFP.

The pilot project's main objective was to intensively study the barriers and keys to success for implementation, and combine this goal with a proof-of-concept for the applications service provider (ASP) model of delivery of scalable EHR systems. A secondary goal was to identify the special needs of small and solo practices and help MedPlexus®, and subsequently other vendors, address those needs in their EHRs.

**Appalachian Healthcare Alliance** — Ohio University College of Osteopathic Medicine and eight other healthcare providers in Athens, Hocking and Vinton counties in Ohio have established the Appalachian Healthcare Alliance (AHA). AHA acts as a regional healthcare information authority to develop policies, create a regional infrastructure and implement health information technologies. Additionally, Ohio University has established the Appalachian Regional Informatics Consortium (ARIC) that will maintain a regional comprehensive electronic repository of patient data. This data warehouse of both physical and behavioral health indicators will be created from regional patient data, supplying invaluable information to provide better healthcare and patient education.

ARIC, which is managed and supported by the University, will act as a non-competing, academic healthcare center to collect and manage the data. The project findings will establish a replicable community-based healthcare model for rural Ohio and the Appalachian region. The innovative and multidisciplinary approach of this project will create new resources that contribute to biomedical knowledge, research and medical education.

**HealthBridge** — The Greater Cincinnati HealthBridge is a not-for-profit multi-stakeholder health information exchange (HIE or RHIO) founded in 1997. It serves a 14 county tri-state region in Southwestern Ohio, Northern Kentucky and Southeastern Indiana with a population 2.2 million people.

Among other services, HealthBridge operates a community-wide software system that, in January 2006, delivered 1.41 million clinical results from 17 hospitals to over 4000 physicians. Greater Cincinnati is being recognized nationally as a leader in the area of community-wide health information exchange. This is because of the high level of participation and service

utilization and the fact that the effort was entirely funded by the community and is now a self-sustaining business model with an ROI for its participants.

**Queen City Physicians** is a 30 physician primary care group practice made up of Pediatricians and Internists located in Cincinnati, Ohio. In 2001, QCP embarked on EMR quest at its eight offices. It has fully integrated wireless EMR with real time interfaces with Quest, Lab One and Medcom, QCP's laboratory platform. QCP's platform allows physicians secured access from home via VPN as well as access on the road with wireless broad band cards.

In 2004 QCP's Internal Medicine PCPs received Diabetes Physician Recognition for 3 years by the American Diabetes Association Diabetes Physician Recognition Program/National Committee for Quality Assurance. The Diabetes Recognition Program awards recognition to physicians and physician groups who demonstrate they provide high-quality care to patients with diabetes.

In August 2005 QCP became the first medical practice in the United States to be included in the Quality Profile Series of the NCQA which recognizes the care and treatment of patients with diabetes.

QCP is currently beta testing making results available to patients on a secured website, routine normal laboratories. QCP's primary goal is to provide a secure mechanism for publishing routine laboratory results and basic information for the patient to better understand their health information. Patients then would be able to trend this data over time and match trends to changes in their diet, medication and exercise regimens. Hyde Park began testing this functionality in January, 2006.

**St. Vincent Mercy Medical Center**, in February 2006, completed the initial implementation of the computerized order entry component of the MHP EHR. All inpatient units at Mercy Children's Hospital and SVMMC are now live on the system. This has been a huge change and challenge for all physicians and for the SVMMC staff but one that demonstrates a commitment to quality that has not been met by any other medical staff and hospital, to date, in northwest Ohio. SVMMC and its medical staff are now part of an elite group of less than 5 percent of hospitals and medical staffs in the U.S. (excluding military and VA hospitals) who have reached what has been called the "pinnacle" of the hospital EHR. St. Anne Mercy Hospital and St. Charles Mercy Hospital will go-live with computerized order entry later this year.

The journey to reach computerized physician order entry has resulted in changes to existing patient care processes and additions of new ones that should lead to measurable improvements in patient care over time. Examples of process changes include:

- New processes for nurses to do nurse shift checks to insure smooth a handoff of patient care
- Medication orders are now compared to the medication administration record in the AdminRx bar-coded medication administration system. (In the old paper order world, written medication orders were not systematically compared to medication administration record.
- STAT orders result in a visual cue (green paper alert) to the receiving unit and/or the health unit coordinator.
- Allergies are now standardized and used to trigger alerts

- Messages regarding the system that are clinically important can be pushed out to all users for review at their next logon
- Nurses and physicians can now review orders on hold to determine if they should be restarted or discontinued.
- Automatic calculations for chemotherapy orders
- Immediate notification of respiratory therapists by pager when a new order is placed
- ICU to regular floor transfer process that makes review and cleanup of orders easier for physicians and nurses. All orders do not have to be re-written as in the old paper system (effective February 14, 2006).
- Calculations of I & Os are done by the system immediately upon entry of new data.
- Clinical alerts at the point of order entry- allergies, drug interactions, minimum/maximum dosing alerts
- Home medication reconciliation on-line for review and continuation of home medications at any point during the admission. Printing of prescriptions at the time of discharge (being piloted now).
- e-Discharge process with on-line community referral form (being piloted now).
- Development of over 200 order sets many of which are evidence-based and all of which make it less likely to forget an order that should be part of a set of orders

The EHR Physician Design Committee continues to meet at least monthly to guide enhancements to the order entry system. Beginning in March 2006, the EHR Oversight Committee, composed primarily of members of the medical executive committees at the MHP hospitals, will assume responsibility the EHR across all MHP facilities to ensure a more unified approach to physician-driven quality improvement/patient care initiatives. With continued adoption of the order entry component of the EHR, physicians have a tool to respond to the societal cry for change in the delivery of healthcare.

