

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 as part of a comprehensive tobacco free environment and evidence-based practice for tobacco treatment being implemented within the tribally operated Chickasaw Nation Medical Center. This will demonstrate a bi-directional eReferral system using cCDA document formats within the RPMS EHR system, an EMR that is used by many tribes in Oklahoma as well as the Indian Health Service (HIS) locally and nationally. This partnership was selected based on the need for tobacco treatment within the Native American population and the desire and capability of the Chickasaw Nation health system leadership. 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 Native Americans.

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?

Chickasaw Nation Medical Center includes one hospital in south central Oklahoma with extensive outpatient clinic services at the same location, and outpatient clinics in three other rural communities. The hospital is licensed for 53 beds. This project will reach both inpatients and outpatients. The project is initially focusing on the inpatient system and will expand to specialty and primary care facilities following inpatient implementation. This system is unique in that it is the designated health provider for the Chickasaw Nation. It also offers a behavioral health clinic. The physicians group within this system is 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	September 2013
Expected Complete Date or	October 2014 – for hospital launch February 2015 – for outpatient clinics
Actual Complete Date:	NA

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	Chickasaw Nation Medical Center, Division of Health	Ada, OK	<p>Involves internal IT group helping to map from the quitline data set (from Alere-Wellbeing) to the Referral Summary being implemented in RPMS</p> <p>Communicate with OHA consistently</p> <p>Communicate with the Quitline vendor as needed</p> <p>Communicate with the EHR vendor as needed</p>
Quitline Service Provider	Alere Wellbeing, Inc	Seattle, WA	<p>Provide project work plan for eReferral implementation</p> <p>Provide technical specifications for building eReferrals documents</p> <p>Work with Chickasaw Nation IT staff.</p> <p>Assistance from Oklahoma Tobacco Helpline (OTH) administrative staff.</p>
Key Quitline Funder(s)	<p>Oklahoma Tobacco Settlement Endowment Trust (TSET) through the Oklahoma Hospital Association</p> <p>Oklahoma State Department of Health</p> <p>Oklahoma Tobacco Research Center (OTH)</p>	<p>Oklahoma City, OK</p> <p>OKC, OK</p> <p>OKC, OK</p>	<p>Fund evidence-based cessation treatment program for referred patients (counseling plus pharmacotherapy)</p>
eReferral Funding	<p>Chickasaw Nation</p> <p>OK TSET</p> <p>OHA</p>	<p>Ada, OK</p> <p>OKC, OK</p> <p>OKC, OK</p>	<p>Partnership between three involved entities is providing funding and in-kind support</p>
EHR Vendor	RPMS	IHS	
HIE Vendor	Unknown		
Other	Oklahoma Hospital Association	Oklahoma City, OK	<p>Provide ongoing consultation and support during the eReferral build process</p> <p>Provide ongoing technical assistance and funding to support the evidence-based tobacco treatment implementation and comprehensive tobacco free environment</p>

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	RPMS	Used by the IHS nationally
Quitline System	Alere Wellbeing, Inc	
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	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. Designate a program coordinator to oversee project Work with Nursing and Medical Staff leadership to automate NRT and inpatient bedside interventions.
EHR Integration	The Chickasaw Nation has successfully completed the work of building the bi-directional IT referral using a SFTP platform. The bi-lateral referral system has been tested and is operational.
Health Information Exchange	Unknown at this time
eReferral Program Funding	Chickasaw Nation, TSET, OHA
Privacy/Security	Referrals and outcome information are encrypted through a manual process. See below.
Other	If Alere had the capability of interfacing with a VPN client, it would streamline the health system referrals using a VPN tunnel. As present the process still requires a couple of manual steps to encrypt and send referral and decrypt return outcome information from Alere.

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. Hospital launch slated for November 17.

Key Challenges / Lessons Learned

The SFTP option offered by Alere necessitates extra steps by the health system. A VPN tunnel option would allow the system to streamline the referral process with automatic encryption and decryption.

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. Until the referral process is in place and operational, and pending permission from the Chickasaw Nation, we cannot release any documentation yet.
- 2.
- 3.
- 4.
- 5.