Project Description and Partner Relationship

Mt Graham Regional Medical Center (MGRMC) is a 49-bed acute care hospital facility that provides the only hospital services for the 50,000 residents of Arizona's Graham and Greenlee counties. MGRMC also provides medical coverage for approximately 15,000 people in northern Cochise county, for a full population base of 65,000.

The area served by MGRMC has been designated as a Health Professional Shortage Area (HPSA) and has been assigned a HPSA score of 11. Currently, Graham County has locally:

- 5 Family Practice clinics comprising thirteen physicians (including one pediatrician) and nine mid-level providers
- 2 Internal Medicine clinics comprised of two physicians and two mid-level providers
- 1 General Surgeon
- 1 Orthopedic Surgeon
- 1 OB/GYN*
- 1 Podiatrist
- 1 Cardiologist
- 1 Gastroenterologist

* Three family medicine physicians currently offer obstetric services and all family practice clinics provide basic gynecological services.

Currently, the primary communication MGRMC conducts with our local physician clinics is handled via fax and telephone. However, another common practice today that occurs with our health information exchange is for a physician to hand his/her patient a paper record or order, instructing them to deliver it to the hospital. This is the primary source of information exchange that we are most anxious to discontinue.

Our goal with the Health Information Exchange (HIE) grant funds is to create an informational hub where physicians can, through their own electronic medical record system, enter orders that can be immediately accessible by the hospital. Conversely, this hub would then allow the hospital to post results that would be immediately accessible by the physicians. Creating this hub will dramatically reduce the opportunity for orders and results to be delayed and/or lost between MGRMC and our physicians.

MGRMC has already laid the groundwork for this upgrade to an electronic health information exchange by purchasing and implementing our new electronic medical record system from Meditech, replacing our previously used system, CPSI. The new Meditech system gives us the foundation and ability to move forward with our HIE goal. The funds from the ASET grant would be used to evaluate what further equipment and software is needed to interface with our local physician clinics and to purchase said software and equipment.

MGRMC is undertaking this endeavor with no requirement from the neighboring physician clinics and will be responsible for all monetary expenditures required to make these interfaces happen. As such, MGRMC will serve as the fiscal agent for this project. MGRMC CEO,

Patrick Peters, has been named the project lead and is overseeing this entire project personally. His resume is available in a separate attachment.

Having this ability to quickly and efficiently communicate order and results between our hospital and the physician clinics in our area will greatly improve the service we provide for our patients. Many patients we serve have to travel several miles to our location. Having the ability to send this information back and forth will cut down on time and possibly additional travel for many individuals in our community. For an area such as ours, where our level of low income population is higher than the state average, (46% of the patients treated at MGRMC are insured either by Medicare or AHCCCS), this new technological procedure for exchanging health information will provide time and cost savings for those in our community who need it most.

Project Work Plan

We have one very specific milestone we hope to achieve with this project. We want to have two-way electronic communication between our hospital and the physician clinics that have privileges at our hospital. This two-way communication will allow the physicians to place their orders electronically in their own system, but they will be readable by our staff through our own Meditech system. Furthermore, our staff will be able to electronically place the results of those orders into our Meditech system and have those same results be available to the physicians through their own systems.

The first step in completing our objective was implementing an electronic medical record system that would have the functionality to make our goal possible. MGRMC completed that portion of the plan November 1, 2012 when we went live with the Meditech system.

The next three steps will include:

1. Purchasing the interfaces that will allow our Meditech system to communicate with the electronic medical record systems of our physician offices and then configuring those interfaces. Our timeline calls for this objective to be completed by March 31, 2013.

2. The second objective will be to have a successful interface with each physician office and have test data successfully transmitted both to and from each of those offices. Our timeline calls for this objective to be completed by May 15, 2013.

3. Our third and last objective is to have a successful transfer of live data to and from each physician office. We anticipate that when we have a successful transfer of test data there will be bugs and fixes that will need to be worked through. Once we have worked through those issues, the transfer of live data should proceed without incident. However, in the outcome of some unexpected problems arising, our goal is to have this transfer of live data occur by June 15, 2013, so that if any further issues do arise, we will be able to address them and still be able to meet the June 30th deadline for this grant.

Our Information Systems department head, Ken Watson, will work directly with each clinic and determine a contact person within each of those offices to ensure that communication stays open and everyone involved is aware of the project's progress. Ken and the designated contact people from the clinics will meet in person on a monthly basis as well as have regularly scheduled phone conferences to discuss progress and concerns that may arise.

Once the interfaces are active, our Information Systems (IS) team will provide one training session to each clinic regarding the correct procedure for inputting data that will be received by the HIE as well as how to retrieve data that is delivered to the clinic by the HIE. Once our staff is assured that the contact person in each clinic is familiar and comfortable with the process, we will then delegate the training of that process within the clinic to the clinic's contact person. Our IS will continue to provide technical support to the clinics for any issues regarding the interfaces.

During this time, similar training will be occurring in-house for those hospital employees who will be involved with HIE. Our Health Information Management director, Julie Johnson, will be the designated person to oversee the use of the HIE within MGRMC and to communicate with the clinics regarding any non-technical issues associated with the exchange of information. Julie will work closely with Ken and his team to address any issues that may arise.

The MGRMC team involved with this HIE project are:

Patrick Peters, CEO and President – Project Lead

Ken Watson, CCNA, MCSE, Information Systems Director – Technical Lead and Advisor

Julie Johnson, CHAM, FHAM, MAOM, Director of HIM/Patient Access – Clinic Liaison

Ryan Rapier, Director of Public Relations and Grants – Grant Facilitator

Anthon Ellsworth, Information Systems Lead – Clinic Technical Liaison

Line Item Budget

Our initial plan, with work that will be completed by June 30, 2013, calls for interfaces to be set up and functional within the seven local clinics that are not owned and operated by MGRMC, but do have physicians with privileges at our facility. The following budget reflects those goals.

The Clinic Technical Liaison will work directly with each clinic to ascertain the interface needs and then to procure the most cost effective price for the interface and virtual private networking (VPN) equipment. We are currently budgeting $30,000 of the Clinic Technical Liaison's salary for 2013 toward this project.

Salary……………………………………………………………………….$30,000
Estimated Interface costs for 7 clinics………………………….…………...$70,000
Estimated VPN Equipment costs for 7 clinics…………………………...$ 7,000
TOTAL BUDGET $107,000

MGRMC Administration has allocated $57,000 out of the 2013 operating budget toward this project. With the additional $50,000 in funding from ASET, we would be able to complete this project in each of the seven clinics with whom we work. Should MGRMC not receive ASET funding, we still intend proceed with this project and bring as many clinics on-line as our finances will allow. We currently estimate that amount to be four of the seven identified clinics.

Budget Narrative

As we are in the early stages of putting this project together, we do not currently have firm estimates on the cost of the interfaces needed for each clinic. However, based on the information we have received from other entities that have undertaken similar projects and through preliminary contact with vendors, we have estimated that each interface will cost $10,000 to purchase and install. This figure is well within the range of the numbers communicated to us by both vendors and those institutions we have reached out to in our fact-finding efforts.

Along those same lines, the number we have budgeted for VPN equipment is $1,000 per clinic. We reached this conclusion through the same process that we used to determine our interface costs.

This project will be our Clinic Technical Liaison's primary objective for the first six months of 2013. As such, we are estimating half of his annual salary will be funded by the monies raised and set aside for this project.