

## 2010.6.4 caEHR 1:1 Call with Hartford

### Agenda:

- Welcome
- caEHR Project
- Site Goals, Objectives, Expectations
- EHR Vendor
- Roles and Responsibilities
- Prepare for Initial on-site visit
- Communications plan
- Risks/Issues and Mitigation Options
- Next Steps
- Wrap Up

### Welcome/Introductions:

#### *Hartford:*

- Pat Montanaro, RN: IT site lead for NCCCP project. Director of electronic health record. Focus on practice of EHR
- Sue Marino: Director of nursing informatics at Hartford. Nursing workflow and implications for nursing
- Elise Sinha: Director of EHR for inpatient side
- Donna Handley : VP of the cancer center
- \*Andrew Salner, MD: medical director for cancer center. PI on NCCCP project. Medical lead for this project. (Did not join the call)

#### *PMO:*

- Brenda Duggan: Leads IT efforts for NCCCP. Works at CBIIT, part of caBIG program
- Robbin Gosa: SAIC Frederick project manager. COTR for deployment
- Marc Koehn: Stakeholder engagement manager within PMO office
- Kevin Hurley: caEHR project manager for CBIIT

#### *Deployment Team:*

- Beth Franklin, Mary Greene, Lucy Burge, Chris West, Daniel Ertley, Alex Miroff, Jackie Baldaro, Barbara Lund

### caEHR Project

- Overview
  - Support ambulatory oncology clinical care
  - Engage software vendor communities to deliver a series of business capabilities that address unique needs of the ambulatory oncology sector while meeting the ARRA/HITECH meaningful use requirements
    - Highly modular and configurable to address wide variety of clinical settings

- Integrate with other clinical, administrative and research systems
    - Leverage existing health IT standards and extend these standards from an oncology perspective where appropriate
  - Released with a full set of specifications that can be used by vendors and implementers to leverage all or portions of the caEHR deliverables
- Project Goals
  - Architectural adoption by vendors of platform independent caEHR specifications for their product to help broader market meet cancer needs
  - Solution adoption thru the Open Health Tools community of the business capabilities
    - Enable wide adoption by broadest community of vendors
    - Open source community
    - Enables caEHR components to find broad audience
  - Clinical community adoption of one or more business capabilities to be used at an early adopter site
    - Ultimate and most important measure of success
    - Production, use, improved care for patients
- Business Capabilities
  - Evolving starter list / starter set of business capabilities for discussion
    - Generated from caEHR domain experts (HL7 Ambulatory Oncology Functional Profile, ASCO Oncology EHR Functional Requirements)
    - Aligned with Meaningful Use criteria
  - Want NCCCP site feedback
    - Refine and prioritize this list of Business Capabilities
      - Identify gaps from current system to caEHR
      - Establish proposed priorities of business capabilities
  - Capabilities have interdependencies
  - Will focus on Referrals and Clinical Document, and Outcomes Management
  - Will continue to discuss Business Capabilities with clients as we move forward
- caEHR Stakeholder Engagement Model / Iteration Release Review
  - Stakeholder Engagement model is intended to be layered with various NCI governance and oversight mechanisms in place
  - Notional Iteration / Release review group
  - Six planned release cycles of three iterations each
    - Project team develop materials
      - Day to day dialogue with clinical and business experts
      - Written materials by deployment team
      - Timing and feedback mechanisms
  - NCCCP site engagement
    - At the most detailed level (kitchen)
      - Participate in discussions at the DE / SME level (1 – 3 days per week)

- Review and comment on materials to deadline
  - Iteration / Release boundary level
    - 1-2 key members per site, act as conduits between caEHR work and the NCCCP site
      - Act as a conduit
  - Stakeholder Expert Group level
    - Representative of the various interests and will have a limited number of participants
- Stakeholder Engagement Next steps
  - Send out details regarding the three levels in terms of charter, reference document to help you better understand opportunity
    - Identify who would be candidates to engage with the project team at site
  - Nothing needs to be decided today (6.4.2010) on call
- Site Deployment process
  - Process we will follow during the project
  - Steps may occur concurrently
  - Will repeat these steps for each business capability
    - Deployment will be NCCCP site specific
- Project Activities to occur in the Near Term
- High level timeline

### **Site Goals, Objectives, Expectations**

- Critical to the success of the deployment of the caEHR
- Hartford goals objectives and expectations from 4.26.2010
  - To see data sharing in an appropriate manner that won't violate HIPAA as well as ensure the caEHR open source software won't negatively impact site relationship with vendors. Hartford agreed with this on the phone and mentioned that it was well stated.
  - Complete chemotherapy orders on patients
    - Want to add that they want one standard of care (chemotherapy orders for both inpatient and ambulatory care)
  - Hartford would like to leverage health information exchange by linking to disparate systems
- Hartford goals and objectives stated during 6.4.2010 call
  - Practice medicine in an environment where there are multiple private practices. Working through 'perceived' HIPAA issues that the private practices have identified
  - Want to have 1 standard of care for chemotherapy orders. Really looking at inpatient and outpatient chemotherapy orders. Want to look at this from a resource viewpoint. When and how to get this done? Lots of work to do to figure out how to do this with pharmacy, MD's, RN's, leadership to help prioritize.
  - Priority to moving forward with health information exchange

- Outcomes work for data warehousing project is very similar to this caEHR project
  - Do not want to duplicate efforts as the resource demands are high

**EHR Vendor (Hartford will send EHR vendors and schematic breakdown after call)**

- Vendors are critical part of project, need to engage with the vendors
- Inpatient: Eclipsys (Sunrise Clinical Manager) for hospital used on the inpatient units. One medical oncology practice has ARIA, hospital based infusion center has some of the hospital programs (no specific cancer EHR).
- Ambulatory: did not say
- Lab: Sunquest
- Rx: Medware Works RX
- Billing: Siemens
- ADT: Siemens
- Health information management: Sunrise records manager
- ED: currently Eclipsys (Sunrise Clinical Manager) will become Allscripts ED in August 2010
- Transcription: did not say
- Coding: did not say
- Scheduling: Do not have an enterprise scheduling system. Using Siemens for ambulatory areas, but no enterprise application. Also scheduling system SIS in OR and some of the procedural areas. Currently looking for an enterprise scheduling system solution
- Radiation oncology: did not say
- PACS: did not say
- Anatomic Pathology: CoPath  
Blood bank: Wingate
- Hartford IT team will send a list of the ancillary systems to Beth
- Vendor relationships
  - Standard contracts with maintenance and support going through vendor
  - Not a development partner with vendor
    - Varian: vendor support for treatment plan, treatment survivorship
      - Some development, but this is really a support with Varian
    - Don't think Deployment team needs to link with vendors, vs. tapping into the system that is the repository for the patient information.

**Roles and Responsibilities**

- Not identified the roles. Will need to be a to do for Hartford
- PI: Dr. Salner

**Prepare for Initial on-site visit**

- Site visits need to be completed by early August, 2010
- Purpose and intended outcomes of the site visit are two-fold
  - Opening meeting to facilitate team introductions

- Conduct the site readiness assessment
  - People, process technology, operations, etc.
    - Interview guide
      - Yes/No questions
      - Scale of 1-5
      - Narrative responses/free text
- Duration of visit
  - 1-1.5 days with possibly 6-10 people visiting site
- Site Survey / Interview guide
  - Will send interview guide to site prior to site visit
  - Will be pre populated with as much information as Deployment team can find
    - Validate and collect information
  - Opportunity for NCCCP site to review questions and ensure correct individuals are present to answer questions
  - Following site visit, will have a score of the readiness assessment of NCCCP site, present findings
  - If business capability discussion has not happened prior to site visit, will have business capability discussion during site visit
    - Help determine proprieties
- Prep for On Site Visit/To Do
  - Identify site participants. Who will attend the opening meeting?
  - Schedule site visit
    - June is not good
    - Will try to get us a few dates. Work with Beth Franklin to get this done
    - Visit point of contact for Hartford will be Sue Wright
  - Finalize all the details of the site visit

### **Communications Plan**

- Key to success of caEHR project, lots of moving parts
- Project point of contact at Hartford TBD
  - Beth will be POC for deployment team
- Feedback from NCCCP sites to the Analyst team regarding Business Capabilities
  - Developed and refining process for comments/questions
  - Feed back to analysis team
  - Account for additional requirements
  - Obtaining non functional requirements to analysis team
    - Site specific issues about how to deploy various things from caEHR team

### **Risks/Issues and Mitigation Options**

- Pat Montanaro and Donna Handley have not filled the positions for the project. Staffing issues to resolve
- Organization has gone through many IT upgrades and projects

- Very busy time and place for the IT department
- Competing initiatives at Hartford
- Identify clinical leads
- EHR perspective (ARRA Meaningful Use) will have a major upgrade that will take a huge undertaking. Waiting to see what the final ruling is before they act on this
- Eager to begin project

#### **Next Steps**

- Finalize contact information channels of communication
- Follow up calls
- Business Capability discussion
- Unfinished agenda items
- Finalize visit date and logistics for site visit
- Meeting summary document in five business days

#### **Wrap Up**

- Contact info for Beth Franklin and Lucy Burge
- For session with users
- Hartford wants to meet internally and then will get back to us with any questions and follow-up