CT Feature

The Electronic Health Record:

Ohio’s Journey to Implementation

By Stuart Hudson

Jeff McDonald, mental health administrator, provides training to ODRC mental health staff.
The decision to embark on an electronic health record (EHR) procurement and implementation journey is one that requires careful consideration and planning. Ohio is currently preparing to pilot its EHR for all areas of health care within the Ohio Department of Rehabilitation and Correction (ODRC) in an effort to manage the health care needs of more than 50,000 inmates.

Ohio’s correctional health care motto is: “professional, policy-driven and patient-oriented.” For most of the ODRC’s history, medical, mental health, recovery services (substance abuse services) and sex offender services were separated within the organization. In 2011, the department recognized the importance of combining all areas of health care to focus on all health care aspects of each individual inmate. The once siloed method of providing medical, mental health or recovery services is now a thing of the past. The new axiom of the department’s Office of Correctional Healthcare is “one patient, one team.”

The state has made attempts in past years to bring its health care system together as one delivery system. The question at hand in this effort to streamline health care services was whether the department could successfully accomplish the integration. One of the key tools needed to accomplish this task was an EHR. Since 2005, the Bureau of Medical Services discussed the procurement and implementation of an EHR. In 2007, Ohio released a request for proposal (RFP) — its first — in an attempt to procure an EHR. The RFP ended in disappointment due to cost — the four-year cost was estimated at $14.4 million, which was too much of an economic hardship for the department during times of financial uncertainty. In addition, the EHR was tailored to medical services, with not enough emphasis on substance abuse, mental health or sex offender services. This unbalanced focus would not have met the intended goal, with only one spectrum of health care being addressed and at a very high cost.

In 2011, the U.S. was introduced to the Patient Protection and Affordable Care Act. One of the act’s priorities was the implementation of EHRs nationwide through a system of collaborative health information exchanges (HIEs). Most notably, in Ohio, a public/private organization was formed under the Governor’s Office of Health Transformation, called the Ohio Health Information Partnership (OHIP). OHIP provides information technology (IT) experts in procurement, implementation and training. ODRC teamed up with OHIP to explore EHR opportunities. For the first time, ODRC had experts in the IT and EHR fields available to assist the department at no cost because OHIP is grant-funded. In addition, ODRC leadership knew that investment in an EHR was key to merging all areas of health care. In June 2011, ODRC began the journey to procure and implement an EHR that would encompass ODRC’s entire health care system.

OHIP’s contributions to help navigate the sea of EHRs were quickly realized due to their ability to articulate accurate information on systems that would potentially meet the needs of ODRC. The first step was to identify the workflow and specifications needed for the department. Based on previous experience and research, ODRC knew an EHR did not exist that could meet all of the state’s expectations. Within the EHR specifications, the department identified the following requirements:

- Obtaining a comprehensive health record for medical, mental health, dental, substance abuse, dietary, pharmacy, lab and radiology;
- Eliminating all paper charts/files;
- Reducing treatment redundancy;
- Bidirectionally interfacing with all ODRC IT existing systems and hospital partners;
- Creating an intuitive or easily understood system;

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• Implementing management tools to gather data and display metrics;
• Complying with the HIE/meaningful use criteria and ability to bidirectionally interface; and
• Developing American Correctional Association documentation queries.

During the final stages of the selection process, ODRC decided to travel to three healthcare sites that utilized the final EHR candidates. ODRC later realized that site visits should not involve a vendor representative — a critical part of the discovery process. Public and private health care providers within and outside of Ohio welcomed the ODRC team into their facilities for a better understanding of how the EHR under consideration operated.

The department, with the assistance of other state agencies, worked in collaboration with OHIP to award an EHR contract to a vendor the state deemed would be the most responsive to the needs of the correctional system. Shortly after an award was made, a full-time representative of the vendor company arrived in Ohio and became the primary on-site liaison for EHR development and implementation. ODRC appointed an internal project manager who has extensive experience with ODRC medical information systems and clinical settings. Nine critical project phases were identified and initiated to guide ODRC through the EHR process (see Figure 1). Initially, ODRC underestimated the amount of internal resources that were required in order to tailor the EHR to the state’s existing system. ODRC could have accepted the vendor’s “out of the box” version, but decided instead that it needed to customize the EHR to the health care system — rather than the health care system being tailored to the EHR. Ohio was fortunate to have the expertise of staff and the ability to relocate employees to its operation support center in order to build the state’s correctional EHR.

In order to accomplish the development and implementation of the EHR, a table of organization (see Figure 2) was established. As ODRC progressed through the building process, the state quickly identified areas of the EHR that could not be modified to existing workflows. While challenging, the state successfully worked through the issues with the vendor and achieved resolution to tailor the EHR to Ohio’s needs.

Currently, ODRC is preparing for a pilot phase of the same project at all female facilities. ODRC anticipates full implementation by April 2014. Notable lessons learned during the state’s EHR development include:

• Dedicate adequate staffing resources;
• Conduct extensive EHR training with staff resources prior to beginning the building process;
• Open lines of communication between the EHR vendor and correctional staff; and
• Address specific pertinent state rules and regulations early in the development process.

Ohio’s quest to fully integrate the health care system into one delivery system is undoubtedly being fostered by the development of its EHR. Every correctional system is faced with similar issues of how to best care, in the most responsible manner, for its inmates and staff. Implementing an EHR should better position and prepare Ohio and other states expected to meet this important challenge and basic obligation.

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