

# MaineHealth

## Ambulatory Electronic Medical Record

January 2008

### Message from our Ambulatory Program Architect

#### Physician Champions

Your practice should select a physician champion who will provide leadership for the Epic Implementation. The concept of a “champion” is an important factor in successfully adopting an EHR for your practice. Identify who best fits that role for your practice.

The Epic Ambulatory EMR implementation is providing MaineHealth with a unique opportunity to design an information system for care delivery from the ground up. Information technology can either be a strategic glue to facilitate effective processes or can be a contributing factor to unwanted variation in processes. This variation can occur because, in many cases, the technology supporting health care is a result of legacy systems that have been configured and customized over time and have not been based on an overt care strategy. Because the MaineHealth ambulatory care environment has not been supported by legacy systems, we are not bound by any previous processes or strategy which gives us a fresh start.

To facilitate the development of a well designed ambulatory system, our physician leadership has endorsed a process to validate the Epic model system clinical content and office workflows. By relying on the model system we can significantly shorten the design and build phase of the Epic project and can bring a consistent set of clinical content to our provider community.

The model system was developed by Epic using clinical content contributed by

some of the leading health systems in the United States who are Epic clients. The model system contains approximately 540 fully documented reasons for ambulatory visits across primary care and many specialties. The first phase of this review will focus on primary care content. The clinical content being reviewed by our physicians will account for approximately 91% of Pediatric visits, 85% of Family Practice visits and 78% of Internal Medicine visits.

Four workgroups, lead by MaineHealth physicians, will validate the clinical content of the model system. Rebecca Hemphill, MD will lead the Adult Primary Care workgroup, John Bancroft, MD will lead the Pediatric Primary Care workgroup and Dan Friedland, MD will lead the OB/GYN Primary Care workgroup. Nat James, IV, MD will lead a fourth workgroup that will focus on office workflows to develop an effective framework for operational processes in the practice. In the development of these workflows we are seeking to automate as many processes as possible and design a consistent model based upon best practice.

The primary care model system review process, which continues through

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### *Validation Session Participants*



*Family Practice Center, Portland  
Mary McDonough, Amy  
Quatrano, Deb Tetreault,  
Chad Collins, Val Belknap*



*MH Implementation Team  
Alan Buck, Amanda  
Williams, Rebecca  
Hemphill, MD, Sue  
Newton, Mary Quinones &  
Christine Baran*



*Greater Portland Pediatric  
Associates—Westbrook  
Heather Shanholtz &  
Linda Mallard*

## **Epic Validation Sessions**



The meeting room at the Eastland Park Hotel in Portland heated up on December 5, 6, and 7 as representatives from several MaineHealth primary care practices gathered to discuss essential functionality in EpicCare®. Leading the discussions was Ms. Amanda Williams from Epic and her assistant Mr. Chris Conzett. Also present was Mr. Asher Kramer, Ambulatory Project Architect, and many of the Epic project team members. Mr. Andy Davies, Lisa Weneck, RN, and Dr. Tony Luberti represented project consultant Culbert Healthcare. Several others from MaineHealth with expertise in specific areas participated in this session.

This three-day process was designed to provide Epic with information about how MaineHealth primary care practices conduct business. The format consisted of Amanda Williams asking focused questions on a wide range of topics related to medical office workflows including patient check-in, “rooming”, patient-practitioner interaction, participation of medical students and house staff, check-out, release of records, communication of lab results, billing, routing of documents between office staff, and much more. Amanda and Chris calmly recorded opinions put forth by representatives of the different offices, large and small, from Portland and from small

cities and towns elsewhere in the state. Terminology such as “workflow”, “standardization”, and “best practices” surfaced often.

The information that was gathered will be incorporated by Epic into the first “build” of the MaineHealth EpicCare® Model System before it is delivered to MaineHealth. This should save time getting the system up and running. If all goes according to plan, Amanda and Chris should be back January 30 through February 1. At that time MaineHealth representatives will again have a chance to get together, this time to validate the work they have done as they see it represented for the first time, not in a demonstration version, but in MaineHealth EpicCare®. Additional work currently under way by three Model System Clinic Content review teams, a fourth office workflow team, analysts, database administrators and project directors will build upon this early effort and help to bring MaineHealth EpicCare® closer to “go live”. 🐦

*Nat James, MD  
MMC Outpatient Department*

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*In order to meet the looming  
challenges, health care must  
expand the scope of information  
sharing beyond the walls of  
individual institutions.*

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## Model System Review



### Process and Goals

An important feature of the rapid roll-out of the MaineHealth Epic EMR to our physician practices is the use of Epic’s Model System as a basis. This Model System consists of the clinical content – order sets, documentation tools and workflows, that have been developed and used at other Epic sites and has now been packaged into one “Model System”. By using this Model System, we are able to take advantage of the experiences of many large and highly respected health systems that use Epic. As a critical first step, we at MaineHealth are doing a thorough evaluation of this clinical content to be sure if it is acceptable for our initial go-live.

The content review has been divided amongst 4 physician teams: Adult Primary Care , Pediatrics Primary Care, OB/GYN Primary Care team and the Workflow Standardization Team (specialty review will come later). See below for the team participants. On January 3<sup>rd</sup> and 4<sup>th</sup>, these groups met for the first time for a kickoff at the Hilton Garden Inn in Freeport. We received an overview of the Model System Review from our outstanding Epic Team here at MaineHealth and our consultants from Culbert. Most importantly, each of us received our large workbooks that include all of the SmartSets specific to our group - - 102 for Adult Medicine, 84 for

Pediatrics and 36 for OB/GYN. These SmartSets are basically problem-specific order sets that have been developed to streamline the patient visit. Each of the SmartSets will be reviewed by two physicians in the work group using a standard evaluation form and submitted electronically to the Epic Team. The group will then make final decisions about each of the SmartSets and what changes, if any, need to be made.



Asher Kramer & Ken Lombard, MD

The goal of this process is to assess if these SmartSets are adequate – they won’t be perfect. We realize also that there is no “perfect” for everyone. More importantly, we realize that we won’t really know what we need until after we use the system. So the planned optimization process that will occur 6 months after go-live will be a critical follow-up to this initial review. ☺

Rebecca Hemphill, MD, FACP  
Greater Portland Medical Group,  
Falmouth

*“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”*

~ Charles Darwin

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March, will be the model that will be used as we begin review of specialty content. These specialty workgroups for office Cardiology, Orthopedics, Oncology and other office based specialties will commence in April, 2008. We are hopeful that this process that engages our physicians and leverages previously developed content in the Epic system will allow us to deploy a well designed Ambulatory EMR that will support optimal care delivery. ☺

Asher Kramer  
MaineHealth Ambulatory Program Architect

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### Specialty Teams

We are in the process of identifying physician membership for specialty workgroups, specifically in the areas of Cardiology, Oncology and OB/GYN and other office based specialties for clinical content review in those areas. If you are interested in participation please contact Asher Kramer at 662-5677. These teams will be finalized and will begin their review in April 2008.

## Model System

### Team 1 – Adult Primary Care

- Rebecca Hemphill, MD**, Chairperson, IM, Portland
- John Dickens, MD, FP Miles
- Amy Etzweiler, MD, IM Miles
- David Kumaki, MD, IM, Stephens
- Tom McInerney, MD, IM, GPMG
- Jane Pringle, MD, IM, MMC OPD

### Team 2 – OB/GYN as it relates to Primary Care and Family Practice

- Daniel Friedland, MD**, Chairperson, FP, Wiscasset
- Greg Hardy, MD, Stephens
- Barbara Slager, MD, Coastal Women’s
- Carrie Bolander, MD Miles
- Louis Hanson, DO, Portland, Independent

### Team 3 – Pediatrics Primary Care

- John Bancroft, MD**, Chairperson, Pediatric General and Specialty, Portland
- Steve Kirsch, MD, Scarborough Family Physicians

- Andy Russ, MD, Miles Medical Group
- Thomas Brewster, MD, GPPA
- Chris Stenberg, MD MMC Pediatrics
- Laura Jett, MD Jett Family Practice
- Kenneth Lombard, MD, Maine Pediatric Specialty Group

### Team 4—Office Workflow Review Committee

- Nat James, IV, MD**, Chairperson
- Alan Barker, MD, St. Andrews
- Linda Mallard, OM, GPPA, Westbrook
- Sarah Flagg, Project Manager, Oxford Hills Internal Medicine, Norway
- Jennifer Barron, Office Manager, St. Andrew’s Family Care Center
- Janet Erskine, RN, Miles
- Mary McDonough, RN, OM, Family Medicine, Portland
- Francine Rideout, Maine Medical Partners
- Jan MacLeod, Epic Practice Readiness
- Tracy Callahan, Maine PHO