

2007 Innovations Awards Program
APPLICATION

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ID # (assigned by CSG): 07-S-09SCELECTRONICHEALTHRECORD

Please provide the following information, adding space as necessary:

State: South Carolina

Assign Program Category (applicant): Health Services (Use list at end of application)

1. Program Name
Electronic Personal Health Record
2. Administering Agency
South Carolina Department of Health and Human Services
3. Contact Person (Name and Title)
Robert Kerr
Director DHHS
4. Address
South Carolina Department of Health and Human Services
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8. Web site Address
Agency website – www.scdhhs.gov
EPHR website currently under construction. Domain will be www.ephr.scdhhs.gov
9. Please provide a two-sentence description of the program.
The SCDHHS has utilized an existing contract with the Office of Research and Statistics to develop and implement a claims-based, HIPAA compliant Electronic Personal Health Records (EPHR) system that gives providers access to patients' medical histories. The

primary objective of the EPHR system is to place Medicaid data in the hands of providers so they can make the best decisions concerning patient care.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered.
Development of the program began June 2006 with the pilot initiated in five counties in September 2006 and completed in December 2006.
11. Why was the program created? What problem[s] or issue[s] was it designed to address?
The EPHR program was created as a means to address both the ever-increasing cost of the SC Medicaid program, as well as the generally poor health of SC Medicaid recipients. We spend one-fifth of our state budget on health care for almost twenty-five percent of our population. SC currently ranks forty-sixth in overall health among fifty states. To adequately sustain a health care system over the long term, it is clear SC must address its attitudes toward healthy behavior and work towards reducing the cost of the Medicaid program.
12. Describe the specific activities and operations of the program in chronological order.
June 2006 – Agency Director advised would like an EPHR pilot implemented within 6 weeks
June 2006 – Notified Office of Research and Statistics of EPHR pilot initiative
June 2006 – August 2006 – ORS designed and developed the EPHR system
August 2006 – Five primary care providers identified to participate in the EPHR pilot
August 30, 2006 – Pilot kick-off meeting with pilot participants
September 18, 2006 – Launched EPHR pilot
September 18, 2006 – December 18, 2006 – pilot period
December 18, 2006 – Surveys emailed to pilot participants
January 5, 2007 – All surveys returned for processing
January 26, 2007 – Pilot wrap-up meeting to discuss findings
February 2007 – April 2007 – Making enhancements to EPHR based upon survey results in preparation for statewide implementation in May 2007
13. Why is the program a new and creative approach or method?
The implementation of an integrated Electronic Health Record (EHR) system is in support of the goals of the Quality and Cost Transparency Initiatives of President Bush and Secretary Leavitt by making relevant information available via an internet-based application to Medicaid providers in a user friendly format. South Carolina was among the first states to implement an EHR via the EPHR system. The concept of providing physicians instant access to a patient's health record is progressive and innovative within the healthcare industry. Discussion concerning the implementation of an EHR has been occurring for years; however, not until recently have any states developed and implemented such a system. Access to a patient's health record provides much needed information such as diagnosis, medications, clinical procedures, inpatient hospitalizations, emergency room visits, eligibility data, and physicians' notes.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Personnel	Fringe	Salary	Total	
Developer	\$18,000	\$60,000	\$78,000	
Data Base Administrator	18,000	60,000	78,000	
Information Resource Consultant	16,500	55,000	71,500	
Tort Liability			57	
Equipment				
Hardware				
Additional Disk Storage		Non-recurring	5,000	
3 Work Stations		Non-recurring	7,500	2,500 per PC
½ Generator & Room-wde UPS		Non-recurring	60,000	Needed for 99.9% uptime
Office Furniture				
Desks, Chairs, Book Cases, Computer Stations		Non-recurring	2,400	800 per person
Supplies				
Office/DP Supplies			2,100	Est. 700 per person
Contractual				
Other Contractual (Security Review)			10,000	Cont GAP analysis - HIPAA
Offsite Backup & Restoration/ Disaster Recovery			1,000	Contractual – offsite backup in case of disaster
Internal Ops			3,000	1000 per every 100,000 budget
Telephones			1,800	50 per month for 12 months pp
Fixed Charges				
Rent			9,465	
TOTAL			\$329,822	

15. What are the program's annual operational costs?
\$350,000.

16. How is the program funded?
SCDHHS utilized an existing contract with the SC Budget and Control Board, Office of Research and Statistics.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No

18. What equipment, technology and software are used to operate and administer this program?

EPHR is written in the open source language PHP with a Microsoft SQL database server backend. The security, privacy and integrity of protected health information (PHI) is guarded by a number of specific features at several different levels. These are supplemented by an extensive audit trail. In order to access PHI, a user must pass through the PRS firewall (via https only) to the data warehouse domain, present a valid client certificate to the EPHR server, present a valid user ID and password to the domain, then log in to the EPHR application itself.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes.

Program and policy innovations:

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Yes, Tennessee has a similar project that includes most of the features in the EPHR system. Also, numerous other states are in the process of developing similar systems via the Federal Transformation Grants awarded in February 2007. This program differs in that the EPHR also provides information concerning dental claims, as well as access to as much as 18 months to 10 years of medical claims data. The TN project failed to include such information, and the information provided did not include data prior to 2004. EPHR enhancements currently under development that are not a part of the TN project include access to hospital discharge summaries, as well as x-ray images.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

At present, the EPHR system has only been deployed to select (pilot) primary care physicians and provides information on diagnosis, medications, clinical procedures, inpatient hospitalizations, emergency room visits, eligibility data, and physicians' notes. Full implementation will be statewide and include deployment not only to primary care physicians, but also to specialists and hospitals to include emergency departments. In addition to the current data available, enhancements to the EPHR system include the inclusion of a statewide immunization registry, EPSDT and well-child data, discharge summaries, drug interactions, labs, vital signs, beneficiary access and incentives for compliance to health standards, e-

Prescribing, alerts, patient demographics and the ability to fully integrate into an existing electronic medical record to permit a two-way exchange of data. Enhancements are currently under development and expected to be released in phases within the next 18 to 24 months.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Pilot survey results indicated the EPHR system was very positively received by all participants.

The pros included:

- Access to medications prescribed and administered
- Assists physicians in providing better quality of healthcare
- Provides physicians with a more comprehensive medical history as patients may not recall or fully disclose other medical treatments that are or have been received
- Access to eligibility information at a glance

The cons include:

Nothing negative was noted about the EPHR. Enhancements were suggested, but there was no negative feedback concerning the data provided during the pilot.

23. How has the program grown and/or changed since its inception?

The pilot focused only on a one-way exchange of data to primary care providers. Since EPHR's inception, focus has changed to include the ability to exchange data two ways, permitting the EPHR system to be fully integrated into an existing electronic medical record. Focus has also evolved to include not only primary care providers, but also specialists, hospitals and emergency room departments. In addition, focus has been placed upon the development of an immunization registry in cooperation with the Department of Health and Environmental Control, as well as the inclusion of lab results, patient demographics, vital signs, a check for drug interactions, e-Prescribing, and alerts.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

States may need to address legislative issues, local statutes and laws. States may also lack coordinated data warehousing and dissemination efforts necessary to deploy claims based systems, and states may face varying degrees of provider and recipient "buy in".

2007 Innovations Awards Program Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations

- Administration
- Elections
- Public Information
- Revenue

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

Save in .doc or rtf. Return completed application electronically to innovations@csg.org or mail to:

CSG Innovations Awards 2007
The Council of State Governments
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Lexington, KY 40578-1910

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This application is also available at www.csg.org, in the Programs section.

Deadline: April 2, 2007