

# Southcoast Health Case Study:

## Conquering Interoperability Challenges

A major data integration milestone has been reached at Southcoast Health, a community-based health delivery system with multiple access points in southeastern Massachusetts and East Bay, Rhode Island, an area that serves more than 700,000 people. As of October 1, 2015, Southcoast had completed a multi-year project that established an Epic enterprise EMR platform that now ties together clinical, operational and revenue-cycle systems.

James Feen, executive director and associate CIO, called that platform “a key asset for the organization” — in place to accommodate tremendous growth in Southcoast’s 415-strong physician group, a number of acquisitions and expansion in physical locations. “We had disparate systems running across different environments and an IT department that was very MEDITECH-centric, very hospital-centric,” he explained.

The project required putting in a framework to allow those disparate systems to come together and the staging of the Epic conversion over a 21-month period. It also called for an organizational shift toward providing services across the continuum of care.

### Enabling technology

Reflecting on what enabled Southcoast to successfully complete its transition, Feen credited Corepoint Health’s integration engine, which facilitated development of interfaces to connect internal applications and external facilities. Along with establishment of a master patient index, Southcoast ultimately brought together systems to pass medical records from at least 12 different EMRs and create a single patient record in support of the Epic project.

“We had moved off of an interface engine that was not designed for the type of load that we were to put on Corepoint,” said Paul Labonte, Southcoast’s manager of business intelligence and systems integration. “It was designed for some niche tasks within the interface space. Although it served those functions, it would not have stood up to the volume we pushed through Corepoint.”

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**Paul Labonte**

Manager, Business Intelligence & Systems Integration  
Southcoast Health

Southcoast CIO Joan McFaul said she and Feen prioritized which interfaces would be most important to the various decision-making bodies within the organization. They also guided selection of third-party systems with which Southcoast would have to interface, as well as outside sources that would require the health system’s data.

That process revealed several internal areas that needed special attention:

- Epic doesn’t have a native blood bank system, so Southcoast needed to set up several interfaces between a third-party blood bank system, Medware, and the Epic EMR.
- Southcoast brought its medical oncology service line into Epic; however, Epic lacks a radiation oncology component. Southcoast installed Mosaik, an oncology information system from Elekta, to support the radiation oncology process with six interfaces to Epic for functions such as scheduling and basic demographics.
- Clinical engineering systems such as radiology/PACS and EKG monitoring needed to be interfaced.

- Telehealth systems used by nurses within the Homecare and Hospice division required interfaces to allow management of patients monitored by those systems.

“Corepoint has been a very large factor in dealing with anything internal to the health system’s data movement,” observed Labonte.

### Looking outward

The Massachusetts Health Information Highway (Mass HIway), a secure statewide network launched in 2012, facilitates the transmission of healthcare data and health information among providers, hospitals and other healthcare entities in Southcoast’s area. Although Southcoast has not had a lot of activity with Mass HIway to date, the health system is starting to look at how it will connect to the state-level health information exchange.

In the meantime, Southcoast has interacted with other health networks in the region that are also using Epic to achieve interoperability in terms of basic document exchange and care summaries. “One of the great points of Epic and how patient data is integrated at the client is that a tool like Corepoint is going to allow us to implement a strategy for CCD and C-CDA integration with a number of our affiliates in the area,” said Feen. “There’s going to be high demand for a level of interoperability across our affiliates in the region that the toolset we have in place between Epic and Corepoint will allow us to achieve in time.”

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Southcoast is also using Corepoint for interfaces with outside laboratories. “As we’re working with practices that we support from a reference lab perspective, we’ll use Corepoint to deal with all those interfaces,” added Labonte.

### Organizational benefits

Southcoast faced a tight timeline with its Epic implementation, especially considering the large number of third-party systems that needed to be integrated. Feen reported that Corepoint generated efficiencies and cost savings in allowing Southcoast to replicate connections, “not to mention solving some pretty complex problems when it came to aggregating data.”

Transforming and staging data “as we brought in historical information for providers to our new platform would not have been feasible in the timeline in the absence of the Corepoint engine,” he said.

Labonte looked at the benefits of using the integration engine from a slightly different perspective. “When we went forward, particularly in the ambulatory space, we actually spoke with another company that had some success with conversions for organizations like ours, moving from a legacy platform to Epic,” he recalled. “It went far enough for us to know that there was a significant cost savings for us not to leverage another company like that. It would have become cost-prohibitive, so we stayed on point with what we were doing with Corepoint.”



### Southcoast Health System

New Bedford, Mass.

**Number of hospitals/clinics** = 4 hospitals and more than 40 sites (includes the three hospitals that make up Southcoast Hospitals Group — Charlton Memorial Hospital in Fall River, St. Luke’s Hospital in New Bedford and Tobey Hospital in Wareham; and Southcoast Behavioral Health in Dartmouth, a joint venture hospital with Acadia Healthcare, an international leader in psychiatric and addiction care)


**EHR system** – Epic

**Number of beds** – 824 SHG + 35 bassinets + 120 SC

**Behavioral Health**

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Labonte continued, “I think the other piece to it — even when we were in the MEDITECH environment — was that we found more than one instance where the choice was either to purchase another interface from the core vendor or use the engine to split connections. We used the engine to split connections or repurpose connections quite often. I don’t have an exact number, but it was at least a six-figure savings of not purchasing additional interfaces from the source EMR.”

### Where from here?

Even though Southcoast has completed the Epic conversion, additional work likely lies ahead for the Corepoint Integration Engine. For starters, according to McFaul, the health system is in the process of moving its legacy enterprise resource planning — financial, supply chain, human resources and payroll data — to a PeopleSoft platform during 2016.

Additionally, Southcoast is active in software development to fill niche clinical and business needs. “Corepoint Integration Engine is going to help us solve some of those development tasks to help try and round out our enterprise system and other specific tools that clinicians and providers have in place,” said Feen. “There are key things that we will be able to leverage from an integration

standpoint, with Epic and with the third-party systems, in trying to get data more accessible, more mobile. The engine is going to play a key role in helping us solve some of those niche business needs that aren’t otherwise solved through our enterprise vendors.”

That may mean tapping data as it goes through the engine and then using it to solve some of those business needs, according to Labonte. One possible area would be filtering lab results that are currently only going to outreach markets. “There are folks at Southcoast who could help build an application that would [build on] that, and then someone could see that value and do something from a clinical perspective and react to it,” he said.

And not to be overlooked are Southcoast’s reported merger talks with Care New England, one of Rhode Island’s largest health systems. A consolidation would create a company with about \$2 billion in annual revenue, eight hospitals and more than 1,700 doctors and other providers, the Boston Globe reported.

Whether Southcoast pursues new areas of opportunity from continued growth or ventures farther along the Mass Hlway, Corepoint Integration Engine will be humming along to advance IT capabilities.



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#### About Corepoint:

Corepoint Health delivers a simplified approach to internal and external health data integration and exchange for hospitals, radiology centers, laboratories, and clinics. Corepoint Integration Engine has been named the #1 interface engine for six consecutive years, 2009–2014, in the Best in KLAS: Software & Services report. Our software solutions help healthcare providers achieve interoperability goals and create operational leverage within their care organization. For more information, visit [www.corepointhealth.com](http://www.corepointhealth.com).