

HealthBridge  
Final

**Completion Report**  
Local Government Projects  
Governor's Office for Local Development

Funding Program/HB#: \_\_\_\_\_

Project ID #: E4259

Check one of the following:

Local Government Economic Development Fund (LGEDF) Coal Severance Grant

Line-item Project

Renaissance

Cemetery

Body Armor

Area Development Fund (ADF)

Other

**RECEIVED**

SEP 26 2008

GOLD/OSG

**Project Information**

Project Title: ePPIK - HealthBridge ePrescribing Grant Round II

Project Allocation: \$ 45,000

Total Actual Funds Received: \$ 22,500

Total Actual Funds Expended: \$ 116,241

County: Kenton, Grant, Boone, Campbell, Pendleton, Owen, Gallatin

ADD: N/A

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

ePrescribing

Start Date: December 2007

End Date: September 2008 (after extension)

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

Water WX#: \_\_\_\_\_

Sewer SX#: \_\_\_\_\_

Has final draw been made?  Yes

No

**Grantee Information**

Legal Applicant / Funding Recipient (entity that will execute MOA): Greater Cincinnati HealthBridge

Mailing Address: 11300 Cornell Park Drive Suite 360

City, State, Zip Code: Cincinnati, OH 45242 Office Phone: 513-247-5255

Office Fax: 513-469-7230 E-mail Address: khepp@healthbridge.org

Official's Name/Title: CFO County Hamilton

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**Sub-Recipient Information (If different from Grantee)**

Sub-recipient (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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**Close-Out Narrative**

Provide a narrative of how the project was completed (REQUIRED).

HealthBridge used the existing data exchange network for the implementation of e-prescribing in Northern Kentucky. HealthBridge upgraded our portal and clinical messaging software to enable us to install the e-Prescribing module. We pursued approval from the state pharmacy board for e-Prescribing. We provided laptops to the three practices involved in this project - Internal Medicine Associates of Northern Kentucky, Cardiology Associates of Northern Kentucky, and Patient First. HealthBridge also provided training to the personnel at these three physician practices. HealthBridge purchased 150 licenses for the continued expansion of this service. We fully expect to implement e-Prescribing throughout a significant portion of the practices in our Northern Kentucky service area.

**Completion Report**

Date of Project Completion: September 2008

Were any designated funds left over? (check one)  yes  no

If yes, please list dollar amount: \$ \_\_\_\_\_

Explain why (REQUIRED):  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

**Checklist**

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

Attachment A-Financial Report

Attachment C-ADF Project Only

Attachment B-Real Property

Other financial reports, invoices, cancelled checks and relevant documentation.

**Signatures**

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: Robert Steffel, President and CEO

Signature: *Robert Steffel* Date: 9/25/08

Name and Title of Third Party Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR GOLD USE ONLY:** This completion report is hereby approved. The MOA and all supporting documents required are received. All records for this project are required to be maintained for three (3) years from the date of completion.

GOLD Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

GOLD Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**Attachment B: Real Property Acquisition**  
**Local Government Projects Completion Report**  
**Governor's Office for Local Development**

**Property Acquisition**

Did this project involve the acquisition of real property? (check one)     yes     no

If yes, a copy of the deed transferring title must be attached to the back of this form if not already on file at GOLD.

Please check to certify that a copy of the deed transferring title of any real property acquisition is attached:

Copy of deed is attached.

Copy of property survey, meets and bounds, etc. is attached.

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**KENTUCKY E-PRESCRIBING GRANT  
CALCULATION OF EXPENSES  
1/1/08-9/10/08**

Grant Award:	\$	45,000	
HB Match:	\$	45,000	
Total to be Spent:	\$	90,000	

**Actual Expenses:**

Monthly Axolotl ASP Fees			
x 9 months (Jan - Sept)	\$	168,000	
x 20% related to e-Prescribing grant			\$ 33,600
Staff Time -			
Rodney Cain - 16 hrs.	\$	1,286	
Keith Hepp - 6.5 hrs.	\$	584	
Trudi Matthews - 11 hrs.	\$	516	
Barb Regan - 152 hrs.	\$	6,302	
Charles Ross - 104 hrs.	\$	4,686	
Total Staff Time			\$ 13,374
Axolotl Upgrade of Elysium -			
Axolotl Bill for 8.6 upgrade #11017	\$	2,549	
Axolotl Bill for 8.6 upgrade #11311	\$	2,379	
Axolotl Bill for 8.6 upgrade #11314	\$	11,140	
Total Axolotl Invoices for Upgrade			\$ 16,068
Hardware & Equip -			
Cranel Invoice 12665399F (2/29/08)	\$	30,144	
Cranel Invoice 423437-A (7/14/08)	\$	11,566	
Total Hardware & Equip	\$	41,710	
x 20% related to e-Prescribing grant			\$ 8,342
<b>Total Actual Expenses:</b>			<b>\$ 71,384</b>

**In-Kind Expenses for use of existing data network:**

2007 NT&I Expense	\$	202,158	
2007 Physician Telcom expense	\$	96,885	
Total HB system expense	\$	299,043	
9 months of HB system expense	\$	224,282	
x 20% related to e-Prescribing grant			\$ 44,856
<b>Total In-Kind Expenses:</b>			<b>\$ 44,856</b>

**Total Expense for e-Prescribing Grant \$ 116,241**

Note: 20% calculation achieved by taking total number of MDs receiving results (3,113) and determining how many of these are MDs receiving results at St. Elizabeth's (1,003) AND having a practice located in Northern Kentucky (625)  
625 / 3,113 = 20%

Health Bridge <sup>Final</sup>

e-Prescribing Partnership Grant II  
Quarterly Progress Report  
Addendum to GOLD Report

Please indicate progress on project completion:

Step	Check if Started	Est. Date of Completion	Check if Completed	Date Completed
Vendor selected and contract signed	X	Completed	X	January 1, 2008
Purchase hardware and software	X	Completed	X	June 2008
Install hardware and software	X	Completed	X	July 2008
Training users	X	August 2008	X	August 2008
Production use (electronic prescriptions sent and processed)	X	AUGUST, 2008	X	August 2008
Sustain use, process improvement	X	September, 2008	X	August 2008

Please answer the following questions in narrative format:

1. Please provide a description of activities to date, including:

- Challenges and/or opportunities that have arisen during grant implementation.
  - Our project requires a major upgrade in the Clinical Messaging system which currently sends out 2.4 million results in a production system. We have numerous upgrades required to get to the version of the portal and ePrescribing software necessary for this project. We hoped the upgrades would have been completed in April but will be completed in June. We have asked for and received an extension.
  - The system was up and running in August with all three practices trained and the ePrescription system in use.
- Any changes to your project plan and reasons for those changes.
  - No changes other than extension of the date.
- Your evaluation of progress to date and any results you have observed.
  - The Community Patient Index aids in adoption of the technology
  - We believe there will be significant patient quality improvements as different practices can see prescription by other practices
  - As part of the modification, we will review over the next year the name brand and generic usage on Medicaid patients over the next year

2. Are you experiencing any procedural or process issues? If so, what are your plans to address the issues?

None.

3. Are you experiencing any technical problems or issues? If so, what are your plans to address the problems?

No. We have had some useful suggestions from the physicians as to how to improve the product such as Fax reports and electronic loading from EMR's but the system is functioning well.

Date Report Completed:	September 30, 2008
Person Completing Report (Print):	Keith W Hepp
Signature:	<i>Keith W Hepp</i> (signed electronically)
Title:	CFO