PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE
Meeting Minutes, January 19, 2005

Members in Attendance: Stanley Block, MD; Jeffrey Borkan, MD, PhD; Mark Braun, MD; L. Anthony Cirillo, MD; Sarah Fessler, MD; Michael Fine, MD; William Hollinshead, MD, MPH; Victor Lerish, MD; Sharon Marable, MD, MPH; Patricia Nolan, MD, MPH; Richard Wagner, MD. HEALTH Staff: Amy Zimmerman, MPH. PCPAC Staff: Carla Lundquist, Mary Anne Miller, RN, MPH.

Members not in Attendance: Ray Maxim, MD, Chair; Munawar Azam, MD; Herbert Brennan, DO; Herbert Constantine, MD; Charles Eaton, MD; Deidre Gifford, MD, MPH; Arnold Goldberg, MD; Ellen Gurney, MD; Omar Meer, MD; James Monti, Jr., MD; John Murphy, MD; Donya Powers, MD; Mark Schwager, MD; John Young.

- *To meet the goals of being useful, usable, and used, the Master Patient Index will need to demonstrate cost effectiveness, security and confidentiality, accuracy, ease of use, and visible benefits for clinicians and patients.*

Dr. Nolan opened the meeting at 7:40 AM. Minutes of the December 15, 2004 meeting were approved as written.

Amy Zimmerman, MPH, Family Health, delivered a presentation on Statewide Connectivity of Health Information Technology (HIT). (See attached pdf file of the presentation handout.) RI received a grant from the Agency for Healthcare Research and Quality (AHRQ) of $5M over five years to create, implement and evaluate a Master Patient Index (MPI) as the backbone of an interconnected information system putting the right information into the hands of clinicians and their patients when and where it is needed. Deliverables for this project include identifying core clinical data elements/core health care entities (data sharing partners); convening a Technical Advisory Panel; and establishing/increasing data exchange from 25% at end of year one to 100% (of core data elements between entities) at end of year three, with expansion beyond core elements/entities and measurable improvements in years four/five. To sustain the MPI after five years, stake-holders need to build the cost of managing data into the cost of doing business, and to encourage Medicare/private insurer participation.

The MPI will consist of a central patient demographic database that stores unique patient identifiers of data sharing partners. Use of the MPI will require unique patient and provider "keys" and secure data connections. The MPI may serve as single authentication portal to data sharing partners' information; various architectural models will be considered. The MPI Project will have five components subcontracted to partner organizations: (1) Technical Assistance and Coordination with other HIT efforts within the state [RI Quality Institute (RIQI)]; (2) Technical design and development of the MPI [TBD]; (3) Health care provider engagement, training and participation [Quality Partners of RI (QPRI)]; (4) Consumer education and engagement [TBD]; and (5) Well-defined and rigorous evaluation [Brown University]. Several stakeholder meetings have been held to disseminate information, identify needs, and discuss architectural models to ensure the system will be useful, usable, and used. Per a poll of stakeholders, the top five attributes the system should demonstrate to achieve this are cost effectiveness, security and confidentiality, accuracy, ease of use, and visible benefits for clinicians and patients.

The initial phases of the project must be able to meet AHRQ deliverables with the funding provided but must also be flexible for future expansion toward the ultimate goals of the project. Certain categories of information that present technical challenges and/or are not currently available in centralized databases will be considered for future project expansion. These types of information include radiology/imaging information, pharmacy information, and patient data from private practice physicians, who will not be data sharers initially, but can be data users. As the MPI matures and becomes a valuable tool to data users, they will be asked to become data sharers as well.

There are many challenges and issues in making data access sufficiently secure, confidential, and HIPAA compliant, yet at the same time easy to use and allowing for emergency access. Determining the unique patient identifier to be used by all systems is a major issue to address. The project partners will look to convene an Identity Management Workgroup. However, all information on a patient cannot be accessible via one "master key"; there are mandates against making certain information available without explicit patient consent. It may be necessary, although technically complex, to have various levels of access per consumer authorization.

Per PCPAC comments, the MPI system design should include: (1) the capability to easily download individual patient demographic data which would alleviate some of the data-entry burden at physician offices, (2) easy access to avoid having to login to multiple sites, and (3) the ability to work with a variety of hardware/peripherals/firewalls. It should not be subject to platform obsolescence issues. If web-based, the system should be accessible to standard browsers. It must also be compatible with a variety of Electronic Medical Records (EMR).

Ms. Zimmerman noted that the project is exploring how to get EMRs that are effective clinical tools into provider offices; this project must keep EMR compatibility/system specs in mind, especially to assist providers who do not yet have EMR. RIQI has an IT committee working to identify a set of EMR products that might be recommended. A group purchase may be possible in the future, and RIQI would work with vendors to ensure interoperability. QPRI is sponsoring a HIT Fair in early March that will include facilitated demonstrations of EMR software.

On behalf of past and present PCPAC Chairs and members, Dr. Fine thanked Dr. Nolan for maintaining this committee and listening to the concerns of primary care providers over the last 10 years. Dr. Nolan plans to emphasize the value and importance of PCPAC as a way to connect with what is going on in the clinical practice community to the incoming Director of Health.

Dr. Nolan noted that the time for purchasing flu vaccine for the 2005-2006 season is fast approaching. A better, interactive flu vaccine distribution system is needed, but in the interim RI needs to encourage participation in the buying cooperative and increase uptake of FluMist. Intranasal vaccine has been a hard sell and Dr. Nolan feels the risks have been overstated. Thus far, promotion of FluMist has been targeted to health care workers, not the general public. It was suggested that health care workers be required to have the flu vaccine with FluMist used as appropriate. It may be effective to target teachers and day-care workers for flu vaccination, in addition to targeting school children.

NEXT PCPAC MEETING WEDNESDAY, FEBRUARY 16, 2005

Statewide Connectivity of Health Information Technology (HIT)

PCPAC Meeting Jan 19, 2005

Amy Zimmerman, MPH
Rhode Island Department of Health

AHRQ State Demonstration Project

- "Support statewide data sharing and interoperability activities aimed at improving the quality safety, efficiency and effectiveness of health care for patients and populations on a discrete state or regional level."
- 1 million dollars per year for five years

AHRQ Deliverables

- Identify core clinical data elements and core health care entities (data sharing partners)
- Convene a Technical Advisory Panel
- End of year one: 25 % data exchange (of core data elements between core health care entities
- End of year two: 50% data exchange
- End of year three: 100% data exchange
- Year 4 and 5 - data exchange beyond core data elements and core health care entities,
- Year 4 and 5- demonstrate measurable improvements as a result of data exchange and interoperability

Goal of State HIT Demo Project

- Create, implement and evaluate a Master Patient Index as the backbone of an interconnected information system putting the right information into the hands of clinicians and their patients when and where it is needed.

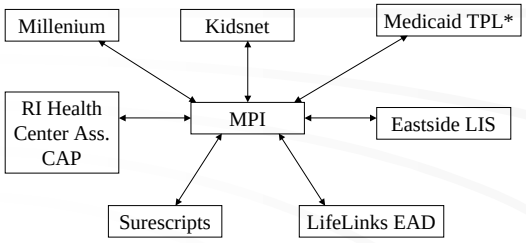
Master Patient Index

- Central demographic database
- Stores unique patient identifiers of data sharing partners
- Requires unique patient master "key"
- Requires unique provider identifier "key"
- Requires data sharing partners to have secure connection
- Could serves as single authentication portal to data sharing partners information

Approach

- Phase 1- MPI created and could serve as single portal to provide access to each data sharing partner's data
- Phase 2- Common interface developed so patient information presented in a unified,logical manner, add other data sharing partners
- Phase 3- include decision support , add other data sharing partners, develop warehouse for population health analysis

Initial Data Sharing Systems of the Master Patient Index (MPI)



* Initially, the Medicaid TPL system will participate in the MPI for evaluation purposes only.

Initial MPI Data Sharing Partners

- HEALTH's KIDSNET
- HEALTH's Millenium- clinical laboratory system
- Lifespan's Lifelinks
- SureScripts - electronic information exchange between physicians and pharmacies;
- Rhode Island Health Center Association's patient registry and data warehouse
- East Side Clinical Laboratory's web-based reporting system
- Medicaid's Third party Liability , TPL (evaluation only)

AHRQ Funding Supports:

- Designing and building of the MPI and its connectivity
- Provider input, awareness, & training,
- Consumer input awareness and enrollment
- Advisory Panel
- Intensive Evaluation
- Minimal Staffing at HEALTH

AHRQ Funding Does Not Support:

- Purchase of EHR's
- Cost to implement EHR's
- Modifications to data sharing partners systems to link to the MPI

5 Components of MPI Project

- Technical Assistance and Coordination and with other Health Information Technology (HIT) efforts within the state (RIQI)
- Technical design and development of the MPI (TBD);
- Health care provider engagement, training and participation (QPRI);
- Consumer education and engagement (Subcontractor TBD);
- Well-defined and rigorous evaluation (Brown University)

Technical Assistance And Coordination With Other Statewide HIT efforts .

Subcontractor-Rhode Island Quality Institute

- Administer The Advisory Panel (TAP)
- Assure strong coordination between MPI project with other state wide HIT efforts and RIQI committees

Technical design and development of the MPI;

Proposed subcontractor-TBD

- Identify clinical process needs (business needs/ high level requirements)
- Identify appropriate design (architecture) based on requirements
- Hire an IT Vendor
- Build and implement MPI

Health Care Provider Engagement, Training and Participation;

Subcontractor- Quality Partners of RI

- Seek provider input in design
- Train providers
- Assist with implementation, workflow redesign
- Assist with evaluation of provider use

Consumer Education and Engagement;

Proposed subcontractor-TBD

- Solicit vendor
- Literature review
- Consumer input- intercept interviews (willingness to enroll, type of technology for key, where/how to enroll)
- Partner with QPRI- provider input to enrollment
- Materials development and Marketing
- Obtain feedback, modify , evaluate

Evaluation

Subcontractor- Brown University

Qualitative:

- Technical development and connectivity
- Accuracy of patient identification (Matching)
- Provider Participation (with QPRI)
- Consumer Participation (with consumer vendor)

Quantative:

- Identify indicators, metrics and methods eg. Medical errors, ER admissions, adverse drug reactions, repeat diagnostics, administrative (less time looking for results)

Activities to Date:

Stakeholder Meetings: To identify needs for a system that will be useful, usable and used

- Informational meeting
- Needs Identification Workshop (2 meetings: mixed group, and care givers)
- Discussion re models for architecture

Feedback received:

Ease of Use:

- input , viewing, training,
- standards based,
- adaptable to workflow,
- accessible

Security/Privacy/confidentiality:

- authentication and access,
- multiple mechanisms for access access with different users in mind,
- proxy issues,
- accountability for accuracy

Feedback received:

System accessibility and reliability:

- variety of access modes,
- Flexibility: integrate with existing systems
- leverage web,
- neutral platform & technology,
- minimum access & response time,
- access if system goes down,
- able to customize defaults etc,
- certification of data sources,
- ? Patient direct access

Feedback received:

Data related needs:

- accurate, consistent, reliable,
- uniform data definitions,
- consistent/standardized presentation and reports but user specific (by medical specialty),
- standardized test reports,
- very close to real time availability,
- robust unique identifier,
- provide added value: labs, pharmacy, ER discharge summary and referral, other treating physicians (specialists),
- ability to self populate
- identify who submitted data, audit trails

Feedback received:

Organizational/Practice infrastructure:

- not duplicate data entry,
- links to billing/administrative systems,
- primary care focused,
- build on existing workflow and technical systems requirements,
- still support legacy systems,
- need to access information for print including previous information,
- technical support,
- affordable,
- incentives to use

Activities to Date:

Proposed Core Data Element Categories:

- Childhood Health: lead, newborn screening, newborn hearing, immunizations
- Laboratory: Clinical Lab tests
- Pharmacy: Prescription medications
- Utilization: Hospitalization, ER use, ambulatory use
- Allergies: medication only

Future Data enhancements: all allergies, other relevant clinical data such as HT, Wgt., BP, etc., adult immunizations

Next Steps:

- Finalize Governance Structure
- Develop Detailed Project Plan
- Begin obtain more detailed requirements
- Obtain consumer vendor- LOI
- Decide on architecture
- Develop Technical Solicitation

Contact Information

Amy Zimmerman, MPH
Rhode Island Department of Health
401-222-5942
amyz@doh.state.ri.us