

A Community-shared Clinical Abstract to Improve Care

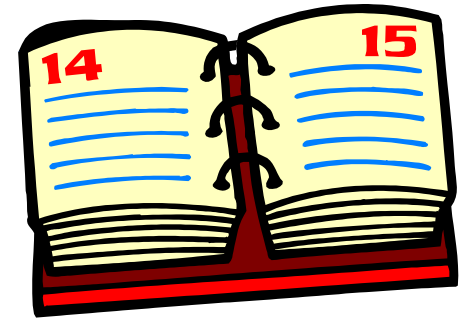


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Minnesota e-Health Summit

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Chronology



- Nov 03 The Agency for Healthcare Research and Quality's (AHRQ) HIT Program Invitation
- Apr 04 Our proposed plan to plan for HIT
- Oct 04 Executing our plan to plan
- Apr 05 Our proposed HIT implementation
- Jun 05 Pins, needles, and progress



What was AHRQ looking for?

- Transforming healthcare quality through information technology
 - Planning Grants (Nov 2003)
- Purpose
 - Assist healthcare systems & partners in planning for activities that will lead to successful implementation of health information technology (HIT)
 - Promote and improve patient safety & healthcare quality
- Objective
 - Support community-wide planning across multiple healthcare orgs within an area that will enable them to develop HIT infrastructure
 - HIT infrastructure should provide for effective exchange of health information within the community
 - Enable participants to compete for future funding for implementation activities

Clinical information gaps in the ED

- Gaps are frequent in the ED (32%)
 - Very important or essential 48%
 - Somewhat important 32%
 - Potentially helpful but not essential 20%
- Gaps are consequential
 - prolonged stay in the ED which can lead to patient dissatisfaction, overcrowding & diversion
 - increased costs; redundant testing & repeated MD assessments

Information gaps in primary care



- Clinicians reported:
 - Gaps in one of every 7 patient visits
 - Gaps likely to adversely affect care, delay care, or cause redundant services 60% of the time
 - In 45% of these visits, the clinician spent 5 or more minutes unsuccessfully searching for the missing information
- Gaps may affect 220 million patient visits per year



Our Response to AHRQ

- Focus: fill information gaps that occur at care transitions
 - Patients presenting to emergency departments
 - Patients with chronic illness
- How: compute a community-shared clinical record abstract in near real-time deliverable to the point of care
 - Some candidate elements for the abstract: problem list, recent visits & procedures, allergies & adverse reactions, current medications, recent vital signs, recent lab values, last EKG &/or chest x-ray conclusion, and immunizations
 - Use a federated model of contributing clinical databases
 - Leverage partners' use of a common EHR vendor
 - A well-conceived plan would be carefully executed over 12 months with a compelling implementation proposal being the end result of the planning phase

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A Planning Grant Submitted to

Agency for Healthcare Research & Quality (AHRQ)



Healthcare Partners:

Allina Hospitals & Clinics

Fairview Health Services

HealthPartners

Submitted on April 22, 2004



Office of the National Coordinator for HIT

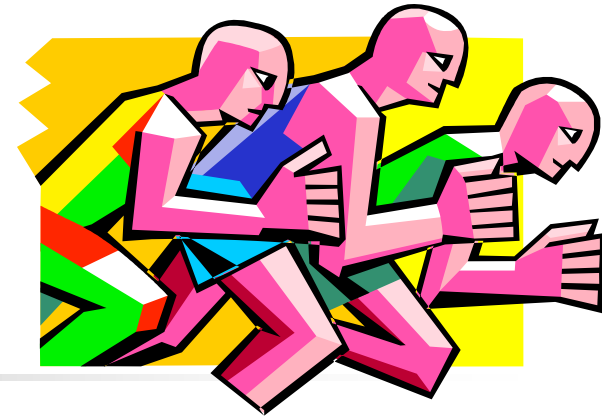
- 4/27/04 - Federal executive order established the Office of the National Coordinator for Health Information Technology (ONCHIT)
- David J. Brailer, MD, PhD named coordinator
- 7/21/04 – Framework for Strategic Action
 - Quest for EMR interoperability

The planning process begins



- Oct 04 Surprise #1 Planning Grant was awarded
- Nov 04 Surprise #2 Implementation Grant RFA announced with a due date of April 14, 2005
- Dec 04 Steering Committee refined focus: Identify shared high priority clinical improvement targets
 - Use HIE to fill information gaps at care transitions
 - Focus on patients with congestive heart failure
 - Support the associated medication reconciliation process

The planning process gets intense



- Jan-Mar 05 Accelerated Planning Team activities
 - Work groups activated:
 - Clinical & Operations
 - Technology & Infrastructure
 - Research and Measures
- Mar-Apr 05 Implementation proposal drafted
 - \$ for \$ cost sharing by health systems
 - Baseline with 2 HIE intervention levels
 - Thorough evaluation of the clinical abstract's effects
 - Demonstrate exchange with healthcare systems using other EHRs in Yr 3
- Apr 14, 2005 Proposal delivered to AHRQ



Planning activity continues

- Identify components of the clinical abstract
- Identify data availability & form in each health system
- Select research measures
- Integrate prescription claims information
- Complete technical strategy for interoperating with other Minnesota EHRs

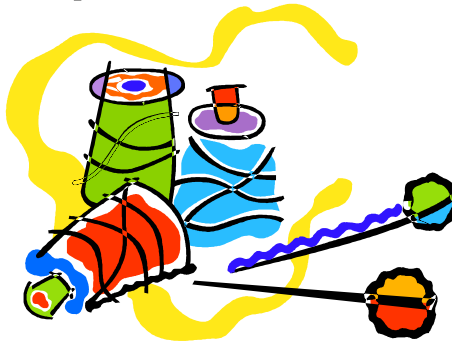
An ISSUE still pending



- Survive clinical summary standards duel
 - ASTM & Continuity of Care Record (CCR)
 - HL7's CDA & Care Record Summary (CRS)
 - HIMSS EHR Vendors Association supports
 - A single patient summary exchange standard
 - Use of document sharing standards
 - An extensible solution

Implementation begins?

- Oct 05 AHRQ implementation awards to be announced



- Now Contingency planning is underway



Counting on Minnesota e-Health's Success



- Expected effects of filling gaps via HIE
 - More informed clinical decisions
 - Reduced medical error
 - Improved care quality
 - Reduced duplicative tests and procedures
 - Improved service delivery efficiency
 - Improved patient convenience
 - Reduced healthcare information management labor costs
- If gap filling works, we need a MN RHIO

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