Engaging Community Leaders: Developing a Plan and Strategy for the MedsInfo-ED Project

A patient safety initiative to automate communication of medication history

Connecting Communities for Better Health Learning Forum

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WHO?

**Sponsors:**

**Alliance for Health Care Improvement:** Medical Directors of 5 local Health Plans
- Blue Cross Blue Shield of MA..........................2.6 million members
- Harvard Pilgrim Health Care............................790,000 members
- Tufts Health Plan...........................................747,000 members
- Fallon Community Health Plan..........................185,000 members
- Neighborhood Health Plan..............................120,000 members

**Pilot Hospitals:**
- Beth Israel Deaconess Medical Center............534 beds, teaching, level 1 trauma
- Boston Medical Center....................................547 beds, teaching, level 1 trauma
- Emerson Hospital.........................................170 beds, community

**Project Management:**
- MA Health Data Consortium, Inc.
- MA-SHARE, LLC

**Technical Consultants:**
- ZixCorp
- Computer Sciences Corporation (CSC)
WHY?

The GOALS

- Real-time clinical information for ALL patients to their treating providers: *what they need, when & where they need it to assure patient safety*

- A clinical application to comply with The Leapfrog Group/National Quality Forum Safety Practices... *information transfer, communication, safe medication use*

- Address JCAHO Patient Safety Goals: "*Improve the Effectiveness of Communication Among Caregivers*

- Collaborate with MA Coalition for the Prevention of Medical Errors- *Reconciling Medications project*
WHERE?

MedsInfo fits in Community-Wide Clinical Connectivity
Integrating MedsInfo into ED Workflow

1) Patient **Presents** at ED
2) Patient:
   - **Provides** demographic information
   - Discusses/provides **Notice and Agreement** to patient
3) ED Registrar, RN, or MD, inputs information to MedsInfo Solution, **initiates inquiry**
4) MedsInfo System **returns** Rx history
5) Clinician:
   - **Validates** patient identified by MedsInfo Solution
   - **Uses Rx Information** as appropriate in care of patient
6) Clinician **treats** patient accordingly and communicates as needed

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HOW?

Our approach identifies & accesses Data Sources:

Phase 1: Health Plans authorize access to dispensed (adjudicated) Medication History

Phase 2: Add Pharmacies & Hospitals as data sources
Confronting the “Brutal Facts…”
...but not lose faith

Privacy Officers agreed:

• HIPAA permits release of RX history to ED for treatment without consent, **BUT**
• Application design will include “Yes/No” to capture patient notification of query capability and opportunity to participate or not
• Pilot will screen-out “sensitive” classes of medications for treatment of HIV/AIDS, Mental Health, Substance Abuse for Mass. Law compliance
• Reviewing acceptable community practice to eventually release all Rx history

Security Officers agreed:

• Access – unique individual user level sign-on with password
• Audit– requires capture of user & patient level data, no clinical PHI
• Demographic PHI maintained in MPI, must be secured, protected, contractually defined
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Timeline

MedsInfo Launch = Summer 2004- After 12 month for team building, strategy & legal

After 3 to 6 months of Pilot  = MedsInfo Evaluation Study

- Clinicians’ perceptions of clinical utility
  - Reduction in errors
  - Quality of care
  - Workflow efficiency
- Clinicians’ suggestions for enhancements
- System use
- Technology assessment
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“Faster, Cheaper, Simpler” Strategy

MA-SHARE will develop services/technologies common to the success of most clinical connectivity initiatives... a community utility service

- Match patients to available clinical data sources...Master Patient Index
- Identify & contract for distribution of clinical data streams
- Develop community standards for privacy and security
Our Passion:

- Convene competitors
- Reduce administrative waste
- Help consumers navigate the system
- Useful information resources
- Standardize Info Infrastructure

We can be BEST at:
Offering community utility services without competitors

Our economic engine:
Revenue per subscriber/member

MA-SHARE
A community-wide clinical data exchange

* "Good to Great" Jim Collins, University of Colorado, Graduate School of Business, 2001
“Some said we would implement Regional Community Connectivity...*when pigs fly*"