EXECUTIVE SUMMARY

On Nov. 18 – 20, 2008, nearly 80 health care providers and information technology (IT) experts gathered in Rochester, Minn., to explore interoperable health information technology (HIT) solutions that will help improve the quality, safety and efficiency of health care. The goal of the gathering was to identify HIT solutions, through a consensus process, that could quickly overcome existing barriers to patient-centered health care delivery.

Barriers to patient-centered interoperability

The provider group met first to discuss potential HIT solutions that would create value and support coordinated care. Moderator Simon Cohn, Associate Executive Director of Permanente Federation, Kaiser Permanente, said that participants must work together to identify interoperable HIT that would benefit the business of health care. “At the end of the day, a return on investment (ROI) is going to be critical part of our conversation,” he noted.

Linda Dillman, Executive Vice President, Wal-Mart, Inc.; Timothy O’Connor, Chief Financial Officer, Lahey Clinic; and Ghita Worcester, Vice President of Public Affairs and Development, UCare Minnesota, presented their individual views on barriers to patient-centered health care – a couple of examples are: lack of easy access to data and aggregated patient information and lack of support for shared, informed patient decision making. In addition, several attendees observed that there is a need to develop a widely accepted definition of value.

HIT Solutions

Participants began to brainstorm a list of HIT solutions that can overcome the previously identified barriers and suggested several ideas: personal health records, coordination of patient provided information – forms that are given to patients prior to an appointment – medication reconciliation and safety. The group spent the majority of the rest of the day discussing and prioritizing these pods of activity. Overall, providers thought that all of these topics were important, but two areas consistently received the most attention:

- Interoperable core medical information would give providers the ability to access timely, relevant, easy-to-use electronic patient information that is comparable and consistent among different systems.
- A universal patient identifier would enable providers and hospitals to electronically share patient, clinical and administrative records more efficiently.
Recommendation 1: Core Medical Information

Provide standardized, interoperable core medical information (for example, medications, allergies, problem list or reasons for a visit) for communication among electronic medical records (EMRs), patient health records (PHRs) and medical devices. Providers discussed the challenges associated with trying to implement standards and interoperability independently.

Providers proposed three areas of focus related to core medical information:

- Develop common and consistent vocabulary.
- Develop standardized network-to-network interoperability using the National Health Information Network (NHIN) proposed by the U.S. government.
- Further reduce medical errors and improve patient safety with standardized medication reconciliation.

Recommendation 2: Universal Patient Identifier

Create a standard patient identifier that will allow care providers to identify a patient correctly and to electronically access patient health records. Providers discussed situations where patients are misidentified; for example, one patient has two medical records, or two patients unknowingly share one record. Attendees commented on the need for a universal patient identifier that is consistent and accurate. This identifier could be required or voluntary.

Sharing Results with IT Partners

The results from the provider group session were shared with the IT attendees. Timothy O’Connor, Lahey Clinic, provided a recap of the providers’ discussion, highlighting that business processes, payment systems and IT systems are not aligned with the health care model. IT partners had an opportunity to react and comment on the provider recommendations. Discussion included identifying a successful, standard IT solution.

The provider groups asked IT representatives to work collaboratively with other IT vendors, providers, payers and insurers to adopt basic standards that will allow each entity to collect, move, store and share information within its organization and with others. Chris Chute, M.D., Mayo Clinic, remarked that this would be a well-defined package of standards that allows interoperability of information about allergies, medications, and diagnoses. “I think to achieve many of the goals that have been articulated – efficiency, coordination, vendor and multi-vendor support, we need the Continuity of Care Document (CCD)” he said. The CCD is able to “do what we want to do to coordinate care, to improve care, to take out waste, to understand what’s going on, to have the information that comes to us have a return on investment.”

One expert noted Wal-Mart’s success with radio-frequency identification (RFID). “RFID was an example of a vendor requirement, or Wal-Mart wouldn’t do business with you,” he said “We really need to see that kind of mandate come from the customer base, or we (IT) will continue to go in our different directions.”

Coalition Formed

At the conclusion of the meeting, providers and IT partners agreed to form a coalition to advance the two priority recommendations. Additional programs — videoconference meetings or summits — will define its governance. IT representatives offered to begin work on a formal report that will demonstrate the value of core medical information and a universal patient identifier.

Additional comments about not wasting time in endless committee debates, expanding the provider attendee group to include providers that were not in attendance, establishing a timeline to work against and challenging the IT partners to not compete with each other were also shared. Another IT expert said, “Let’s take our egos out and our competitive nature and establish some higher ground – to come together around the seven of you (providers) and work with you to implement what we’re talking about.”