Patient Centered Health Information Technology Advisory Group 01

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Bethesda, MD

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Welcome

Advisory Group

- **Michael S. Barr, MD, MBA, FACP**, American College of Physicians
- **Patricia Flatley Brennan, RN, PhD**, University of Wisconsin-Madison
- **Susannah Fox**, Pew Internet & American Life Project
- **Deven McGraw**, National Partnership for Women & Families
- **Charles Milligan, Jr.**, Center for Health Program Development & Management, University of Maryland, Baltimore County

Project Staff and Partners

- **Veenu Aulakh, MPH**, California HealthCare Foundation
- **Rachel Block**, United Hospital Fund
- **Ted Eytan, MD MS MPH**, Group Health Cooperative (also serving as Senior Visiting Fellow, Center for Information Therapy)
- **Joshua Seidman, PhD**, Center for Information Therapy

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Advisory Group

- Add perspectives not available from the sample
- Integration with leading edge initiatives
- Mentorship
- Appropriate input to guide the process

Agenda

- Welcome

- PCHIT Plan-Do-Check-Act

- Lunch

- Perspectives

- Bringing It all Together
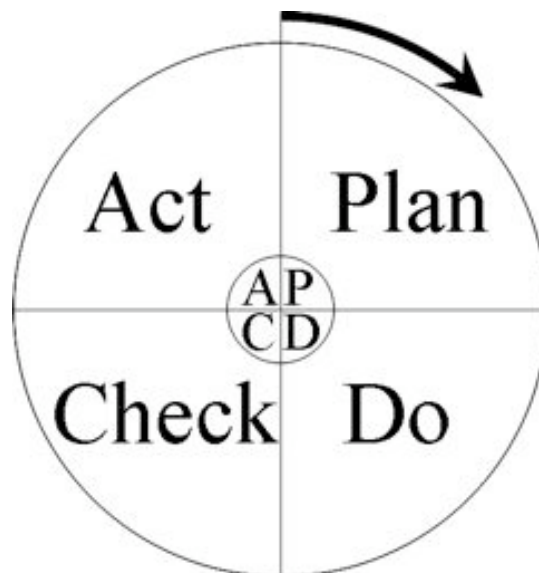
Organizing Principles for This Experience

- Diverse Communities and Organizations

- Application of Toyota Management System

- Time in the Exam Room instead of the Board Room

- A True Intervention

- Focus on Consumer/Patient Empowerment

Format: PDCA

- PLAN
  - Establish the objectives and processes necessary to deliver results in accordance with the specifications.
- DO
  - Implement the processes.
- CHECK
  - Monitor and evaluate the processes and results against objectives and Specifications and report the outcome.
- ACT
  - Apply actions to the outcome for necessary improvement. This means reviewing all steps (Plan, Do, Check, Act) and modifying the process to improve it before its next implementation.

Plan • Do • Check • Act   PLAN

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Plan • Do • Check • Act | PLAN

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Plan • Do • Check • Act   PLAN

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« New Pew Data on How People with Special Needs Use the Internet

Information Maze vs. Information Therapy »

Small Practice, big ideas

I spent my last day in New York shadowing in one of Institute for Family Health's smallest practices - two physicians and a nurse practitioner. Like the other practices in the system, this one is busy, taking scheduled patients and walk-ins. And like the others, it is fully enabled using an electronic health record. Pictures are below. Click on any to see full size.

I saw the art of family medicine here, which is that regardless of the time pressures always faced in medicine, physicians are able to focus and be there for their patients. The physician I saw practice on this day had a really nice rapport with her patients and I noticed was able to connect with them on topics important to them outside of health care - trips they might be taking, or significant family issues. This is always great to see in the context of an electronically enabled practice - doctors can still be doctors. The other significant thing for me was the kindness of the patients in their willingness to let me learn about their relationship with their doctor by watching the interaction. The several that I observed were welcoming after an informed consent was obtained by their physician.

Also, a new best practice for me (I think) - sitting while shadowing. I have traditionally stood in a corner to be as unobtrusive as possible, but it was brought to my attention that my height may be a little imposing in the exam room. I liked it - more at the level of the patient, and more blended in. With great thanks to the 13th street practice.

What about the PHR? I was informed that this practice is diligent about sending patients results and other important health information, which made me think about the value of a personal health record here. What if patients could retrieve their own information, accompanied by information about each test automatically (Information Therapy)? It was important for me to come visit and see that reality for this practice. I think there could be win here in physicians empowering patients to become informed about their own care on their own time. One issue this system will face is in their use of external ancillaries, such as lab and radiology. The PHR may force the issue of establishing a solid interface to both, and this is a good thing - the patients will expect their data to be available to them and to their provider. Everyone wins.

Later in the day, I met with Karen Nelson, MD, MPH, the CEO of Unite HERE Health Center. The facility is beautiful and modern (see pictures below), and also fully electronic, using the General Electric Centricity Product.

October 2007
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Recent Comments

"I think in the era of the electronic health record..." (Ted Eytan on Small Practice, big ideas)

"Ted, You make the good point that working with the computer..." (Josh Seidman on Small Practice, big ideas)

"I agree that this study lays out the rationale for..." (Ted Eytan, MD on New Pew Data on How People with Special Needs Use the Internet)

"Definitely, Josh. Stay tuned... " (Ted Eytan, MD on Institute for Family Health, New York)

"Ted, Thanks for giving such a good sense of the practice--I..." (josh on Institute for Family Health, New York)

Recent links
- Major U.S. payers support Patient-Centered Primary Care Collaborative
- Picking up steam - a way to support these activities in every day practice

2007 IS THE YEAR WE GET THINGS DONE! -PCIP TEAM

HEALTH CENTER

Plan • Do • Check • Act | DO

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Plan • Do • Check • Act   CHECK

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- Boston, MA, Site #2
  - Partners Healthcare
  - Harvard Vanguard Medical Associates / Atrius Health
  - East Boston Neighborhood Health Center
  - Cambridge Health Alliance
- California, Site #3
  - John Muir Health System
- "Longitudinal" Sites
  - DCPCA
  - Baltimore

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Plan • Do • Check • Act | ACT

- Communication
  - What questions need to be asked?
  - How should the answers be delivered?
- Policy
  - What organizations should we participate with?
- Strategy
  - Individualized intervention plan for each community
    - e.g. Ix in NYC

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LUNCH

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