January 28, 2003

Presentation to NCVHS's National Health Information Infrastructure (NHII) Workgroup

Patients

Physicians

Hospitals

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Panel 5:

Linking individuals to their personal health information.

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PSI: What and How

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A national collaborative of leading physician, hospital and consumer advocates working together in a private sector, non-profit initiative to reduce patient adverse events through the creation of a secure, inclusive and "trusted" communications network.

This national non-profit collaborative network will provide real time access to critical information (diagnoses, meds, labs, allergies and immunizations) at the point of care or decision.

The capital of PSI is not IT intellectual capital or infrastructure, it is credibility. The only way private, inexpensive and secure intra- and inter-community communication of critical healthcare information can become a reality is through the credibility of a "trusted" relationship among all constituencies.

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PSI Principles

- Participation must be equitably open to all individuals and organizations that materially affect patient health and safety.
- Deliberations must be conducted, and decisions made, by bodies and methods that reasonably represent all such parties, controlled or dominated by none.
- Individually identified data must remain the property of that individual and must not be disclosed or disseminated to others without that individual's consent.
- All participation shall be voluntary with the right to withdraw.
- Any data accessed for the development of improved health or patient safety must be de-identified and remain under the control of PSI.
- PSI operation will only be funded by those means which do not compromise the above principles.
- PSI will be designed and will function to enable and enhance community-based collaboration for improved health and patient safety.

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PSI Goals

- Improve healthcare quality
- Reduce medical errors
- Lower the cost of health care
- Strengthen the privacy and security of patients, physicians, and hospitals
- Enhance the patient-physician and hospital-physician-patient relationships

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PSI Governance

- The Board of Directors includes nine representatives drawn equally from national leaders in the patient, physician and hospital communities. This composition ensures the safety and security needs of each group are being met as PSI delivers its solution to the marketplace.
  - Chair and President: Dr. Jack Lewin, CEO of the California Medical Association
  - Vice Chair: Don Black, President of the Child Health Corporation of America
  - Secretary/Treasurer: Dr. Jane Delgado, President and CEO of the National Alliance for Hispanic Health
  - Twila Brase, RN, PHN, President of Citizens' Council on Health Care
  - Dr. Richard F. Corlin, past President, American Medical Association
  - Sister Karin DuFault, Board Chair, Providence Health System, Trustee of CHA
  - Linda Golodner, President of the National Consumers League
  - Dr. William Jessee, President of the Medical Group Management Association
  - Dr. Daniel H. Winship, CEO of University of Missouri Health Care
  - The Board is advised by Dee Hock, Founder and CEO Emeritus of VISA
- Advisory Groups
  - Core Founding Partners
  - Representatives from participating hospitals, physician clinics and other providers

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PSI – Technical Overview

Patient Physician

Hosp./Clinic A

1 Physician requests information using a PDA or Browser. The request is transmitted to the PSI Hub

2 The PSI Hub sends a request/response message to retrieve the local "Basic Safety Data," or "BSD"

Community Labs

PSI Hub

Hosp./Clinic B

3 The PSI Hub gathers and formats the BSD. The BSD is then transmitted to the requestor, formatted to the appropriate device footprint

Community Pharmacies

Pharmacist

Patient

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PSI MPI Approach

- Industry leading technology
  - SeeBeyond e*Index (built on Vality matching engine)
    - Widely deployed - used at leading facilities, such as UCLA
    - Flexible rule base with programmable weights & thresholds
- Industry adopted demographic fields
  - Organizations such as Regenstrief have experienced 8 years without a single false-positive
- Rules adopted to geographic anomalies
- Bias toward false negatives (specificity)
  - Prevent false-positives (incorrect match)

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PSI National/State Approach

*** All uses subject to PSI Principles. ***

Connectivity to Federal Users under discussion.

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Immunizations (Optional)

State Registries

National Meds & Allergies | PBMs & Pharmacies

Insurers | National Diagnosis Meds & Immunizations

National Labs | Lab Co's

Patient Portals | National Patient Verification & Supplemental Data

PSI National Hub*

Physician Portals, ASPs and large clinics (w/ Patient Permission) | Physician Integrators

Physician Integrators | Physician portals, ASPs and large clinics (w/ Patient Permission)

WIC
Community Health Centers
Workers' Compensation
State-Funded Indigent Care
Medicaid, SCHIP
Food Stamps
Head Start
EMS
Correction Facilities
Etc.

State Programs

State A Model

PSI Core with State Specific Functionality

PSI Core with State Specific Functionality

State B Model

State Programs

WIC
Community Health Centers
Workers' Compensation
State-Funded Indigent Care
Medicaid, SCHIP
Food Stamps
Head Start
EMS
Correction Facilities
Etc.

Individual Physicians

Via State Designee (State Medical Society or Licensing Board) -- w/ Patient Permission--

Individual Physicians

Via State Designee (State Medical Society or Licensing Board) -- w/ Patient Permission--

State Public Policy & Academic Research

De-identified Data (w/ Patient Permission)

State Public Policy & Academic Research

De-identified Data (w/ Patient Permission)

Hospitals & Other Providers

Basic Safety Data (w/ Patient Permission)

Hospitals & Other Providers

Basic Safety Data (w/ Patient Permission)

* w/Patient Permission

Thank You

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QUESTIONS?