

Exploring Future Potential: Data Integration between Public Health and Health Care

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*Maine Center for Disease
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*An Office of the
Department of Health and Human Services*

John E. Baldacci, Governor

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HealthInfoNet Demonstration Project Participants

Total Providers Statewide:

2,070 including 15 hospitals & more than one third of the practicing physicians in state

Participating Rural & Urban Hospitals (15)

- Aroostook Medical Center, Presque Isle**
- Blue Hill Memorial Hospital, Blue Hill**
- Bridgton Hospital, Bridgton*
- Central Maine Medical Center, Lewiston*
- Charles A. Dean Hospital, Greenville**
- Eastern Maine Medical Center, Bangor**
- Franklin Memorial Hospital, Farmington (independent hospital)
- Inland Hospital, Waterville**
- MaineGeneral Medical Centers, Augusta and Waterville***
- Maine Medical Center, Portland****
- Miles Memorial Hospital, Damariscotta****
- Rumford Hospital, Rumford*
- Sebecook Valley Hospital, Pittsfield**
- Stephens Memorial Hospital, Norway****
- St. Andrews Hospital, Boothbay Harbor****

Martin's Point Sites

- Bangor
- Brunswick
- Portland

<http://www.hinfonyet.org/>

This is a list of seven organizations which also include some of their affiliated hospitals and physician practices. These organizations will participate in HealthInfoNet's 24-month demonstration project.

■ **A. Four Major Health Delivery Systems & Affiliates**

Central Maine Healthcare, Lewiston*

EMHS, Brewer**

MaineGeneral Medical Centers, Augusta and
Waterville***

MaineHealth, Portland****

■ **B. One Independent, Multi-Site Primary Care Physician Practice**

Martin's Point Health Care

■ **C. One Rural Hospital**

Franklin Memorial Hospital, Farmington

■ **D. Maine CDC**

HealthInfoNet Twenty-Four Month Demonstration Phase Technical Plan Overview

Data Set:

The HealthInfoNet Demonstration Phase solution supports the storage of the subset of ASTM Continuity of Care Record (CCR) standard data set. The data to be included in the Demonstration Phase are as follows:

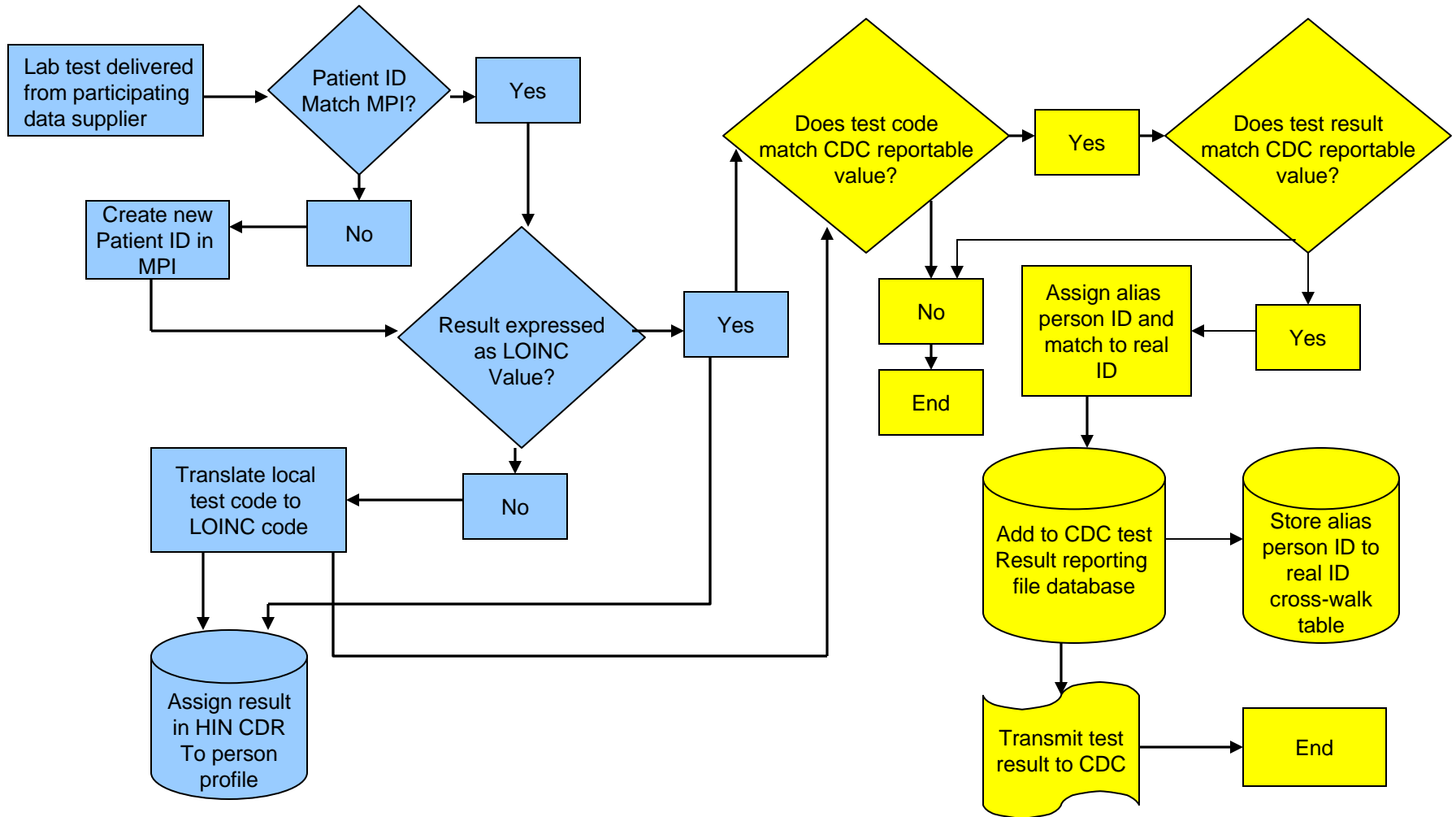
- Registration/Encounter
 - Data required for support accurate person such as name, gender, DOB, home address, telephone number, etc.
- Conditions, Diagnoses, or Problems (coded as ICD-9 and/or CPT)
- Allergies
 - Adverse Reactions/Allergies
- Prescription Medications (using National Drug Codes)
 - Medications
- Lab/Microbiology
 - Laboratory Results
- Text Report Types
 - Dictated/transcribed documents (including clinical imaging reports)



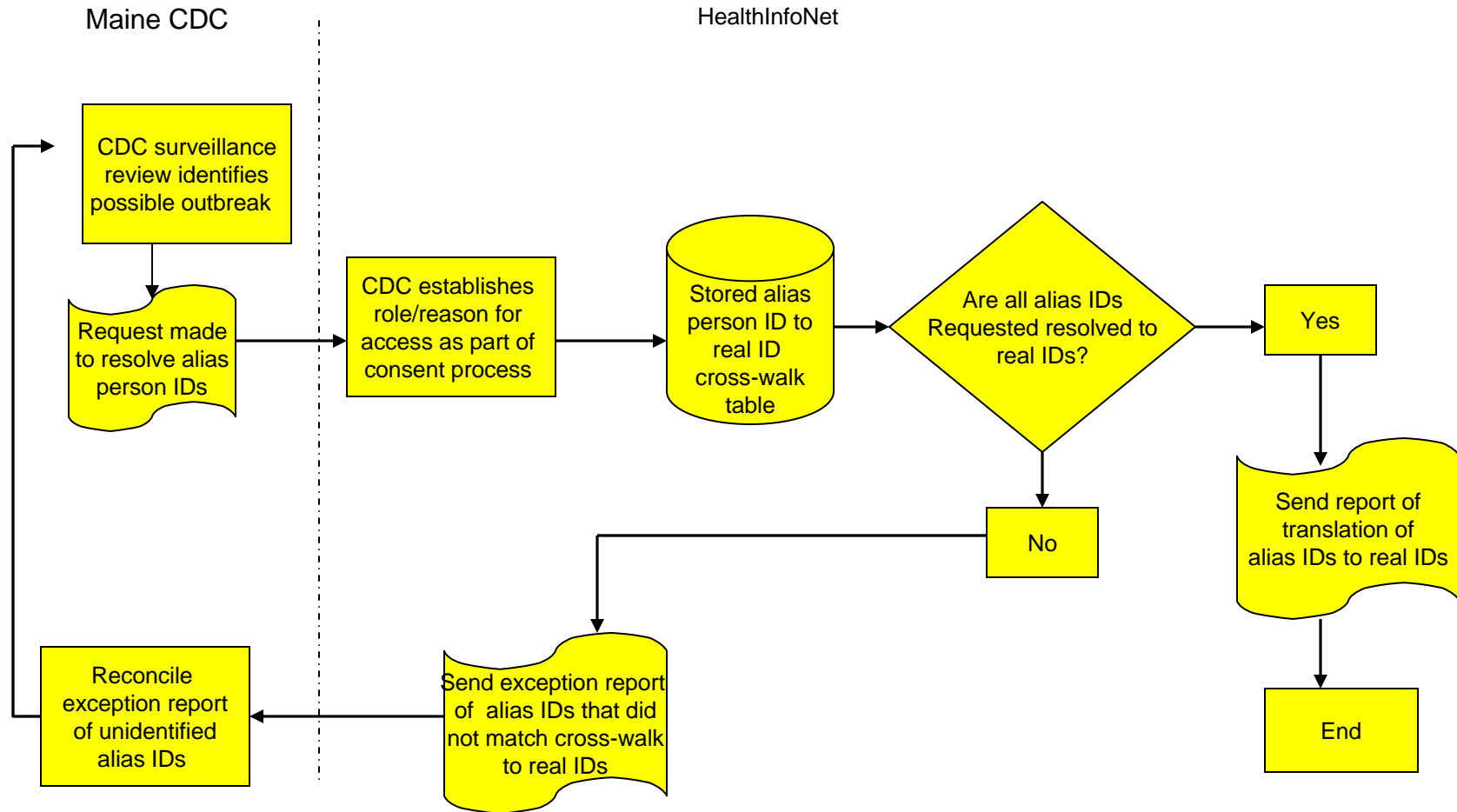
HealthInfoNet Use Case Specifications For Connection to Maine CDC

Developed with funding from the RWJF/PHII InfoLinks
Program

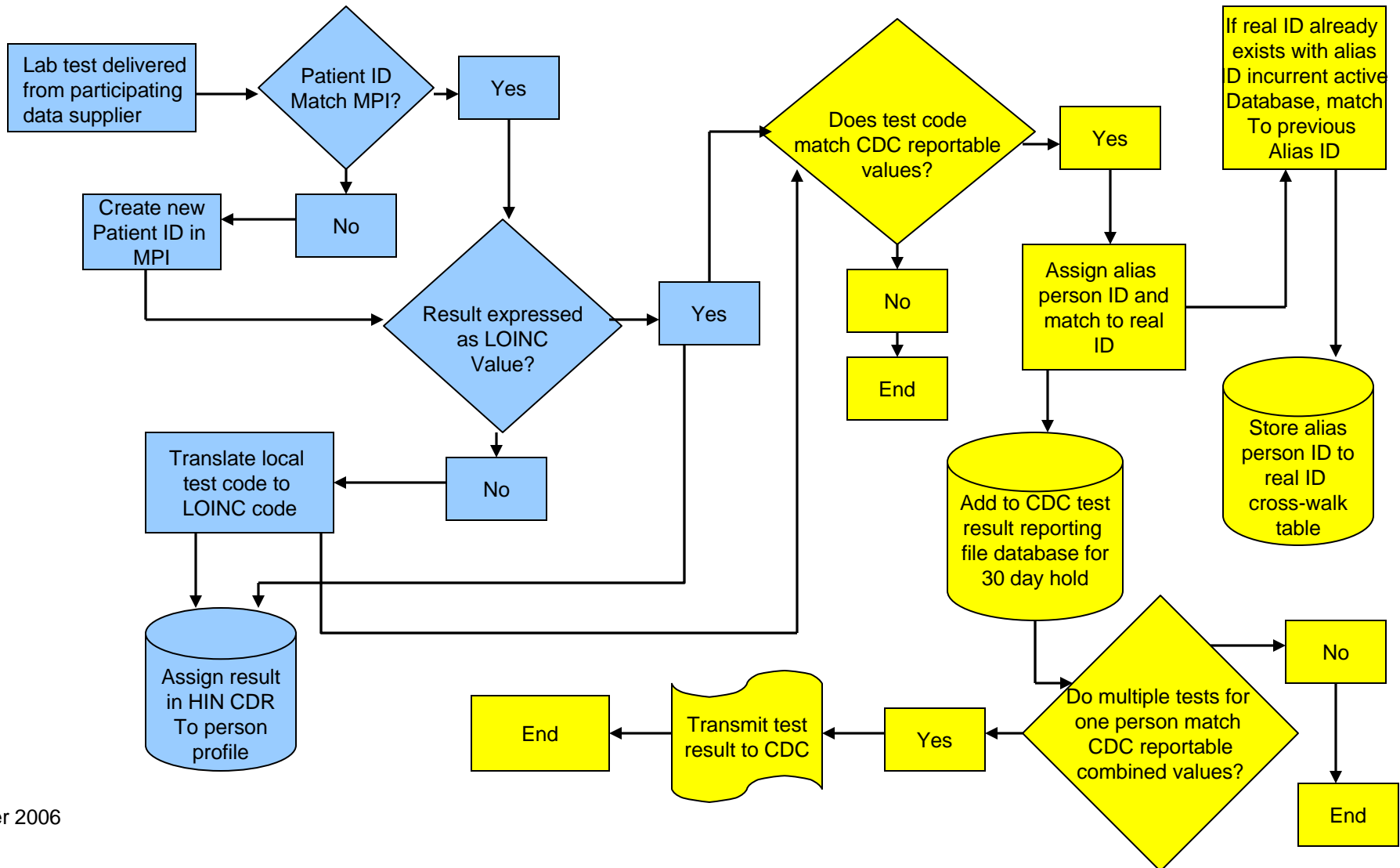
CDC Interface Use Case #1- Surveillance Result Reporting



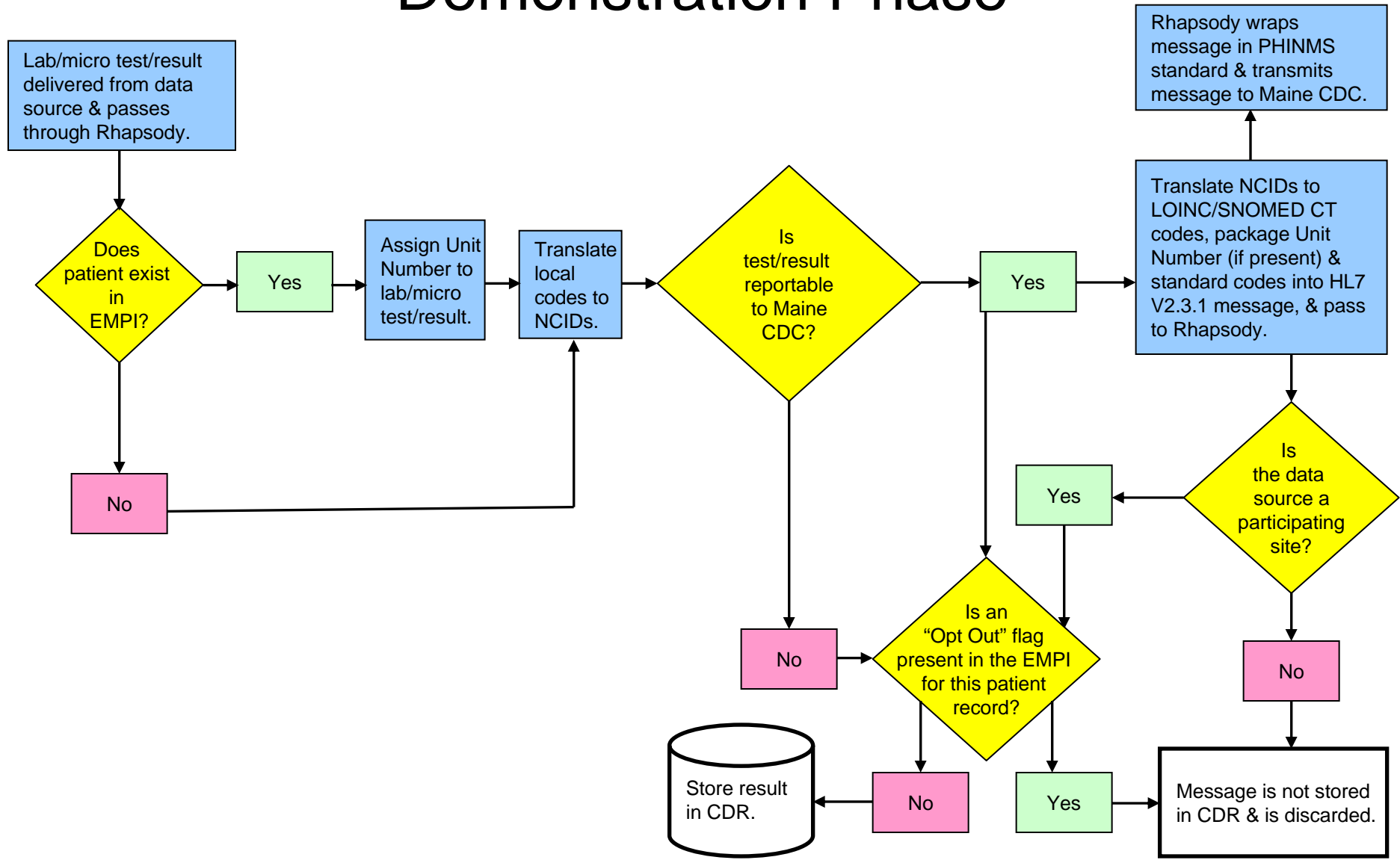
CDC Interface Use Case #2- “Break The Glass” ID Reconciliation



CDC Interface Use Case #3- Multivariate Surveillance Result Reporting



Maine CDC Interface Use Case Demonstration Phase



The proposed approach will deliver the Demonstration Phase solutions in to production use in two releases over the first twelve months as follows:

- Release 1, featuring:
 - Patient Identifier and Demographics
 - Encounter History
 - Laboratory Results
 - Radiology Reports
 - Patient Consent Management

- Release 2, featuring :
 - Adverse Reactions/Allergies
 - Medication History
 - Diagnosis/Conditions/Problems
 - Dictated/Transcribed Documents
 - Parameter-based Launch

Bi-Directional Benefit

- Expansion of public health use case for medical home analyses?
 - Syndromic Surveillance beyond Bioterrorism
 - Medical Home algorithm
 - Maternal and Child Health
- Population of Medical Care Data Systems with Public Health Data Elements?
 - Immunization
 - Bright Futures Forms
 - Obesity
 - Asthma control
 - Diabetes control
 - Blood lead testing
 - Injury prevention/control
 - Early child screening
 - WIC Utilization
 - ???

Challenges & Considerations

- Standardized messaging is complex
 - Sending and receiving system capacity
 - Evolving and undetermined formats
- Statutes and Policies
 - Restricted use and access to data elements
 - Privacy and Confidentiality Issues
 - Patient Opt-out options
- Business Process Re-engineering
 - Ease of use
 - Clinical flow considerations
 - Data access considerations

Thanks

RWJF/PHII and Federal Funding

HIN & MCDC investment

ME public and private collaborations:

MCPH, MHIC, workgroups and committees

Danielle Hall presentation prep



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