



Spokane County MEDICAL SOCIETY

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MEDICAL INFORMATICS COMMITTEE MEETING MINUTES

April 2, 2009

The SCMS Medical Informatics Committee met at 6:45 am on April 2, 2009 in Room 268 at the Deaconess Health and Education Center. Those present included Gordon Decker, Sam Palpant, Glen Stream, Sonny Varadan, Daniel Engle, Bev Roberts, Mike McDaniels and Jac Davies. George McAlister was staff.

1. Introduction of New Chairman

Dr. Stefan Humphries experienced an unfortunate accident and was unable to attend. Jac Davies kindly agreed to serve as acting Chair for this meeting.

2. New Mission and Vision Statement for the Committee

Deferred for a future meeting

3. Update on Google Project: Jac Davies

Inland Northwest Health Services (INHS), working with Rockwood Clinic, Physicians Clinic and the Heart Clinic, has initiated a soft launch of a pilot project to test the feasibility of a consumer managed online health record bank. Jac Davies demonstrated Google Health, which is the patient-managed health information structure for this project. The data source accessible to participating patients in Google Health, called 1HealthRecord, collects electronic health data records from the three participating clinics in two areas: medications and allergies. Authorized users can link their Google Health account profile to 1HealthRecord, and receive regular data updates. Patient prescriptions are shown alphabetically in the user account, with details on dosage, number of refills, etc. Google has a basic drug interaction functionality and user-entered notes on prescriptions are also permitted. As INHS will be providing feedback to Google on the project, it was recommended that Google Health have the future capability to “show active meds only,” as the value to physicians at office visits is greatly diminished if “inactive” drugs are present in the medication list. The unique Centricity number issued by each participating clinic will become the patient’s PIN number. To have their data transferred to Google Health, participants will sign a letter of interest/release form, receive a PIN, and then register at Google Health with their name, address, birth date and last 4 digits of their SSN. This information is then transmitted to the clinic for authorization. Once approved, data is then automatically sent to the patient’s personal Google Health record. The “soft” launch has enable INHS to discover and resolve unforeseen issues (such as non-standard, non-recognizable character entries by physicians in the patient record), which might prove useful in future approaches to EMR to EMR exchanges. It is also given clinics time to include the registration process in their current office workflow.

4. Stimulus Package Potential

One possibility for continuing the Health Record Bank project is thru stimulus funding. Project funds are only available through June, with project commitment to the end of 2009. It’s expected that stimulus requests for proposals (RFP) may arrive sometime in May. The committee was asked for recommendations that might be appropriate for stimulus funds. It was suggested that we may want to establish a special subcommittee to address possible ideas and to make recommendations (since the Informatics Committee does not meet during the summer months).

5. Discussion on Health Information Exchange Options

Dr. Palpant felt that a top priority was for our community EMR to have access to meaningful data exchange. Washington State does not have a state sponsored information exchange and the impression is that state decision makers are floundering over this issue and what to do with health allocated stimulus funds. Perhaps this is an opportunity to recommend an EMPI and health information exchange solution.

6. SCMS Role in EMR/Health Info Exchange

It was suggested that the committee work on two areas:

- a. Adopting a central health information exchange for our community.

- b. Adopting a specific product that will promote health information exchange. The GE Centricity EMR Lite system might prove a good foundation for a centralized system. For example, EMR Lite's medication list and problems list modules could be made available at minimum or no cost by GE to the community. Adopters could pay for more advanced capabilities at reasonable cost.

It was suggested that Glen Stream write a letter to GE for review at our next committee meeting. The letter would recommend to GE that EMR Lite be made available to the community at little or no charge with additional modules made available to adopters through a deferred payment mechanism. The letter would also recommend that the proposed data exchange service be able to communicate with the four existing EMR services currently operating in our community.

There being no further business, the meeting was adjourned.

Respectfully submitted by the individual whose name appears below:

Jac Davies, Acting Chair