Q&A Session for a National Web Conference on the Impact of Implementing Novel Health IT Interventions for Cancer Screening, Diabetes, and Childhood Illnesses

Date: Thursday, July 31, 2014

Q: Did all of the patients in the mammography study have insurance?

Steven Atlas:

A: At the time of that study, not all patients had insurance. For those who didn't, the hospital offered free care services so that eligible women could undergo a mammogram. Currently in MA, approximately 96% of the population has insurance.

Q: Sorry for the earlier question, I know the answer is yes because the study took place in Mass.

Steven Atlas:

A: I should clarify. The first study took place soon after health reform was implemented in MA. Free care was still available during that study, but not during the TopCare study.

Q: How open source is your EHR system? What tools are available to create links or interfaces to various information gathering systems?

David Bragg:

A: Our EHR's are not really open source. We use proprietary vendors, Allscripts (Eclipsys) in the acute setting, and GE's CEMR 9.8 in the ambulatory setting for the employed physicians. We utilize basic available standards for interoperability, but customize a number of items to fit our needs. For example- we use standardized CCD and CCD-A protocols, but have customized (Baylorized) our version of the documents that help us communicate as precisely as possible.

Q: Can an individual patient access the information and download information for their personal use along with other measurement systems they use personally for health maintenance/improvement such as excel, health vault, Withings Health mate etc.?

David Bragg:

A: Yes, a patient can access their information for their personal use. Currently, patients also have the ability to view, download and transmit CCD's from their Personal Health Record. We initially developed our own patient portal that allowed patients to access their information; we have most recently converted our patient portal to Follow My Health (Formerly Jardogs). This supplants the need and/or use for other products such as Microsoft HealthVault.

Q: Letter to patient states "due for colon screening every 10 years" then asks if you are due - take some action. Most patients don't know when the testing was done or if it was done. Therefore they don't have the information they need to take the appropriate action.

Steven Atlas:

A: If the patient was overdue and had a prior study in our system (ex. a colonoscopy 11 years ago), the letter included the date of the prior test. If there was no documentation, this is what you refer to. Many patients could provide at least a study year.

Q: Health Plans, Pharmacy Benefit Managers, Disease Management Vendors and others have Care Gap identification and reminder programs. Did your studies control for members who may have gotten reminders from other sources?

Steven Atlas

A: You are absolutely correct. Insurers may target some of their members. There is redundancy in population health activities in such uncoordinated care outreach efforts.

Q: How did Laboratory Information Systems (LISs) play into your strategy? Did most of the necessary diagnostic data come from the LIS across an interface to the EHR?

David Bragg:

A: LIS has been integral to our interoperability strategy. We have created LIS interfaces using Cloverleaf to disperse lab information via the physician portal as well as the HIE. Yes, much of the diagnostic data has come from the LIS via interfaces with our core EHR's. We do not have interfaces with every lab, however, as there are several small lab systems that comprise < 5% of our total lab data. We made a business decision that we could not justify the cost for the interfaces for these small vendors. Part of our strategy going forward is to assure that our contracts utilize LIS that are already interfaced with our Interface Engine.

Q: Regarding the telemedicine model: who administers the medication, is it stocked in child care centers, etc. and were there any legal issues that you over came in administering the medication to children at a child care center?

Kenneth McConnochie:

A: Similar to procedures in schools in New York State, medication can be administered by child care staff if approved by parent and physician or nurse practitioner. Electronic media is used to confirm this approval. For children seen via telemedicine, prescribed medications have often been delivered by a pharmacy. For children "cleared" by the telemedicine provider to remain on site, staff administer the delivered medication. For children not "cleared", the prescribed medication is often delivered to child care in time for the parent to pick up the medication at the same time that they pick up their child.

Q: Do you see any application of the telehealth evaluation model for those of us trying to deliver diabetes care in remote frontier areas???

Kenneth McConnochie:

A: I envision a broad range of applications in care of people with diabetes, in both remote and in urban areas. As suggested by the figure displayed towards the end of my presentation (Value and the Continuums of Information Requirements and Capacity), I think it's useful to think about precisely what information should be exchanged. This often includes information with both affective and concrete content.

The former (affective info exchange) is essential for motivational counselling. Motivational counselling, of course, is often valuable in promoting adherence to management recommendations, especially those likely to feel burdensome (such as those recommended for folks with diabetes). "Telemedicine light" (videoconference) best meets the requirements for motivational counselling because it captures not just voice but also appearance, facial expression and body language. Participants can engage and "read" one another much better than with voice-only or text communication.

The latter (concrete info exchange) likewise can be accomplished across distance. Logs containing values for blood and urine sugar and for HgA1C can easily be exchanged within the body of an email or as an email attachment. Travel for retinal imaging to evaluate for diabetic retinopathy might require a drive to a local community hospital, although a smart phone attachment may soon be available from a company called CellScope. Retinal images, in turn, can be sent anywhere on earth for reading by an ophthalmologist with the appropriate credentials. Capacity for acquisition and exchange of these elements of concrete information might be considered part of a more information-abundant care model (Level 3 in the figure).

Keep in mind that the capacity to optimize both affective and concrete information exchange is generally important in care across distance, just as it is with care in person. Inexpensive, secure, web-based videoconferencing (e.g., Zoom) is readily available.