

HealthFirst Connecticut Authority

Co-Chairs
Margaret Flinter
Tom Swan



Quality, Access and Safety Workgroup

Meeting Summary

March 6th, 2008

9:00 AM, Room 1A of the LOB

The following members were present: Margaret Flinter, Tom Swan, Daren Anderson, Kirsten Anderson, Richard Antonelli, Pat Baker, Jamey Bell, Kathleen Brandt, Shanti Carter, Matt Fair, Brian Fillipo, Frank Gerratana, Bruce Gould, Shawn Grunwald, Jennifer Jackson, Jennifer Jaff, Steve Karp, Greg Kotecki, Mary Alice Lee, Jane Nadel, Matt Pagano, Jean Rexford, Lisa Reynolds, Rodney Sappington, Bob Scalletar, Arvind Shaw, Victor Villagra, Joe Treadwell, Teresa Younger, Kristen Zarfos, Michael Hudson, Tanya Court, Marcia Petrillo

Minutes:

Margaret Flinter and Tom Swan opened the meeting and welcomed all members of the Quality, Access, and Safety Workgroup as well as other interested persons in attendance. Following introductions, they updated the Workgroup on the progress of the HealthFirst Connecticut Authority, the Primary Care Access Authority, and the Cost, Cost Containment, and Finance Workgroup.

Margaret reviewed the Agenda for today's meeting, which is focused on two key topics:

- 1.) Electronic Health Records
- 2.) Patient Safety

Daren Anderson, MD, Chief Medical Officer of the Community Health Center, Inc. led the presentation on Electronic Health Records (E.M.R.). He gave an overview of the state of the art of E.M.Rs and progress towards implementation of the E.M.R. system. Daren focused on the key qualitative outcomes of E.M.R. in primary care. He noted that the E.M.R. allows for significantly enhanced coordination of care, particularly between behavioral health and medical. E.M.R. provides point-of-service care coordination between on-call providers and after-hours calls from patients and ERs, and allows for immediate transfer of patient information to other providers and institutions as needed. Other positive outcomes include enhanced chronic disease management and prompting/ tracking of preventive health maintenance. Daren noted that the bi-directional interfaces for pharmacy and laboratory means that a

provider can quickly, either at the office or out of the office, review lab results, refill medications, and dispatch with issues that previously kept the providers in the office well after normal hours. Daren cautioned that what the EMR is not, to date, is a time saver for the provider in the office. He also stressed the importance of using the EMR as a patient management tool, not an electronic version of a paper chart.

Shanti Carter, Senior Data Analyst for CHC, Inc. and the Project Manager for CHC's implementation of an electronic health record for all medical and behavioral services at CHC, gave an overview of the challenges of implementation of an EMR in primary care. She gave an overview of costs, both direct (hardware and software) and indirect (lost productivity, training time for staff), and the need for workflow analysis prior to implementation.

Marcia Petrillo spoke on behalf of eHealth Connecticut, and the work of that organization in advancing Health Information Exchange in Connecticut as a key element of the development of quality, cost effective care.

Quality Access and Safety Workgroup members discussed the challenges of moving healthcare in Connecticut forward with regard to adopting and implementing electronic health records.

Jean Rexford, Executive Director of the Connecticut Center for Patient Safety led the discussion on Patient Safety. Jean spoke to the absolute need to include patient safety as a critical element of any health care reform activities. She spoke to the need for data collection, transparency, consumer involvement and advocacy and an organized and systemic approach to patient safety issues.

Susan Menichetti of IRMA (Integrated Resources of the Middlesex Area) gave the Quality Access and Safety Workgroup an overview of the Patient Safety program at Middlesex Hospital and noted that the Board of Directors is fully involved and focused on issues of patient safety and quality.

Following their presentation, the Quality Access and Safety members discussed patient safety as an element of healthcare reform. She emphasized the importance of looking at healthcare reform not just from cost, but from a quality and safety perspective.

The meeting adjourned at 11:00 am