

# Clinical Priorities Workgroup

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# Clinical Priorities Workgroup

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Purpose of the Clinical Priorities Workgroup:

- Develop clinical priorities that best demonstrate critical areas and opportunities for improvement in both the quality and efficiency of health care for New Yorkers while establishing the framework for the transformation of health care in New York.
- Demonstrate and communicate the value of statewide health information exchange to clinicians and other stakeholders
- Provide detailed clinical scenarios and workflows to help drive and test the development of policies, protocols and standards for the SHIN-NY through working closely with other workgroups in NYeC.

# Clinical Priorities Workgroup

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- Clinical focus to develop the detailed workflow and issues involved in patient care that need to be addressed by other groups covering business issues, consumer issues, and technical issues
- Will crosswalk work with other workgroups (business, consumer, technical, etc) to help address and incorporate other issues
- Subgroups within the Clinical Priorities Workgroup match the HEAL V clinical use cases and include:
  - Quality Reporting
  - Public Health
  - Medicaid
  - Connecting NYs and Clinicians

# Proposed Membership in the CP Workgroup

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- Members of the main CP workgroup will also be able participate in a subgroup to ensure that clinical priorities are understood and effectively communicated
- Each of the subgroups will have one co-chair from the RHIOs and one from NYS DOH
- All subgroup co-chairs will also be members of the main CP workgroup

CP Workgroup Members will include:

- Physician/clinician representatives from RHIOs (3),
- Medical directors from DOH (mental health, family health, Medicaid, etc (3),
- RHIO business representatives (2)
- Co-chairs of each subgroup (8)

# Member Criteria for CP Workgroup

- Clinician participating in a RHIO project involved in the use case subgroup they are participating in and that spends at least 50% of time in active medical practice
  - Clinicians practicing in a RHIO already up and running preferred but will also balance by regions
  - Primary care preferred
  - Small or solo practice preferred
  - Private practice setting preferred
  - Will balance with some specialties in subgroups
    - ER physician
    - surgical subspecialist
    - medical subspecialist
    - other subspecialists (radiology, pathology?)
- Willing to co-lead a sub-group for a use case that matches closest to practice setting

# Member Criteria for CP Subgroups

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- **Medicaid EHR/medication management use case**
  - DOH clinician representatives
  - Clinicians in active practice
    - Using or planning to use e-prescribing via EMR/RHIO
    - Clinician participating in a RHIO EHR implementation
    - Clinician participating in a RHIO HEAL 5 awardees' Medicaid EHR project

# Member Criteria for CP Subgroups

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- **Quality Reporting Use Case**
  - DOH clinician representatives
  - Clinicians in active practice
    - Using or planning to use quality reporting either
      - Via EHR and RHIO
      - RHIO
      - As part of a HEAL 5 awardees' quality reporting project
  - Medical director from a health plan participating in a HEAL 5 quality reporting awardees' project

# Member Criteria for CP Subgroups

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- Public Health Use Cases (immunizations, reporting, etc)
  - DOH clinician representatives
  - Clinicians in active practice
    - Using or planning to use public health reporting either
      - Via EHR and RHIO
      - RHIO
      - As part of a HEAL 5 awardees' project

# Member Criteria for CP Subgroups

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- **Connecting NYers/PHR use case**
  - DOH clinician representatives
  - Clinician in active practice
    - Using or planning to use PHR either
      - Via EHR and RHIO
      - RHIO
      - As part of a HEAL 5 awardees' project
  - Community participant (patient) actively using a PHR in any RHIO project in NYS
  - Director of implementation of active PHR project

# Clinical Priorities Planning Workgroup

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- Has begun developing more detailed use cases and workflow scenarios to help initiate subgroup work
- Currently using spread sheet but evaluating other methodologies

# Use Case Workflow Scenario Examples

## Medication management use case:

- **Scenario 1**

- Medicaid patient with history of pain med dependence seen in ER for headache and diagnosed with sinusitis treated -> referred to ENT specialist -> allergy to antibiotic so ENT changes med + more pain meds given by ENT and cross-covering on call physician -> primary care doc sees patient for check up and pulls everything together.

- **Scenario 2**

- 80 YO female with history of stroke, atrial fib, CHF referred to ortho consult in a different RHIO and then admitted for total knee replacement -> discharged to rehab at nursing home -> then discharged back home with follow up physical therapy. Complicated by coumadin therapy and need for lab monitoring and medication management throughout process.

Current starting examples for other use cases will be presented in the breakout session

A1 Medication management/Medicaid Use Case #1

Clinical\_priorities\_use\_cases\_3-23-08

	A	B	C	D	E	F	G
1	<b>Medication management/Medicaid Use Case #1</b>						
2	Medicaid patient with history of pain med dependence seen in ER for headache and diagnosed with sinusitis treated and referred to ENT specialist - allergy to antibiotics - more pain meds given by ENT and crosscovering on call physician - primary care doc sees patient for check up and pulls everything together						
3	<b>Clinical Workflow</b>						
4	<b>Main work flow- Primary Care Physician Office</b>	<b>Associated work flow – other physician office</b>	<b>Associated work flow –Hospital/ER</b>	<b>Other associated work flow</b>	<b>Clinical workflow Comments and ROI/safety gains</b>	<b>Crosswalk with Privacy and Security workgroup</b>	<b>Crosswalk with Service Protocols workgroup</b>
5			Patient seen at ER for severe headache and diagnosed with sinus infection				
6			Prescription for antibiotic (Ceftin) + Vicodin pain medication and referral given to ENT specialist		Opportunity for eRx drug-drug interaction decision support if patient medication history is available		
7			Prescription filled at Pharmacy A using Medicaid coverage				
		Patient seen by ENT specialist and says he is no better plus has rash from Ceftin - new prescription for different antibiotic given (Cipro) plus allergy/decongestant (Allegra) that is not covered by Medicaid			Another opportunity for eRx drug-drug interaction decision support if patient medication history is available as the Medicaid drug history plus the Surescript pharmacy medication history will provide		

# Membership for CP Workgroup and Subgroups

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## **We need your help!!!!**

- Please send in recommendations of actively practicing clinicians who can devote time for this critical work (alow@uhfnyc.org)
- Expect a minimum of biweekly calls plus exchange and work on documents and other materials between meetings
- Quarterly face to face meetings