

CDC *Vital Signs* Town Hall Teleconference

Preventable Deaths from Heart Disease & Stroke:  
Improving Care Can Save More Lives  
Q&A

September 10, 2013  
2:00–3:00 pm EDT

Dr. Dan Baden: Thank you very much. And thank you to all of you for the excellent presentations. I'd like to remind everyone that you can in queue to ask a question by pressing star 1.

You'll have to state your name and prompted. And you'll then be announced into the conference by the operator when it's your turn to ask your question.

I encourage you all to take advantage of this opportunity to share strategies, lessons learned, challenges, success stories and the like.

And to start us off as I was going through this *Vital Signs* report it reminded me of a patient I knew who was well under 65 when he suffered a stroke.

And it took a long time but he did eventually recover but still his life was dramatically changed. It just drove home for me the need to act quickly.

So along that line, what are some of the most immediate things that states and communities can do to help reduce these preventable deaths.

I'll through that open to the whole group? Anyone want to take a stab at that?

Linda Schieb: Okay. This is Linda Schieb at CDC. So we have mentioned some of these things that we recommend that states can do partnering with healthcare system for electronic health records, because one of the most important things is to

identify these patients before they have an event so identifying those with high blood pressure, high cholesterol, those who smoke so that really that, you know, that's key to preventing events in the first place.

Dr. Dan Baden: Okay. And I believe we have a couple questions in the queue so operator can we jump to the first one?

Coordinator: Thank you. We do have a question from Terry Meek. Your line is open.

Terry Meek: I would just like to have you repeat the PowerPoint link.

Dr. Dan Baden: Okay. Go online to [www.cdc.gov/stltpublichealth](http://www.cdc.gov/stltpublichealth).

Terry Meek: And that's "S" as in Sam?

Dr. Dan Baden: Yes. State, tribal, local, and territorial.

Terry Meek: Okay.

Dr. Dan Baden: And then public health. All right operator I think there's another question.

Coordinator: Yes. Thank you. I do have a question from Sharon Spence. Your line is open.

Sharon Spence: Hi, yes thank you. This question is for Brandon Skidmore regarding slide number 34 with the QOC dashboard.

Since you mentioned that the data will not be shared with other providers if someone no longer attends a specific facility and they attend another facility wouldn't it be beneficial for another provider to have access to the data so that they can monitor the patient's *Vital Signs* the hypertension if they are—if it is

a hypertensive patient, or if someone is on the border, or someone is a borderline hypertensive patient?

Brandon Skidmore: Sure. It's a great question. And I think Ryan here is willing to answer that.

Dr. Ryan Loo: Basically the point I guess to answer that question would be that each of the individual's access to the system's role based.

So if you leave the particular facility in order to make sure that you don't compromise any confidentiality agreements, HIPAA type of requirements, individuals moving from facility to facility you would lose access to a certain facilities data in terms of individually identifiable information. So you wouldn't be able to access an individual record from that particular facility.

What the registry is doing is it is de-identifying that data and allowing you to see certain trends in health indicators across particular regions or clusters but you'd have to be in a particular facility to see individual data.

Sharon Spence: Oh okay. Thank you.

Dr. Ryan Loo: You're welcome.

Dr. Dan Baden: All right operator anymore in queue at this point?

Coordinator: I'm showing no questions at this time.

Dr. Dan Baden: Okay. I've got a couple more. This is I think for Laura and then maybe for Brandon following up. When you were talking about your electronic referral system and Brandon with your system I'm wondering what IT challenges you both ran into? Can you talk a little bit about that?

Laura Nasuti: Sure. This is Laura from Massachusetts. So one of the IT challenges that we wanted to overcome even before we started the project was making sure that we could link these referrals to electronic health records so we could actually not only show that we needed a system that we can track whether or not somebody went to the YMCA.

And if the YMCA could provide feedback on if a person was contacted, if they enrolled in a specific program, how many classes of that program they referred to they actually attended.

But we wanted to actually be able to link that information to the medical record. So that's why we for this pilot at least are working specifically with the Massachusetts League of Community Health Centers because for another quality improvement project we are already able to receive encounter level medical records through their CHIA DRVS system.

And I think Brandon can speak to this as well as you know, there's the technical difficulties of getting electronic medical record data. And then there is actually being able to make sense of the data that you receive which is an additional challenge.

Brandon Skidmore: Yes I would totally agree. A couple of points and I think Dr. Loo has a few points on that question too.

One I would say, early on when this project started in Kansas in 2004, part of our barrier to try and get the project rolling was just getting providers on board with working with us.

You know, I think the initial response from providers related to quality of care issues is that there's really not an issue with quality of care within their study.

It isn't until you really dig in and put these systems in place and systems both for data quality, collection, and also for the plan do study act and team development on their end that you can actually see where there are room for improvement.

And just like with any environment whether it's a clinical setting, or a public health setting, or a business setting.

I mean and I think that once we got going, the CDEMS system while there were barriers to implementation I think that that became a big success for us.

And that providers using CDEMS we really use that as a gateway to adopting electronic health record systems because they saw the value of not only collecting their required sets of data but expanding beyond that and what taking the time to collect that additional data can actually do for them it can do for the patients under within their care in terms of their outcome. Ryan do you have other...

Dr. Ryan Loo: I do. From a technical perspective in terms of different challenges of rolling out the design it's important to understand in our design we're trying to leverage existing resources as much as possible.

So individual provider's offices are using their own EHR systems and they don't have to dual enter that information into the Catalyst system. Catalyst actually connects to their existing EHR.

So the challenge that you run into is just here within Kansas alone we have 300 EHR vendors. So there is a lot of diversity in terms of structures of their source code and way that their applications are actually set up.

And so you have a unique challenge with each EHR in terms of how is Catalyst going to link up? Are we coming in through a back door portal type of situation? Are we building an export right into the EHR where then they have to push the button to send it to Catalyst?

Once we set up all those types of agreements we have to have IT folks who are signing off on the de-identified data and security of the data that's sent.

There are a lot of agreements that are set up. So just the infrastructure and IT technicalities I would say are our greatest challenge.

Dr. Dan Baden: Okay great. It gives me another question though following up on what I think you Ryan just said. Laura are you running into similar types of issues tapping into the different types of electronic medical records that are out there or are you focusing just on one system at this point?

Laura Nasuti: Yes. So right now we actually are focusing on initially one EMR because each EMR is a little bit different how we can get into the system and export information out of the system.

With our electronic referral system we do have what we're calling e-Referral gateway which is basically web portal.

So there are three ways to initiate a referral if you're healthcare provider. You can do it fully automated which currently we are working with one EMR at this time.

And we're considering a fully automated referral one that originates from your electronic medical record and all information is contained in that.

And then we're also doing partially automated. I forget which slide is but I had the four on slide sorry on slide 25 it's the four buckets of information that need to be in each referral.

The first two buckets are in most electronic medical record systems. So we are encouraging providers to add a minimum do partially staged referral or partially automated referral where there's first two buckets are what's actually exported from the electronic medical record and then maybe the community resource and the referral specific information has to still manually be typed in.

But it is definitely a challenge that everybody is on a different electronic medical record. And we're hoping that if more people want to be on this system that the vendors themselves will be interested in pursuing a way to more easily export necessary information.

In addition there are several CDC and Office of the National Coordinator workgroups that are looking at, you know, structured data fields and different forms that they're creating that are important for public health and public health referrals.

Dr. Dan Baden: Okay thanks. And your system is open source so it should be able to adapt it for other EMR's in the future?

Laura Nasuti: Well so when we say that we're vendor neutral it means that we can if we know how the information is being exported from the electronic medical records we can tinker with the universal translator fairly easily to accept various message formats.

So no matter what the EMR is if we know how we're receiving the data if it's a text delimited file, or if it's a CSV, or some other kind of export we can tell

the universal translator through drop down menus. So it's very easy to alter what the incoming message will look like.

Dr. Dan Baden: Okay great. And let me remind people if you have a question just press Star 1 and record your name. Let me jump to another question.

This is back on if you have any advice on how groups should prioritize their steps going forward. There's numerous things that were highlighted in the *Vital Signs* report.

Is there an effective way that a community can look at what resources they already have what partnerships and different things on that line to possibly prioritize where they should go forward first?

Laura Nasuti: Are you talking in terms of I think it's important to really listen to your clinical providers that you're engaging with.

Something that we've learned through this process is that we in the chronic disease area have - taken specific resources that we want to focus our CMS innovations grant on.

But when we go to the clinical providers all - our ideas of what really important needs might not 100% align or we might of overlooked some very valuable community resources.

So it's really about being able to come to that to the clinical providers in the healthcare systems and say this is what we're hoping to do but being flexible about looking into other programming as well.

Dr. Dan Baden: Okay great. One last check with the operator are there any questions in the queue?

Coordinator: I am showing no questions at this time.

Dr. Dan Baden: Okay. Well I think we've had a good discussion. We've had lots of good presentations but we'll get ready to close now.

Before we do though it would be really helpful if you would let us know how we can improve these teleconferences. How we can make them more beneficial for you?

So we ask you to send us your suggestions to [ostltsfeedback@cdc.gov](mailto:ostltsfeedback@cdc.gov) that's O-S-T-L-T-S feedback all one word at cdc dot gov.

We hope you'll be able to join us for next month's call which is going to focus on motor vehicle safety on October 15.

And I want to thank all our participants, and our presenters, and operator and everyone for your help today. This will end our call. Thank you and goodbye.

Coordinator: Thank you. The does conclude today's conference call. You may all disconnect at this time.