

January 28, 2003

Presentation to NCVHS's
National Health Information
Infrastructure (NHII) Workgroup



Panel 5:

***Linking individuals to their
personal health information.***

services

PSI: What and How



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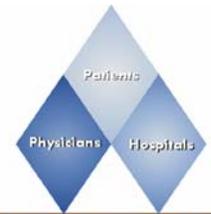
A national collaborative of leading physician, hospital and consumer advocates working together in a private sector, non-profit initiative to reduce patient adverse events through the creation of a secure, inclusive and “trusted” communications network.

This national non-profit collaborative network will provide real time access to critical information (diagnoses, meds, labs, allergies and immunizations) at the point of care or decision.

The capital of PSI is not IT intellectual capital or infrastructure, it is credibility. The only way private, inexpensive and secure intra- and inter-community communication of critical healthcare information can become a reality is through the credibility of a “trusted” relationship among all constituencies.



PSI Principles



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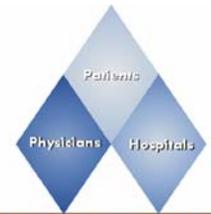
- Participation must be equitably open to all individuals and organizations that materially affect patient health and safety.
- Deliberations must be conducted, and decisions made, by bodies and methods that reasonably represent all such parties, controlled or dominated by none.
- Individually identified data must remain the property of that individual and must not be disclosed or disseminated to others without that individual's consent.
- All participation shall be voluntary with the right to withdraw.
- Any data accessed for the development of improved health or patient safety must be de-identified and remain under the control of PSI.
- PSI operation will only be funded by those means which do not compromise the above principles.
- PSI will be designed and will function to enable and enhance community-based collaboration for improved health and patient safety.

PSI Goals



- Improve healthcare quality
- Reduce medical errors
- Lower the cost of health care
- Strengthen the privacy and security of patients, physicians, and hospitals
- Enhance the patient-physician and hospital-physician-patient relationships

PSI Governance



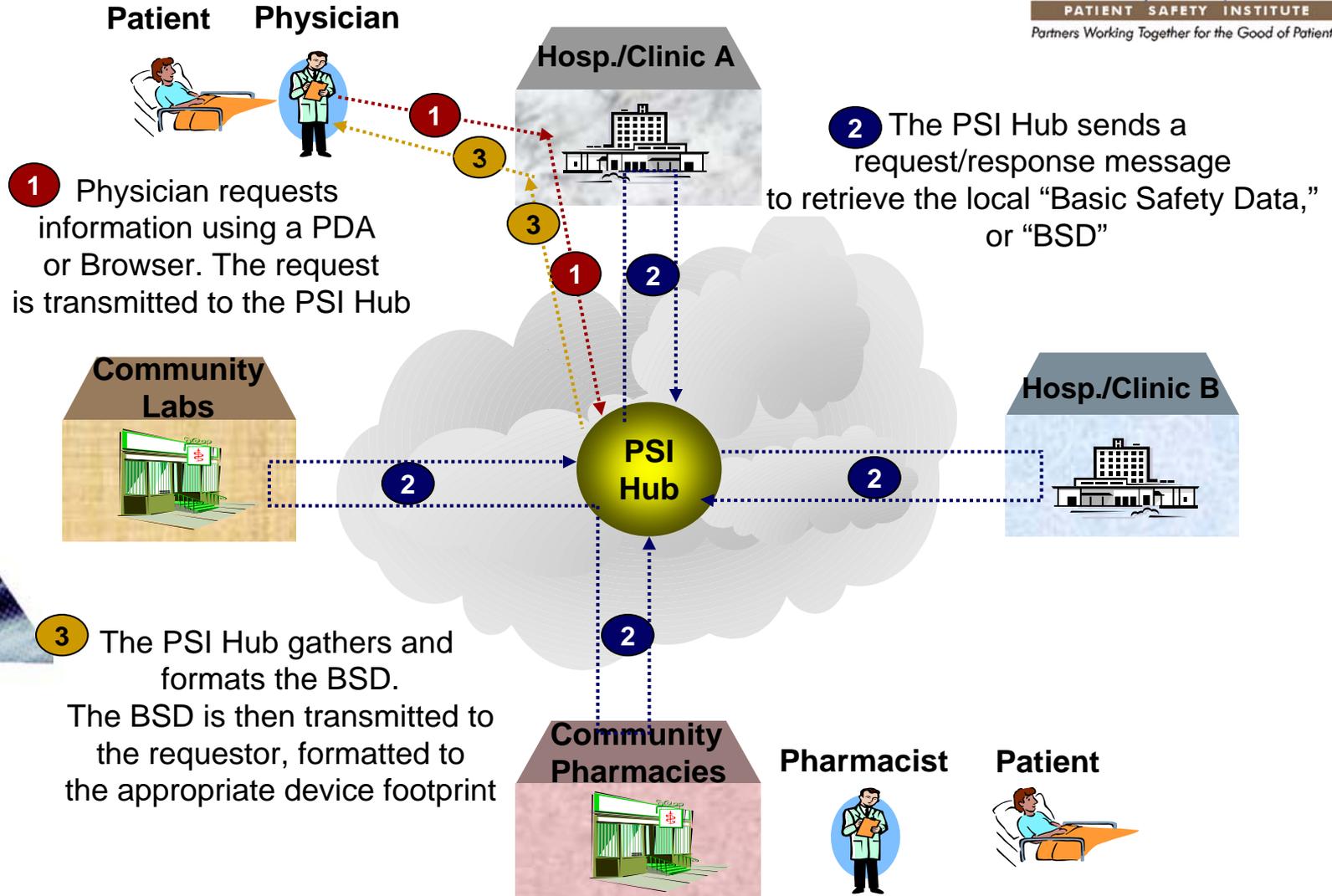
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- The Board of Directors includes nine representatives drawn equally from national leaders in the patient, physician and hospital communities. This composition ensures the safety and security needs of each group are being met as PSI delivers its solution to the marketplace.
 - Chair and President: Dr. Jack Lewin, CEO of the California Medical Association
 - Vice Chair: Don Black, President of the Child Health Corporation of America
 - Secretary/Treasurer: Dr. Jane Delgado, President and CEO of the National Alliance for Hispanic Health
 - Twila Brase, RN, PHN, President of Citizens' Council on Health Care
 - Dr. Richard F. Corlin, past President, American Medical Association
 - Sister Karin DuFault, Board Chair, Providence Health System, Trustee of CHA
 - Linda Golodner, President of the National Consumers League
 - Dr. William Jessee, President of the Medical Group Management Association
 - Dr. Daniel H. Winship, CEO of University of Missouri Health Care
 - The Board is advised by Dee Hock, Founder and CEO Emeritus of VISA
- Advisory Groups
 - Core Founding Partners
 - Representatives from participating hospitals, physician clinics and other providers

PSI – Technical Overview



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PSI MPI Approach



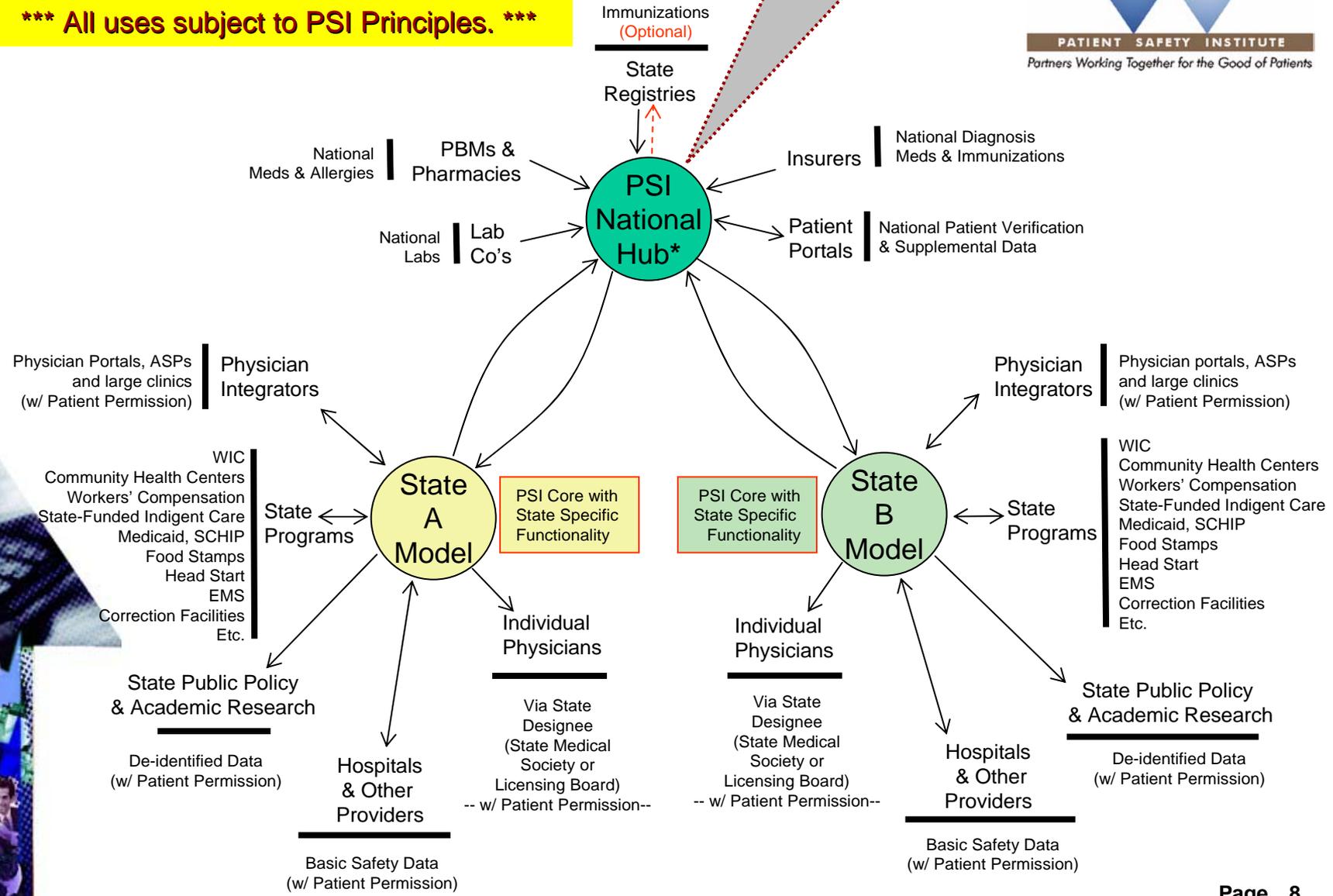
- Industry leading technology
 - SeeBeyond e*Index (built on Vality matching engine)
 - Widely deployed - used at leading facilities, such as UCLA
 - Flexible rule base with programmable weights & thresholds
- Industry adopted demographic fields
 - Organizations such as Regenstrief have experienced 8 years without a single false-positive
- Rules adopted to geographic anomalies
- Bias toward false negatives (specificity)
 - Prevent false-positives (incorrect match)

PSI National/State Approach

*** All uses subject to PSI Principles. ***

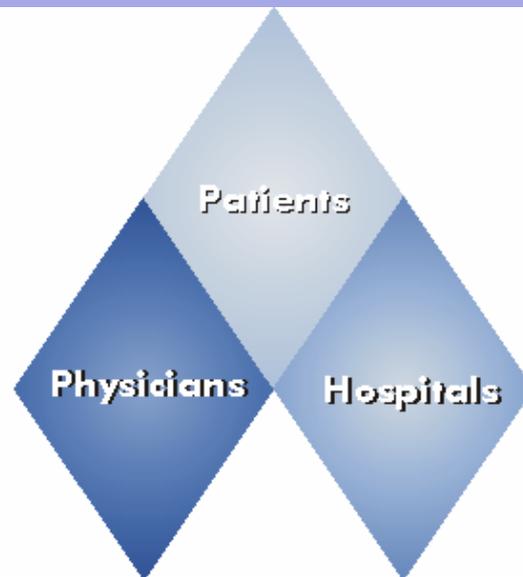


Connectivity to Federal Users under discussion.



* w/Patient Permission

Thank You



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QUESTIONS?

services