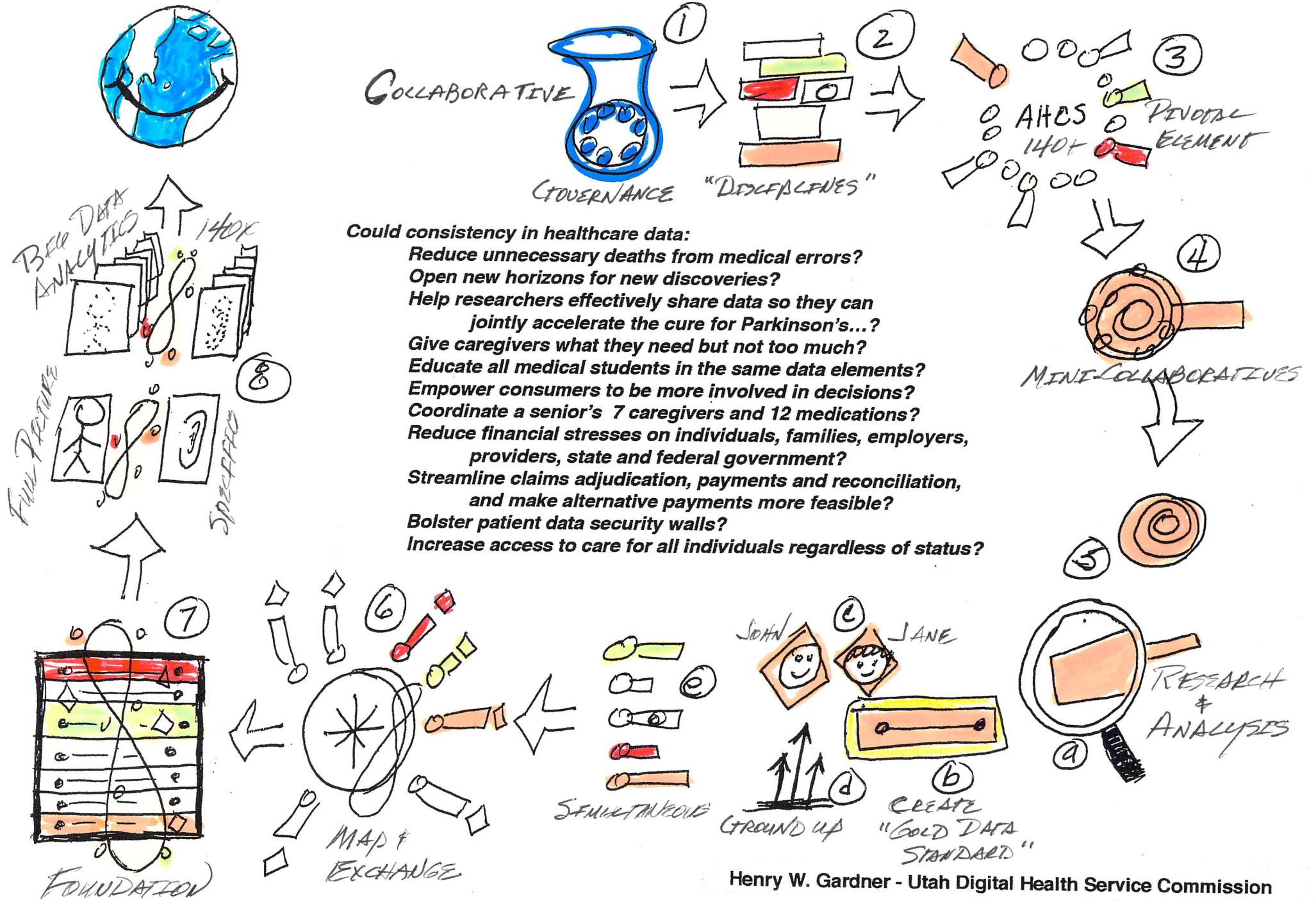


"Project Pivotal" *

Curing the flaw of inconsistency in the American healthcare data infrastructure



- Could consistency in healthcare data:**
- Reduce unnecessary deaths from medical errors?
 - Open new horizons for new discoveries?
 - Help researchers effectively share data so they can jointly accelerate the cure for Parkinson's...?
 - Give caregivers what they need but not too much?
 - Educate all medical students in the same data elements?
 - Empower consumers to be more involved in decisions?
 - Coordinate a senior's 7 caregivers and 12 medications?
 - Reduce financial stresses on individuals, families, employers, providers, state and federal government?
 - Streamline claims adjudication, payments and reconciliation, and make alternative payments more feasible?
 - Bolster patient data security walls?
 - Increase access to care for all individuals regardless of status?

“Project Pivotal”

For healthcare data to be effectively and efficiently interoperable and transparent, the dynamics inherent in a collaborative of academic healthcare systems and partners is unparalleled. Such a collaborative could be the pivotal element needed to timely and systematically correct the flaw of inconsistency in the American healthcare system.

Objective: “Treated as a research project, ‘Project Pivotal’ will create a working model of interoperable and transparent healthcare data - a model that puts the right data in the right hands at the right time in the right format for decision makers to make the right decisions for us.”

- Step #1: A Governing Collaborative of healthcare leaders will be the catalyst for overseeing the research project and for creating the guiding architecture, standards and parameters that participants will adopt and adhere to.
- Step #2: The Governing Collaborative will break healthcare data into bite sized “disciplines”, such as pharmacy, labs, claims, clinical data, emergency medicine, behavioral health, public health, security, research...
- Step #3: The Governing Collaborative will invite academic healthcare systems to participate in the research project and will designate certain academic healthcare systems to be the “lead” for each particular discipline.
- Step #4: “Mini-collaboratives” for each discipline will be created by inviting the other academic healthcare systems to work with the “lead”. Other related entities will be invited to join the “mini-collaboratives”, such as other healthcare systems, HIEs, professional associations, related universities, various government entities...
- Step #5: (a). Each mini-collaborative will be given the responsibility of researching and diagnosing the existing condition of data within its given discipline, looking for what works and what doesn’t work.
 - (b). Each mini-collaborative will define, refine, take away and add to what exists to create the “Gold Data Standard” data model for that discipline.
 - (c). Each mini-collaborative will create “John and Jane Doe” patients for testing and modeling within its own mini-collaborative.
 - (d). The data models will be created with a “user ground up” approach.
 - (e). With the mini-collaboratives working simultaneously, a working model can be completed in a coordinated, systematic and timely manner.
- Step #6. One or more of the mini-collaboratives will create a generic architecture for all the mini-disciplines for mapping and exchanging data with each other.
- Step #7: With a foundation of consistent working data models for each discipline and with a generic architecture for mapping the data and exchanging it, John and Jane Doe patient data can be used to test within and between the mini-collaboratives. Corrections will be made.
- Step #8: Once corrections are made, live patient data can be exchanged internally and between participating systems. Names and faces can be removed from the data for researchers to access vast inventories of data from willing participants to work together to accelerate cures for diseases and to innovate a higher quality of life for everyone here and abroad and for future generations.

(Henry W. Gardner - Utah Digital Health Service Commission)