

Meeting of the RI/AHRQ HIT Project Steering Committee
March 30, 2005 ♦ 8:00am – 9:30am
Rhode Island Department of Administration,
2nd Floor Conference Room B

MEETING MINUTES

ATTENDEES (☑ = present)

Steering Committee

- ☑ **Ted Almon**, Consumer
- ☑ **Bryan Barrette**, RI Department of Health
- ☐ **John Bossian**, Family Practice
- ☐ **Kerrie Jones Clark**, RI Health Center Assoc.
- ☑ **Carol Cotter**, Lifespan, Co-Chair
- ☑ **Gary Croteau**, South County Hospital
- ☑ **Yul Ejnes, MD**, RI Medical Society
- ☑ **Jim Feeny**, East Side Clinical Laboratory
- ☑ **Steve Foley**, Providence Community Health Centers
- ☑ **Doug Fonesca**, Blue Cross Blue Shield of RI
- ☐ **Heather Larch**, Pharmacist
- ☑ **Kathleen Mahan**, SureScripts
- ☐ **Maria Montanaro**, Thundermist Health Cntr.
- ☑ **Celia McGillivray**, RI Health Center Association (for Kerrie Jones Clark)
- ☑ **Pat Moran**, Hospital Association of RI

- ☐ **Ray Ortelt**, Pawtucket Memorial Hospital
- ☑ **Cedric Priebe, MD**, Care New England Health System, Co-Chair
- ☑ **Ray Sessler**, Neighborhood Health Plan of RI
- ☑ **Mark Treat**, RI Department of Administration
- ☑ **John Young**, RI Department of Human Svcs

Management Committee

- ☑ **Laura Adams**, RIQI
- ☑ **Deidre Gifford, MD**, Quality Partners of RI
- ☑ **Leonard Green**, RI Department of Health
- ☑ **Laura Ripp**, Consultant
- ☑ **Melinda Thomas**, Department of Human Svcs
- ☐ **Patrick Vivier, MD, Ph.D.**, Brown University
- ☑ **Bill Waters, Ph.D.**, RI Department of Health
- ☑ **Amy Zimmerman**, RI Department of Health

Guests

- ☑ **David Gifford, MD**, RI Department of Health

MEETING PURPOSE

To constitute the RI/AHRQ HIT Project Steering Committee, establish a common understanding of HIT Project objectives, review the Committee's roles and responsibilities and reach agreement on approaches to support the group's work.

MEETING AGENDA

- 8:00 – 8:15** **Call to Order, Welcome and Introductions**
Cedric Priebe, MD, Care New England, Co-Chair
- 8:15 – 8:45** **RI HIT Project Background**
Amy Zimmerman, Rhode Island Department of Health
- 8:45 – 9:15** **Steering Committee Roles, Responsibilities and Operating Procedures: Structure, Meeting Schedule, Internal and External Communication, Staff Support, Other**
Laura Adams, Rhode Island Quality Institute
- 9:15 – 9:30** **Next Meeting Date and Agenda**
Carole Cotter, Lifespan, Co-Chair
- 9:30** **Adjourn**
Carole Cotter, Lifespan, Co-Chair

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

■ Discussion:

Cedric Priebe, MD, Steering Committee Co-Chair, opened the meeting and welcomed the group. Dr. Priebe and Carole Cotter, Co-Chair, each made introductory comments. All in attendance introduced themselves. The RI/AHRQ HIT Project Steering Committee represents a strong cross-section of leadership in RI reflecting the interests of public and private-sector organizations and consumers.

■ Action Items:

None.

2. RI HIT Project Background

■ Discussion:

Amy Zimmerman, Project Manager for the RI/AHRQ HIT contract, provided an overview of the 5-year project including specific contract deliverables and the phased approach that RI will use to satisfy both contractual and community requirements. The group was provided a printed copy of the presentation.

It was pointed out that the project will address design and implementation issues pertaining to specific technical components as well as larger scale infrastructure. A fundamental project goal is to deploy community health information infrastructure that is adopted, used and supported by RI stakeholders.

The Project Approach includes three phases that describe a progressive, iterative process for the "design, build, test, deploy" cycle of information systems development as well as incorporating rigorous legal analysis, policy development and evaluation to help support sustainability of the infrastructure over time.

- Phase 1 of the project includes important near-term deliverables: A Medicaid analysis (9/29/05) and the demonstration of "25% of core data sharing" (10/29/05). A draft evaluation plan is due at the end of 18 months (3/29/06).
- In Phase 2, the next 18 month period, major goals are to expand the initial prototype into a functioning system that reflects specific user requirements and that supports improvements in care delivery where the system is used.
- In Phase 3, years 4 and 5, key areas of focus include continued system and infrastructure expansion, implementation of a rigorous evaluation plan and development of an approach to support continued infrastructure expansion and operation.

A list of community stakeholders illustrated the project's broad span of community involvement. An overview of the project governance and structure described the way the project will be informed, managed and directed. Convening the RI HIT project Steering Committee is the responsibility of the Rhode Island Quality Institute (RIQI), a statewide health quality collaborative. The essential role of the Steering

Committee includes providing project direction, leadership and decision-making. Issues of considerable strategic importance will be elevated to the RIQI Board of Directors. The Steering Committee will be supported by the Management Committee, contractors and work groups. A work group structure is proposed that leverages subcontracts to help perform essential project activities.

A list of proposed clinical data categories and initial data sharing partners was reviewed. It was noted that important near-term considerations include defining specific data elements that will be needed for an initial system prototype.

An overview of important project considerations was provided to emphasize the complexity of policy, legal and operational issues. Proposed next steps include:

- Development and approval of a phased work plan
- Agreement on priority work groups
- Engaging all subcontractors
- Identification of initial HIT system requirements

Dr. Priebe asked for group feedback. The group agreed that the contract is very aggressive. It is expected that the project will evolve over time both in scope and complexity and that there will be many parallel activities to be managed and coordinated. The group agreed that it is important to move quickly to establish technical requirements and engage stakeholders. Other comments included noting the challenge in balancing contract requirements with inclusivity, that is, making sure that the project progresses while also assuring that solutions and policies are as representative of stakeholder needs as possible. There was discussion recognizing that complex issues and policy/legal implications will inevitably be raised and must be constructively addressed. The group agreed that it will be important to focus on bringing value in small increments. Keeping track of related national activities will also be important to learn from the experience of others, maintain awareness of the larger context of health information infrastructure and further inform the options for consideration in the RI project. Information technology is a moving target so this project must plan for the evolution of whatever technology and infrastructure solutions are deployed.

■ **Action Items:**

None.

3. Steering Committee Roles, Responsibilities and Operating Procedures: Structure, Meeting Schedule, Internal and External Communication, Staff Support, Other

■ **Discussion:**

Laura Adams, President and CEO of the Rhode Island Quality Institute, facilitated a discussion on the Steering Committee role. The group expressed agreement with its primary role which is to represent the interests of key RI stakeholders and provide

leadership and decision-making for the project. In this role, Steering Committee responsibilities include:

- Perform consensus-based decision-making about this project on behalf of Rhode Island stakeholders;
- Regular attendance at monthly meetings and participation in Committee business;
- Advise project Management Committee and staff on key project planning and implementation issues;
- Identify focus areas for Work Group formation to execute well-defined tasks in support of project goals;
- Evaluate recommendations advanced by the Management Committee and Work Groups on critical policy, legal, technical, operational, evaluation and other relevant issues; and
- Establish operating and communication procedures to guide Committee activities

The relationship between the Steering Committee and the Rhode Island Quality Institute was described in more detail. While the Steering Committee will be specifically focused on the RI/AHRQ HIT contract, there may be the occasion when the Steering Committee will elevate an issue or decision to the RIQI Board of Directors when there are significant strategic implications.

The group engaged in discussion to more precisely define Steering Committee decision-making procedures. There was concern about prescribing a decision-making or voting process that may allow any level of opposition among committee members. The group agreed that its goal is to reach consensus on all decisions. There was unanimous support to define "consensus" to be when no single voting Steering Committee member opposed a decision. In support of this decision-making model, the group discussed the need to carefully and deliberately accommodate differences in Steering Committee member positions. It will be important that project managers and staff also support this process with thorough preparation and early distribution of relevant materials. The Steering Committee charged staff with developing specific decision-making criteria for further discussion. The Steering Committee generally supported defining a voting quorum as 50% member attendance but reserved the right to delay a critical vote if attendance was felt to be too low.

In a discussion of suggested communication practices, the group discussed the requirements for open Steering Committee meetings. As a meeting that includes public officials in public facilities, the Steering Committee meetings are, by law, open meetings. The issue of publication of meeting notification and minutes will be clarified by DOH legal counsel. It was also noted that there are ongoing discussions with AHRQ regarding the distribution of project deliverables. The breadth of permissible distribution is not clear. The group agreed that any air of secrecy would

be undesirable and should be avoided. The group supported a standing meeting schedule at a consistent location.

■ **Action Items:**

1. Distribute a meeting schedule with locations.
2. Develop criteria for decision-making. Include the understanding that consensus is defined as “not opposing” a decision. Consider the ground rule that the group should focus on facts rather than opinions. Proxy voting is permitted.
3. Follow-up on issues of transparency of meeting documents. **NOTE:** In a follow-up discussion after the meeting, RI DOH legal counsel confirmed the requirement for public meeting notification and providing public access to final meeting minutes.

4. Next Meeting Date and Agenda

■ **Discussion:**

Carole Cotter, Steering Committee Co-Chair, led the group in a discussion to define the next meeting date and agenda. After discussion, the group agreed on a preferred meeting time of the fourth Thursday of each month from 7:00am – 9:00am. The meeting location will be determined.

The next two meetings are scheduled for Thursday, April 28 and May 26 from 7:00am – 9:00am.

In preparation for the next meeting, staff has been instructed to move forward on the formation of a technical solutions work group and provide a report back to the Steering Committee on work group status.

The next meeting agenda will include:

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| 1. Review and approve 3/30 meeting minutes | 4. Report on work group formation |
| 2. Discuss project plan | 5. Discuss issue of transparency |
| 3. Discuss criteria for decision-making | 6. Discuss options for a project name, time permitting |

■ **Action Items:**

- Confirm a standing meeting location (A. Zimmerman).
- Distribute meeting schedule.
- Distribute Steering Committee email and contact list.
- Develop and distribute all meeting materials in support of next meeting agenda as described above.

5. Adjourn

Carole Cotter thanked the group and adjourned the meeting at 9:45am.