

Meeting of the RI AHRQ Health IT Project Steering Committee
April 28, 2005 ♦ 7:00am – 9:00am
Rhode Island Department of Health, 4th Floor Conference Room 401

MEETING MINUTES

ATTENDEES (☑ = present; * indicates participation by teleconference)

Steering Committee

- ☑ **Ted Almon**, Consumer
- ☑ **Bryan Barrette**, RI Department of Health
- ☑ **Kerrie Jones Clark**, RI Health Center Assoc.
- ☑ **Carol Cotter**, Lifespan, Co-Chair
- ☑ **Gary Croteau**, South County Hospital
- ☑ **Yul Ejnes, MD**, RI Medical Society
- ☑ **Jim Feeney**, 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.
- ☑ **Steven Mueller**, United Health Networks*
- ☑ **Kathy Duquette for 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

- ☑ **Reed Coleman, MD**, Lifespan
- ☑ **John Ellian, MD**, Practicing physician
- ☑ **David Gifford, MD**, RI Department of Health

MEETING PURPOSE

To address outstanding Committee procedural issues and actively begin the work of prioritizing and directing project activities.

MEETING AGENDA

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| 7:00 – 7:10 | Call to Order, Welcome and Introductions
<i>Carole Cotter, Lifespan, Co-Chair</i> |
| 7:10 – 7:15 | Review and Approve 3/30 Meeting Minutes
<i>Carole Cotter, Lifespan, Co-Chair</i> |
| 7:15 – 7:30 | Report on Work Group Formation
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:30 – 7:45 | Report on Public Notification Procedures
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:45 – 8:15 | Discuss Criteria for Steering Committee Decision-Making
<i>Carole Cotter, Lifespan, Co-Chair</i> |
| 8:15 – 8:50 | Discuss Project Plan and Implications
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |
| 8:50 – 9:00 | Establish Next Steps
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |
| 9:00 | Adjourn
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

■ Discussion:

Carole Cotter, Steering Committee Co-Chair, opened the meeting and welcomed the group Ms. Cotter and Dr. Cedric Priebe, Co-Chair, each made introductory comments. All in attendance introduced themselves.

■ Action Items:

None.

2. Review and Approve 3/30 Meeting Minutes

■ Discussion:

Carole Cotter opened discussion on the minutes from the last meeting. No changes were suggested. A motion was made to approve the minutes as submitted. All Steering Committee members in attendance voted in favor of approval.

■ Action Items:

Meeting minutes were approved without changes and will be posted to the Open Meetings website.

3. Report on Work Group Formation

■ Discussion:

Amy Zimmerman reviewed a list of members of the Data Sharing Partners (DSP) and Technical Solutions (TSG) work groups. The first meeting of the Data Sharing Partners Group is May 3, 2005. Most of the TSG members have been identified. Still to be accomplished, the project team is working to identify a representative from the ambulatory care practice setting. Also, a contract will be pursued with a solution architect to assist in technical design. The date for the first TSG meeting will be determined in the coming week.

A discussion of the group roles was supported by a handout describing the overall structure of the project and the scope of responsibility of work groups and contractors to contribute specific elements to the total project effort. In summary, the DSP and TSG will work in concert with a group of professional users and consumers to identify the data, technical, operational and consumer requirements for the Rhode Island Health IT System to be deployed through the project. Additional groups will be responsible for addressing policy and legal needs; planning and implementing communication, education, and consumer outreach efforts; and performing rigorous evaluation of the Health IT project's impact.

A question was raised about the role and participation of partner organizations with 'view only' needs, that is, how will physicians and professional practitioners that use health information be involved in the project? This element of user participation in system development will be implemented through a contract with Quality Partners of

Rhode Island to perform services around provider engagement. This provider view will also address considerations of physicians using electronic health records (EHRs) in clinical practice, and how the Health IT system will work with EHRs.

There was further detailed explanation of the initial Data Sharing Partners, the types of data that they hold and initial assumptions about which data may be used in the first iteration of the Health IT system. Initial Data Sharing Partners have agreed to participate in this community effort to determine how, with patient consent, electronic health information can be made available to healthcare providers and others who have patient permission to access the information for approved purposes, namely to improve the quality and safety of healthcare delivery.

In the first stages of Health IT system development, the range of possible data that, with patient consent, may be made available to their providers includes information on childhood health (including immunizations), clinical lab, prescription medications, Emergency Department and ambulatory visits (including reports), and medication allergies. Ms. Zimmerman explained the approach to identify a narrow range of initial data elements to be included in the proof of concept and first release of the Health IT system. Other information will be added as the system expands.

A question was asked about leveraging the current work of the Massachusetts MA-SHARE project for the Rhode Island Health IT project. Much excellent work has been done in Massachusetts and the sharable work products in MA, and potentially other projects, will be used as starting points for discussion. Additionally, there are commercial products that may be identified as solution alternatives are considered. In summary, great effort will be taken to leverage national guidance, the experience of other projects and currently available solutions to develop a Health IT system that meets the specific needs of Rhode Island.

■ **Action Items:**

Staff will provide ongoing updates on work group progress.

4. Report on Public Notification Procedures

■ **Discussion:**

Amy Zimmerman reviewed meeting notification procedures according to Open Meeting guidance from the Secretary of State's office. An issue was raised about the degree of transparency required for other project groups or subgroups. Ms. Zimmerman noted that the Steering Committee is the decision-making body whereas other work groups help identify issues and propose recommendations. The group agreed that more follow-up is required to clarify the scope of public notification requirements and implications of the Steering Committee's advisory role.

■ **Action Items:**

Amy Zimmerman will follow-up with legal counsel to clarify the precise rules around implications for the breadth of transparency required and any relationship to ethics

issues that may arise from the Steering Committee advisory capacity to HEALTH. An update will be provided at the next meeting.

5. Discuss Criteria for Steering Committee Decision-Making

■ Discussion:

Carole Cotter presented draft guidelines for Steering Committee decision-making. The intent of the document is to articulate an agreed upon approach to enhance the effectiveness of the group's decision-making process. The goal for decision-making is that no single member present for a vote or voting by proxy is in opposition to a group decision. Achieving this goal will require much preparation, discussion and consideration of alternatives. There may be the occasion for the Steering Committee to utilize more formal decision-making methods to systematically evaluate decision impact. The draft guidelines address such provisions.

A question was raised about the degree of the Steering Committee's involvement in budget decisions. Dr. David Gifford, Acting Director of the RI Department of Health, clarified that the group would not be making direct budget decisions but its decisions could impact the project budget. The project is held to a budget that includes a series of subcontracts. It is the responsibility of subcontractors to produce deliverables within a known set of budgetary constraints. In general, the Steering Committee will not be permitted to approve decisions that change budget requirements specified in these subcontracts. The point was also made that this project and its stakeholders will not approve decisions that impose requirements that participants cannot satisfy due to other known constraints. Dr. Gifford pointed out that there may be statutory considerations raised through the project that will require much planning and advanced prep to submit changes to the legislation.

In addition to including budgetary considerations in the Decision-Making Guidelines, a suggestion was made to clarify the written definition of consensus to include voting members present or by proxy.

■ Action Items:

Revise the Guidelines for Steering Committee Decision-Making and present to the Steering Committee for discussion at the next meeting.

6. Discuss Project Plan and Implications

■ Discussion:

Dr. Priebe began the discussion by directing the group to review a draft goal statement for the project. The group agreed that the goal statement should be revised to more accurately reflect the scope and endpoint of the project and specific issues that will be addressed through the project. Further, the group suggested that a broad vision statement be developed to support stated project goals.

Dr. Priebe introduced a document describing the Draft Project Work Plan. The project plan was reviewed with emphasis on the approach to do iterative, progressive development and implementation rather than the goal of initially building a large scale system. The group accepted this approach. Other key points of discussion included the Steering Committee review and decision-making cycle which assumes 1) predistribution of draft recommendations for Steering Committee consideration, 2) Steering Committee discussion, 3) modifications as required, 4) predistribution of final recommendations, and 5) Steering Committee discussion and voting, if appropriate. Steering Committee decision-making relies on staff, work groups and contractors to identify and evaluate alternatives and provide well-formulated recommendations with rationale for consideration. A timeline of expected Steering Committee decisions was presented. This timeline reflects the activities required to define critical requirements of the initial Health IT system in enough detail to write and issue a public procurement document and select a technology vendor to develop/deploy the system. The work plan and the associated timeline intends to present a clear picture of the actual sequence of events and period of time it will take to perform contract requirements. The plan takes into consideration the steps and time required to effectively conduct a highly collaborative project, the decision-making cycle, and assumptions about mandatory state procurement processes.

Carole Cotter noted that timing and process requirements in the current work plan do not position Rhode Island to meet the specific AHRQ contract requirement to demonstrate the capability of 25% data exchange among Data Sharing Partners by the end of October 2005. The group discussed the fact that AHRQ has issued the same Health IT contract requirements to five states that are unique in their starting points. Some states began the AHRQ contract further ahead in infrastructure/technology deployment and there are other significant differences that could impact contract performance in the early stages. This challenge has been broached with AHRQ and alternatives for meeting the Year 1 "25% data exchange" requirement will be discussed, including a more realistic, justifiable and mutually agreeable timeline reflecting the Rhode Island experience. It was noted that while meeting the Year 1 data exchange deliverable is a challenge for many reasons, the project approach will position Rhode Island to satisfy all subsequent deliverables in Years 2 through 5.

Mark Treat discussed vendor and contracting implications. Mr. Treat emphasized that the Request for Proposals (RFP) Must be very clear about system specifications and be even more rigorous about how the responses are evaluated. The RFP must discourage scope creep and lack of clarity in what is required. The project will leverage stakeholders' deep experience in technology procurement to optimize the performance and outcomes of information systems contracts.

■ **Action Items:**

1. Staff will develop a patient-centric Vision Statement and revise the Statement of Project Goals to be consistent with project scope and specific deliverables.

7. Establish Next Steps

■ **Discussion:**

Dr. Priebe reviewed the action items from this meeting and the proposed agenda for the next meeting.

The next meeting agenda will include:

1. Review and approve 4/28 meeting minutes
2. Update on public notification procedures
3. Discuss revised Guidelines for Steering Committee decision-making
4. Discuss Vision Statement and revised Statement of Project Goals
5. Update on work group progress and contracts status
6. Discuss first drafts of work group deliverables:
 - Draft data prioritization plan

■ **Action Items:**

The next meeting is scheduled for Thursday, May 26 from 7:00am – 9:00am. NOTE: The meeting location at Quality Partners of Rhode Island in Providence has been confirmed —directions will be provided.

In preparation for the next meeting, materials will be predistributed by email and other methods as required.

8. Adjourn

Dr. Priebe thanked the group and adjourned the meeting at 8:50am.