

Meeting of the RI AHRQ Health IT Project Steering Committee
May 26, 2005 ♦ 7:00am – 9:00am
Quality Partners of Rhode Island Conference Room

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
- ☐ **Lisa Dolan-Branton**, AHRQ
- ☑ **Yul Ejnes, MD**, RI Medical Society
- ☐ **Jim Feeny**, East Side Clinical Laboratory
- ☑ **Steve Foley**, Providence Community Health Centers
- ☑ **Doug Fonseca**, Blue Cross Blue Shield of RI
- ☐ **Heather Larch**, Pharmacist
- ☐ **Kathleen Mahan**, SureScripts
- ☑ **Maria Montanaro***, Thundermist Health Cntr.
- ☑ **Steven Mueller**, United Health Networks*
- ☑ **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, Project Staff
- ☑ **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
- ☑ **Thomas Collins**

MEETING PURPOSE

To continue refinements to group organizational procedures, discuss project status and gather feedback on draft recommendations for data prioritization.

MEETING AGENDA

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| 7:00 – 7:10 | 1. Call to Order, Welcome and Introductions
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |
| 7:10 – 7:15 | 2. Review and Approve 4/28 Meeting Minutes
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |
| 7:15 – 7:20 | 3. Update on Public Notification Procedures
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:20 – 7:40 | 4. Review Organizational Documents in Progress
<i>Laura Ripp, for Rhode Island Department of Health</i> |
| 7:40 – 7:50 | 5. Update on Work Group / Contract Progress
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:50 – 8:50 | 6. Review Preliminary Work Group Output
➤ DRAFT Data Prioritization Plan
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 8:50 – 9:00 | 7. Establish Next Steps
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |
| 9:00 | 8. Adjourn
<i>Cedric Priebe, MD, Care New England, Co-Chair</i> |

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

■ Discussion:

Dr. Cedric Priebe, Co-Chair, opened the meeting and welcomed the group. All in attendance and those participating by phone introduced themselves.

■ Action Items:

None.

2. Review and Approve 4/28 Meeting Minutes

■ Discussion:

Dr. Priebe directed the group to the last meeting minutes and asked for comments and corrections. 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 will be accepted without changes and posted to the Open Meetings website.

3. Update on Public Notification Procedures

■ Discussion:

Amy Zimmerman updated the group on additional guidance provided by legal counsel regarding interpretation of the scope of public notification requirements for the project. In summary, the activities of work groups that serve to synthesize information and formulate recommendations for Steering Committee consideration are not required to comply with public notification / open meeting procedures.

Another point of clarification is that the requirement to post electronic meeting notices to the Secretary of State's website is in addition to current laws requiring that meeting notices be physically posted in at least two public areas. Both paper and electronic notification practices have been implemented as required by law.

Laura Ripp directed the group to a handout describing the steps required to navigate the government website to access electronic filings of open meeting notices and recent minutes. (see <http://www.sec.state.ri.us/pubinfo/openmeetings>) In an effort to support timely notification of interested parties known to the group, guests are encouraged to provide email addresses on the meeting sign-in sheet if they would like to receive advanced notice of meetings at the same time as the Steering Committee. A guest sign-in sheet was circulated.

■ Action Items:

In an effort to augment public notification practices, staff will institute a guest sign-in sheet and maintain an email notification list of interested parties.

4. Review Organizational Documents in Progress

■ Discussion:

Guidelines for Steering Committee (SC) Decision-Making

The group was directed to the document titled, Guidelines for Steering Committee Decision-Making. Three changes from the previous version were noted: 1) The provision that voting could occur by proxy or in person has been added to the first decision-making objective; and 2) Two provisions were added to the decision-making guidelines, including, a) the Steering Committee will not knowingly make decisions imposing actions that stakeholders cannot perform due to constraints known at the time of the vote; and b) The Steering Committee may request budget analyses to determine the potential impact of decisions on the project. In such cases, a budget impact analysis will be provided to inform decision making.

The group engaged in further discussion regarding the role of the group in budget decisions. Amy Zimmerman explained some of the constraints and parameters around budget decisions for this project. The overall budget has been approved by AHRQ, the contracting agency. AHRQ must approve every subcontract and any changes in those subcontracts must also be approved by AHRQ. In cases of vendor selection and state procurement, it was made clear that only state employees are responsible for scoring prospective vendors, however, a limited number of outside parties may advise. Day-to-day project and contract management details are managed closely by HEALTH and each subcontractor respectively (which makes up the Management Committee).

Everyone recognized the need for the Steering Committee to understand the overall budget and the constraints that the budget places on the project. It was noted that the Steering Committee may provide suggestions, ideas, recommendations, etc. on budgetary matters, particularly those that may not be well defined yet (e.g., breakdown of funding already allocated for the technical aspect of the project). When asked how frequently the SC wanted to get budget reports, the group agreed that, as a baseline, quarterly reporting was appropriate. There was a general sense that the SC would like more clarity on its role and guidelines related to budgetary matters.

Discussion continued on the spirit and intent of the SC role which is to provide feedback and guidance for the project and, ultimately, to work together to set and approve the project's direction. The group was comfortable with this interpretation of its role yet it was understood that there are areas of feedback, guidance and decision-making that are not yet known.

Regarding the written guidelines, there were no recommendations for change by the group. Dr. Priebe advanced the guidelines to be considered for acceptance by group vote at the next meeting.

■ **Action Items:**

1. To help define the SC role in providing input and feedback on budget and procurement decisions, staff will prepare a reference sheet documenting currently defined guidelines and boundaries on advisory group involvement.
2. Staff will prepare quarterly overviews on budget and contract status to the SC.
3. Steering Committee members should direct any follow-up comments on the Guidelines for Steering Committee Decision-Making to Laura Ripp. A final document will be considered for approval by the Steering Committee at the next meeting.

Project Goals and Vision Statement

■ **Discussion:**

The group reviewed the DRAFT vision and goals statements, reformulated according to feedback from the last meeting. Discussion included adding an explicit reference to “electronic” information in the Vision Statement and considering alternate ways to capture the concept of interoperability for non-technical audiences. Additional considerations included recasting the current goals statement as a mission statement to differentiate it from a more specific delineation of expected project outcomes. The document will continue to be refined; the group was encouraged to submit suggestions to staff for consideration.

■ **Action Items:**

SC will submit suggestions to staff (L. Ripp) for improvement to the vision and goals statements. Staff will continue with refinements for discussion at the next meeting.

5. Update on Status of Contracts and Work Groups

-Project Subcontracts

-Data Sharing Partners (DSP) Group

-Technical Solutions Group (TSG)

-Professional Advisory Panel (PAP)

■ **Discussion:**

Contracts Status:

Amy Zimmerman directed the group to the handout titled, RI AHRQ Health Information Technology Project Update. Amy reviewed May progress to date. Progress in project-related contracting includes:

- Solution architect. A “mini-bid” for a solution architect has been made public. Expect to have a candidate hired in 4 weeks.
- Consumer engagement vendor. Finalists have made oral presentations. Recommendations will be submitted to state purchasing/evaluation committee.
- Provider engagement. AHRQ has approved the Quality Partners of Rhode Island (QPRI) contract, expect work group formation by mid-June.

Work Group Status:

Two work groups have been constituted and are underway and a third group is being formed. The Data Sharing Partners (DSP) group has met twice and has produced a draft Data Prioritization Plan for Steering Committee review and comment. The Technical Solutions Group (TSG) has met once and is actively assessing current infrastructure as an initial step in defining Rhode Island's collective capability and gaps.

Gary Croteau provided an update on the first meeting of the Technical Solutions Group. The TSG has taken steps to develop an infrastructure gap analysis beginning with a survey of Data Sharing Partners' infrastructure and the technical capability of the organizations represented on the TSG. This approach recognizes that there is infrastructure already in place that may be leveraged for initial technical modeling. The TSG meets again on Friday 5/27. In this meeting the group will see a demonstration of Arizona's statewide system that supports electronic disease reporting, lab reporting, event notification and response. The TSG will begin joint meetings with the DSP group.

The Professional Advisory Panel (PAP) will be convened and facilitated by Quality Partners under the project's provider engagement subcontract. Dr. Diedre Gifford provided an update on convening the PAP. Fifteen individuals have been identified and all those approached have agreed to participate. The group will include a range of providers, e.g., primary care, surgical, subspecialty, pediatricians. Geographic representation and distribution of care delivery settings have been considered. The PAP will meet once before the next SC meeting to provide input on the draft Data Prioritization Plan.

Other Project Updates:

Amy related that in the most recent status meeting with the AHRQ Project Officer, Lisa Dolan-Branton, she expressed encouragement and satisfaction with the project's progress. In this meeting, there was particular attention to how the project is positioned to meet the requirements for the October 2005 technical deliverable. Because Rhode Island's current health information exchange capability includes the sharing of child health data and lab data between labs, providers and public health (among the core data categories and data sharing partners defined in the AHRQ RI contract), Rhode Island may have technically satisfied the requirements for this deliverable. Once there is a final decision on how AHRQ interprets the requirements, this decision and its impact on the October deliverable will be communicated.

In group discussion, it was noted that the Massachusetts eHealth Collaborative issued a press release to describe the implementation of electronic health records (EHRs) in three distinct communities. Dr. Ejnes also briefed the Steering Committee on Rhode Island's progress in the EHR arena; there is a concerted effort in RI to advance and accelerate the adoption and use of EHRs as an integral part of improving health information infrastructure and, ultimately, improve the quality, safety and efficiency of health care.

■ Action Items:

Status updates on contracts and work group progress will be incorporated into a "Project Management Update" for each Steering Committee meeting.

6. Review Preliminary Work Group Outcomes: Data Prioritization Plan

■ Discussion:

Amy Zimmerman presented the Data Sharing Partners' Draft Data Prioritization Plan. She emphasized that the recommendations represent the technical feasibility of exchanging the data but does not yet reflect a clinician's perspective on the importance of the data in care delivery.

The group discussed the draft recommendations. Mark Treat strongly suggested that the scope of the first release be narrowed to include demographic and lab data only so the technical infrastructure and related requirements could be readily tested. He noted that feasibility includes technical and budget considerations. The group continued the discussion on the implications of data prioritization in the DSP recommendations. The Steering Committee advised that the data prioritization plan should be vetted first with the user group (PAP) and then immediately moved to prioritization. In support of this goal, in its first meeting, the Professional Advisory Panel will be charged with building on the DSP work to produce a rank-ordered list of high value, high priority data elements for consideration in the first technical release of a pilot data exchange system.

The group briefly discussed the criteria used to define technical feasibility of data exchange. In this discussion, HIPAA considerations related to data exchange were raised. It was noted that, in addition to forming the PAP and implementing consumer engagement activities, the project will soon constitute a policy and legal work group and implement a process to identify, manage and address such issues. Amy Zimmerman briefed the Steering Committee on national initiatives that may offer insights into some of the most pressing issues faced by regional health information exchange initiatives. She noted that as the project progresses, numerous perspectives and sources of experience will be leveraged to help formulate policies and respond to legal issues in ways that are acceptable to Rhode Island stakeholders and consistent with prevailing laws.

A related point of discussion included how to address the MPI function in the data exchange system. Amy Zimmerman briefed the group the current status of MPI options and how they perform. A range of commercially available products exist, again, there are many policy issues that must be effectively addressed in this technical component alone. To move forward, Amy noted the need to both describe the high level technical scope of what the system is intended to do as well as describe what will be specifically required to pilot a narrowly defined data exchange project.

Group discussion continued and participants offered perspectives on defining technical scope. Recognizing that there are key business process decisions that should be understood and clarified up front, one recommendation was to first document a conceptual approach to how the Health IT system would be

operationalized (for example, articulating assumptions about how the system is used on a daily basis; do consumers opt-in versus opt out; how information will be updated; defining the operating "entity", etc.); These operational considerations are expected to impact policies, procedures, security, cost of maintenance and sustainability and adoption.

Another perspective included focusing on defining what is required for procurement of technical assistance to build the capability within the defined scope of this project. Some requirements will be known even before the business processes are fully known, e.g., describing message-oriented middleware that address the scalability issues. This approach assumes that certain critical infrastructure is needed up front regardless of what the data is. The related recommendation is to hone in on defining the message-oriented infrastructure while also considering policy and other feasibility issues and how these issues impact the ultimate technology solution.

These diverse starting points were part of a more broad discussion about the lack of a clear definition or illustration of technical or functional scope for the overall initiative and the need for that element as a near term deliverable from the TSG with buy-in from the DSP group and the Professional Advisory Panel. Driving from the scope document, the next steps should define parts of the scope to be included in a first release followed by definition of the functional and technical requirements.

■ **Action Items:**

The Technical Solutions Group is charged with 1) developing a high-level scope document, 2) describing what would be included in a first release and 3) providing a proposed approach to address the implications of the infrastructure gap analysis that the group is currently performing.

7. Establish Next Steps

The next meeting is scheduled for Thursday, June 23, 2005 from 7:00am – 9:00am. Location to be determined. (Now confirmed at Quality Partners of RI.)

The next meeting agenda will include:

1. Review and approve 5/26 minutes
2. Approval of Steering Committee Decision-Making Guidelines
3. Review Vision and Mission Statements
4. Review Steering Committee Role
5. Project Management Update; including budget overview and SC role, and status update on work groups and contracts
6. Discussion and possible vote on Data Prioritization Plan
7. Review a draft Health IT system scope document, if available
8. Establish next steps

8. Adjourn

Dr. Priebe thanked the group and adjourned the meeting at 8:55am.