

**Meeting of the RI AHRQ Health IT Project Steering Committee  
June 23, 2005 ♦ 7:00am – 9:00am**

**Quality Partners of Rhode Island\***  
235 Promenade Street ♦ Suite 500 ♦ Providence, RI 02908 ♦ 401-528-3200

## MEETING MINUTES

### MEETING ATTENDEES (\*indicates participation by teleconference)

#### Steering Committee

- Ted Almon**, Consumer
- Fadya Al Rayess, MD**, Chad Brown Health
- 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 Feeney**, 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
- Amy Zimmerman**, RI Department of Health

#### Guests

- Reed Coleman, MD**, Lifespan
- Thomas Collins**
- David Gifford**, RI Department of Health

### MEETING PURPOSE

To continue refinements to group organizational procedures, discuss project status and consider consensus recommendations for data prioritization.

### AGENDA

- 7:00 – 7:10**      **1. Call to Order, Welcome and Introductions**  
*Carole Cotter, Lifespan, Co-Chair*
- 7:10 – 7:15**      **2. Consideration for Approval:**
  - 5/26 Meeting Minutes
  - SC Guidelines for Decision-Making*Carole Cotter, Lifespan, Co-Chair*
- 7:15 – 7:25**      **3. Review Organizational Documents in Progress**
  - Project Goals and Vision Statement*Carole Cotter, Lifespan, Co-Chair*  
*Laura Ripp, Rhode Island Department of Health*

**CONTINUED**

## AGENDA, CONTINUED

- 7:25 – 7:55**      **4. Project Manager Update**
- Budget Review
  - Data Sharing Partners (DSP) Group
  - Technical Solutions Group (TSG)
  - Professional Advisory Panel (PAP)
  - Policy and Legal Group (P&L)
  - Subcontract Status
  - Solutions Architect
- Carole Cotter, Lifespan, Co-Chair*  
*Amy Zimmerman, Rhode Island Department of Health*
- 7:55 – 8:35**      **5. Discussion and Consideration for Approval:**
- Data Prioritization Plan
- Cedric Priebe, MD, Care New England, Co-Chair*  
*Amy Zimmerman, Rhode Island Department of Health*
- 8:35 – 8:55**      **6. Presentation of Project Technical Scope**
- Cedric Priebe, MD, Care New England, Co-Chair*  
*Dave Hemendinger, Chair, Technical Solutions Group*
- 8:55 – 9:00**      **7. Establish Next Steps**
- Cedric Priebe, MD, Care New England, Co-Chair*
- 9:00**              **8. Adjourn**
- Cedric Priebe, MD, Care New England, Co-Chair*

## MEETING SUMMARY

### 1. Call to Order, Welcome and Introductions

#### ■ Discussion:

Carole Cotter, Co-Chair, opened the meeting and welcomed the group. All in attendance introduced themselves. Ms. Cotter recognized two new Steering Committee members, Dr. Fadya Al Rayess and Heather Larch.

#### ■ Action Items:

None.

### 2. Consideration for Approval

#### ■ 5/26 Meeting Minutes

Ms. Cotter 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.

#### ■ SC Guidelines for Decision-Making

Ms. Cotter directed the group to the handout titled "Guidelines for Steering Committee Decision-Making" and asked for comments from the group. No changes were suggested. A motion was made to approve the guidelines as written. 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. Review Organizational Documents in Progress

- **Project Goals and Vision Statement**

Ms. Cotter directed the group to a working draft of Rhode Island's Shared Vision for Health Information Exchange and the Rhode Island / AHRQ Health IT Project Goals Statement. Laura Ripp provided an overview of document revisions. The group discussion included assuring that other project groups were given an opportunity for input prior to Steering Committee consideration for approval.

- **Action Items:**

The vision and goals statement will be provided to the Technical Solutions Group (TSG), Data Sharing Partners (DSP) group, the Professional Advisory Panel (PAP), and the Rhode Island Quality Institute (RIQI) Board of Directors for feedback. Laura Adams noted that the RIQI Board has developed a strategic vision for Health IT. The proposed shared vision statement will continue to be reviewed with an eye toward reconciliation of the ideas inherent in these documents and incorporation of additional stakeholder perspectives.

### 4. Project Manager Update

Amy Zimmerman provided a handout summarizing project activities during June and projecting key action items for July. A budget handout was also provided.

- **Budget Review**

Amy Zimmerman presented an overview of the five-year project budget. Expenditures against this budget have been low to date pending approval of a series of subcontracts for project assistance. There were no questions.

- Action Items:**

Budget updates will be provided to the Steering Committee on a quarterly basis.

- **Data Sharing Partners (DSP) Group**

Ms. Zimmerman reviewed DSP membership, recognized DSP members on the Steering Committee and noted that the DSP group produced a draft Data Prioritization Plan which was initially presented and discussed during the May 26<sup>th</sup> Steering Committee meeting. This plan was further refined through PAP discussions on June 13<sup>th</sup> and a joint TSG/DSP meeting on June 15<sup>th</sup> and will be presented to the Steering Committee at this meeting for consideration. Going forward, the TSG/DSP groups will conduct joint meetings to address project requirements.

- Action Items:**

Continued updates will be provided.

- **Technical Solutions Group (TSG)**

Ms. Zimmerman reviewed TSG membership, recognized TSG members on the Steering Committee and briefly described the TSG work to define a high-level Health IT system model. The strawman model will be presented at this meeting for initial discussion.

**Action Items:**

Continued updates will be provided.

**■ Professional Advisory Panel (PAP)**

Ms. Zimmerman gave the floor to Dr. Deidre Gifford who provided an overview of PAP activities to date including the inaugural meeting at Quality Partners of Rhode Island on June 13<sup>th</sup>. Dr. Gifford noted that Quality Partners is under contract to the state to constitute a provider group and support project activities to engage health services professionals in the RI Health IT Project. Dr. Gifford directed the group to a handout listing current PAP membership and described the composition of the group. She noted the intent to continue expanding physician participation in the group and requested Steering Committee suggestions to enhance representation. Dr. Gifford also related the suggestion by PAP members to include non-physicians working in clinical settings to provide additional administrative / operations perspectives.

Dr. Gifford briefly reviewed key topics of lively discussion during PAP consideration of the draft Data Prioritization Plan. This discussion culminated in a structured decision-making process that resulted in Panel consensus on recommendations for a prioritized set of data elements to be used in the pilot (first release) Health IT System. Dr. Gifford noted the Panel's unanimous agreement that obtaining patients' health insurance coverage and benefit information was the highest priority data exchange activity that would provide significant value to physicians, their staff and their patients if it were accessible through the proposed statewide information system. It was noted that many clinical and financial health care decisions are contingent on coverage/benefit information which, today, is not conveniently available in a standard electronic format from all Rhode Island insurers. Dr. Gifford reviewed the clinical data priorities as determined by the Panel including lab and medication information, a range of clinical/diagnostic reports and additional phone numbers to complete patient contact lists. She noted that the Steering Committee will be considering the Data Prioritization Plan in today's meeting which reflects the combined perspectives of the TSG/DSP groups and the Professional Advisory Panel.

**Action Items:**

Steering Committee members should direct PAP membership suggestions to Dr. Deidre Gifford.

**■ Policy and Legal Group (PLG)**

Amy Zimmerman provided an overview of the Project Management Committee's guidance on the role of the Policy and Legal Group and how the PLG role will involve defining policy and legal direction at two distinct levels. Considerations for PLG participation will include a group to address strategic, community-level / RHIO issues (Regional Health Information Organization) in close coordination with a group to address tactical and operational issues affecting the project. Staff will work with the Management Committee and RIQI leadership to define a proposed structure and procedures that will integrate the work of these PLG components.

**Action Items:**

This discussion will be presented to the RIQI Board of Directors for consideration. Project staff will provide updates to the Steering Committee on a proposed approach to

implement the PLG functions and coordinate efforts to address policy and legal issues at the RHIO and project levels.

■ **Subcontract Status**

Amy Zimmerman noted that the Quality Partners contract to support provider engagement activities has been approved by AHRQ and will now be executed. Also, the final vendor recommendation to support consumer engagement activities has been submitted to the Department of Administration for consideration; contract details will be addressed in July. RIQI and Brown University subcontracts are still being reviewed and negotiated.

**Action Items:**

Contracting activities are ongoing. Continued updates will be provided.

■ **Solutions Architect**

A large number of responses to a bid for technical assistance are being reviewed; interviews and a final recommendation from the review committee will be accomplished in July. The selected subcontractor will provide assistance in finalizing and documenting the technical details of a state-issued IT procurement document intended to solicit responses for vendor support of the RI Health IT Project goal of implementing a statewide health data exchange system.

**Action Items:**

Continued updates will be provided.

**5. Discussion and Consideration for Approval: Data Prioritization Plan**

■ **Discussion:**

Amy Zimmerman directed the group to the pre-distributed "Recommendations for Steering Committee Consideration: Data Prioritization Plan". The recommendations were developed through deliberations of the DSP, PAP and TSG members and were considered by the Steering Committee for approval. Ms. Zimmerman reviewed the purpose of the plan:

*To identify a priority data set, based on "feasibility and desirability of use", to be exchanged in the statewide Health IT System proof of concept, prototyping and initial deployment in the Rhode Island healthcare community. Specific objectives of this data prioritization plan include 1) supporting achievement of AHRQ contractual requirements for clinical data exchange and 2) promoting broad adoption and use of the Health IT System.*

The plan under consideration proposed a two-track process to support timely progress on implementing clinical data exchange while also addressing the challenges of administrative data exchange. It was noted that while a key objective of the AHRQ project is clinical data exchange, project stakeholders recognize the significance of the strong physician recommendation to improve processes around access to insurance coverage and benefit information. It was also noted that accomplishing statewide clinical data exchange using information from numerous data sharing partners will require a core set of high quality patient demographic data to support information linkages using master person index (MPI) technology.

The Steering Committee engaged in a lengthy, detailed discussion about the implications of the data prioritization proposal. The group discussed the current information sharing

capability of major Rhode Island health plans and the strong relationship between administrative transactions, clinical care and patient satisfaction. Some of the longstanding issues and barriers to health plan data exchange were raised.

Currently, health plans have representatives on the Steering Committee; however health plans are not yet participating in the initial stages of the project as data sharing partners. Dr. David Gifford noted that health plans are a source of high quality demographic data (including phone numbers) that could be used in an MPI and, when combined with the identified need for administrative data, advised the project to consider health plans as additional data sharing partners in the project. The group discussed the challenge of coordinating between administrative and clinical focus areas. It was noted that the work effort must be structured to address converging issues and manage them to the collective advantage of the project. The strategic and political implications of health plan involvement were recognized and the group agreed that administrative data exchange issues should be addressed by the RIQI Board of Directors, the governing body for the RI Health IT Project.

Ultimately, the group agreed that this project offered an important opportunity to revisit a number of longstanding issues in an effort to move the community forward toward its broad vision for statewide health data exchange. Therefore, the Steering Committee drafted an amended recommendation which was unanimously approved as follows:

**Approved amended recommendation for data prioritization in a first release Health IT System:**

“Evaluate and implement a top clinical priority data set (which includes laboratory information) and pursue feasibility of the administrative track with RIQI Board level action.”

■ **Action Items:**

- The Steering Committee recommendation to determine the feasibility of administrative data exchange will be presented to the RIQI Board of Directors for consideration and next steps.
- Project staff and stakeholders will pursue the details of statewide clinical data exchange, starting with lab information.

## 6. Presentation of Project Technical Scope

■ **Discussion:**

Dave Hemendinger, TSG Chair, referred the group to a handout depicting a proposed “strawman” technical architecture for consideration and discussion. Gary Croteau reviewed the “user portal” level (Tier 1) of the proposed technical architecture. Key concepts behind this level of system functionality include:

- Users are customers of the system and functionality and access will vary depending on the user type. Consumers, providers, data sharing partners, insurers, and public health are typical user types.
- By supporting patient control over access to personal health information and providing the technology to protect such information from unauthorized disclosure, the model is truly patient-centric, which is a strength.

Mr. Hemendinger explained that user requests and preferences would be handled at the "aggregation level" (Tier 2) and noted that this was the most technically complex layer in the proposed model. It was noted that between each level of system functions, specific business relationships will determine what and how information flows. For example, between Tier 1 and 2, patient consent will drive what kind of information is exchanged and who may access it. As data moves between other levels, the technology will support specific security policies and business rules to be established by the community and data sharing partners.

Mr. Hemendinger described the part of the strawman model where data would be gathered and managed. This "clearinghouse level" (Tier 3) is a unique characteristic of the proposed model since it is logically organized by type of information yet these databases may be physically decentralized. That is, lab information contributed by multiple data sharing partners will be organized in a specific database and managed according to specific standards and requirements for that data type; similarly for pharmacy, diagnostic reports, administrative, and other types of data. This level is also where audit functions are performed to track system and user activity.

Steve Foley described the "data supply" part of the model where the primary function is to support data sharing partners' participation in the system. This level (Tier 4) is characterized by local control of what, when and how information is moved into the community system. This approach allows data sharing partners of varying capability to participate in the system and minimizes the impact of participation on daily operations. It was noted that the user level (Tier 1) and the data sharing partner level (Tier 4) are "given" and that the other layers lend themselves to optimize performance and reliability of the system.

The question of how this approach compares to other architectures was asked. In the time available, a few key characteristics were presented. The most notable advantages of the model include:

- The technical solution will support an "opt-in" approach to information exchange that allows patient's to consent to data sharing. Other systems are primarily driven by broadly applying written consent to information sharing activities.
- Performance (speed) and scalability (the ability to expand) are strengths of the model. Most other systems are limited by scalability and speed.
- Ease of data sharing partner participation. The proposed approach is to use data exchange "tools" that most data sharing partners already have, so their cost to participate would be lower. This also applies to the use of standards; as long as the system supports those in use by data sharing partners, it should be able to support those standards as they evolve. The real issue of applying standards occurs at the data sharing levels between the clearinghouse (Tier 3) where data is stored and where data is aggregated for presentation to the user (Tier 2); whatever standards stakeholders decide to adopt will be incorporated and managed at these levels and would not impair the ability of data sharing partners to participate.
- Minimization of impact on data sharing partner operations. Data sharing partners maintain control over when and how data is released to the system. The range of

technical options to participate also helps data sharing partners avoid complex, expensive infrastructure investments.

- Infrastructure costs are shifted to the middle thereby making cost sharing possible as determined by the community.
- While many other models are focused on moving data, the advantage of the clearinghouse database design includes readily supporting the ability to assess population health. Therefore, public health analyses can be addressed by the system.

Dave Hemendinger briefly reviewed technologies and standards/protocols.

■ **Action Items:**

The TSG/DSP groups and the solution architect vendor will continue to add details to the strawman model in preparation for continued stakeholder consideration and the development of a public procurement document. The PAP will provide additional input on specific data requirements and system functionality. The work of these groups will be augmented by consumer feedback once the consumer group is constituted.

## 7. Establish Next Steps

■ **Discussion:**

Dr. Priebe noted the time and thanked the group for a very productive meeting. He reminded the group that the next meeting is scheduled for Thursday, July 28<sup>th</sup> and the location will be included with the meeting notice. Key agenda items will include:

- Continued evolution of the strawman technical model including a document describing the scope of the system pilot (first release) and user scenarios.
- Project Manager update.
- Update on progress toward finalizing the Vision and Goals statement.

## 8. Adjourn

- Dr Priebe adjourned the meeting at 9:05am.