

**Meeting of the RI AHRQ Health IT Project Steering Committee
July 28, 2005 ♦ 7:00am – 9:00am**

**Robinson C. Trowbridge Center at Kent Hospital ♦ First Floor Conference Room
10 Health Lane ♦ Warwick, RI**

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, Prov. Community Health Ctrs
- Doug Fonseca, Blue Cross Blue Shield of RI
- Heather Larch, Pharmacist
- Kathleen Mahan, SureScripts*
- Maria Montanaro, Thundermist Health Ctr
- Steven Mueller, United Health Networks
- Pat Moran, Hospital Association of RI
- Ray Ortelt, Pawtucket Memorial Hospital

- Cedric Priebe, MD, Care NE, 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
- Ken Morotte, Wood Cove Technology
- David Hemindinger, Lifespan

MEETING PURPOSE

To discuss project status and develop a shared understanding of the strawman Health IT System and stakeholder considerations.

AGENDA

- 7:00 – 7:05** **1. Call to Order, Welcome and Introductions**
Cedric Priebe, MD, Care New England, Co-Chair
- 7:05 – 7:10** **2. Consideration for Approval:** 6/23 Meeting Minutes
Cedric Priebe, MD, Care New England, Co-Chair
- 7:10 – 7:15** **3. Update on Organizational Documents/Issues in Progress**
 - Status: Project Goals and Vision Statement
 - Approach to Address Policy and Legal Issues*Cedric Priebe, MD, Care New England, Co-Chair*
Laura Adams, RI Quality Institute
- 7:15 – 7:40** **4. Project Manager Update**
Cedric Priebe, MD, Care New England, Co-Chair
Amy Zimmerman, Rhode Island Department of Health
- 7:40 – 8:55** **5. Review of IT Principles and Strawman Health IT System;**
Discuss Stakeholder Considerations
Carole Cotter, Lifespan, Co-Chair
Cedric Priebe, MD, Care New England, Co-Chair
- 8:55 – 9:00** **6. Establish Next Steps**
Carole Cotter, Lifespan, Co-Chair
- 9:00** **7. Adjourn**
Carole Cotter, Lifespan, Co-Chair

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 introduced themselves.

■ Action Items:

None.

2. Consideration for Approval

■ 6/23 Meeting Minutes

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. Updates on Organizational Documents/Issues in Progress

■ Status: Project Goals and Vision Statement

Dr. Priebe noted that the Steering Committee directed staff to assure that other project groups were given an opportunity for feedback on the Project Goals and Vision Statement prior to Steering Committee consideration for approval. Staff reported that the document is still pending review by the Professional Advisory Panel, scheduled to meet in early August. The Technical Solutions Group and Data Sharing Partners will also be asked for feedback. Laura Adams indicated that at its August 3rd meeting, the RIQI Board would be discussing an approach to address a broad range of issues related to the RI HIT Project; RIQI input on the Project Goals and Vision Statement will be managed according to the Board's agreed upon approach.

■ Approach to Address Policy and Legal Issues

Laura Adams reported to the Steering Committee that at its July meeting, the RIQI Board accepted the task of addressing a defined scope of policy and legal issues that arise from Health IT activities. The RIQI Board plans to restructure the organization and, through this effort, will consider its role in providing HIT policy and legal guidance among numerous other roles. She noted that the scope of RIQI responsibilities would be focused on addressing those legal and policy issues with strategic implications, i.e., those that transcend the operational issues of the HIT Project. Amy Zimmerman noted that members of a Project-level Policy and Legal Group are being identified.

■ Action Items:

- a. The vision and goals statement will be provided to the Technical Solutions Group (TSG), Data Sharing Partners (DSP) group, and the Professional Advisory Panel (PAP) for comment. Once this input is gathered and the document is finalized and approved by the Steering Committee, the Project Goals and Vision Statement will be taken to RIQI for endorsement.

- b. Laura Adams will provide updates on the status of RIQI restructuring and implications for the Project.

4. Project Manager Update

Amy Zimmerman provided a handout summarizing project activities completed during July and those planned for August.

- **Administrative Track: RIQI Board**

Laura Adams reported that at the July meeting of the RIQI Board, it accepted responsibility for promoting progress toward including administrative data in statewide health data exchange efforts. Laura noted that the Board is fully supportive of the goal of including administrative information in the state's interconnected health system and it's members include key stakeholders needed to make this a reality. The "Administrative Track" will be managed under the new RIQI structure to be determined in August.

Action Items:

Updates on progress will be provided to the Steering Committee.

- **Data Sharing Partners (DSP) / Technical Solutions Group (TSG)**

Ms. Zimmerman noted that the TSG/DSP groups are now meeting jointly to address project requirements. The current focus of TSG/DSP efforts is on defining the requirements for the "to be" Health IT system. A list of attributes of a proposed HIT system has been mapped to the IT Principles to which the HIT Project ascribes; a schematic diagram of how a lab transaction would be processed through the proposed system has also been developed. These documents and related topics were discussed later in this meeting.

Action Items:

Continued updates will be provided.

- **Professional Advisory Panel (PAP)**

Dr. Deidre Gifford provided an update on PAP activities. Dr. Gifford noted that the inaugural PAP meeting was conducted on June 13th and the group provided critical feedback on the Data Prioritization Plan. Since that time, group membership has been expanded. The group plans to meet again in early August and will focus on identifying provider requirements for lab transactions, a top priority to pilot the HIT System's clinical data exchange capability.

Action Items:

Continued updates will be provided.

- **Policy and Legal Group (PLG)**

Amy Zimmerman referred to the previous discussion regarding constitution of the project-level PLG. She noted that policy and legal implications of HIT System design and implementation are apparent in nearly every project activity and therefore the role of this group is critical. The Steering Committee was encouraged to suggest prospective PLG members.

■ **Action Items:**

Continued updates will be provided. Suggestions for PLG membership should be directed to Amy Zimmerman.

■ **Subcontract Status**

Amy Zimmerman noted that the vendor recommendation for the Consumer Engagement contract has been approved by the Department of Administration. Vendor notification is imminent. Commencing work requires development of the state contract and issuing the purchase order; targeting an early-to-mid September start. The Quality Partner contract for PAP activities has been approved by AHRQ; the purchase order to execute the contract is being finalized. RIQI and Brown University subcontracts are still being reviewed and negotiated.

Action Items:

Contracting activities are ongoing. Continued updates will be provided.

■ **Solution Architect**

A finalist for the Solution Architect mini-bid has been selected. The solution architect will provide assistance in finalizing and documenting the technical details of a state-issued IT procurement document for the RI Health IT Project's statewide health data exchange system. Negotiations are underway. The selected vendor is expected to be engaged in early August.

Action Items:

Continued updates will be provided.

5. **Review of IT Principles and Strawman Health IT System;
Discuss Stakeholder Considerations**

■ **Discussion:**

Carole Cotter, Co-Chair, directed the group to a diagram depicting the "Rhode Island Health IT System Strawman Model." The diagram is a high-level representation of the functions and data flows anticipated in the proposed HIT System for Rhode Island. Assisted by Dave Hemindinger, TSG Chair, the group engaged in discussion to better understand and gain clarity on some of the key issues in health data exchange. After a review of data flow, key functions and stakeholder roles in the proposed system, major topics discussed included the following:

- ◆ Patient consent and its impact on how/when data sharing partners provide data to the statewide system.
- ◆ Considerations around system architecture and technology services that will support both a web-based "portal" (i.e., common secure website) and an application integration approach. That is, consider extending the HIT System capability to allow users to view and integrate data provided through the HIT system directly from local electronic health record (EHR) applications and other local technology platforms using electronic data interchange (EDI) or other technical approaches. It was noted that "pay for performance" (a.k.a., P4P) is a major push in the payer/provider communities and it is likely that adoption of EHRs will be a major factor in HIT System use. Under a P4P scenario, physicians will be held responsible for managing populations of patients as well as individuals; will require integration of data from a community system with local

provider systems. This lends support for consideration of the EDI/interface issue.

From a technical and business process perspective, the group discussed the need to build in the flexibility to allow the HIT System to integrate with EHRs. Will require flexibility in design including consideration of a (technology) service-oriented approach. Practical considerations were also discussed. The balance for the project is to define what can be built in the next few years that can address the major issues while allowing for transition as broad buy-in is realized.

Carole Cotter directed the group to a related document titled, "The Rhode Island Health Information Technology Project: A Principled Approach to Building the State Health IT System." This document presented a summary of key IT Principles developed by Rhode Island stakeholders to guide HIT System development. These principles have been used by the TSG/DSP groups to formulate the Strawman HIT System model on behalf of the Rhode Island State community. The document presents each of the IT Principles and explains how that principle is reflected in the strawman.

The Steering Committee was asked to consider how well the attributes of the proposed strawman system aligned with the values and HIT System participation requirements of their respective organizations. The purpose of the discussion was to elicit Steering Committee feedback and guidance and to seek general support for the direction taken by the project. Key topics, issues and suggestions arising from this discussion included:

RE: IT Principles

- ◆ Assure that principles outlined in the AHRQ proposal are appropriately represented in the IT Principles document. Of specific note were the following:
 - a. Patient consent would be used to drive access to information (Security and Confidentiality principle);
 - b. Patient identified data would be available for clinical use only. For research and operational purposes, deidentified data will be used (Multiple Uses principle).

RE: Attributes of the Strawman Health IT System

- ◆ Consider how best to operationalize the technology to preserve the principles and promote adoption, e.g., how to enroll patients and providers being thoughtful of adoption issues and ways to differentiate between active patient consent and a simple release; think about strategies to "dethreaten" consumer decisions. The consumer engagement process will be important to gather consumer input. Similarly, the PAP will provide the physician/practitioner perspective. These efforts will be coordinated with system development and deployment. The group acknowledged that there is a need for flexibility in approaches to deployment.
- ◆ Recognize that policy decisions will add refinements to the technical specifications and system implementation.
- ◆ Address the need to understand how the strawman model compares or contrasts with other models that are planned or executed in other states and communities. Of particular interest is to know what happens in the "middle" of the model with data storage, aggregation and consent. It was noted that some model analysis

can be provided through the solution architect contract. Also, a request has been made to AHRQ's Resource Center for technical assistance to deliver a formal presentation on the characteristics, advantages and disadvantages of various models.

- ◆ Address the need to ensure that maximum flexibility is allowed in the formal procurement document so, on behalf of the Rhode Island community, the State can procure a solution that meets stakeholder specifications but does not violate procurement parameters. It was suggested that, to date, there are no commercially available solutions to support the "middle" of statewide health data exchange so it is assumed that we'll be looking for system integration services rather than products. Mark Treat noted that the procurement can be flexibly structured to support multiple awards, i.e., products and services.

Through this broad and varied discussion, the Steering Committee asked for a better understanding of what it will be deciding on relative to the HIT System procurement. Staff responded that they will be tasked with presenting critical elements related to procurement in a concise, meaningful way conducive to Steering Committee discussion, direction/ correction and to ultimately achieve consensus endorsement of specific project approaches. Working from deliverables produced by the solution architect and the TSG, DSP and PAP groups, staff will prepare relevant materials for Steering Committee consideration. Recognizing that the project's IT Principles will be important to include in the technology procurement, Carole Cotter directed the group to consider Steering Committee endorsement of the IT Principles as a next step in moving forward. The group agreed to review the IT Principles and be prepared for discussion and consideration for endorsement at the next meeting. A request was also made for a list of deliverables to be prepared by the solution architect for inclusion in the HIT System procurement document.

■ **Action Items:**

- Staff will reformat the IT Principles into a document for Steering Committee discussion and consideration for endorsement at the August 25th meeting.
- A summary of deliverables to be included in the HIT System procurement document will be provided to the Steering Committee.

6. Establish Next Steps

Carole Cotter noted the time and thanked the group for an insightful meeting. She reminded the group that the next meeting is scheduled for Thursday, August 25th and the location will be included with the meeting notice. Key agenda items will include:

- Project Manager update.
- UP FOR VOTE: Consideration of IT Principles for Steering Committee endorsement.
- Continue discussion of health data exchange issues and system design implications and reach agreement on stakeholder requirements.

7. Adjourn

- Ms. Cotter adjourned the meeting at 9:10am.