

Meeting of the RI AHRQ Health IT Project Steering Committee
September 22, 2005 ♦ 7:00am – 9:00am

Robinson C. Trowbridge Center at Kent Hospital ♦ 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

Other Attendees

- Mary Ellen Casey, Quality Partners of RI
- Reid Coleman, MD, Lifespan
- David Gifford, RI Department of Health
- Tracy Williams, RI Dept. of Administration

MEETING PURPOSE

To discuss project status, reach agreement on stakeholder requirements for a Rhode Island Health IT System and provide direction on stakeholder issues related to HIT System procurement.

AGENDA

- 7:00 – 7:05** **Call to Order, Welcome and Introductions**
Cedric Priebe, MD, Care New England, Co-Chair
- 7:05 – 7:10** **Consideration for Approval: 8/25 Meeting Minutes**
Cedric Priebe, MD, Care New England, Co-Chair
- 7:15 – 7:40** **Project Update**
Cedric Priebe, MD, Care New England, Co-Chair
Amy Zimmerman, Rhode Island Department of Health
- 7:40 – 8:10** **Discuss Health Data Exchange Issues, System Design Implications and Stakeholder Requirements (Continued)**
Cedric Priebe, MD, Care New England, Co-Chair
- 8:10 – 8:55** **Procurement Issues**
 - Rules of conduct, Non-disclosure agreements
 - Proposed approach to solicitation*Carole Cotter, Lifespan, Co-Chair*
Tracy Williams, RI Dept. of Administration, Division of IT, CIO
- 8:55 – 9:00** **Establish Next Steps**
Carole Cotter, Lifespan, Co-Chair
- 9:00** **Adjourn**
Carole Cotter, Lifespan, Co-Chair

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

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

- **Action Items:**
None.

2. Consideration for Approval

- **8/25 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.

3. Project Update

Amy Zimmerman provided a handout summarizing project activities completed during September and those planned for October.

- **Administrative Track / Policy and Legal Group: Initiatives of RIQI Board**

Ms. Zimmerman reported that RIQI has begun efforts to implement a new organizational structure including the addition of several subcommittees that will address key issues relevant to the RI HIT Project. Specific actions include: Identification of John Young, RI Medicaid Director, as Chair for the Interoperable Administrative Data Exchange Committee. Dr. David Gifford, Director of HEALTH, has been selected as Chair of the RIQI Policy and Legal Group (PLG). Chris Koller, RI Health Insurance Commissioner, has agreed to serve as Chair of the Business Sustainability Committee.

PLG will be first Committee to be constituted to provide guidance on the legal implications of statewide health information exchange and to inform Rhode Island policies such that they may support achievement of the HIT vision for the state. This group will also be a channel for addressing policy and legal issues identified through the RI HIT Project. Therefore, it will serve as a single Committee for HIT policy and legal issues at a broad, statewide level as well as a more operational project level. The first meeting is slated for mid-October.

- **Action Items:**

Updates on progress will be provided to the Steering Committee.

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

Ms. Zimmerman noted that the TSG/DSP groups continue actively working with Systems Engineering Incorporated (SEI) to develop community-validated requirements for a state-issued procurement for assistance in designing, testing and deploying an initial HIT System in Rhode Island. A lab subgroup has been formed to help define data and communication standards, develop a draft implementation guide, and develop a basic development environment through which implementation of the standards can be tested. This group is making good progress and is helping establish parameters for system feasibility.

As noted in the last meeting, the RI HIT System Strawman will be reviewed by a panel of technical professionals providing assistance through the AHRQ National Resource Center. Currently, three individuals have been identified to provide feedback on the Strawman model including commenting on the model's attributes and other considerations regarding operations, etc. Feedback from this external review will be compiled and shared with all HIT Project stakeholder groups. Ms. Zimmerman added that, in the interest of providing as much insight and objective perspective on the Strawman model, staff are committed to get additional input around the issue of the permissibility of moving data from data sharing partner systems to other data storage facilities. Two legal authorities have advised that the use of Business Associate Agreements are a legally permissible vehicle for assuring HIPAA compliance when health data is stored or managed by a third party on behalf of the originating organization.

Action Items:

Continued updates will be provided on HIT System requirements definition and solicitation development.

■ **Professional Advisory Panel (PAP)**

Dr. Deidre Gifford, Quality Partners of RI, noted that the PAP group did not meet in September. A mid-October meeting is planned. The first newsletter/communication to all RI physicians has been developed and will be distributed.

Action Items:

Continued updates will be provided.

■ **Subcontract Status**

The purchase order (P.O.) for the Quality Partners contract for provider engagement activities (including the PAP) has been issued; that contract is now fully underway. RIOI contract (for project governance and coordination) has been approved by AHRQ; P.O. is being processed. The Brown University subcontract language (for Evaluation) has been approved by AHRQ and Brown; contract development is underway. The Clarendon Group contract for consumer engagement activities is still under development.

Action Items:

Contracting activities are ongoing. Continued updates will be provided.

■ **InformationLinks Grant**

On September 7th, HEALTH submitted a grant for funding to The Robert Wood Johnson Foundation's InformationLinks Program. The specific focus of the grant is to support development of data standards to enable the bidirectional exchange of data between public health and the statewide health information exchange. If awarded, the grant would provide \$100,000 for one year that could be leveraged to accomplish activities that are fully synergistic with the RI HIT Project.

Action Items:

Continued updates will be provided.

■ **Dr. David Brailer Visits Rhode Island**

On October 20th, Dr. David Brailer, National Coordinator for Health Information Technology, will visit Rhode Island. In the morning, Dr. Brailer will speak at the Business Innovation Factory Summit. He will then meet with Governor Carcieri and participate in

a community discussion at RIQI in the afternoon. The RI HIT Project and the work of its stakeholders is of particular interest to Dr. Brailer.

Action Items:

A report on Dr. Brailer's visit will be included in the next Project Update.

4. Discuss Health Data Exchange Issues, System Design Implications and Stakeholder Requirements (Continued discussion)

■ **Discussion:**

Dr. Priebe directed the group to a document titled "Rhode Island Health IT System Project: Stakeholder Requirements Discussion Document." The first five issues were discussed at the last meeting. Steering Committee members voted whether they agreed, disagreed or were not sure if their perspective was consistent with the TSG/DSP recommendations for HIT System requirements on each respective issue. The group addressed the remaining two issues and revisited questions 4 and 5 to allow more time for discussion. The results of Steering Committee voting are summarized in Table 1.

Table 1. Results of Steering Committee Voting on Stakeholder Requirements for the HIT System

Issue	Agree*	Disagree	Not Sure
1. Model for patient consent to authorize access to personal health information.	8	2	3
2. Degree of consumer control over access to specific health information.	12	0	0
3. Options for HIT System users to view and use electronic data relative to local systems—portal versus integration.	11	1	1
4/5. System infrastructure options and DSP requirements to support shared data.	7	1	5
4/5. REVISITED	5	3	2
6. Level of stakeholder technology and financial investment required to operate and sustain the HIT System.	9	1	2
7. Degree of DSP (local) control over the impact of HIT System participation on their business operations.	7	1	4

* Votes reflect the level of agreement with proposed HIT System requirements for each issue.

Key points of discussion include:

Issue 6.

"Cost at the edges" – May be harder to fund system cost at the edges, i.e., where data sharing partners assume responsibility for significant investments of time, talent and money in their own infrastructure on behalf of the statewide health information exchange, since each DSP may have less incentive to fund the shared infrastructure. In this model, there is a greater potential to exclude smaller providers that may not be able to technically or financially support expensive, complex information infrastructure as required to participate.

“Cost in the middle” – This model supports the ability to distribute costs more equitably to those parties that accrue benefit. One group member noted that some major benefits, e.g., reductions in medical errors and duplication of tests, accrue to the payers (referencing an article in the September issue of *Health Affairs*), therefore there should be a way for payers to contribute to infrastructure support. Conceptually, the group felt it was easier to fund toward the middle. They also generally felt it may be logistically easier to build a more centralized model. Justifying the investment is the challenge. Other considerations include:

- Must define what the “middle” is.
- Must address the funding/business model.
- Must create a strong case for the System’s “value”.
- Must address reimbursement issues related to System use.

Issue 7.

“Real-time” data transfer versus “batch” or “store and forward”. As reflected in the voting, several different perspectives on this issue were offered. Most agreed that issues of System adoption will center on data timeliness and System availability. Some believe most data sharing partners cannot tolerate having large numbers of outside queries hitting their production systems concurrent with managing the load of real-time operations. Others offered the perspective that System responsiveness would depend on which data element is being requested as, according to the TSG/DSP recommendation, there could be different updating and business rules for various data sharing partners. Some in the group expressed the opinion that these business rules for the use of the data must be established at the System level (to the benefit of the user) and that rules around the technical requirements for electronic connectivity will be based on different requirements (to the benefit of the data sharing partners). All agreed that both elements must be driven by the appropriate business rules to optimize adoption.

Issues 4 and 5, revisited.

System Design: *“Centralized/Decentralized/Brokered Services” infrastructure* and data storage and management by *“institution” versus “co-mingled data”.* As reflected in the voting, Steering Committee opinions on infrastructure design are still mixed. Some group members feel that a broader range of considerations must be weighed in order to make informed decisions.

■ Action Items:

Issues requiring additional discussion will be systematically addressed as more information becomes available. For example, results of the Resource Center review, implications of responses to the HIT System solicitation, recommendations of the policy and legal group, etc., will be used to inform continued stakeholder discussion.

5. Procurement Issues

■ Discussion

Carole Cotter, Co-Chair, led the group in a discussion of the “Source Selection Participation Agreement”, i.e., a non-disclosure agreement (NDA) to support defined stakeholder participation in procurement activities related to the HIT System. Ms. Cotter noted that the NDA specified expectations around rules of conduct relative to state procurement activities. Ms. Zimmerman added that, in observance of these rules, Steering Committee meetings

where procurement issues are discussed will not be “open” meetings and distribution of materials will be limited.

Tracy Williams, State CIO, noted that the rationale around these rules is tied to the State’s commitment to offering a competitive environment for procurement. The option to sign an NDA is being offered to encourage the participation and guidance of stakeholders in an advisory role to the state-employee Evaluation Committee in the HIT System vendor selection process. Signing the NDA will allow Steering Committee members and TSG/DSP members to participate in advising the development of the HIT System solicitation document and in the evaluation of proposals. The group engaged in some discussion on whether the NDA pertained to personal or organizational representation. It was determined that further clarification was needed.

Ms. Zimmerman explained the process for developing the Request for Proposal (RFP) and structuring the solicitation so that some detailed requirements are provided and others are left more open to vendor recommendations. The attributes of the TSG/DSP proposed Strawman model will be described in the RFP. Vendors will be asked to articulate requirements to support the functionality related to the Strawman model or offer alternative approaches. The timeline for completion of writing the RFP is the end of October. It was noted that the sensitivity of non-disclosure increases as the solicitation process proceeds. The Steering Committee Co-Chairs will make it clearly known when information and discussions are sensitive/proprietary so meeting attendees may respond accordingly.

■ **Action Items:**

Issues requiring follow-up include:

- Get additional legal advice on the breadth of applicability of NDA to individuals and organizations.
- Provide a point of contact for NDA questions.
- Prepare guidelines for behavior under NDA provisions.
- Specify a deadline for NDA submission.

6. Establish Next Steps

Ms. Cotter thanked the group for a productive meeting. The group agreed that the November meeting will be held on November 17th since the fourth Thursday is Thanksgiving Day. She reminded the group that the next Steering Committee meeting is scheduled for Thursday, October 27th at the same location. Key agenda items will include:

- Project Update
- Procurement issues, including NDA

7. Adjourn

- Ms. Cotter adjourned the meeting at 9:00am.