

**Meeting of the RI AHRQ Health IT Project Steering Committee  
November 17, 2005 ♦ 7:00am – 8:30am**

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**

- John Audett, MD**, Kent Hospital
- Mary Ellen Casey**, Quality Partners of RI
- Reid Coleman, MD**, Lifespan
- Crystal Pilon**, St. Joseph Health Services
- Tracy Williams**, RI Dept. of Administration

**MEETING PURPOSE**

To discuss project status, reach agreement on open meeting procedures for discussions "under NDA" and consider implications of AHRQ Resource Center feedback on the RI HIT System Strawman model.

**AGENDA**

- |                    |   |
|--------------------|---|
| <b>7:00 – 7:05</b> | <b>1. Call to Order, Welcome and Introductions</b><br><i>Cedric Priebe, MD, Care New England, Co-Chair</i>  |
| <b>7:05 – 7:10</b> | <b>2. Consideration for Approval: 10/24 Meeting Minutes</b><br><i>Cedric Priebe, MD, Care New England, Co-Chair</i>   |
| <b>7:10 – 7:50</b> | <b>3. Project Update</b><br><i>Cedric Priebe, MD, Care New England, Co-Chair</i><br><i>Amy Zimmerman, Rhode Island Department of Health</i>                                 |
| <b>7:50 – 8:00</b> | <b>4. Open Meeting Procedures in the NDA Environment</b><br><i>Cedric Priebe, MD, Care New England, Co-Chair</i><br><i>Amy Zimmerman, Rhode Island Department of Health</i> |
| <b>8:00 – 8:50</b> | <b>5. Consideration of AHRQ Resource Center Feedback</b><br><i>Carole Cotter, Lifespan, Co-Chair</i>  |
| <b>8:50 – 9:00</b> | <b>6. Next Steps</b><br><i>Carole Cotter, Lifespan, Co-Chair</i>  |
| <b>9:00</b>        | <b>7. Adjourn</b><br><i>Carole Cotter, Lifespan, Co-Chair</i>   |

## MEETING SUMMARY

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

Dr. Cedric Priebe, Co-Chair, opened the meeting at 7:05am and welcomed the group. All in attendance introduced themselves.

### 2. Consideration for Approval

#### ■ 10/24 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 October 24, 2005 minutes as submitted. Steering Committee members voted in favor of approval, none opposed.

#### **Action Items:**

October 24, 2005 meeting minutes are accepted without changes.

### 3. Project Update

Amy Zimmerman provided a handout summarizing project activities completed during November and those planned for December. Key points for update included:

#### ■ Integrated Administrative Data Exchange (RIQI)

Ms. Zimmerman provided a brief update on RIQI Committee activities pertaining to examining the interoperable exchange of administrative data. A committee has been identified, to be chaired by John Young, RI DHS Medicaid Director, however, the committee has not yet convened. Continued efforts will be made to make progress.

#### **Action Items:**

Continued updates on progress regarding administrative data exchange will be provided.

#### ■ Policy and Legal Committee (RIQI)

Ms. Zimmerman provided an update on the RIQI Policy and Legal Committee (PLC), chaired by Dr. David Gifford. As an outcome of the inaugural PLC meeting in October, four workgroups were created. Of these four subcommittees, the "Consent" and "Data Safeguards" subcommittees have met initially. The purpose of these meetings was to lay the groundwork for the groups' activities and role and try to reach a common understanding of the relevant issues. Subcommittees will meet as needed to make progress on identified issues. The full PLC will continue its plan for monthly meetings.

#### **Action Items:**

Continued updates on PLC and subcommittee progress will be provided.

#### ■ Data Sharing Partners (DSP)/Technical Solutions Group (TSG)/Lab Subgroup

Ms. Zimmerman reported that the Lab Subgroup is working to complete an HL7 draft specification. When completed, this proposed implementation guide will be validated with other labs. The approach is intended to be as straightforward as possible, however, there may be some areas where interpretation will need to be discussed with and agreed upon by others.

Some lab subgroup members are working with DSPs to add clarity to technical descriptions so the Lab Data Exchange Implementation Guide can be used in the RI

Health Information Exchange Request for Proposals (RFP) to be released in early January.

**Action Items:**

Continued updates on technical activities in support of project goals will be provided.

■ **RFP Development Team / Status of Non-disclosure Agreements**

A volunteer group of Project stakeholders have elected to sign Non-Disclosure Agreements (NDA) allowing them to participate in: (1) review of the draft Request for Proposals (RFP) for the technical implementation of the Health Information Exchange, and (2) review and comment on vendor responses to the RFP. The draft RFP will be distributed to the NDA group before the Thanksgiving holiday. The NDA Group will conduct a series of meetings to discuss recommendations for changes to the RFP. Staff will reconcile Group guidance and revise the RFP accordingly in preparation for an early January release.

**Action Items:**

Continued updates on the status of this procurement will be provided.

■ **Professional Advisory Panel (PAP—QPRI)**

Dr. Deidre Gifford, Quality Partners of RI, noted that the PAP has not met since the last Steering Committee meeting. The group will meet on December 7<sup>th</sup>. The agenda for the December meeting will focus on presenting the proposed technical model and a continuation of the discussion on Stakeholder Requirements from the physician perspective.

**Action Items:**

Continued updates on PAP activities and related issues will be provided.

■ **Pharmacy subgroup perspectives (QPRI, other)**

Dr. Deidre Gifford provided an update on the activities of a pharmacy work group established to develop proposals for implementation of approaches to the electronic exchange of medication information. The work group is interested in participating with others to work through medication data exchange requirements and other issues that are applicable to the RI HIT Project's goals for health information exchange. She noted that the subgroup has been involved in the development of two proposals:

1. Standards for medication data exchange to support Medicare Part D pharmacy benefit management; and
2. E-prescribing (eRx) standards\* – QPRI partnered with URI, Brown, and Surescripts to look at adoption issues, barriers, etc. to eRx. The proposal approach was built on many of the initiatives already underway in the state.

Carole Cotter noted that SureScripts is a key data sharing partner (DSP) in the RI HIT Project and its recent experience with Hurricane Katrina may be able to be leveraged to this effort. Ms. Cotter also noted that RI was the first to pilot SureScript's electronic pharmacy transaction so there is a lot of knowledge in the state and two years of history to build on.

Ms. Zimmerman noted that our goal is to be able to support the exchange of lab and medication history through the statewide health information exchange as initial offerings. Ms. Zimmerman noted that RIQI's eRx Committee is also active in exploring related activities.

- \* E-prescribing is a set of electronic transactions to support processes and information management related to prescribing and dispensing medications. Medication history is a compilation of a specific patient's dispensed medications; perceived to be of great value to physicians in clinical care.

**Action Items:**

Jeff Newell, RPh, from QPRI will participate in the next meeting to discuss next steps with the Steering Committee.

■ **Technical Assistance – AHRQ Resource Center Review**

A three-person panel of health information infrastructure experts including Dr. Mark Frisse of the AHRQ National Resource Center has performed a review of the RI HIT System strawman model developed by the project's TSG/DSP group. The panel was asked to consider advantages and disadvantages of the model and offer insight into operational and business implications. Feedback from the Resource Center has been received and was reviewed by the TSG/DSP group. A written overview of the review request and TSG/DSP recommendations were pre-distributed to the Steering Committee and served as the basis for discussion. See discussion details below in agenda item #5: Consideration of AHRQ Resource Center Feedback.

■ **Subcontract Status**

A. Zimmerman reported that the Brown University contract (for Evaluation) is actively being negotiated. The Clarendon Group (Consumer Engagement) contract is still in review.

DHS and Brown are working on the Medicaid Impact Analysis deliverable to identify areas of opportunity for leveraging the health information exchange to the benefit of Medicaid populations. The approach includes assessing priorities and addressing synergies between the HIT Project and Medicaid goals. The Medicaid deliverable is on track for submission to AHRQ by Friday, 11/18.

Deidre Gifford noted the shared value in exploring possibilities to augment achievement of Medicaid goals and the fact that long term care (LTC) topped the list as a priority area. She pointed out that there is a federal and state-level agenda around LTC improvements and the insight from this project will be helpful in advancing that agenda.

**Action Items:**

Contracting activities are ongoing. Continued updates will be provided.

■ **Other Updates:**

○ **SRD Meeting**

A. Zimmerman updated the group on the most recent semi-annual meeting of the State and Regional Demonstration (SRD) Projects contracted by AHRQ in which the RI HIT Project participated. The meeting was held in Utah and the focus of the meeting was on business models for health information exchange. Utah Health Information Network (UHIN) hosted the meeting and worked with the group to simulate a "value-based" business model for a "results delivery" network. Ms. Zimmerman noted the uniqueness of each of the six contracting states and, particularly some of the business drivers for their health information exchange projects.

It was noted that Rhode Island has a more broad, systemic view of the functions and impact of a statewide health information exchange. Other states are taking a short-term view of the actual functions of the exchange. Detailed notes will be transcribed and Ms. Zimmerman will make these available for those that wish to see the detail. She summarized the primary takeaway by saying that there are really not many referenceable business models and states should not wait to consider the business implications of the health information exchange—this should be an early consideration.

Overall, the meeting was informative. DE and UT are beginning with “results-delivery”. CO is taking a Markle-type “record locator service” approach. TN is leveraging existing, funded infrastructure through Vanderbilt University and since their plan is to export the model, they have made a decision not to focus on defining the business model for the exchange at this time.

- **InformationLinks Program Proposal**

POST-meeting update: Steering Committee members were notified by email on November 22, 2005 that the Department of Health has been awarded one of the Robert Wood Johnson Foundation InformationLinks Program Grants. This was in response to the proposal that was submitted at the end of August that will provide \$100,000 for one year and will help the RI HIT Project develop community-wide data exchange standards for Laboratory and Immunization data and will help HEALTH convert some of its data (Laboratory and KIDSNET) into a standard format to support exchange.

- **Status of RIQI Review of Vision and Project Goals Statement**

The RIQI Board commented on the Vision and Goals Statement. Staff will evaluate recommendations for minor changes in language to help clarify the scope of the Vision relative to RIQI and the statewide perspective with a goal of arriving at a final, Board-endorsed version of the Vision and Goals Statement.

**Action Items:**

Updates on the status of the InformationLinks grant and the Vision and Goals Statement will be provided at the next meeting.

#### **4. Open Meeting Procedures in the NDA Environment**

- **Discussion:**

Dr. Priebe introduced the open meetings discussion by reviewing the goal of assuring that the Steering Committee meetings are conducted in concurrence with Open Meeting procedures while also considering the need to preserve non-disclosure protections for issues around state procurement.

A. Zimmerman reported that she sought counsel from the state Attorney General's office and the AG's informal guidance includes consideration of how many Steering Committee members have actually signed NDAs and whether they desire to have closed discussions. Her advice was to continue using the Open Meeting format and address any NDA-only discussions in distinct meetings.

The group was comfortable with the approach of preserving open meetings yet being able to discuss sensitive procurement details in planned sessions under NDA provisions, as required. The Steering Committee advised that such NDA review sessions will need well defined parameters.

**Action Items:**

Staff will reinstitute open meeting procedures, including public posting of meeting notices and pre-distribution of meeting materials to interested guests within the boundaries of permissible disclosure of information.

**5. Consideration of AHRQ Resource Center Feedback**

■ **Discussion:**

Dr. Priebe asked A. Zimmerman to review the process and the outcome of the AHRQ Resource Center review. She explained that the Resource Center reviewers considered the RI HIT Project strawman model and the accompanying sample of supporting materials from a comprehensive point of view and provided broad feedback on topics and issues beyond the model itself, including comments on the consensus Rhode Island IT Principles. The reviewers recognized the fact that they did not have a full account of all details relating to the model, however, they did offer comments on what was provided. Staff prepared a synthesis of the reviewer comments and convened a meeting of the TSG/DSP group on November 14, 2005 to discuss the implications of the review. As noted above, a summary of the outcome of this review and TSG/DSP recommendations was provided to the Steering Committee

Dr. Priebe noted that the RI approach is much more similar to an integrated delivery network architecture than to a "record locator service" or a "results delivery" gateway used in other health information exchange models. Dr. Priebe advised that the proposed approach to operating a statewide data exchange in Rhode Island will require a level of trust among business and clinical partners that is present today that must be preserved. Tracy Williams, RI State CIO, noted that the final architecture will have to evolve with experience as the requirements become known.

The group asked questions about system cost related to how the Project proposes to address the cost of building and sustaining the system. Ms. Zimmerman responded that we will use the current resources provided by AHRQ and other sources to develop what we can. The ongoing value provided by the system must be reflected in a longer-term model to sustain it. Dr Priebe suggested that we fashion our own evaluation around key points of differentiation so we can explicitly assess the feasibility of building the desired system.

The Steering Committee advised on the need to incorporate consumer and provider perspectives in an ongoing way and the importance of ensuring their representation and participation.

Ms. Cotter asked the group to support the TSG/DSP recommendation to "stay the course". The Steering Committee was specifically asked to endorse the TSG/DSP recommendation to continue advancing the proposed strawman model by including it in the RFP as a reference yet encouraging vendors to suggest and justify alternatives to the model. Further, in agreement with reviewer advice, additional details would be added to clarify and/or strengthen specific system requirements for inclusion in the RFP. This approach was supported by the Steering Committee.

**Action Items:**

Staff will work with the TSG/DSP group to incorporate reviewer recommendations to develop and include additional details into the RFP. Discussions of business models will be approached post-procurement.

**6. Establish Next Steps**

The next Steering Committee meeting is scheduled for Thursday, January 26<sup>th</sup> at the same location. (NOTE: The previously scheduled December meeting was cancelled.) Ms. Cotter summarized key agenda items as follows:

- Project Update
- RFP Status
- Pharmacy Data Exchange Update
- Other items as identified

**7. Adjourn**

- Ms. Cotter adjourned the meeting at 8:35 am.