

**Meeting of the RI AHRQ Health IT Project Steering Committee
October 26, 2006 ♦ 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
- Yul Ejnes, MD**, RI Medical Society
- Jim Feeney**, East Side Clinical Laboratory
- Steve Foley**, Prov. Community Health Ctrs
- Kristine Klinger**, BCBS Rhode Island
- Heather Larch**, Pharmacist
- Kathleen Mahan**, SureScripts
- Maria Montanaro**, Thundermist Health Ctr
- Steven Mueller***, United Healthcare Network
- 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
- Tracy Williams**, RI Dept. of Administration
- John Young**, RI Department of Human Svcs

Management Committee

- Laura Adams**, RIQI
- Deidre Gifford, MD**, Quality Partners of RI
- Jeremy Giller**, Clarendon Group
- Leonard Green**, RI Department of Health
- Stacy Paterno***, Clarendon Group
- Laura Ripp**, Consultant, Project Staff
- Melinda Thomas**, Department of Human Svcs
- Patrick Vivier, MD, Ph.D.**, Brown University
- Judy Wright**, RIQI
- Amy Zimmerman**, RI Department of Health

Other Attendees

- Mary Ellen Casey**, Quality Partners of RI
- Reid Coleman, MD**, Lifespan
- David Gifford, MD**, RI Department of Health
- David Hemendinger**, Lifespan
- Nina Lennon**, RI Department of Health
- Jeff Newell**, Quality Partners of RI
- Howard Rubin**, Care New England
- Fred Schulz**, United Healthcare Network

MEETING PURPOSE

To discuss the recent HIT Project vendor decision and implications of the specific technology offering and review and discuss the draft HISPC Project deliverable--Interim Assessment of Variation in Organizational Business (health information exchange) Practices.

AGENDA

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| 7:00 – 7:05 | 1. Call to Order, Welcome and Introductions
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 7:05 – 7:10 | 2. Consideration for Approval: 9/28 Meeting Minutes
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 7:10 – 7:45 | 3. EDS/InterSystems: Introduction/Overview of Offering
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Howard Rubin, , Care New England, RI HIT Project Technical Solutions Group</i> |
| 7:45 – 8:15 | 4. Project Update
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 8:15 – 8:50 | 5. HISPC Draft Deliverable: Assessment of Variation in Organizational Business Practices
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Laura Ripp, for Rhode Island Department of Health</i> |
| 8:50 - 9:00 | 6. Recap Next Steps and Adjourn
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

Dr. Cedric Priebe, Co-Chair, opened the meeting at 7:00am and welcomed the group. Dr. Priebe offered a special welcome to Fred Schulz, representing United Healthcare Network's corporate information services.

2. Consideration for Approval: 9/28 Meeting Minutes

Dr. Priebe directed the group to the last meeting minutes and asked for comments and corrections. A motion was made and seconded to approve the September 28, 2006 minutes as written. All Steering Committee members present voted in favor of approval.

Action Items:

September 28, 2006 meeting minutes are accepted as written.

3. EDS/InterSystems: Introduction/Overview of Offering

Dr. Priebe noted that as a result of the competitive process to select a technical vendor to design and deploy an initial Health Information Exchange in Rhode Island, EDS received a tentative award by the State to provide assistance for this important element of the RI AHRQ HIT Project. Dr. Priebe prepared the group for a presentation and discussion of the proposed EDS/InterSystems technology and technical services offering. Dr. Priebe led the group through a PowerPoint presentation that was provided by EDS for use in the Steering Committee meeting. He used the presentation to describe the general capabilities of the offering. Howard Rubin joined the presentation to provide additional details about the technical aspects of the offering.

■ Discussion:

Dr. Priebe opened the floor for discussion. The group responded with the following questions:

a. *What is the rationale for the use of the CCD standard versus CCR standard?*

There was not a clear answer available at the meeting; however, upon further inquiry, InterSystems noted that the Continuity of Care Document (CCD) standard is an HL7 version of the Continuity of Care Record (CCR) standard and offered a workable balance for transferring and representing clinical data. The CCD standard, although not final, has been recommended by the Health Information Technology Standards Panel (HITSP) which is leading a standards harmonization effort commissioned and funded by the US Department of Health and Human Services, Office of the National Coordinator for Health IT.

b. *What are the advantages of InterSystems' Gateway model to manage data contributed by data sharing partners?*

It was noted that the Gateway model could be implemented in a number of architectural configurations which was an important factor in selection. The gateway model offers options for on-site management of data; supports clear ownership of data; and creates data redundancy. It was noted that there are costs associated with each architecture option, whether gateways are deployed centrally within the HIE or federated, i.e., at the data sharing partner sites or in a "hybrid" configuration.

- c. *How much flexibility do we have in the design of the clinical viewer interface?*
A. Zimmerman noted that while the project budget is limited and the going-in assumption is that changes to the user interface would be few; there is flexibility to change it.
- d. *Will there be a consumer portal?*
The InterSystems product offers a consumer portal, however, it is not within the initial scope of the project. The early implementation will focus on enabling data sharing to support clinical care delivery. Several in the group reiterated their interest in a consumer interface and the capability to support patient-controlled information entry.
- e. *How will data conflicts be resolved?*
The need to resolve data conflicts was noted; the specific mechanism should be clarified by InterSystems. It was also noted that we'll need to explore how data is normalized.

Action Items:

These and other questions will be posed to EDS/InterSystems to help gain insight into the specific details of the RI HIE implementation. The Technical Solutions Group and Data Sharing Partners will continue in their role as community stakeholders and technical resources for this important effort.

4. Project Update

Amy Zimmerman referred the group to the Project Update handout summarizing project activities completed during October and those planned for November. Key areas of the update included:

- RI Health Information Exchange (HIE) Contract Status
- Consumer Advisory Committee (RIQI)
- Administrative Data Exchange Committee (RIQI)
- Policy and Legal Committee (RIQI)
- Professional Advisory Panel (QPRI)
- eRx/Pharmacy subgroup status (Jeff Newell—QPRI)
- Project Evaluation (Brown University)
- Other Updates

Details are as follows:

■ **RI Health Information Exchange (HIE) Contract Status**

A. Zimmerman reported that the State Review Committee and Community Reviewers completed the HIE vendor selection process with full consensus on a recommendation. The State Review Committee submitted its recommendation for the EDS/InterSystems proposal which was approved. A formal announcement of the tentative award has been made, the vendor has been notified and the first pre-contract meeting was conducted on October 25th. EDS/InterSystems will meet with the RI Technical Solutions Group, Data Sharing Partners and other stakeholders later today (October 26) for a technical review meeting to discuss the solution in more detail. It was noted that the final award is dependent on successful contract negotiations.

Action Items:

Continued updates will be provided on the status of contract negotiations; any issues for Steering Committee consideration will be identified.

■ **Consumer Advisory Committee—CAC (RIQI)**

Laura Adams provided an update on the Consumer Engagement work. On October 25th, the CAC convened for a very well attended meeting. The group continues to focus on consent issues. Issues identified by the group pointed out the need to make essential decisions about what constraints should prevail in the HIE design. The Trilogy Network of Care website was demonstrated as a preview to get CAC perspective on its value. The CAC offered a supportive endorsement of the product. Dr. David Gifford noted that the RI Department of Human Services (DHS) has already built a consumer-facing application called “Ask Rhody” with similar resource directory capabilities. Ms. Adams responded that RIQI is in discussions with DHS to determine the best way to optimize these resources.

Action Items:

Ongoing updates will be provided.

■ **Administrative Data Exchange / Standards Committee (RIQI)**

Judy Wright reported on the Administrative Data Exchange Committee. Pat Huschel and Judy Wright met with the Council for Affordable Quality Healthcare (CAQH), a non-profit organization that has created a standardized application for provider credentialing. CAQH has also created the Committee on Operating Rules for Information Exchange (CORE), an industry-wide initiative to facilitate the development of rules to further standardize eligibility and benefits transactions. Ms. Wright noted that the implications are that discrete data fields will be standardized contextually. In March, CAQH will implement the standards for a few transactions which RI should likely adopt. Ms. Wright noted that it would be important for the Professional Advisory Panel (PAP) to comment on the standards. She also noted that CORE is not an interface so the issue of how administrative data would be viewed will need to be explored. This is one of many decisions where tradeoffs will likely need to be made. Dr. Deidre Gifford reminded the group that the initial vision was that there would be an administrative portal that would help drive usage to the HIE. Ms. Wright acknowledged that a broader forum should be established to move the discussions forward since many of the perspectives come from the office managers.

Action Items:

Continued updates on progress will be provided.

■ **Policy and Legal Committee—PLC (RIQI)**

A. Zimmerman reported that the PLC has not met since the last Steering Committee meeting. Dr. David Gifford noted that the group is still contemplating changes to the RI Health Care Confidentiality Act. It was noted that the PLC is actively participating in the privacy and security project and a teleconference is scheduled for November 1 to discuss the implications of the draft Assessment of Variation Report (discussed later in this agenda).

Action Items:

Continued updates on PLC activities will be provided.

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

Dr. Deidre Gifford reported that the PAP will meet on November 8th. Dr. Patrick Vivier will present the Evaluation Plan to the group for consideration. A briefing on the proposed EDS/InterSystems solution will also be provided. For future meetings, the panel is anticipating feedback from the PLC on consent issues so that these discussions may be advanced.

Action Items:

Continued updates on PAP activities will be provided.

■ eRx/Pharmacy Subgroup (QPRI, other)

Some subgroup members met with RxHub to better understand their participation in the exchange of patient medication history. RxHub operates a network that is linked to Pharmacy Benefit Managers (PBMs) and pharmacy claims information in comparison with SureScripts which is a link to retail pharmacies and prescription dispensing information. L. Adams noted the importance of finding a business case for an online formulary. Dr. David Gifford noted that the frequency on online prescribing is increasing and is currently at about 25% of prescribing physicians. eRx is being characterized as a standard of care that may foster some legislation that could be introduced either by the Executive Branch or the community; both tracks have advantages with the community approach offering a more bipartisan base of support. It was also reported that a very successful e-Prescribing (eRx) event was held this month at the Airport Radisson.

Action Items:

Continued updates on pharmacy data exchange issues will be provided.

■ RI AHRQ HIT Project Evaluation

Patrick Vivier noted that the Draft HIT Project Evaluation Plan was submitted to AHRQ on Sept 29 and we are awaiting feedback. A questionnaire to determine the use of computers and networks in nursing homes has been distributed and responses are slowly coming back.

Action Items:

Continued updates on Evaluation progress will be provided.

■ Other Updates*State Alliance for eHealth*

Laura Adams noted a new contract from the federal Office of the National Coordinator for Health IT (ONC) to the National Governor's Association (NGA) titled "State Alliance for eHealth" (a.k.a., State Alliance). In this initiative, various state-level decision makers (governors, legislators, attorney generals, etc.) will collaborate to address challenges in state-level interoperable health information exchange (HIE). Ms. Adams noted the concern by the Regional Health Information Organization (RHIO) consensus group that this effort could fragment the multi-stakeholder coalitions. More details about the relationship between the State Alliance and other initiatives are expected.

Annual HIT Fair

Quality Partners of Rhode Island (QPRI) will be hosting its third annual HIT Fair on March 3, 2007. The purpose of the 2007 event is to promote eRx and keep the community informed about recent initiatives and trends.

Ted Almon asked whether such an event doesn't promote fragmentation in our effort to move toward a common electronic solution since some providers can participate and others cannot. Dr. Deidre Gifford noted that the cost of participation is indeed a barrier, however, we must proceed to build participation even though it is incremental. Further, one important issue to note is that many of the end systems are different. Laura Adams noted that the Clinical Information Technology Leadership Committee (CITLC) is also engaged in discussion to move

the adoption of electronic systems forward. She noted the criticality of standards to promote interoperability. Mary Ellen Casey added that the panelists that will provide realistic perspectives on their implementation experiences.

Dr. David Gifford noted that the Primary Care Advisory Committee has made a strong recommendation to the Department of Health to standardize and make electronic all health data submitted to the Department by a certain date. A. Zimmerman noted that KIDSNET, the statewide integrated childhood information system, is moving forward on a standard immunization transaction implementation guide to facilitate the bidirectional flow of electronic data to/from providers who use the system. She reported that in support of this end, a single historical download of data will be offered to pre-populate KIDSNET with electronic data from providers.

5. HISPC Draft Deliverable: Assessment of Variation in Organizational Business Practices

Laura Ripp directed the group to two documents pertaining to the Rhode Island Health Information Security and Privacy Collaboration (HISPC) initiative. The first, HISPC Project Reference, provided a review of the status of the HISPC project to date with a focus on the main item of business which was to invite Steering Committee feedback on the next deliverable titled, "Interim Assessment of Variations in Organization-Level Health Information Exchange Practices." The second document was a copy of the Interim Assessment report which had been pre-distributed to the group.

A brief overview was provided of the final group of contributing stakeholder types and the initial findings in the Interim Assessment. It was noted that the comments on the report should be directed to Laura Ripp by email; the comment period was open to all working groups and stakeholders until close of business November 1st after which time the report would be finalized by staff and legal consultants and prepared for submission to Research Triangle Institute (RTI) by November 6th. Staff and stakeholders will attend the HISPC Regional Meeting in Boston on November 17th where common themes that have surfaced in this initial work will be discussed among New England states.

■ Discussion:

The group was supportive of the process described and will provide comments by email as suggested.

Action Items:

Staff will complete and submit the Interim Assessment of Variation report to RTI by November 6, 2006. Outcome of the Regional Meeting and next steps will be discussed as required to keep the Steering Committee up-to-date.

6. Recap Next Steps and Adjourn

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