

Meeting of the RI AHRQ Health IT Project Steering Committee
January 26, 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
- Tracy Williams**, RI Dept. of Administration

MEETING PURPOSE

To discuss project status; gain Steering Committee guidance on medication data exchange, the proposed approach to a new funding opportunity and a name for the Health Information Exchange.

AGENDA

- 7:00 – 7:05** **Call to Order, Welcome and Introductions**
Carole Cotter, Lifespan, Co-Chair
- 7:05 – 7:10** **Consideration for Approval: 11/17 Meeting Minutes**
Carole Cotter, Lifespan, Co-Chair
- 7:10 – 7:50** **Project Update**
Carole Cotter, Lifespan, Co-Chair
Amy Zimmerman, Rhode Island Department of Health
- 7:50 – 8:05** **Medication History Project**
Carole Cotter, Lifespan, Co-Chair
Jeff Newell, RPh, Quality Partners of Rhode Island
Amy Zimmerman, Rhode Island Department of Health
- 8:05 – 8:35** **Approach to New Funding Opportunity: RTI/National Governor's Association Project**
Cedric Priebe, MD, Care New England, Co-Chair
Amy Zimmerman, Rhode Island Department of Health
- 8:35 – 8:50** **Naming the Health Information Exchange (i.e., the System)**
Cedric Priebe, MD, Care New England, Co-Chair
- 8:50 – 9:00** **Recap Next Steps**
Cedric Priebe, MD, Care New England, Co-Chair

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

Carole Cotter, Co-Chair, opened the meeting at 7:05am and welcomed the group.

2. Consideration for Approval

■ 11/17 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 November 17, 2005 minutes as submitted. Steering Committee members voted in favor of approval, none opposed.

Action Items:

November 17, 2005 meeting minutes are accepted without changes.

3. Project Update

Amy Zimmerman provided a handout summarizing project activities completed during January and those planned for February. Key points of the update included:

■ RI Health Information Exchange (HIE) Request for Proposals (RFP)

The HIE RFP was released January 4, 2006. Staff, with support from state purchasing and the Division of IT, is developing responses to 167 questions received by e-mail. The Pre-Proposal conference scheduled for Friday January 27, 2006 at 9:00am at the Department of Health Auditorium.

Action Items:

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

■ Vision and Statement of Project Goals

RIQI Board approved with minor modifications. No further action required.

■ Subcontract Status

A. Zimmerman reported that the major issues in the Brown University contract (for Evaluation) have been resolved; a contract is now being developed. The Clarendon Group (Consumer Engagement) contract has been finalized and a Purchase Order is pending.

Action Items:

Contracting activities are ongoing. Continued updates will be provided.

■ Consumer Advisory Committee (RIQI)

Laura Adams, Rhode Island Quality Institute (RIQI) reported that this new RIQI committee will be co-chaired by Marti Rosenberg (Ocean State Action) and Mary Jones (consumer). The first meeting is tentatively scheduled for February 1, 2006. Clarendon has been assisting with development and recruitment of committee members.

The focus of the initial meeting is to educate the group and foster clarity about the goals of the project and HIT overall. Ms. Adams reported that RIQI was awarded \$200K from the RI Education Corporation to help fund the consumer issues. This grant came through the efforts of the Hospital Association. This money will fund communication approaches and professional consultation. Steve Case, Revolution Health, has also

shown interest in partnering with RIQI to develop consumer tools to improve personal health management.

Action Items:

Continued updates will be provided on the activities of this important group.

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

John Young presented an update on the Administrative Data Exchange effort. He, Amy Zimmerman and Laura Adams met with Jim Purcell (CEO, BCBSRI). BCBSRI verbalized support of the concept of sharing administrative data through an integrated interface, subject to priorities. The next exploratory meeting will be with Neighborhood Health Plans. It was noted that physicians participated in a focused discussion of administrative data exchange requirements during the most recent PAP meeting (see below).

Action Items:

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

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

Dr. Deidre Gifford, Quality Partners of RI (QPRI), provided an update on the PAP. At the January 18th meeting, the focus of the interchange was to get provider requirements for administrative data exchange. A summary of these requirements and recommendations will be made available (see attached). The PAP also provided insights and advice on the Health IT Fair. This event will be focused on articulating a vision and direction for health IT in the state. Mary Ellen Casey has been invited to spend a morning in the office of a PAP member to observe the operational issues that providers regularly experience. A. Zimmerman also noted that the PAP also advised the inclusion of media and press contacts in project communication strategies. A communication plan is needed. Tracy Williams offered some sample plans that describe media, messaging, channels and communication strategies.

Action Items:

Follow-up on communication planning suggestion including managing press inquiries and supporting positive messages about HIE activities. Staff will develop an initial plan for Steering Committee review, comment and guidance.

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

Dr. David Gifford provided an update on the Policy and Legal Committee (PLC). The PLC meetings continue to draw high levels of participation and interest. Three subcommittees are active: Data Safeguards, Consent, Data Stewardship. There is movement toward general consensus on data management at the level of a staging area, issues around the use of Institutional Review Boards (IRBs) and the need for changes to the state Healthcare Confidentiality law. RIQI is seeking a sponsor to possibly support such changes in the current legislative session. The sentiment is that the current law gives authority to share information without additional requirement of consent around specific areas, however, additional details are needed to determine treatment of data housed or moving through a Health Information Exchange. Dr. Gifford noted that the National Governors Association has issued an RFP to help up to 40 states to work through policy and legal issues related to interoperable health information exchange. HEALTH will be submitting a proposal for this contract.

Action Items:

Continued updates on PLC and subcommittee progress will be provided.

■ Pharmacy Subgroup (QPRI, other)

Amy Zimmerman reported that staff has moved forward to identify issues around medication exchange as it relates to the HIE. Jeff Newell, Amy Zimmerman and Laura Ripp participated in a phone conference with SureScripts to better understand its involvement in and approach to medication history/medication data exchange. A more detailed report on the SureScripts Medication History Project was provided (see item #4 below).

Action Items:

Jeff Newell, RPh, from QPRI will be the point person for any questions. He will help address pharmacy data exchange issues.

■ Other Updates:**○ Expanding participation in Lab data exchange**

Amy Zimmerman will be contacting a regional representative from Quest Laboratories to attempt to engage Quest in a discussion RE: laboratory data exchange. This will be particularly important to the initial HIE pilot.

○ InformationLinks Project

Beginning to work on the InformationLinks project by initiating discussions with EHR of RI and RI Primary Care PC related to exchange of immunization data

○ Extension of due dates for some RI HIT Project deliverables

Discussion is underway with AHRQ around the need to modify several deliverable due dates including the draft evaluation plan due in April, and "evidence of 50% data sharing" due in October.

Action Items:

Updates on the status of these issues will be provided at the next meeting.

4. Medication History Project**■ Discussion:**Medication History Project Report

Jeff Newell, RPh, QPRI, informed the group of the details of discussions with SureScripts regarding its recent award of an AHRQ-sponsored grant (on behalf of CMS, the federal Centers for Medicare and Medicaid Services) to implement pharmacy data standards. SureScripts has identified many chain and independent pharmacies that will participate in the data exchange project using an approach that includes a combination of data repository, messaging/transmission and MPI (master person index) functionality to match and merge medication data to create person-centric, integrated medication history. SureScripts will retain information either behind its firewall or outside its firewall in specific pharmacies whose databases could be queried. SureScripts is far enough along in its business to now have 50 certified participants with 35 pending certification. SureScripts also understands what data is not included in the proposed system, for example, mail order data, etc.

The issue of leveraging SureScripts aggregation function to the HIE was briefly discussed. The timeframe for the CMS-funded pharmacy standard and the medication history project are the same—SureScripts plans to roll-out the system in the second quarter 2006. Issues around consent and confidentiality were discussed. The implications are that the QPRI pharmacy subgroup should continue its work to assure that the interests of the HIE and these other activities, such as the SureScripts projects, are aligned. Dr. Priebe asked if we had any insights into the level of granularity of the data that SureScripts is exchanging. Dr. Reid Coleman interjected that there is a place in the standard for a drug identifier, a “loose NDC”, there is a standard being developed that will help advance the usability of the data. Dr. Coleman asked the question, “At what point would SureScripts be able to use any identifier that the HIE might assign?” The answer to this question must be pursued.

Kate Lapane (Brown University) is the PI on this grant which should benefit Rhode Island since she is local. AHRQ has asked Kate Lapane to explore synergies among State and Regional Demonstration (SRD) projects, such as the RI HIT Project, and the SureScripts project.

Deidre Gifford posed the question about potential business models for medication history exchange. Dr. David Gifford indicated that SureScripts assumes there is value in this service to the pharmacies and to physicians. Carole Cotter raised the issue around the need to add PBM information to try to close the gap in information on mail order pharmacy transactions. If the administrative data sharing efforts could include pharmacy claims information, this would be another way to gain a more complete medication history. Ms. Cotter noted that current flaws in today’s information offerings reflect underlying weaknesses in the data and the supporting systems.

Dr. Priebe posed this question for the Steering Committee; “Are there specific suggestions or tasks that the pharmacy subgroup should focus on?” The Steering Committee provided the following direction:

1. Explore ways to augment SureScripts data to get a complete medication history, e.g., the PBM (Pharmacy Benefits Manager) route for mail order information, etc.

Summary Note--The following additional issues were identified during this discussion:

- a. “At what point would SureScripts be able to use any identifier that the HIE might assign?”
- b. What are potential business models for pharmacy data exchange?
- c. Are there legal (e.g., liability) and policy issues around the implications of prescription fill/no fill information? (Conceptually this question has been answered for years.)

Action Items:

Staff will work with Jeff Newell to identify pharmacy data exchange issues. Amy Zimmerman will approach Kate Lapane regarding participation in relevant RI HIT Project activities pertaining to pharmacy data exchange.

5. Approach to New Funding Opportunity: RTI/National Governor's Association Project

■ Discussion:

Dr. Cedric Priebe, Co-Chair, directed the group through a discussion of a new funding opportunity to pursue a contract with the Research Triangle Institute/National Governors Association for the Health Information Privacy and Security Collaboration (HISPC) Project. The purpose of the project is to produce policy and legal deliverables that reflect business practices and to develop plans to implement proposed solutions. Amy Zimmerman explained the required structure inherent in the contract opportunity and the implications for the RI HIT Project. She also noted that HEALTH would be the prime contractor with a subcontract to the RIQI due to the requirements of the project.

Ms. Zimmerman reviewed a pre-distributed document that compares the required HISPC Project structure with our current project structure and offers a recommended approach. These recommendations include the current Steering Committee serving as the Steering Committee for the HISPC Project with a few additional stakeholders. The Steering Committee was asked to support the proposed approach to the project structure. There was a motion to accept staff's recommendation, that motion was seconded. There was unanimous approval of the proposed HISPC Project structure.

Action Items:

Staff will include the approved structure in the HISPC Project proposal, due to RTI on March 1, 2006. Additional details and updates on this important opportunity will be provided.

6. Naming the Health Information Exchange (i.e., the *System*)

■ Discussion:

Dr. Priebe explained the challenge of finding an appropriate name for the RI HIT Project and the health information exchange system that will result from it. There is a desire to have a final decision before a technical vendor is selected so the project can take on its new identity prior to press coverage about the award. The selected name would apply to both the project and the HIE system. He provided the following advice:

- Have the name convey the outcome, not the process.
- Don't choose a name that is easily altered into something that is negative.
- Don't let internal jargon drive the name.

Dr. Priebe distributed index cards and proposed three categories for the group to consider: (1) possible names; (2) possible taglines; and (3) desirable characteristics that the name could convey.

Dr. Priebe asked for feedback on the approach for finalizing a project name. Deidre Gifford suggested an open approach that includes all project subcommittees and possibly consumers. A prize could be offered. Tracy Williams suggested that a *reverse auction* may be posted on the RI Division of Purchases website to get identity firms engaged to submit ideas. It was suggested that we also consider leveraging the RIQI consumer contract and the messaging that Clarendon is engaged to do under the consumer engagement contract with HEALTH. After discussion, the Steering Committee agreed to an approach with the following attributes:

- ◆ Wide solicitation among project participants, work groups and committees
- ◆ Narrow the choices
- ◆ Perform focus group testing (or some proxy)
- ◆ Test the final choice
- ◆ Present proposed name to the Steering Committee and/or RIQI Board

7. Recap Next Steps

The next Steering Committee meeting is scheduled for Thursday, February 23rd at the same location. Dr. Priebe summarized key agenda items as follows:

- Project Update
- RFP Status
- Proposed approach to communication/media planning
- Follow-up on project naming
- Proposed approach to Issues Tracking/document management

8. Adjourn

- Dr. Priebe adjourned the meeting at 8:55 am.