

**Meeting of the RI AHRQ Health IT Project Steering Committee**  
**May 25, 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
- 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
- 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
- Jeff Newell**, Quality Partners of RI
- Howard Rubin**, Care New England

**MEETING PURPOSE**

To review and discuss a proposed motion regarding defined uses of Protected Health Information to develop, test and pilot the Health Information Exchange (HIE); revisit the Steering Committee charge and discuss/clarify its role relative to a recent contract award.

**AGENDA**

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| <b>7:00 – 7:05</b> | <b>1. Call to Order, Welcome and Introductions</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>   |
| <b>7:05 – 7:10</b> | <b>2. Consideration for Approval: 4/27 Meeting Minutes</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>   |
| <b>7:10 – 7:45</b> | <b>3. Project Update</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i><br><i>Amy Zimmerman, Rhode Island Department of Health</i>  |
| <b>7:45 – 8:10</b> | <b>4. Discussion and Potential Vote: Defined Uses of Health Information in the Initial HIE Development and Pilot</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>                                       |
| <b>8:10 – 8:55</b> | <b>5. Discussion: RTI/HISPC Role of Steering Committee—Looking Ahead to the Upcoming Year of the AHRQ/HIT Project</b><br>➤ Discuss implications of NGA/RTI HISPC Award<br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| <b>8:55 - 9:00</b> | <b>6 Recap Next Steps and Adjourn</b><br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>  |

## MEETING SUMMARY

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

Dr. Cedric Priebe, Co-Chair, opened the meeting at 7:04am and welcomed the group. Dr. Priebe noted that there were several members of the Project's Technical Solutions Group present; all participants introduced themselves.

### 2. Consideration for Approval: 4/27 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 April 27, 2006 as written. All Steering Committee members present voted in favor of approval.

#### Action Items:

April 27, 2006 meeting minutes are accepted as written.

### 3. Project Update

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

- RI Health Information Exchange (HIE) Procurement: Proposal Evaluation Status
- Subcontract Status
- Consumer Advisory Committee (RIQI)
- Administrative Data Exchange (RIQI)
- Policy and Legal Committee (RIQI)
- Professional Advisory Panel (QPRI)
- eRx/Pharmacy subgroup status (QPRI)
- Other Updates (SRD Lab meeting; AHIMA site visit, other)

Details are as follows:

#### ■ RI Health Information Exchange (HIE) Procurement: Proposal Evaluation Status

Responses to the HIE RFP are currently under evaluation by the official State Review Committee. They are joined in this process by a group of Community Reviewers who have signed non-disclosure agreements enabling them to participate as advisors. The State Review Committee completed the initial review of all HIE proposals to determine which, if any, proposals do not meet minimum technical requirements. The Review Committee is unanimous in its agreement that there is an adequate range of solution options to choose from. The Committee will move rapidly to score the responses. A series of joint meetings of the State and community reviewers is scheduled to begin June 5, 2006.

#### Action Items:

Continued updates will be provided on the status of proposal review and evaluation process.

## ■ **Subcontract Status**

Performance on the Brown University contract for project evaluation has commenced. An initial meeting with Brown University was held to kickoff project evaluation planning. The draft evaluation plan deliverable is due September 2006.

Received notice from RTI International that HEALTH has been awarded a one-year contract on behalf of the Office of the Governor to participate in the RTI/NGA Health Information Security and Privacy Collaboration (HISPC). Conducted the initial internal kickoff meeting with RTI on May 24, 2006. A formal press release is pending; up to 34 states will be funded. HEALTH was granted permission by the state Division of Purchases to execute a single-source subcontract with RIQI for a range of services to support the RTI/NGA contract. A Purchase Order to begin work under this subcontract is expected to be executed in early July.

### **Action Items:**

Updates on the RIQI subcontract will be provided.

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

Stacy Paterno from Clarendon Group provided an update on the Consumer Engagement work. Two Spanish speaking groups will be held: One for new immigrants and one for assimilated individuals. John Lloyd from Magnet Consulting developed an overview presentation summarizing the findings from the first three focus groups. Will integrate outcomes from the remaining two groups and provide a broad overview of implications. Planning the next Consumer Advisory Committee meeting for early June.

### **Action Items:**

Clarendon will continue to support focus group activities. A final report on all focus group outcomes will be used in the CAC to inform discussion, decisions and next steps in the Consumer Engagement work.

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

Judy Wright provided an update on the Administrative Data Exchange Committee. The first formal meeting of this group is scheduled for early June; Pat Huschle, from the Office of the Insurance Commissioner, chairs the group. Tracy Williams, RI State Chief Information Officer, requested to participate in that group. Other participants include technical managers from United, BCBS and Medicaid. The focus of the group is primarily technical and will include, among other things, a refinement of the standard HIPAA transactions implemented in RI to help achieve administrative simplification. Will adhere to the HIPAA transactions and the ANSI transaction set that all can agree on. Initial provider input has come from the PAP group. The Committee will still be thinking about how the information may be accessed by providers electronically. Will look into how providers use the data and aim to evolve the requirements for payers accordingly. One approach to support provider access to numerous payer systems is the use of a single-sign-on portal connected to all existing payer admin systems. It was noted that this effort has no relationship to a national effort to create a national payer database.

**Action Items:**

Tracy Williams will be added to the Administrative Data Exchange Committee. Continued updates on progress will be provided.

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

Dr. David Gifford provided an update on the PLC. The group is generally moving forward on a narrow range of issues. There is healthy discussion on consent and parameters around data access controls; of note, the group believes written consent is not required for most of the clinical information sharing scenarios that are generally covered under HIPAA rules for permissible disclosure. The group is also working to catalog all state laws and case laws relevant to the consent domain to understand what will be needed to operate an HIE. This work is directly applicable to the requirements for the newly awarded HISPC contract in which the PLC will have an important role.

Amy Zimmerman noted that the group was still working to fully reconcile position statements from the PAP and PLC where further discussion is required.

**Action Items:**

Continued updates on PLC activities will be provided.

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

The PAP did not meet in May. The next meeting is scheduled for June 7<sup>th</sup>.

**Action Items:**

Continued updates on PAP activities will be provided.

**■ Pharmacy Subgroup (QPRI, other)**

Jeff Newell (QPRI) updated the group on current Surescripts projects focused on electronic prescribing (eRx) information with an intent to expand work on medication history. Regarding medication history, Jeff met with Kate Lapane from Brown University (PI on the Surescripts project). Brown has already done some mapping of data available outside of the Surescripts project. This work reflects where the information is and the details of what is available. Related activities include formation of a few subcommittees to try to move forward on physician adoption of eRx.

**Action Items:**

Continued updates on pharmacy data exchange issues will be provided.

**■ Other Updates**

- *AHIMA SITE VISIT*—A. Zimmerman informed the group about the site visit conducted by the American Health Information Management Association (AHIMA), to describe best practices in statewide Regional Health Information Organizations (RHIO). RI was one of nine states that were selected to provide perspective. Information was shared with AHIMA staff during the May site visit with a publication expected in July 2006.
- *RWJF MARKET STUDY*—The Robert Wood Johnson Foundation (RWJF) is examining 14 different markets to identify opportunities for quality improvement projects around chronic diseases. A team from RWJF will be meeting with the RIQI Board to explore RI activities.

- *AHRQ ANNUAL MEETING*—AHRQ will conduct its annual meeting for state and regional demonstration projects in early June in D.C. A special 2-day session will be conducted around lab data exchange on June 8-9, 2006 in an attempt to move forward in discussions with national labs. The technical model and business value proposition for lab information exchange to/from labs, physician office electronic health records (EHRs), and RHIOs will be the focus of discussion.
- *HIT REVENUE BOND*—Tracy Williams noted that the State Budget Director has prepared an amendment to recast the Governor's recently requested funding as a revenue bond. Such a bond will require a named group of stakeholders to repay their proportioned share of the bond out of revenues generated from the investment. A sustainability model must therefore be identified. Named entities include BCBS, Medicare, self-insured (including the State plus the Medicaid population). The House Finance Committee was comfortable with the need for Health IT funding (reinforced by all the letters of support that were submitted), yet it was concerned about the State's contribution and the inherent risk in the bond. Ms. Williams noted that it is assumed that potential partners will have a choice to participate; the State's contribution will be contingent on partner participation. The State will work with other stakeholders to determine the details of funding. The State will fund its share out of general revenue based on a percentage of covered lives that the State insures: Medicaid and state employees. The state commits these funds for a period of 5-7 years.

The focus of near term efforts is to get authorization for the revenue bond instrument with an understanding that the allocation details will be defined in the future. Underwriters will need a solid business plan. The revenue bond issue assumes an accrual of value to participants. Judy Wright noted that there is no legal precedent for the aggregation of data so current practices will be maintained until and unless there are other permitted uses of data. Today, there is no opportunity to monetize the aggregation of data. Tracy Williams noted that absent statutory authority, policies can be set. However, there are no legal underpinnings to set these policies today. Ted Almon asked what access BCBS would have to the data. A. Zimmerman noted that this issue must be addressed in the data use discussion.

The group asked if the RIQI was willing to assume responsibility for the RHIO operations and therefore, be a target for the revenue bond. Some of the issues currently under discussion include how RIQI will be legally structured to take on this role. The group does agree that the RIQI stakeholders are the right group; how much input the State wants in addressing the issues is still in question.

#### **Action Items:**

Staff will report on the status and evolution of these and other related issues.

#### **4. Discussion and Potential Vote: Defined Uses of Health Information in the Initial HIE Development and Pilot**

##### **■ Discussion:**

Dr. Priebe introduced this topic by noting that the Steering Committee Co-Chairs developed some proposed language intended to narrow the scope of the Committee's work and promote progress. The proposed language addresses limitations of initial uses

of data that would be accessed through the Health Information Exchange. The initial version that was pre-distributed to the Committee was vetted through the Management Committee. Since that time, further alternative language has subsequently been proposed to reduce the restrictions on initial data uses but maintain a narrow scope to promote achievement of project objectives. This alternative language was distributed during the meeting.

Carole Cotter emphasized that the Steering Committee is the group charged with oversight of building the enabling technology in the Health IT Project and feels the group has gone a bit afield of the task in discussions of policy and legal issues, RQI role, consumer issues, etc. The issues became important since they are related to implementation; however, Ms. Cotter believes the Steering Committee should stay focused on specific Project tasks, yet be informed by other activities. She noted that the Steering Committee itself has raised issues and moved them to the appropriate groups for further consideration. Identifying and moving these issues to the appropriate groups should also contribute to gaining more valuable feedback from other activities. Dr. Gifford recommended that updates from other activities remain focused on those things that pertain to the AHRQ RI HIT Project. There was general agreement that this approach would be productive.

Dr. Priebe read the full text of the "alternative language" version of the motion. The motion as written was put before the group for consideration. This motion for consideration was seconded. Dr. Priebe opened the issue up for discussion.

Carole Cotter stated that she believes there is a need to add language that Data Sharing Partners (DSPs) would require that clarifies what data would be used for Brown University's evaluation. This clarification is believed to be needed to protect DSPs against unauthorized disclosure of protected health information (PHI) under HIPAA. Dr. Patrick Vivier noted that the intent of the motion is important in that it states the priorities of the project and the intended spirit and purpose of the motion. He also noted that the specifics of the language could be unintentionally restrictive. For example, the specification of IRB approval for data used for evaluation may not be feasible for some DSPs. It is important for the Steering Committee to make a statement about why and for what purposes data will be used—however, the restrictions are unknown and evolving, therefore the language should leave leeway for the evolution of the Project and data use issues. Carole Cotter then asked the group whether the motion was needed at all. Dr. Gifford commented that the DSPs cannot truly know the issues until the data is exchanged. The discussion continued. . .

Kerrie Jones Clark added that clarity is needed on the role of the Steering Committee. Is the group's responsibility pro-active? Reid Coleman noted that there needs to be agreement on stewardship of the data—what is the responsible entity? Dr. Gifford agreed that this issue has indeed created some of the challenge of moving forward; however, if we define the project in terms of testing and developing clinical data sharing capability, the narrow scope helps define how the project relates to other parts of this initiative. Dr. Gifford noted that other critical issues will be surfaced and resolved over time. Tracy Williams added that the State holds the AHRQ contract and that some other entity must be ready to assume responsibility for the products of this contract once it is completed. These discussions are ongoing. Tracy Williams also noted that, architecturally, the solution should be policy neutral.

A specific Project deliverable impacted by this motion is the draft evaluation plan due in September. This deliverable could include addressing the issue of data de-identification. A. Zimmerman asked if the group would be better served if we clarified the group's role rather than specifying details in the motion. Dr. Gifford reiterated his support for the motion.

Carole Cotter proposed a change to the alternative language motion. Dr. Ejnes supported the intent of the motion to help clarify the focus of the group. Dr. Priebe asked for a motion to approve. Since the Steering Committee has agreed it is a "consensus" decision-making body, Dr. Priebe asked if anyone was opposed. Steve Foley expressed his opposition to the broad expression of "data" in the second provision. He believes we are violating our own principle of not releasing identified data (PHI) to any party except for authorized clinical uses, including Brown University. He recommended that de-identification be specified. The second provision of the motion was amended further to read, "2. De-identified data in the health information exchange system will be accessed for purposes of evaluation of the Project." Kerri Jones Clark asked that the motion be moved to the RIQI Board for consideration. The full, approved motion is included in these minutes as Attachment A.

**Action Items:**

The language approved by the Steering Committee pertaining to Prioritization of Initial Data Uses will be communicated to other relevant committees and work groups.

**5. Discussion: RTI/HISPC Role of Steering Committee—Looking Ahead to the Upcoming Year of the AHRQ/HIT Project**

■ **Discussion:**

Carole Cotter opened discussion on the topic of the Steering Committee role in the new Health Information Security and Privacy Collaboration (HISPC) Project funded by AHRQ and jointly implemented by RTI International and the National Governor's Association (RTI / NGA). Dr. David Gifford provided an overview of the HISPC Project in which RTI will convene broad stakeholder groups in 34 states to address policy and legal issues pertaining to consent, confidentiality and data security for the exchange of electronic health information. The award has been designated to HEALTH by the Rhode Island Office of the Governor and Dr. Gifford is the Principal Investigator. Since a broad community-based infrastructure has already been created in the State, no new committees will be needed. The RIQI governance and committee structure will be leveraged for HISPC; therefore, RIQI has been named as the core contractor. The current AHRQ RI HIT Project Steering Committee has agreed to function as the HISPC Steering Committee as well. Since the issues of privacy and security for electronic health information exchange are issues that must be addressed in the HIT Project, the HISPC funding is fully complimentary of this effort and will help accomplish specific goals.

Amy Zimmerman directed the group to the previously distributed HISPC Overview materials and provided some details about how the project will be conducted with respect to the work process and deliverables. The deliverables are structured around the identification of business practices and policies across nine specific health information privacy and security domains. The project intends to poll a broad stakeholder community.

Dr. Reid Coleman requested that an account of project funding be made available to the Steering Committee. Dr. Coleman noted that since most of the work to support the project is being performed by external entities at no cost to the project, it would be helpful to know how actual funding is being applied.

**Action Items:**

Staff will provide the HISPC Project budget and periodic updates to the Steering Committee.

**6. Recap Next Steps and Adjourn**

Carole Cotter noted that, especially in light of its HISPC role, it is important for the Steering Committee to stay focused. She then offered consideration of not convening the Steering Committee for a few months while the HIE proposals are under evaluation and until a vendor is selected. The group discussed the option of canceling meetings or being flexible to conduct meetings only if needed. A decision was made to defer to the Co-Chairs to decide whether a given month's agenda was sufficient to hold a meeting. Carole Cotter thanked the group and adjourned the meeting at 9:05 am.

**Action Items:**

- Steering Committee members will be notified as to the status of the June meeting. Staff will inform the Steering Committee whether or not monthly meetings will be held prior to previously scheduled meeting dates.

## Attachment A

### RI AHRQ Health IT Project: Prioritization of Initial Data Uses Approved by RI AHRQ Health IT Project Steering Committee

May 25, 2006

#### Intent:

1. Define the use of health data from a point of prioritization rather than limitation until the spectrum of possible data uses is defined.
2. HEALTH is a data sharing partner with somewhat different needs than other DSPs that may be more clinically focused. Specifically, HEALTH has a need to understand the policy, technical and infrastructure requirements for its authorized public health activities that may be related to the HIE. Recognizing that these needs are somewhat further down the list of data use priorities in the initial HIE build, they remain important for HEALTH to define, without undue restrictions, in its role as a DSP.
3. The scope of the RI HIT/HIE Project is becoming increasingly blended with other initiatives (and funding streams); therefore, undue restrictions on the Project may inadvertently impose restrictions on other activities.

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#### APPROVED LANGUAGE

Within the larger context and long-term objective related to the creation of a health information exchange for the State of Rhode Island, the AHRQ State and Regional Demonstration contract helps to meet short- and intermediate-term goals that must be achieved related to proof-of-concept and viability. Included in these goals is the successful implementation of the Master Person Index (MPI) as a core element of RI's health information exchange capability to be developed under the AHRQ contract. To help assure our collective success in the RI AHRQ Health IT Project, we, the Project Steering Committee, recommends prioritizing the initial uses of protected health information (PHI) submitted by the Data Sharing Partners (DSPs) under the scope of this Project as follows:

- 1.** PHI with the identity of the individual will be released only for purposes of clinical care to providers as defined by the RI HIT Project Steering Committee. "Clinical care" is defined as direct patient care and the coordination of that care by the physicians and affiliated practitioners with an active care relationship with the patient.
- 2.** De-identified data collected in the HIE system will be accessed for purposes of evaluation of the Project.
- 3.** Other uses of PHI will be proposed and approved in the future by the Rhode Island Quality Institute Board of Directors according to an accepted process. However, other uses will not be applicable retroactively to data submitted previously by any DSP unless approved by the DSPs.