

Meeting of the RI AHRQ Health IT Project Steering Committee
July 27, 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
- Lisa Dolan-Branton**, AHRQ
- 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 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
- Nina Lennon**, RI Department of Health
- Jeff Newell**, Quality Partners of RI
- Howard Rubin**, Care New England

MEETING PURPOSE

To review and discuss: (1) the draft RI AHRQ Health IT Project Evaluation Plan; and (2) feedback from the RIQI Policy and Legal Committee on the May 25, 2006 Steering Committee motion on prioritization of data uses in the initial health information exchange.

AGENDA

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| 7:00 – 7:05 | 1. Call to Order, Welcome and Introductions
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| 7:05 – 7:10 | 2. Consideration for Approval: 5/25 Meeting Minutes
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| 7:10 – 7:40 | 3. Project Update
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:40 – 8:20 | 4. Discussion: Draft RI AHRQ Health IT Project Evaluation Plan
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>
<i>Patrick Vivier, MD, Brown University</i> |
| 8:20 – 8:55 | 5. Discussion: PLC Feedback on 5/25 Steering Committee Motion on Prioritization of Initial Data Uses
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 8:55 - 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

Carole Cotter, Co-Chair, opened the meeting at 7:04am and welcomed the group. Ms. Cotter noted that there were a few new people present; all participants introduced themselves. Nina Lennon, a new Program Assistant for the HISPC initiative, was welcomed.

2. Consideration for Approval: 5/25 Meeting Minutes

Ms. Cotter directed the group to the last meeting minutes and asked for comments and corrections. A motion was made and seconded to approve the May 25, 2006 as written. (It should be noted that the meeting date on the first page of the minutes has been corrected.) All Steering Committee members present voted in favor of approval.

Action Items:

May 25, 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 June-July and those planned for August. Key areas of the update included:

- RI Health Information Exchange (HIE) Procurement | Proposal Evaluation Status
- Subcontract Status (HISPC Project)
- Consumer Advisory Committee (RIQI)
- Administrative Data Exchange (RIQI)
- Policy and Legal Committee (RIQI)
- Professional Advisory Panel (QPRI)
- eRx/Pharmacy subgroup status (Jeff Newell—QPRI)
- Other Updates (Committee of Chairs recommendations, other)

Details are as follows:

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

A. Zimmerman reported that the State Review Committee and Community Reviewers completed in-person vendor presentations on July 21, 2006 at the Rhode Island Department of Administration. The groups are seeking additional clarifications where needed and finalizing scores. Anticipate late September/October announcement pending successful contract negotiations.

Action Items:

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

■ **Subcontract Status—Health Information Security & Privacy Collaboration (HISPC Project)**

A. Zimmerman reported that the HISPC subcontract between RTI International and HEALTH has been fully executed and the work on the AHRQ-funded privacy and security project has commenced. HEALTH has contracted with RIQI for a range of services to support project requirements. The core RI HISPC project team received training from RTI during a site visit on July 6, 2006. Staff submitted first deliverable on June 9: Project Work Plan. It was noted that there have been delays in executing important activities on the RTI/AHRQ side that have limited the ability for many of the 34 HISPC subcontractors to move forward according to the original project timeline. RTI is currently requesting modifications to the project timeline from AHRQ, however, approval has not yet been granted. The timeline for the RI effort will be impacted by these changes.

Ms. Zimmerman directed the Steering Committee to a set of handouts pertaining to the HISPC project: a) HISPC Project Reference and b) HISPC Project Request for Participants. Laura Ripp, Project Manager, noted that the Project Reference is an organizing format that will be used across HISPC working groups to restate the nine HISPC domains of inquiry, summarize the focus of current work in terms of project deliverables, and list the specific issues under discussion by a given work group. The current issues for Steering Committee consideration included a formal Request for Participation (handout provided) and notice of the upcoming draft deliverable report tentatively scheduled for Steering Committee review during the September 28 meeting.

Regarding the HISPC Project Request for Participants, Ms. Ripp noted that the purpose of the request is to identify a single point of contact from prospective participating organizations interested in contributing to the RI HISPC initiative. Under the direction of the designated point of contact, participants will be asked to convene a group of internal personnel to help define their current health information exchange practices relative to the RTI-defined scenarios. Various options for participation are offered to accommodate stakeholder preferences. All work activities will be facilitated and supported by HISPC project staff and all work products will be anonymized as to the contributing organization and individuals. It was noted that Nina Lennon is the key contact person on the HISPC team responsible for communication, coordination and scheduling participant activities. Her correct phone number is (401) 222-4611.

Action Items:

Ongoing updates on the HISPC project will be provided, with particular attention to the Steering Committee's oversight responsibility.

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

Jeremy Giller from the Clarendon Group provided an update on the Consumer Engagement work. Mr. Giller reported that two new "non-affiliated" consumers have been added to the group. Two Spanish speaking focus groups have been conducted and planning has begun for more focus groups to be supported by new funding acquired by RIQI. The July 26 CAC meeting introduced some consent issues. Members recommended the use of scenarios to help consumers understand the consent implications. The Steering Committee requested a review of the scenarios to be used for both CAC and HISPC activities.

Action Items:

Staff will distribute the collection of scenarios used in project activities to the Steering Committee as requested. Clarendon will continue to support focus group activities and provide ongoing updates.

■ Administrative Data Exchange (RIQI)

John Young provided an update on the Administrative Data Exchange Committee. The first formal meeting of this group was convened by RIQI in June and chaired by Pat Huschle, from the Office of the Insurance Commissioner. Mr. Young reported that the Committee is seeking consensus on implementation guides for health information exchange standards with an initial focus on ANSI X-12 transactions. Carole Cotter noted that Lifespan was a founding member of the New England Healthcare EDI Network (NEHEN), which is intended to be a regional effort to standardize the exchange of administrative data with a focus on HIPAA (administrative/ANSI X-12) transactions. NEHEN is a membership organization with payer and provider fees. Ms. Cotter encouraged the Committee to identify points of leverage to utilize the network to the state's advantage.

Action Items:

Continued updates on progress will be provided.

■ Policy and Legal Committee—PLC (RIQI)

A. Zimmerman reported that the PLC met on June 26 to continue discussions in response to the questions raised by the Professional Advisory Panel (PAP) related to what is currently legally permissible on specific consent and authorization matters. The goal is to develop a consensus approach between PAP and PLC on consent questions. This discussion is still underway and will be continued when the PLC meets on Monday, July 31. Amy Zimmerman noted that the group will continue to work to fully reconcile position statements from the PAP and PLC while at the same time addressing HISPC activities as they arise.

Action Items:

Continued updates on PLC activities will be provided.

■ Professional Advisory Panel (PAP—QPRI)

Dr. Deidre Gifford reported that the PAP has not met since April to allow the issues it raised to be discussed and moved to a consensus resolution through the PLC. The next meeting will be in September with a focus on gaining provider perspectives on health information exchange practices related to HISPC scenarios.

Action Items:

Continued updates on PAP activities will be provided.

■ eRx/Pharmacy Subgroup (QPRI, other)

Jeff Newell (QPRI) updated the Steering Committee on current efforts focused on electronic prescribing (eRx) information with an intent to expand work on medication history. The eRx (electronic prescribing)/Pharmacy subgroup has moved forward to identify barriers to eRx. The group is still examining where prescription data sits resides

relative to medication information exchange. The subgroup has broken up into smaller working groups. To date, 12 pharmacies have been contacted to explore various practices. Other activities include:

- a. Gathering insights into the pricing structure for eRx participation and rationale/justification for pharmacy involvement in eRx activities now. There are software updates that are being done by vendors which have delayed involvement for some pharmacies. Other pharmacies didn't know much about the movement so there is some education happening as well. Have identified high volume users and will continue to focus on how best to expand adoption. It was noted that SureScripts is making a major move to build connections directly to consumers.
- b. Participants in the eRx group are working with Surescripts to explore the insurance/payer issues and how vendors with eRx applications are working to convert formulary information to support real time, transaction-driven pharmacy data exchange. Vendors want to charge insurers large sums to support the exchange; which is a point of concern. RxHub and Surescripts are both trying to offer alternative business models. These and other key issues have been identified and the eRx group will now bring stakeholders together to resolve barriers.
- c. Dr. David Gifford is considering organizing an eRx vendor fair. It was noted that eRx will be included in QPRI's vendor fair in March. The eRx group is also considering launching some kind of event in March.

Carole Cotter noted a few important barriers to medication history exchange and identifying/utilizing sources of data; one important issue to resolve is the situation where a prescription renewal goes to the wrong pharmacy. These and other barriers are incrementally being addressed. A Zimmerman also noted that some education on eRx issues will be provided to the Board of Licensure.

Action Items:

Continued updates on pharmacy data exchange issues will be provided.

■ **Other Updates**

COMMITTEE OF CHAIRS RECOMMENDATIONS—A. Zimmerman reported that the group responsible for prioritizing and coordinating RIQI committees has been meeting to focus on rethinking the current structure and processes used to conduct critical RIQI activities, including governance and oversight of the RI AHRQ HIT and HISPC Projects. A detailed report was deferred pending more concrete recommendations.

Action Items:

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

4. Discussion: Draft RI AHRQ Health IT Project Evaluation Plan

■ **Discussion:**

Dr. Priebe introduced this topic by reminding the Steering Committee that Brown University is under contract to HEALTH to prepare and implement a plan to perform a detailed evaluation of the RI AHRQ HIT Project. Dr. Patrick Vivier was in attendance to present the proposed Evaluation Plan which will be submitted to AHRQ in draft form as a key project deliverable by September 30, 2006.

Dr. Vivier distributed a handout which included copies of his slide presentation titled, "Evaluation Plan-Brown University." He noted the four members of the Brown University evaluation team. Dr. Vivier then reviewed the purpose of the presentation which was to provide an update on the direction of the Evaluation Plan and to illustrate to the Steering Committee the impact of data restrictions on project evaluation. Specifically, what parts of the initially proposed evaluation become unlikely or not possible if the use of identified health information is not permitted as reflected in the current wording of the May 25, 2006 Steering Committee motion regarding *Prioritization of Initial Data Uses*. In summary, the evaluation elements associated with structure, process and outcomes that become unlikely or not possible under data access restrictions include:

- a. Structure—The level of functionality of the system
- b. Structure—The accuracy of the data in the system
- c. Process—Extent to which providers use the system
- d. Process—Extent to which data is accessed for patients

Regarding measuring "outcomes", Dr. Vivier asked the group for suggestions on potential areas of impact by the pilot HIE that should be considered in the evaluation. John Young noted the opportunity to improve neonatal ICU care in local hospitals by improving the exchange of critical information. Tracy Williams noted the opportunity to focus on incarcerated populations and consider what information is required to prepare for their social assimilation into the community. Kristine Klinger asked whether these examples are indicative of the scope of the implementation or just examples of evaluation opportunities. It was clarified that while data sharing partners have been identified for the initial HIE implementation, specific provider users have not been identified. With that in mind, Ms. Klinger suggested that improving the coordination of care in psychiatric hospitals and Emergency Departments are opportunities for consideration. John Young emphasized the importance of taking a broad view of the system as it pertains to the HIE to help inform overall growth of the system.

Dr. Priebe inquired about methods of evaluation, e.g., time series, etc. Dr. Vivier suggested that the design be somewhat open to accommodate a variety of approaches to system design yet to be defined. A. Zimmerman challenged the group to think about the narrower view of evaluation which might include care delivery scenarios where the integrated view of health information from multiple organizations adds specific, new value otherwise not possible using only organization-specific information exchange infrastructure. Carole Cotter noted the example of eRx as a basis for evaluation; since medication will be included in the initial deployment of the system.

Action Items:

Dr. Vivier and the Brown evaluation team will complete the draft Evaluation Plan for submission to AHRQ by September 30, 2006. The Steering Committee may continue to offer suggestions on potential areas of study for the evaluation.

5. Discussion: PLC Feedback on 5/25 Steering Committee Motion on Prioritization of Initial Data Uses

■ Discussion:

Dr. Priebe introduced this topic by noting that during the PLC meeting on June 26th, the Steering Committee motion on Prioritization of Initial Data Uses was a topic of discussion. Specific feedback from the PLC was reviewed and incorporated into the May

25th motion by Co-Chairs and staff and provided with the meeting materials for discussion. Dr. Priebe directed the group to the document with "Proposed Modified Language" intended to address the PLC's perceived limitations in the original Steering Committee motion. Dr. Priebe reviewed the PLC feedback and modified language and opened up for comments. For purposes of tracking the implications of the discussion to follow, all subsequent modifications to the motion are included in "redline" format as Attachment A.

Dr. Reid Coleman raised the issue of data stewardship over information held in the HIE. He believes point #1 as written implies that stewardship has been decided. Further, Dr. Coleman added that point #4 implies there is no other place where consumer consent is required / requested. Also, point #2 widens the scope data uses to include purposes that are allowable under HIPAA but that are more than the intended scope of the AHRQ HIT Project as it was originally envisioned.

Dr. Deidre Gifford offered that there is no clear alternative to HEALTH as data steward considering that HEALTH holds the contract to build the initial system. Dr. Priebe noted that point #1 is intended to reflect system management; perhaps stewardship is a misnomer. He noted that the group was perhaps in agreement that HEALTH was the data manager. Dave Hemendinger noted that patient consent requirements are not satisfied in the PLC's suggested changes to the motion. There was group discussion about consent and who consent would be given to. Considering that other parties will need to contribute, the group agreed that continued discussion on these evolving issues should be deferred.

After considering feedback by the Policy and Legal Committee (PLC) on the Steering Committee motion, the discussion evolved to focus on the restrictions that the motion places on evaluation of the pilot Health Information Exchange (HIE) system. Dr. Priebe directed the group to consider the explicit uses of data for evaluation. Maria Montanaro expressed her support for Brown University's Evaluation Team being able to have access to identified data to test the system. Dr. Patrick Vivier confirmed that an IRB process would be an integral part of the evaluation of system performance. Considering that not all Data Sharing Partners have IRBs, Dr. Vivier cautioned against making IRB requirements more broad than what is currently in common practice today.

There was more discussion on the rationale for and value in using identified data to evaluate the system. Amy Zimmerman noted that other AHRQ-contracted State and Regional Demonstration projects are using a combination of approaches, i.e., some are using only de-identified data and others are including identified data in their evaluation plans. Tracy Williams suggested that the system/unit testing plan could include some of the points of evaluation where identified data would be required.

Reflecting on views expressed in the earlier PLC discussion regarding interpretation of the scope of patient consent for uses of identifiable health data, Deidre Gifford asked Dave Hemendinger to expand on his concern about Brown having access to identified data and asked if there was a way to formulate restrictions on Brown. Dave noted that system testing can indeed be done by system developers and general findings can be communicated to system evaluators. He also expressed concern that no firm decisions on consent have been advanced. Kristine Klinger then suggested that the motion include a time boundary--Maria Montanaro also agreed and stated her support of either Brown or the IT vendor doing the testing. Ms. Montanaro's concern is with provision #4. Since currently there is no broadly accepted process for approval of other uses of protected health information (PHI) accessed through the HIE—she feels this provision

should be struck as there are important policy implications that have yet to be defined. A. Zimmerman noted that provision #4 was added to allow some flexibility in the future, should a process be defined. M. Montanaro responded that in the absence of that process, strike provision #4. Dr. Priebe asked the group to consider striking #3 and #4. At this point, Dr. Reid Coleman and Dave Hemendinger pointed out that there is a current process for approval of data for use in evaluation. Dr. Vivier fully agreed and noted that he is bound to go through the Brown IRB and perhaps the state IRB for human subjects review prior to accessing and using PHI. Due to time constraints, Dr. Priebe suggested that the discussion to finalize the language in the motion be continued.

Action Items:

Staff will provide an account of suggested changes to the Steering Committee motion to support continued discussion of the issues.

6. Recap Next Steps and Adjourn

Dr. Priebe thanked the group and adjourned the meeting at 9:07 am.

Action Items:

- Steering Committee members will be notified as to the status of the August 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

[Initial version approved by RI AHRQ Health IT Project Steering Committee on May 25, 2006, currently under consideration for additional refinements]

Modifications suggested by the Rhode Island Quality Institute Policy and Legal Committee have been incorporated into the original language of the May 25, 2006 motion set forth by the RI AHRQ HIT Project Steering Committee. Additional edits currently in discussion during the July 27, 2006 meeting of the Project Steering Committee are explicitly shown for ongoing consideration.

PROPOSED MODIFIED LANGUAGE

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.

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.** It is understood that designated HIE System developers and technical managers authorized by and/or under contract to HEALTH will be able to access data in the initial HIE for a legitimate and allowable range of system development, testing, and data management purposes as

explicitly provided for in business associate agreements and as allowed by HIPAA and Rhode Island state law. NOTE: Include system evaluation among system development/testing activities where access to identified data from the pilot system is permitted within agreed upon IRB boundaries and conditions during the project period.

2. PHI with the identity of the individual will only be used for clinical care and other such purposes as allowed by HIPAA and Rhode Island state law. "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.

~~3. De-identified data collected in the HIE system will be accessed for purposes of evaluation of the Project.~~

~~4. 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 or as directed by patients through active consent. However, other uses will not be applicable retroactively to data submitted previously by any DSP unless approved by the DSPs.~~