

**Meeting of the RI AHRQ Health IT Project Steering Committee
September 28, 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 finalize the Steering Committee motion on prioritization of data uses in the initial health information exchange; to confirm the scope of the draft RI HIT Project Evaluation Plan; to discuss the Project budget; and to review and discuss changes in the HISPC initiative schedule and process.

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: 7/27 Meeting Minutes
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 7:10 – 7:45 | 3. Project Update
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:45 – 8:10 | 4. Continued Discussion and Finalization: Steering Committee Motion on Prioritization of Initial Data Uses
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 8:10 – 8:25 | 5. Review RI AHRQ Health IT Project Budget Status
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| 8:25 - 8:50 | 6. HISPC Initiative: Discuss Changes to Timeline and Progress on Interim Assessment of Variation Deliverable
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| 8:50 - 9:00 | 7. Recap Next Steps and Adjourn
<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 7:05am and welcomed the group.

2. Consideration for Approval: 7/27 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 July 27, 2006 minutes as written. All Steering Committee members present voted in favor of approval.

Action Items:

July 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 August-September and those planned for October. Key areas of the update included:

- RI Health Information Exchange (HIE) Procurement 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 (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 the HIE vendor selection process with full consensus on a recommendation. The State Review Committee submitted its recommendation which was approved. A formal announcement of the tentative award will be made following official vendor notification. The final award is dependent on successful contract negotiations which will begin immediately thereafter.

Action Items:

Official state notification of the selected HIE vendor is imminent. A detailed presentation on the vendor's proposed solution will be provided at the next meeting.

■ Consumer Advisory Committee—CAC (RIQI)

A. Zimmerman provided an update on the Consumer Engagement work. Additional focus groups are planned, supported by funding acquired by RIQI. The CAC has begun exploring patient consent issues.

Action Items:

Clarendon will continue to support focus group activities and provide ongoing updates.

■ Administrative Data Exchange / Standards Committee (RIQI)

Judy Wright reported that the Administrative Data Exchange Committee has not met. The next meeting is expected in early October. A. Zimmerman noted that a draft implementation guide for immunization data exchange has been distributed to a group of EHR vendors and other stakeholders for review and comment. A meeting is scheduled for September 29 to formally advance the consensus-building process.

Action Items:

Continued updates on progress will be provided.

■ Policy and Legal Committee—PLC (RIQI)

A. Zimmerman reported that the PLC is moving forward with its legal assessment of state and federal laws around protected classes of data (genetic, HIV, substance abuse treatment, mental health treatment, and sexually transmitted diseases). Legal protections are generally less stringent parameters than are reflected in many organizational policies. However, the group is exploring different approaches to exchanging this kind of data. Will pursue input from the CAC and data sharing partner group (DSP) to determine the expected impact of such information exchange. Carol Cotter cautioned about how a health system is defined when considering information exchange. That is, if the intent is broad, e.g., a state community, versus a group of providers exchanging information, there are differences in how laws protecting certain classes of data may be applied.

Tracy Williams noted that the state is putting the Department of Human Services into a data sharing framework so these issues must be addressed in the interest of data exchange. The state is trying to integrate information from the Department of Education to identify and protect at-risk children. FERPA laws are of special interest since there may be disclosure issues that are unique. For example, there are issues of secondary disclosure in cases where medications are distributed at schools that qualify for Medicaid (and are therefore in the state Medicaid information system—MMIS). In this and other cases, there are some particular issues about nondisclosure that must be carefully managed.

Action Items:

Continued updates on PLC activities will be provided.

■ Professional Advisory Panel (PAP—QPRI)

Dr. Deidre Gifford reported that the PAP has met in September to conduct a special HISPC session focused on discussing current health information exchange practices as they relate to a select set of scenarios. The physicians had a very productive, insightful discussion that reflected a high level of consistency in practices. The group is waiting on feedback from the PLC on consent issues to advance these discussions.

Action Items:

Continued updates on PAP activities will be provided.

■ eRx/Pharmacy Subgroup (QPRI, other)

Carol Cotter provided an update on subgroup activities noting that it is focused on adoption of e-prescribing (eRx) technology solutions. The subgroup is now targeting all remaining pharmacies to adopt eRx and is working with high volume prescribing physicians to get them on board. There is some disappointment with the current level of adoption as measured by how many electronic Rx are flowing to the system. Barriers have been identified and the group is working to address them. For example, a fix has been identified to reduce the error rate of where the renewal prescription for a new order is sent when a physician practices in more than one office.

An eRx educational event sponsored by DOH, Surescripts, and RIQI is scheduled for Oct 11 at the Radisson Hotel targeting high prescribing MDs and others across the state. Registration to date indicates a good turnout. Governor Carcieri is expected to attend. Carol Cotter noted that as more capability is built into current product offerings, adoption will improve. In an effort to expand eRx adoption, representatives from the subgroup have approached RxHub to try to engage them. RxHub is doing business in other states and operates a central repository of payer-based Rx data. In the RxHub model, there is a high fee that payers must pay to participate. In the interest of determining what financial model may be acceptable in RI, an exploratory meeting will be held to examine RxHub's approach. Tracy Williams asked whether the state would be a major payer; Dr. Priebe noted that the large PBMs are major equity holders in RxHub; it is the smaller PBMs that are not fully engaged. Judy Wright also noted that RIQI is moving forward with a RHIO business model that includes some broad assumptions about utilization and the payers are major participants. Whatever additional costs are anticipated that the plans must bear will need to be clearly understood.

Regarding the exchange of medication history data; all PBMs are not currently participating therefore, users cannot yet rely on an electronic medication history. Physicians who have been using eRx for a while are building greater value. Judy Wright noted that providers understand that economies are there but their own workflows must be incorporated to promote full adoption. Ms. Cotter also report unevenness in response from pharmacies—there are lots of variability in practices. Moving ahead, both operational and cultural changes are needed

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 is in progress and is scheduled to be distributed to AHRQ on Sept 29. There are three clinical outcome areas included: (1) the transfer of patients from hospitals to nursing homes; (2) intrapartum and newborn management; and (3) pediatric emergency department visits. Many IRB and methodological issues must still be addressed. AHRQ will provide feedback on the draft as well as staff from the AHRQ National Resource Center. Dr. Vivier noted that there are layers of detail that are just not possible to describe since the HIE system has not yet been built. Amy Zimmerman agreed that the plan will evolve.

Deidre Gifford noted that other DSPs may be needed and suggested that the composition of committees should be evaluated. Dr. Vivier reported that a survey of nursing homes will be conducted to determine the level of access to computers in the

clinical settings. Both the Brown and DOH IRBs are reviewing the survey prior to implementation. This may be a vehicle to identify both nursing home users and DSPs. This will also give us an idea about volumes.

The focus of the pediatric emergency department evaluation is to look at how fever is managed. One question is whether or not the ED has access to the pediatrician data and vice versa to see whether there is value in augmenting this information exchange. The intrapartum evaluation is focused on Group B streph and HepB status. The group offered additional comments and points of guidance:

- Deidre Gifford noted that it would be interesting to understand access to computers by other categories of potential users.
- Dr. Rayess noted that evaluators should keep in mind the other groups that may be using EHRs (or not) as to the feasibility of participation.
- A. Zimmerman noted that Brown's work with QPRI and the PAP may provide insights into physician EHR use.
- There is some baseline data (may be 2 years old) done by CITLC (EHR use, registry use, etc.) Dr. Deidre Gifford suggested that the real issue is who in the office/clinical setting has access to any electronic systems that may be present.
- Dr. David Gifford noted that CMS has done a study for nursing homes but these computers are not accessible to clinical staff.
- Dr. Reid Coleman noted that generally, physicians will state that they have access to computers, however, this may not be synonymous with access by staff and other critical users.

Tracy Williams noted that the SC may want to consider a formal motion to get the composition of work groups better aligned with the focus areas of the Evaluation, however, the group did not take up such a motion at this time. Dr. Vivier closed the discussion by requesting that the Steering Committee email him with any questions and any additional information about existing surveys/data. Hard copies of the evaluation plan were available at the meeting.

Action Items:

Continued updates on Evaluation progress will be provided.

4. Continued Discussion and Finalization: Steering Committee Motion on Prioritization of Initial Data Uses

■ **Discussion:**

Dr. Priebe reviewed the proposed motion and language changes. He asked for discussion. The group asked that the phrase "including PHI" be added in provision 1. The group unanimously approved as amended. A copy of the final, approved motion is provided as Attachment A to these minutes.

Action Items:

None.

5. Review RI AHRQ Health IT Project Budget Status

■ Discussion:

A. Zimmerman referred to a handout provided to the Steering Committee. The budget for the first two years of the HIT Project was reviewed including an account of expenditures to date. The budget balance to date over the full five-year contract period was also explained. The Steering Committee accepted the budget format and had no questions at this time.

Action Items:

Project budget updates will be provided quarterly and at the request of the Steering Committee.

6. HISPC Initiative: Discuss Changes to Timeline and Progress on Interim Assessment of Variation Deliverable

■ Discussion:

L. Ripp referred to two handouts: (1) HISPC Project Reference and; (2) RI Privacy and Security Project (HISPC) Participant Analysis. The Steering Committee was notified of the newly approved HISPC deliverable schedule. In preparation for the next deliverable, Interim Assessment of Variation in Organization-Level Business Practices, due to RTI on November 6, staff will pre-distribute a draft of the report to the Steering Committee and the Policy and Legal Committee for review and comment prior to the October 26th Steering Committee meeting.

The group was notified of the upcoming New England HISPC Subcontractor's Regional Meeting to be held in Boston on November 17th. All Steering Committee members were asked to consider their level of interest in participating in this all-day working session. The focus of the meeting is to explore inter-state health information exchange issues. Anyone interested should contact L. Ripp for more information.

Action Items:

Staff will predistribute the next HISPC deliverable for discussion at the October 26th Steering Committee meeting. Additional information on the HISPC Regional Meeting will be provided as requested.

7. Recap Next Steps and Adjourn

Carole Cotter thanked the group and adjourned the meeting at 8:30 am.

ATTACHMENT A

RI AHRQ Health IT Project: Prioritization of Initial Data Uses

APPROVED by RI AHRQ HIT Project Steering Committee

September 28, 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.

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, including PHI, 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. It is understood that project evaluation activities, where access to identified data from the system is needed, will be permitted within agreed upon IRB boundaries and conditions during the project period.
2. Other than as stated in #1 above, 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.