

Meeting of the RI AHRQ Health IT Project Steering Committee

February 28, 2008 ♦ 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

- Fadya Al Rayess, MD**, Chad Brown Health
- Bryan Barrette**, RI Department of Health
- Carole Cotter**, Lifespan, Co-Chair
- Gary Croteau**, South County Hospital
- Yul Ejnes, MD**, RI Medical Society
- Jim Feeney**, East Side Clinical Laboratory
- Bill Florio**, BCBS of Rhode Island
- Steve Foley**, Prov. Community Health Ctrs
- John Landers**, RI Dept. of Administration
- Janet Marcantonio**, American Cancer Society
- Maria Montanaro**, Thundermist Health Ctr
- Pat Moran**, Hospital Association of RI
- Paul Oates**, United Health Networks
- Cedric Priebe, MD**, Care NE, Co-Chair
- Everett Sutherland**, BCBS of Rhode Island
- John Young**, RI Department of Human Svcs

Management Committee

- Laura Adams**, Rhode Island Quality Institute
- Deidre Gifford, MD**, Quality Partners of RI
- Stephanie Kissam**, RI Department of Health
- Stacy Paterno**, Clarendon Group
- Laura Ripp**, Consultant, Project Staff
- Patrick Vivier, MD, Ph.D.***, Brown University
- Judy Wright**, Rhode Island Quality Institute
- Amy Zimmerman**, RI Department of Health

Other Attendees

- Areina Cabezas**, RI Department of Health
- Mary Ellen Casey**, Quality Partners of RI
- Rebekah Gardner**, Quality Partners of RI
- Dave Hemendinger**, Lifespan, TSG Chair
- Nina Lennon**, Rhode Island Quality Institute
- Beth Perry**, EDS
- Ashraf Hannah***, EDS

MEETING PURPOSE

To communicate the project update, review and discuss current HIE development issues.

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: 1/24 Meeting Minutes
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i> |
| 7:10 – 7:40 | 3. Project Update
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Amy Zimmerman, Rhode Island Department of Health</i> |
| 7:40 – 8:00 | 4. HIE Legislation Strategy
<i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>
<i>Laura Adams, Rhode Island Quality Institute</i>
<i>All</i> |
| 8:00 – 8:55 | 5. Discuss HIE Enrollment and Authorization
<i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>
<i>Stephanie Kissam, Rhode Island Department of Health</i>
<i>All</i> |
| 8:55 - 9:00 | 6. 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, Steering Committee Co-Chair, opened the meeting at 7:00 a.m. and welcomed the group. Areina Cabezas, HEALTH's new Program Assistant, was introduced.

2. Consideration for Approval: 12/20 Meeting Minutes

Dr. Priebe called for discussion and approval of the January 24, 2008 Steering Committee meeting minutes. Directing the group to the Project Update section of the minutes, Dr. Priebe brought to the attention of the Steering Committee the written statements of deliverables acceptance. There were no questions on the minutes. A motion was made to approve the minutes as written, the motion was seconded and all present voted to approve.

ACTION

Action Item:

The January 24, 2008 meeting minutes were accepted as written.

3. Project Update

The updates to the Steering Committee included the following topics:

- Status of EDS Deliverables and Project Timeline
- AHRQ HIT Project Meeting—Lessons Learned
- Recap of Feb TSG Meetings and Next Steps RE: Participation Solution
- RIQI Committee Participation Policy
- Nursing Home Representation on Steering Committee
- Update on Consumer Focus Groups

Major points of discussion:

➤ Status of EDS Deliverables and Project Timeline

Referring to the project deliverables schedule, Laura Ripp noted that the project remains significantly behind the baseline schedule; however, much progress has been made on both technical and policy development fronts. Dr. Priebe asked for clarification on the final approval process that follows the Steering Committee's recommendation for deliverables acceptance. Amy Zimmerman noted that administrative approval and written signatures are required for final acceptance of EDS contract deliverables by HEALTH. These steps occur after the Steering Committee or RIQI Board acceptance and the date of HEALTH's official acceptance is reflected as the "Actual Date Completed". Policy deliverables only require Steering Committee or RIQI Board acceptance and do not require similar administrative approvals.

In summary, project highlights include:

- EDS submitted Deliverable D15: Data Conversion Requirements to HEALTH on February 22, 2008. The TSG will review and, if possible, submit recommendations for acceptance to the Steering Committee at the March 27, 2008 meeting.
- The TSG completed its full review and partial confirmation of HIE Functional Requirements on February 27th. A subset of final functional requirements statements will be submitted to EDS for use in the detailed design of the HIE system. Some provisional requirements will be finalized upon resolution of outstanding policy issues,

after which TSG recommendations for acceptance of Final Functional Requirements will be presented to the Steering Committee.

- A draft consensus HIE Consumer Enrollment Policy has been developed for Steering Committee consideration and discussion in February and potential endorsement at the March 27, 2008 meeting.
- Deliverable D4: Staffing Plan has been through several iterations, has been resubmitted by EDS to HEALTH and is expected to be approved by HEALTH in March.
POST MEETING NOTE: This deliverable was accepted by HEALTH on March 6, 2008.

ACTION

Action Item:

Staff will continue to provide updates on the deliverables schedule and related issues.

➤ **AHRQ HIT Project Meeting—Lessons Learned**

Amy Zimmerman reported that she and Laura Ripp participated in the semiannual meeting of the State and Regional Demonstration (SRD, a.k.a. HIT) Projects hosted by AHRQ, the funding agency. She noted that there were many insights gained on medication history exchange, policy development and the operating models used by functioning HIEs in other states.

Dr. Priebe asked if other states had advanced legislation similar to Rhode Island. Ms. Zimmerman noted the quasi-public agency that oversees Delaware's HIE (Delaware Health Information Network—DHIN). Laura Adams noted that RIQI is staying current on legislative movement in the HIE area.

➤ **Recap of February TSG Meetings and Next Steps RE: Participation Solution**

Dave Hemendinger, TSG Chair, reported that the TSG conducted three meetings in February, including a special 4-hour working session to meet its goal of completing the review and confirmation of HIE functional requirements. He also noted that a subgroup of the TSG has been working independently to prepare a Request for Proposal (RFP) intended to gain additional insight into technical alternatives that could satisfy the need for a sustainable solution for the RI "consent" model. The RFP will undergo final review and, when finalized, will be passed to the RIQI for release at a mutually agreed upon time. Amy Zimmerman noted that EDS has been asked to submit alternative pricing for its participation (consent) solution; that pricing is expected soon.

➤ **RIQI Committee Participation Policy**

Laura Adams noted that RIQI distributed its new Committee Membership Policy to the Steering Committee on February 11, 2008. She explained that the rationale for the policy is to give RIQI accurate insights into who in the community is regularly participating on its committees and, for the voting members of the Steering Committee, to establish some reasonable expectation for participation. Ms. Adams encouraged feedback on the policy.

➤ **Nursing Home Representation on Steering Committee**

Stephanie Kissam reported that during exploratory discussions with nursing homes regarding participation in the HIE enrollment process, two persons representing both for-profit and non-profit nursing homes have expressed interest in getting involved in the Steering Committee. After discussion, the Steering Committee agreed that the project and

the committee will benefit from expanding its composition to include long-term care organizations.

ACTION

Decision:

The Steering Committee requested that Laura Adams extend invitations to two named representatives of long-term care organizations or their designees. If they accept, Ms. Adams will confirm their appointment to the Steering Committee.

➤ **Update on Consumer Focus Groups**

Stacy Paterno reported that the second round of formal consumer focus groups was conducted on February 6, 2008. Two separate sessions representing combined demographic profiles were conducted to review the HIE authorization process and to gain insights on HIE naming and branding strategies. In summary, most focus group participants recognized the benefits of the system and provided insightful feedback on HIE Authorization Form and educational brochure. The brochure received mostly positive reactions; however, the Authorization Form needs significant revisions to improve comprehension. These revisions are underway.

The groups' reactions to proposed HIE names revealed that the most appealing names were descriptive of what the HIE does. Several names received positive reactions.

Laura Adams raised the point that the consumers add so much insight to our perceptions about the HIE. Stacy Paterno noted that two more groups are planned to retest names and a revised Authorization Form at the end of March.

4. HIE Legislation Strategy

Laura Adams reported that the HIE legislation was introduced into the current legislative session and the bill number was assigned on February 27th. Senate Majority Leader Paivia Weed has agreed to sponsor the legislation. She believes the legislation development process was very well done in terms of stakeholder inclusion. Ms. Adams noted that there were two changes in the legislation by the Senate prior to introduction: 1) OHHS was changed to DOH as the oversight agency, and 2) the HIE Advisory Commission would be constituted at the advice and consent of the Senate. The legislation was introduced as is by the House of Representatives.

To date, the legislation has been endorsed by AARP, RI Business Group on Health, RI Chamber of Commerce, RI Hospital Association, CVS, and many others. The Lieutenant Governor also is actively urging people to support it. The ACLU is the only entity to oppose. A very broad outreach effort is underway. Ms. Adams and the RIQI team are actively following up with Hispanic groups, labor, Small Business Association of NE among others. A. Zimmerman asked about mental health groups; Ms. Adams confirmed that there were some on the list.

Ms. Adams informed the group that the RIQI Board of Directors has submitted a letter of support. She noted that templates for letters of support have been developed that may be used at the organizational and individual level. The templates include recognition of some key areas in the legislation that must be preserved. For example, the legislation cannot extend past the HIE to other organizations and/or types of health information exchange—this point is critical. A request for withdrawal will be advanced if this provision is materially altered.

Ms. Adams noted a press release will be issued to note the date/time of the legislation hearing. Since this hearing is targeted for legislators, RIQI is looking for folks to testify, for example, disease-based organizations (Cancer Society), etc. The AARP will testify (national office has approved support for the legislation). Mary Ellen Casey, QPRI, asked if there is a need for a group letter of support, e.g., the provider group (PAP) and if it would be helpful if PAP members were available to testify. Ms. Adams encouraged group letters.

In a related update, Ms. Adams noted that she testified at Congress last week. The focus was on the role of Health IT in reform; her comments included the conclusion that the paper-based system was insufficient to support any significant reform. Ms. Adams has also been invited to the Congressional Budget Office. Will recommend seed funding for select projects that are deemed most likely to succeed.

ACTION

Action Item:

Laura Adams will send the Letter of Support for HIE Legislation templates to the Steering Committee. She will keep the Steering Committee informed of developments as the HIE legislation advances.

5. Discuss HIE Enrollment and Authorization

■ Review Proposed HIE Enrollment Policy and Procedures

Carole Cotter referred the Steering Committee to the agenda topic and handout materials on Enrollment and reminded the group that the Enrollment and Authorization policy elements and proposed procedures have moved through all other committees and are being introduced in preparation for Steering Committee consideration and discussion. Ms. Cotter asked Stephanie Kissam to move the group through the materials.

Stephanie Kissam noted that there are specific areas of the policy/procedure that need further consideration by the Steering Committee so the discussion would be focused on those. She also mentioned that, after discussion, the process for finalizing the HIE Enrollment Policy would be reviewed.

As an introduction, Ms. Kissam noted that the purpose of the policy is to describe the principles of enrollment, what information is captured and how enrollment is accomplished. She reviewed a few assumptions underlying the policy including:

- The State is not ready to accept digital signatures, therefore an image of an ink signature will be needed for HIE enrollment.
- An acceptable method is needed to verify enrollees' identity.
- Methods are being considered to support electronic entry/transfer of demographic information into the system.
- It will be important to reconcile the enrollment populations with the organizations expected to use the system to assure that the system provides some value (i.e., health information for target populations).

Ms. Kissam systematically reviewed all sections of the policy noting the purpose for including each element of the policy.

Authorization to View

Regarding the policy statement that addresses "Authorization to View", she went into more detail on each option with a focused review of "Authorization of named healthcare provider organizations". The following were points of discussion:

- a. Laura Adams asked whether revocation of "authorization to view" stops the flow of data into the HIE. Stephanie Kissam clarified that authorization to view only impacts disclosure to users of the HIE and if the patient continues to authorize *participation* in the HIE, their personal health information will continue to be stored in the HIE, whether or not any user is authorized to view it.
- b. Dr. Priebe raised the issue of the distinction between "Break the Glass", i.e., emergent authorization versus any other special short-term (ad hoc) authorization. He argued that all special authorizations should be treated as variants on BTG and there should be no need to collect an authorization form.
- c. Dr. Reid Coleman noted that access to data in the HIE for phone consults should to be enabled without requiring a follow-up form and signature. He also made the point that patients expect the MD to access the information needed to provide good care.
- d. Maria Montanaro suggested that a broader authorization statement could be constructed that provides/allows for temporary authorizations in the signed form so that a repeat signature would not be needed, that is, adding a provision for prior consent. Ms. Montanaro recommended that authorization options be simplified. She believes most consumers will be supportive of the broader authorization.
- e. John Young noted that the issue is one of express or implied consent on a permanent or temporary basis. He suggested broadening what we ask people to give expressed consent to. Mr. Young noted that the HIE should be able to audit against unscrupulous use and see patterns of use and the system should be able to examine the use patterns of certain individuals if there are questions about appropriate use. Regarding time-limited (special short-term) authorizations, Mr. Young suggested that the duration be extended to a longer period.
- f. Must the patient give explicit consent to allow special (ad hoc) authorization? It was noted that the system will be expected to enable physicians to declare their relationship with the patient prior to executing a special authorization. There was discussion and debate as to whether verbal consent should be documented.
- g. There was discussion regarding the system's capability to return a message back to a provider to indicate whether they have been authorized to see a specific patient's information. There must be a determination as to whether this is allowable under law. John Young advised separating policy and legal issues from technical issues.

Appendix A: Information Collected for HIE Enrollment

The group discussed Appendix A with a focus on what information elements are to be collected from the patient.

- a. Amy Zimmerman noted the issues around address and the use of an alternate address if the patient does not have one or does not wish to share it. Dr. Coleman cautioned that there may be some decreased accuracy if a standard substitute address is used. There were also issues raised regarding potential liability if a provider address is used.

Providers have concerns that they may inherit the responsibility to notify patients. Maria Montanaro suggested using a “no known address” field that is recognizable.

- b. Amy Zimmerman noted that there are still questions around the use of the last four digits of the Social Security number as optional enrollment information. May consider including insurance ID numbers and/or Medicare / Medicaid enrollment numbers as optional information and as possible search terms. John Young noted that these numbers are relatively stable.

HIE Enrollment Procedures

Ms. Kissam reviewed all sections of the enrollment procedures. Key points of discussion included:

- a. The Authorized Representative language and procedure are in the process of being finalized.
- b. Dr. Fadya Al Rayess suggested that minority health promotion centers (CHISPA) be added as enrollment channels / sites.

ACTION

Action Items:

Staff will take committee suggestions and formulate revised HIE Enrollment policy and procedure language to be revisited by the Steering Committee. Specific topics will include:

- Authorization to View
- Authorized representative
- Use of SSN
- Enrollment channels
- Notification

6. Recap Next Steps and Adjourn

Ms. Cotter thanked the group for a productive meeting and noted the potential agenda items for the March meeting to include:

- Revisit HIE Enrollment Policy
- Review TSG recommendations for acceptance of EDS technical deliverables

Ms Cotter adjourned the meeting at 9:00 a.m.