

Meeting of the RI AHRQ Health IT Project Steering Committee

June 26, 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

- Virginia Burke, RI Health Care Association
- 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
- Chuck Jones, Thundermist Health Center
- John Landers*, RI Dept. of Administration
- Pat Moran, Hospital Association of RI
- Christopher Novak, RI Assoc of Facilities and Services for the Aging
- Paul Oates, United Health Networks
- Cedric Priebe, MD, Care NE, Co-Chair
- Frank Spinelli*, RI Dept. of Human Svcs
- Norma Tatterfield, BCBS of Rhode Island
- Alan Tavares, RI Partnership for Home Care
- John Young, RI Dept of Hospitals (MHRH)

Management Committee

- Laura Adams, Rhode Island Quality Institute
- Rebekah Gardner, Quality Partners of RI
- Stephanie Kissam, RI Department of Health
- Stacy Paterno, Clarendon Group
- Beth Perry, EDS
- 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
- Jennie Chiller, RIQI
- Ashraf Hannah*, EDS
- Nina Lennon, Rhode Island Quality Institute
- Paul Stepney, EDS
- Jeff Taylor, Advocacy Solutions

MEETING PURPOSE

To communicate project updates, discuss the currentcare [RI HIE] Enrollment and Authorization Form in consideration for a vote of approval and introduce the next series of policies and procedures for review.

AGENDA

- 7:00 – 7:05** **1. Call to Order, Welcome and Introductions**
Carole Cotter, Lifespan, Steering Committee Co-Chair
- 7:05 – 7:10** **2. Consideration for Approval: 5/22 Meeting Minutes***
Carole Cotter, Lifespan, Steering Committee Co-Chair
- 7:10 – 7:30** **3. Project Update***
Carole Cotter, Lifespan, Steering Committee Co-Chair
- 7:30 – 7:50** **4. VOTE: Consideration of Recommendations to Approve Policy Deliverables***
 - currentcare Enrollment and Authorization Form
Carole Cotter, Lifespan, Steering Committee Co-Chair
- 7:50 – 8:30** **5. Introduce New Policies and Procedures***
 - currentcare Revocation of Authorization Form / Termination of Participation Procedure
 - Response to Breach Policy / Notification of Breach Policy
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair
Stephanie Kissam, Rhode Island Department of Health
- 8:30** **6. Recap Next Steps and Adjourn**
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair

SUMMARY OF DECISIONS AND ACTION ITEMS

- A. Decision: May 22, 2008 meeting minutes were approved as written.
- B. Decision: Approve the current *care* Enrollment and Authorization Form with an understanding that future refinements may be warranted and with the stated revisions to the current version (see notes).
- C. Action Item: Continue refinements to current *care* Revocation of Authorization form. Staff will develop procedures accordingly for Steering Committee review and comment.
- D. Action Item: Continue revisions to Revocation of Authorization. Staff will develop procedures for Steering Committee review and comment.
- E. Action Item: Continue discussion of final draft breach policies. Staff will provide the Steering Committee with the summary of all HIE-related policies for reference.

MEETING DETAILS

1. Call to Order, Welcome and Introductions

Carole Cotter, Steering Committee Co-Chair, opened the meeting at 7:03 a.m. and welcomed the group with special recognition of four new Steering Committee members:

- Chuck Jones, Thundermist Health Center
- Norma Tatterfield, Blue Cross Blue Shield of Rhode Island
- Alan Tavares, RI Partnership for Home Care
- Frank Spinelli, Acting Medicaid Director, Department of Human Services

2. Consideration for Approval: 5/22 Meeting Minutes

ACTION

DECISION: The May 22, 2008 meeting minutes were approved as written.

3. Project Update

The updates to the Steering Committee included the following topics:

- Status of Policy / EDS Deliverables and Project Schedule
- Status of HIE Enrollment planning
- Status of HIE Legislation and related activities
- Status of RHIO designation contract and transition issues
- Committee Membership

Major points of discussion:

➤ **Status of Policy / EDS Deliverables and Project Schedule**

Laura Ripp reviewed the project deliverables approval schedule and noted that it takes into account additional delays as reflected in EDS' May project schedule. The delays stem primarily from extending interdependencies throughout the schedule related to hardware

procurement and the EDS-HEALTH contract modification which includes development and implementation of the Participation Service and Gateway (consent management) solution. The ultimate impact is that, according to the EDS schedule, the "go live" date to bring the first user site onto the HIE system has been significantly extended, although there is not agreement on the full extent of the delay. It was noted that discussions were underway with EDS to fully examine the causes of the delays and seek ways to bring the schedule back in control.

Progress continues to be made. The TSG finalized an Addendum to the HEALTH-DSP Business Associate Agreement (for data exchange with current *care*) and reached agreement to deploy a different taxonomy/mapping application than originally planned in an effort to reduce long term costs. The TSG will hold a special session in July to finalize the Draft Design Specification deliverable for the technical build. Policy development continues to focus on the Enrollment/Authorization form and the breach policies. Current *care* enrollment planning is moving forward with the initial mailing to Medicaid beneficiaries slated for late July.

➤ **Status of HIE Enrollment planning**

Stephanie Kissam described the current *care* enrollment plan and goals, including the two major tracks for patient enrollment: (1) Direct mailing to Medicaid beneficiaries; and (2) onsite enrollment at provider sites. Dr. Yul Ejnes inquired about the demographic of the sample for mailing. Ms. Kissam noted that the sample will be a random one, however, there are characteristics of the sample that will be known. For example, the primary language in the household will be known so the enrollment form can be sent in the proper translation, among four languages other than English. The last provider visited can be known to provide some insights into care delivery sites for the Medicaid sample. It was noted that the Authorization Form is at a higher reading level than the average Medicaid beneficiary although there has been a concerted effort to make the form comprehensible.

Amy Zimmerman noted that the decision to select a random sample was determined after much discussion and is felt to be most helpful to inform the future mailing strategy. She confirmed that this was intended to be a learning experience. Carole Cotter posed the question of whether the timing of enrollment is still appropriate given the likelihood of additional project schedule delays. Staff noted the timing challenges pertaining to the windows of opportunity to implement a mailing strategy that must be carefully coordinated with other DHS communication to beneficiaries.

Gary Croteau noted the challenge of asking people to enroll in the system when the go live date is in the future. Chuck Jones asked about the start of data flow relative to the date of consent. Staff explained that these timing issues stem from the need to obtain patient consent so data can begin flowing into the system for some time period prior to the user "go live" date to assure that the system is populated. Deliberate efforts will be made to set expectations with clear communication about the timing of major project milestones to consumers and providers. Judy Wright also noted the need to critically assess spending relative to key project/enrollment activities. The group supported the plan to move ahead with the current enrollment strategy.

➤ **Status of HIE Legislation and related activities**

Jeff Taylor reported that the HIE Act of 2008 legislation has passed both chambers of the House and Senate. The bill will likely move immediately to the governor's office to be

signed into law; the signing of the bill must occur within 6 days, excluding Sunday. It is believed that the Governor is supportive and no issues are expected for signage. Mr. Taylor noted that a ceremonial signature event is envisioned in the fall.

In summarizing the path of the legislation, some changes were made based on issues identified by the ACLU and the Workers Compensation Board. In the final version, all concerns were addressed and the amendments did not threaten the original intent of the bill.

A copy of the final approved version of the bill was provided. A summary of changes include: Revision of oversight entity of the State from OHHS to the Department of Health; several definitions were amended for clarity; page 6, line 18 subsection (c) was refined and now reflects the final specifications for the authorization form.

Dr. Priebe asked about the significance of the effective date of the legislation of March 1, 2009. Mr. Taylor noted that the date allows formation of regulatory guidance and other implementation details. The legislation is not required to deploy the HIE so this date will not effect the current *care* implementation schedule.

➤ **Status of RHIO Designation Contract and Transition Issues**

Amy Zimmerman noted the “all but signature” status of the state RHIO designation and operational contracts. All negotiations are complete; awaiting approval from the Department of Administration for RIQI to sign. RIQI is moving forward with hiring and preparing to staff the RHIO. The name current *care* has been approved by the Board and an initial website is in development. Judy Wright welcomed assistance from any interested Steering Committee members to conduct interviews to select the right candidate for the Technical Director, a critical position.

➤ **Committee Membership**

Carole Cotter noted that in addition to the new members present, Nancy Barisano, CIO, Westerly Hospital, has agreed to join the Steering Committee. Norma Tatterfield will share a vote with Bill Florio on behalf of BCBSRI. Additional recruitment is underway to continue to expand Steering Committee representation.

4. VOTE: Consideration of Recommendations to Approve Policy Deliverables

Carole Cotter presented the motion pertaining to the current *care* Enrollment and Authorization Form for Steering Committee consideration and vote of approval:

The motion and specific discussion and decisions are as follows:

- a) **Proposed Motion:** Accept the document titled: current *care* Enrollment and Authorization Form as written. This Enrollment Form for the RI Health Information Exchange system (now known as current *care*) has been fully reviewed through the RI HIE Committee and internal legal process and has undergone a rigorous series of independent focus group tests.

Discussion: There was substantive discussion. Stephanie Kissam restated the key objectives of the current *care* Enrollment and Authorization Form: To inform, educate, and capture authorization information. Ms. Kissam circulated a copy of the most current version of the informational brochure and described the most recent focus group outcome which demonstrated dramatic improvement in acceptance of the Authorization Form and a

willingness to enroll in current *care*. Future improvements in formatting will be made to allow the form to be separated from the up front material so patients may keep the informational portion of the form.

The form will be translated into Spanish, Portuguese, Loatian, French, and Cambodian languages.

Dr. Rebekah Gardner noted the vast improvement in clarity of the authorization choices. Gary Croteau inquired about the space for a unique identifier. Ms. Kissam explained that the space is reserved for administrative use and the identifiers may be variable depending on the type of enrollment. Dr. Priebe suggested that there is an opportunity to reduce the length by eliminating repetition. Other comments included some discomfort with the use of the word "share" in the context of health information exchange and there were concerns that this word may not translate to reflect the true intent of the word. Ms. Cotter asked whether it would be an improvement to switch the order of Option B and A. Frank Spinelli and the group agreed that this would be an improvement. Paul Stepney asked for clarification on "all" information as stated in the form; the reference pertains to all information from the defined data types that will be in the system.

The question was asked, by approving the motion, would there still be an opportunity for additional refinements. Ms. Kissam noted that approval is sought to inform at least the first mailing with the idea that we'd learn and refine the form and the process based on the outcome of the experience.

ACTION

DECISION: The Steering Committee moved to amend the motion to reflect agreed upon changes; the motion was seconded and a vote was conducted that resulted in all members of the voting quorum voting in favor with no abstentions.

Final Motion: Approve the current *care* Enrollment and Authorization Form with an understanding that future refinements may be warranted and with the following revisions to the current version:

On page four, in the section titled, "Enrollment in current *care*", change the reference to HIE to current *care*; resequence the authorization selections to B, A, C.

5. Introduce New Policies and Procedures

Dr. Cedric Priebe directed the group to the **current *care* Revocation of Authorization Form**. The purpose of the review was to solicit initial feedback from the Steering Committee to help inform initial use of the form and development of specific procedures for ongoing use.

Discussion: Jack Landers commented on the significance of the timing of the effective date of revocation relative to "received by and recorded by" current *care*, i.e., the RHIO. Suggested that written confirmation of revocation be sent to patients within 2 business days of receipt. This discussion surfaced the need for defined service levels by which revocations would be managed. Other comments included the need to state the disposition of data, once participation in current *care* has been revoked, i.e., (1) no new patient data will be released into the system; (2) data currently in the system will not be purged; and (3) no access to data will be permitted, even in an emergency. Issues around notarization were discussed. Requiring notarization is felt to be a barrier to revocation and alternate approaches should be pursued. In general, the group felt

that authentication for revocation should be easy, e.g., call patient to authenticate, compare/confirm address with address on file and compare signatures, etc. Revisions are needed.

ACTION

ACTION: Continue revisions to Revocation of Authorization. Staff will develop procedures for Steering Committee review and comment.

Dr. Cedric Priebe directed the group to the **current *care* Response to Breach and current *care* Notification of Breach policies**. Stephanie Kissam introduced the high level concepts and applicability of the Response to Breach policy and its relationship to the Notification of Breach policy. The policies are slated for review by the Policy and Legal Committee (PLC) and will be recirculated to the Steering Committee with any revisions for detailed discussion and consideration for approval.

ACTION

ACTION: Continue discussion of final draft breach policies. Staff will provide the Steering Committee with the summary of all policies for reference.

6. Recap Next Steps and Adjourn

Dr. Priebe summarized possible agenda items for the next meeting including discussion and possible vote on the series of Policy and Procedures pertaining to breach and the Draft Design Specification currently under review by the Technical Solutions Group. The meeting was adjourned at 8:35 a.m.