

# Meeting of the RI AHRQ Health IT Project Steering Committee

March 27, 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
- Virginia Burke, RI Health Care Association
- Carole Cotter, Lifespan, Co-Chair
- Gary Croteau, South County Hospital
- Yul Ejnes, MD, RI Medical Society
- Jim Feeny, 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
- John Young, RI Department of Human Svcs

#### Management Committee

- Laura Adams, Rhode Island Quality Institute
- Rebekah Gardner, Quality Partners of RI
- 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
- Dave Hemendinger, Lifespan, TSG Chair
- Nina Lennon, Rhode Island Quality Institute
- Beth Perry, EDS
- Ashraf Hannah\*, EDS
- Reid Coleman, MD, Lifespan
- Trey Reeves\*, InterSystems

### MEETING PURPOSE

To communicate the project update, review and discuss current HIE policy and technical development issues and consider policy and technical deliverables for approval.

### 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: 2/28 Meeting Minutes*</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>  |
| <b>7:10 – 7:30</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>7:30 – 8:00</b> | <b>4. Discuss Refinements to HIE Enrollment Policy*</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i><br><i>Amy Zimmerman, Rhode Island Department of Health</i><br><i>All</i>           |
| <b>8:00 – 8:25</b> | <b>5. Consideration of Recommendations to Approve Policy and Technical Deliverables*</b><br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i><br><i>Dave Hemendinger, Lifespan, TSG Chair</i><br><i>All</i> |
| <b>8:25 - 8:30</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, Steering Committee Co-Chair, opened the meeting at 7:05 a.m. and welcomed the group.

### 2. Consideration for Approval: 2/28 Meeting Minutes

Dr. Priebe opened the floor for discussion of the February 28<sup>th</sup> meeting minutes in consideration for approval. Hearing no discussion, he asked for a motion to approve. A motion to approve was offered and seconded. Meeting minutes were unanimously approved as written.

#### ACTION

#### Action Item:

The February 28, 2008 meeting minutes were accepted as written.

### 3. Project Update

The updates to the Steering Committee included the following topics:

- Status of Policy / EDS Deliverables and Project Schedule
- Recap of March TSG Meetings and Next Steps RE: Participation Solution
- Update on HIE name and branding
- Status of HIE Legislation and related activities

Major points of discussion:

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

Laura Ripp reviewed the project schedule noting that the project remains significantly behind the baseline schedule, however, much progress is being made on both technical and policy development fronts. During this period, HEALTH approved EDS Deliverable D4: Staffing Plan and EDS submitted Deliverable D31a: Lessons Learned (July-December 2007) to HEALTH which is currently under review. Policy development has been focused on Consumer Enrollment in the HIE and related Authorization documents, Complaints and Grievances, Role-based Permissions, and Response to Breach of the RI HIE. In addition, progress has been made on developing a data sharing agreement.

Dr. Priebe inquired about the cause of schedule slippage. Ms. Ripp noted that additional slippage this period is primarily due to continued refinements to the HIE functional requirements by the Technical Solutions Group (TSG). Judy Wright advised the Steering Committee to keep in mind the circular nature of some of the discussions on technical requirements relative to the determination of economic feasibility.

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

The TSG conducted two meetings in March which were focused on reviewing the EDS Data Conversion Deliverable, the RI HIE Role-based Permissions Policy and continued review and confirmation of HIE functional requirements.

Amy Zimmerman reported that progress to finalize the development of a Participation Service and Gateway has continued. She explained the Participation Gateway and Participation Service technical solutions and their integral relationship to the RI authorization (a.k.a., consent) policy. EDS provided revised pricing and clarified that the costs associated with the Participation Service and Gateways were bundled with each other. Beth Perry noted that there have been several iterations of pricing in light of changing formats and components and not initially understanding the TSG's intent to potentially seek outside bids for the work. Considering the EDS offer, it does not seem prudent for RIQI to proceed with issuing the TSG-developed RFP to explore competitive offers to build the gateways.

Carole Cotter clarified that an RFP drafted by the TSG would not be issued because EDS/ISC would provide the solution and HEALTH can assure that there is funding available. Ms. Zimmerman confirmed that the going-forward approach is for the requirements to be satisfied through the EDS/ISC contract. EDS is slated to provide all hardware and services for the first Data Submitting Partners (DSPs). In the future, there is still a question of who will provide technical services long term.

Next steps include HEALTH development of a modification to its contract with EDS.

➤ **Update on HIE name and branding**

Stacy Paterno of Clarendon noted that the Working group for the HIE will continue to review names, logo, design, and branding work for the project. A second round of focus groups is scheduled for April 7<sup>th</sup> and 8<sup>th</sup> and the goal is to narrow down the logo and name ideas to only two choices, as well as test the HIE Authorization Form and educational brochure. Consumers of the focus group will be asked to give their feedback via a "comment sheet" which is viewable by the other members of the group. Laura Adams advanced the idea of allowing individuals to provide feedback on their own schedule instead of in a group setting.

The Working group is generally on schedule, but advised the Steering Committee to expect six more weeks of work.

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

Laura Adams reported that the legislative hearing Health Information Exchange Act of 2008 was held on March 26, 2008. It was heard simultaneously in the House and the Senate. Thirty-six letters of support were received from individuals in the community and other groups. Many supporters testified in front of the committees including Ed Quinlan, Jim Purcell, Kathleen Connell, Laura Adams, and Dr. Yul Ejnes. Many others submitted written testimony. There were more questions on the Senate side and it was generally a bit more challenging than the House hearing. One point that was continually reinforced was that the legislation was only applicable to the HIE and did not apply to other mechanisms of health information exchange.

Dr. Priebe asked about the timeline of the legislation; Ms. Adams noted that final recommendations for refinements to the legislation will be developed and a vote will be slated for the General Assembly in the May-June timeframe if it gets out of Committee. She also noted that the process has gone smoothly due to all the people involved and the broad reach of the initiative. She emphasized the need to help legislators understand the impact of any changes they may consider making to the bill.

Rep. Elizabeth Dennigan is sponsoring a separate, unrelated bill regarding commissioning an electronic health records task force and a hearing on that proposed bill was also held. RIQI's vendor, Advocacy Solutions, will track the progress of all relevant legislation.

#### 4. Discuss Refinements to HIE Enrollment Policy

Stephanie Kissam referred the group to the written policy titled RI HIE Enrollment Policy. She noted key decisions and areas of refinement since the Steering Committee last reviewed the policy. These include:

- Regarding the definition of an “authorized representative” for decisionally-impaired patients, during enrollment, provider organizations will generally use their current protocols.
- SSN Number will not be included in the demographic data profile. Several factors led to this decision including the trend for DSPs not to collect SSN in the future. For HIE enrollment, it is proposed that instead an insurance ID number be collected as an optional enrollment data element.
- Enrollment channels (Procedure: Section II)—this section will be updated to describe the *process* for enrollment rather than naming specific channels.

Ms. Kissam directed the group to policy element #3 to review temporary access provisions. She characterized the key outstanding issue as being patient notification of health information disclosure to a treating provider for which explicit authorization has not been obtained. Dr. Deidre Gifford reminded the group that the context of this provision is to allow temporary access for covering providers or others with the expectation that this would happen very frequently; therefore we should be careful not to overwhelm the HIE with notification and/or follow-up requirements.

In continued discussion, it was noted that there could be a provision to allow a provider to attest to obtaining permission to view a patient's health information. If this is technically feasible, could active notification be limited to only those cases where permission was not obtained? Dr. Reid Coleman warned the group to be careful about undercutting the notion of implied consent that is routine in medical practice today. A. Zimmerman replayed the positions of the Policy & Legal Committee (PLC) and the Consumer Advisory Committee (CAC) that without some extra level of protection, anyone could claim temporary access at any time. Dr. Coleman noted that if it is permissible to access the information without verbal consent, then we could be creating a conflict for providers. Dr. Yul Ejnes suggested that the terminology be added that the provider notified the patient and attest to that in the HIE. He used the analogy of accessing the EMR of another practice which is commonplace today. Dr. Gifford posed the question: Is it right to allow temporary access if there is no true emergency? The group engaged in vigorous discussion about the realities of providing care and the need for the best information possible.

#### **ACTION**

##### **Action Item:**

As for next steps, for clinical care situations in which the patient would benefit from the provider's temporary access to patient information in the RI HIE, the requirement for verbal authorization or verbal notice by the provider was advanced to be the next step in evaluation and exploration in the committees.

## 5. Consideration of Recommendations to Approve Policy and Technical Deliverables

The following motions were presented for Steering Committee consideration and vote of approval.

- a) Accept the Technical Solution Group (TSG) recommendation for approval of **EDS Deliverable D15: Data Conversion Requirements** version 3 as written.

### ACTION

**DECISION:** The Steering Committee moved to second the motion and conducted a vote that resulted in all members of the voting quorum voting in favor with one abstention. Version 3 of EDS Deliverable D15 was approved as written. HEALTH will move to accept the Deliverable through the administrative process set forth in the EDS contract.

- b) Accept the Technical Solution Group (TSG) recommendation for approval of the draft policy deliverable titled: **Role-Based Permissions for the RI HIE** with Steering Committee revisions and pending confirmation of technical feasibility.

### ACTION

**DECISION:** The Steering Committee moved to second the motion and conducted a vote that resulted in all members of the voting quorum voting in favor with one abstention. The Role-based Permissions Policy was approved with changes. Laura Ripp will make the final changes to the document.

POST MEETING NOTE: It should be noted that Steve Foley was contacted after the meeting to collect his vote. His votes are reflected in the final tally as recorded above.

## 6. Recap Next Steps and Adjourn

Laura Adams noted that Christopher Novak, Executive Director of the Rhode Island Association of Facilities and Services for the Aging has agreed to participate as a Steering Committee member.

Ms Cotter summarized possible agenda items for the next meeting including continued review and possible vote on the HIE Enrollment Policy and a potential vote on TSG recommendations to approve Final Functional Requirements for the HIE system. The meeting was adjourned at 8:40 a.m.