

Meeting of the RI AHRQ Health IT Project Steering Committee

May 22, 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

- 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 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
- Norma Tatterfield**, BCBS of Rhode Island
- 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 project updates, continue discussion of the HIE Enrollment Plan and select policy and technical deliverables and consider for approval.

AGENDA

- 7:00 – 7:05** **1. Call to Order, Welcome and Introductions**
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair
- 7:05 – 7:10** **2. Consideration for Approval: 3/27 and 4/24 Meeting Minutes***
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair
- 7:10 – 7:35** **3. Project Update***
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair
- 7:35 – 8:30** **4. VOTE: Consideration of Recommendations to Approve Policy and Technical Deliverables and Enrollment Criteria***
 - Technical Deliverable: Software QA Plan Deliverable (D12)
 - Enrollment Plan
 - Temporary Authorization Policy
 - Complaints and Grievances Policy and Procedures*Carole Cotter, Lifespan, Steering Committee Co-Chair*
- 8:30** **5. Recap Next Steps and Adjourn**
Cedric Priebe, MD, Care New England, Steering Committee Co-Chair

MEETING SUMMARY

1. Call to Order, Welcome and Introductions

Dr. Cedric Priebe, Steering Committee Co-Chair, opened the meeting at 7:03 a.m. and welcomed the group.

2. Consideration for Approval: 3/27 and 4/24 Meeting Minutes

ACTION

Action Item:

March 27 and April 24, 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
- Review stakeholder feedback on RI HIE prototype demonstration
- Update on status of HIE name, Authorization Form/Brochure
- Status of HIE Enrollment planning
- Status of HIE Legislation and related activities
- Committee Membership
- Finalization of RHIO designation contract and transition issues

Major points of discussion:

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

Laura Ripp reviewed the project schedule and major milestones and noted the intent to establish a new schedule baseline to better track the progress of implementation. Beth Perry commented on efforts made to better coordinate the EDS schedule with other project dependencies.

➤ **Review stakeholder feedback on RI HIE prototype demonstration**

Amy Zimmerman reviewed the scope of the May 14th demonstration of the RI HIE system to a meeting of the joint committees and noted that this demonstration marks completion of the initial system prototype deliverable. Carole Cotter provided her perspective and related the sense of excitement about being able to see the progress made and the satisfaction of the provider community. Ms. Cotter recognized the hard work of many groups, especially the Technical Solutions Group (TSG). Laura Adams concurred with the observation that a great deal of the feedback received in prior demonstrations has now been incorporated into the prototype. Ms. Adams commented that the continual perseverance of stakeholders is encouraging and the braintrust in Rhode Island is exceptional.

➤ **Update on status of HIE name, Authorization Form/Brochure**

Stephanie Kissam announced that the name for the Rhode Island Health Information Exchange system that has been chosen by independent focus groups is current *care*. Focus group participants liked the name and characterized positive attributes as being

warm, not too edgy and including the word "care". Clarendon and project staff are now working with a subgroup of the RIQI Board to look at the logo/tagline combinations for guidance on look and feel for the branding of current *care*. The subgroup will make recommendations to the Board. The educational brochure (also to be branded) and the Authorization Form are under heavy revision and will be reviewed again by focus groups prior to finalization.

➤ **Status of HIE Enrollment planning**

Stephanie Kissam noted that progress is being made on multiple fronts to develop a plan to identify and enroll patients for the RI HIE and the initial pilot provider organizations (users) of the system. A data request was recently issued to initial Data Submitting Partners for purposes of aligning patients, sources of data, and users of data.

Two enrollment strategies are being pursued that rely on an ink signature of participants in the HIE to confirm enrollment and to authorize provider access permissions. One approach includes implementation of a mailing to Medicaid beneficiaries. Another approach is direct enrollment of patients by RHIO and provider staff after appropriate training. Staff is engaged in detailed discussions with the Department of Human Services and Brown University to plan and implement the mail enrollment strategy and evaluate the effectiveness of the approach.

Staff is also working closely with Brown University and Quality Partners of Rhode Island to develop a longer term approach to enrollment, provider engagement/training and evaluation.

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

Laura Adams noted that the HIE bill will be heard again next Wednesday night. She emphasized how solid the process has been to develop the legislation and it has progressed through hearings amidst requested changes from two key groups: ACLU of RI and the Workers Compensation Board.

Ms. Adams reported that the changes made to the bill at the request of the ACLU have been mutually accepted and preserve the original intent of the bill. However, the Workers Compensation Board has recently become extremely concerned about the legislation. They have asked that legislation be modified to add language to assure that the HIE did not interfere with their data collection process. The legal representative for the group has added language to the legislation and there is a possibility that the bill could be voted out of the committee or be substantively changed. Don Weinberg has been involved from the outset and Marie Gannim, Jeff Taylor (Advocacy Solutions) and Linn Freedman (RIQI counsel) are working tirelessly to preserve the intent of the legislation.

Amy Zimmerman noted the power of our ability to network across the country to help inform issues that came into question during the legislative hearings. She emphasized how fortunate it is that we have lots of supportive peers and informational networks to tap.

➤ **Committee Membership**

Dr. Priebe reflected on the need to expand the Steering Committee to increase the breadth of representation. As such there will be some additional appointments of committee members by RIQI. Carole Cotter welcomed the addition of Norma Tatterfield of BCBSRI and noted that she and Bill Florio will share one vote.

Amy Zimmerman noted the recent announcement of Bryan Barrette's retirement. The group extended sincere thanks to him for his dedication and work on the Steering Committee and the Technical Solutions Group.

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

Laura Adams began her comments by noting the recent release of the Congressional Budget Office report on the value of health information technology (IT). Ms. Adams is listed as a reviewer on that report. While Peter Orzag (CBO) is a very thoughtful person and has made an honorable attempt to produce a fair and balanced report, Ms. Adams perceived that the impact of the report's findings may have an adverse effect on progress toward adoption of health IT. The headline states that the projected savings from implementing technologies are over inflated and instead, project the "opportunity" for full adoption in a chronic care management model rather than the savings that may be realized on an incremental path. Ms. Adams wanted the group to be prepared for any feedback as the report comes at a particularly significant time as the RHIO designation question is before the RIQI Board for consideration.

Dr. Priebe asked if there is any pending legislation that could be impacted. Ms. Adams feels that legislation to fund community innovation may be challenged. Further, the reports findings could impact the progress of federal initiatives in a broad sense. Ms. Adams advised assuming a balanced perspective on the report to avoid delays in progress. Bryan Barrette asked if a rebuttal piece should be produced. Ms. Adams advocated for composing an outline of the considerations to promote learning.

Regarding the state designation of the RI Regional Health Information Organization (RHIO), Ms. Adams noted that this has been a breakthrough month driven by progress on the HIE prototype, legislation, branding, enrollment plan, and the RHIO designation contract. The RHIO contract between RIQI and the State will be reviewed in an upcoming special session of the Board. There are two contracts under consideration: (1) The RHIO designation (a no cost contract); and (2) a second contract which involves transfer of some contractual responsibilities and funding from federal contracts (AHRQ and CMS) to RIQI. Responsibilities to be transitioned according to the terms of the agreement include provider engagement, governance, consumer engagement, project management, technical, evaluation, among others. Position descriptions have been circulated and candidates are being considered, however, no one will be hired until the Board signs the contracts. The general approach is to transition all the other operational and management components prior to the technology moving over.

RIQI is actively planning to build capacity. The plan is incremental as RIQI ramps up to create capacity to take on all the components of RHIO operations by 2010. HEALTH's contract with Clarendon for consumer engagement ends in June so it will be among the first transitions. From this contractual transition, RIQI will take over responsibility for the Consumer Advisory Committee (CAC) and the communication plan. Within a year, there will be a transition of the provider component (July 09). The two RHIO contracts end in September 2010.

Ms. Adams noted that without any other appropriations or other funding, there is a \$600K shortfall for next year. RIQI has looked at a variety of ways to close the gap. Ms. Adams feels that the governors' commitment of state support will go a long way to help the Board approve the decision. Amy Zimmerman noted two caveats; DOA must formally approve

the contracts and there is a fiscal lockdown for the next month so all procurement must go through a critical path to justify the contract. Lots of coordination around these responsibilities and contracts will be needed. Ms. Adams noted the intense cooperation between parties in the public-private partnership. Even beyond the contract, the public-private partnership is expected to stay strong.

Carole Cotter asked for clarity on the timing of the evaluation and technical build relative to the transition. Ms. Zimmerman noted that these components will not be contractually transitioned; the AHRO-HEALTH contract will expire and then the responsibilities will transition to RIQI. The RIQI Data Manager (to be hired) will serve to review /contribute to EDS deliverables to position RIQI to accept responsibility for overseeing the technology.

4. VOTE: Consideration of Recommendations to Approve Policy and Technical Deliverables and Enrollment Criteria*

Carole Cotter presented the motions pertaining to the following policy and technical deliverables for Steering Committee consideration and vote of approval:

- Technical Deliverable: Software QA Plan Deliverable (D12)
- RI HIE Enrollment Goals, Criteria and Plan
- RI HIE Temporary Authorization Policy
- Complaints Policy and Procedures
- RI HIE Prototype I

Specific discussion and decisions are described:

- a) Accept the Technical Solution Group (TSG) recommendation for approval of **EDS Deliverable D12: Software QA Plan** (with refinements as identified by the TSG and EDS on April 23, 2008).

This document is a highly technical work and has been developed to establish the goals, processes, and responsibilities required to implement effective software quality assurance functions for the Rhode Island Health Information Exchange (RI HIE) Project. The RI HIE SQAP provides the framework necessary to ensure a consistent approach to software quality assurance throughout the project life cycle. It defines the approach that the EDS quality assurance team will use to monitor and assess the software development process to provide objective insight into the maturity and quality of the HIE software.

ACTION

DECISION: There was no substantive discussion. The Steering Committee moved to second the motion and conducted a vote that resulted in all members of the voting quorum voting in favor. The Software QA Plan was approved as written with changes as specified by the TSG and EDS.

- b) Accept the document titled **RI HIE Enrollment Goals, Criteria and Plan Development** as written with noted refinements from the Steering Committee.

DISCUSSION: Bill Florio asked if there are consequences for non-performance of enrollment goals. Amy Zimmerman noted that there are not clear consequences from CMS for the

Medicaid Transformation grant, a key source of funding for Medicaid enrollment activities. The most significant consequences are the challenges that non-performance will place on building the HIE to a point of value for users.

Dr. Priebe asked if the evaluation will assist in measuring these goals. Ms. Zimmerman noted that the evaluation of the enrollment strategy will be built into the evaluation plan. The question will be asked: Does the active enrollment process hinder us or add to the trust of the community in favor of long-term adoption?. AHRQ is very interested in this angle and it will be the most concrete outcomes of the formal project evaluation plan since our project has been delayed.

Pat Moran asked whether the 50% enrollment goal means 50% enrollment of the state population. This goal was clarified as being applicable to Medicaid patients that may be seen in the 5 participating initial pilot sites.

Christopher Novak asked where the target number of nursing homes user sites came from (n=27). Amy Zimmerman noted that Brown's preliminary assessment of nursing homes indicated that 54 nursing homes did not have computers in clinical settings; as a goal, half of those are expected to become user sites during the next two years.

ACTION

DECISION: After discussion, the Steering Committee moved to second the motion and conducted a vote that resulted in all members of the voting quorum voting in favor. The RI HIE Enrollment Goals, Criteria and Plan Development document was approved as written.

- c) Accept the policy deliverable titled: **RI HIE Temporary Authorization Policy** as written with noted refinements from the CAC and PLC.

DISCUSSION: Amy Zimmerman noted the areas in which language in the policy has changed since the last review in April. Linn Freedman has provided legal review in the interim and the policy has been revisited by the CAC (consumers) and PLC (policy/legal group) to assure they understood suggested changes. It was clarified that this policy only applies when patients have opted to restrict permission for who can see their information, that is, if patients have NOT selected the option permitting all treating providers to see their information. This policy pertains to specific individual providers who are requesting access to patient information and allows temporary access for 72 hours. Virginia Burke asked for clarification on the options to restrict authorization. Ms. Zimmerman noted that the minimum level of enrollment in the HIE infers temporary authorization as the only means to access patient information.

Dr. Reid Coleman noted a need to revise the LIP definition to exclude the words "and by an organization". Dr. Priebe asked if a patient terminates participation, could Temporary Authorization be given. The answer is "No", since termination requires that the consent flag is "negative" for both the movement of patient data into the HIE and access to data through the HIE. Bill Florio asked if the Temporary Authorization policy included true emergency, a.k.a., "break the glass" provisions. The answer is "Yes", such access is included in the broad definition of Temporary Authorization.

ACTION

DECISION: After discussion, the Steering Committee moved to second the motion and conducted a vote that resulted in all members of the voting quorum voting in favor. The RI HIE Temporary Authorization Policy was approved with changes as specified.

- d) Accept the policy deliverable titled: **RI HIE Complaints and Grievances Policy** as written with noted refinements from the internal legal review process.

DISCUSSION: The group agreed that the first bullet in the Responsibility section of the policy should be amended to simply say "State designated RHIO" rather include than the qualifying language in the description. Further, the similar NOTE under Policy element #1 should be deleted. The group agreed that the word "grievance" should be changed to "complaints" in all instances.

ACTION

DECISION: After discussion, 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 RI HIE Complaints and Grievances Policy was approved with changes as specified.

- e) Accept the technical deliverable titled: **RI HIE Prototype I (D24a)** as was demonstrated on May 14, 2008 to the joint committees (including providers) which satisfies the TSG requirements defined on September 6, 2007.

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. The RI HIE Prototype I was approved.

5. Recap Next Steps and Adjourn

Carole Cotter summarized possible agenda items for the next meeting including discussion and possible vote on the RI HIE Enrollment and Authorization Form, and introduction of a series of Policy and Procedures pertaining to breach. She noted that the need for a meeting will be evaluated based on the criticality of decisions to be made. The meeting was adjourned at 8:30 a.m.