

# Meeting of the RI AHRQ Health IT Project Steering Committee

February 26, 2008 ♦ 7:00am – 8:30am

Robinson C. Trowbridge Center at Kent Hospital ♦ 10 Health Lane ♦ Warwick, RI

## MEETING MINUTES

### MEETING ATTENDEES (\*indicates participation by teleconference)

#### Steering Committee

- Nancy Barisano, Westerly Hospital
- Virginia Burke, RI Health Care Association
- Nancy Coburn, NHPRI
- 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
- Ron Jordan, URI College of Pharmacy
- Jack Landers, RI Dept. of Administration
- Don Nokes, NetCenergy
- Paul Oates, United Health Networks
- Cedric Priebe, MD, Care NE, Co-Chair
- Norma Tatterfield, BCBS of Rhode Island
- Alan Tavares, RI Partnership for Home Care
- Linda Tucker, RI Assoc of Facilities and Services for the Aging
- John Young, RI Dept of Hospitals (MHRH)

#### Management Committee

- Laura Adams, Rhode Island Quality Institute
- Rebekah Gardner, Quality Partners of RI
- Beth Perry, EDS
- Laura Ripp, Consultant, Project Staff
- Patrick Vivier, MD, Ph.D., Brown University
- Amy Zimmerman, RI Department of Health

#### Other Attendees

- Lauren Capizzo, Quality Partners of RI
- Reid Coleman, MD, Lifespan
- Linn Freedman, Nixon Peabody
- David Gifford, MD, RI Department of Health
- Geri Guardino, Rhode Island Quality Institute
- Trey Reeves\*, InterSystems

### MEETING PURPOSE

To communicate project updates, review the status and implications of key implementation issues and consider select current *care* 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>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>                                 |
| <b>7:05 – 7:10</b> | <b>2. Consideration for Approval: 1/22 Meeting Minutes</b><br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>                         |
| <b>7:10 – 7:40</b> | <b>3. Project Update</b><br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i>   |
| <b>7:40 – 8:00</b> | <b>4. Discussion and Consideration for Vote: Technical and Policy Deliverables</b><br><i>Carole Cotter, Lifespan, Steering Committee Co-Chair</i> |
| <b>8:00 – 8:20</b> | <b>5. Discuss currentcare Privacy Policy</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>                           |
| <b>8:20 – 8:30</b> | <b>6. Review Outstanding Policies and Approval Timeline</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>            |
| <b>8:30</b>        | <b>7. Recap Next Steps and Adjourn</b><br><i>Cedric Priebe, MD, Care New England, Steering Committee Co-Chair</i>                                 |

## SUMMARY OF DECISIONS AND ACTION ITEMS

- A. January 22, 2009 meeting minutes were approved as written.
- B. The following policy and technical deliverables were approved:
  - i. Final Detailed Design Specification for current *care* (D23b)
  - ii. current *care* Test Case Packages 9-12 (D21)

## MEETING DETAILS

### 1. Call to Order, Welcome and Introductions

Carole Cotter, Steering Committee Co-Chair, opened the meeting at 7:05 a.m. and welcomed the group.

### 2. Consideration for Approval: 1/22/09 Meeting Minutes

**ACTION**

**DECISION:** The January 22, 2009 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
- Security Plan and System Audit
- HIE Regulations
- current *care* Funding | RIQI Staffing
- current *care* Enrollment

Major points of discussion:

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

Laura Ripp reviewed key points from the Project Deliverables Schedule that was distributed to the group. In this reporting period, there are areas of significant schedule slippage that can be attributed to insertion of a security audit / testing requirement prior to live data flows from initial Data Submitting Partners (DSPs) to the current *care* system. The impact of this change (and the ongoing time required to negotiate a mutually acceptable audit approach) pushes out the time required to implement the sequence of critical technical activities that must be completed prior to full system deployment (i.e., install DSP consent gateways → DSP data flow → accumulate data → user “go live”).

Ms. Ripp noted that the January schedule provided by EDS is a provisional schedule that is currently under detailed review. This schedule as written reflects significant changes to the June 2009 target for “go live” at user sites. Prior to acceptance of this revised schedule, all assumptions will be reviewed by a multi-stakeholder group and attempts made to reduce the time variance from the June go-live target date. A revised go-live date is likely, the extent of the revision is to be determined. Critical activities driving schedule risk include:

1. Performance of pre-production security audit
2. Pre-production disaster recovery testing

3. Installation of participation gateway servers
4. Acceptance of production system
5. Pilot rollout at first provider site

Other accomplishments during this period include:

- TSG and security personnel from DoIT completed review of the Test Plan and the Final Design Specification deliverables; these deliverables are ready for Committee vote.
- Agreement on the approach to mapping lab results among different data sources in current *care* has been reached, however, the actual mapping is still in progress and is a potential cause for additional schedule slippage.

#### ➤ **Security Plan and System Audit**

Amy Zimmerman reported that agreement on an acceptable approach to review the current *care* Security Plan has been reached. However, discussions are ongoing to reach agreement on an approach for a pre-production security audit for current *care*. As above, this activity is a cause for major delays in the project schedule.

Amy Zimmerman related the logic and rationale behind the security audit and the need to align all assumptions relative to timing and obligation to perform the needed services to the satisfaction of all parties.

Discussion included a question about how much impact the delays will have on the timing of interface development, i.e., the point in time when Data Submitting Partners (DSPs) are able to send information to the system. Ms. Zimmerman noted that the net effect of the security audit is that the entire system must be tested prior to information flow from the DSPs, therefore, some previously simultaneous activities are now being approached more linearly. Given these changes in the schedule, a 3 month delay in data exchange is expected.

#### ➤ **HIE Regulations**

Amy Zimmerman reported that on TUESDAY, JANUARY 27, 2009 the State conducted a second informal community review/comment session on the draft regulations pertaining to the RI HIE Act of 2008. Good feedback was obtained and, overall, the process has been very collaborative and positive. Ms. Zimmerman noted that some parties are still concerned that the regulations were not detailed enough. Based on the realities that policies are evolving and such a level of detail is not practical in regulations, HEALTH has worked to add specificity without imposing too much constraint.

At this point in time, there is enough information and feedback to move to final regulations, post them, and set up a public hearing. Once officially posted, the feedback process is more formal and the Department of Health must choose whether to modify the regulations. If additional changes are made following public hearing, another formal hearing will be required.

During discussion, Linn Freedman, Esq. noted two issues that impact RIQI that she feels are still unresolved. The first issue pertains to a section in the regulations stating that physicians can be disciplined if they choose not to treat patients because they are not participating in current *care*. This provision is not in the law but the Department of Health has put it in the regulations at the request of the ACLU; the Consumer Advisory Committee (CAC) is also in favor. Providers are concerned that this provision goes beyond the Board

of Medical Licensure's authority to discipline providers on the basis of unprofessional conduct or patient abandonment.

Dr. Reid Coleman inquired about the mechanism to enforce disciplinary action on physicians for patient abandonment. Dr. David Gifford noted that under the authority of the Board of Medical Licensure, it would discipline the provider based on the range of possible actions the Board can invoke which includes the authority to discipline on unprofessional conduct / patient abandonment. Linn Freedman made the point that the current regulatory language goes beyond abandonment and specifically states that if a new patient relationship is denied because the patient is not part of current *care*, that provider may be subject to discipline. This type of action is not defined as unprofessional conduct and appears to make the issue one of discrimination based on current *care* participation. Ms. Zimmerman clarified that the intent of the regulation is not to require physicians to use the system or to require patients to enroll.

In further discussion, clarity was advised regarding how the Board of Medical Licensure may regard a physician's refusal to see patients who do not participate in current *care* relative to physicians who choose not to treat patients who will not share clinical information. This distinction may become important if current *care* becomes a single source of data. Dr. Coleman noted that there is very real liability for providers NOT using data to which there is access. The issue was believed to be an important one that merits further consideration.

The second unresolved issue for RIQI is that the regulations state the HIE Advisory Commission must consult with the state-designated Regional Health Information Organization (RHIO, which is RIQI) prior to making recommendations to the Director regarding the use of information in current *care*. However, there is no process defined if the RHIO disagrees with the Commission's recommendations other than that the disagreement be included in the annual report that the Commission provides to the community.

Ms. Freedman also commented that the regulations should be written in such a way as to assure that RIQI does not have to take responsibility for current *care* security prior to HEALTH's transfer of vendor contracts to RIQI for technical operations.

#### ➤ **current *care* Funding / RIQI Staffing**

Laura Adams reported that an initial proposal was received from United Healthcare (UHC) for \$2 million over six years. Following discussion, a revised proposal was recently submitted to RIQI. Among the revisions are provisions that hospital participation in current *care* be quantified in in-kind support for enrollment rather than monetary payment.

Ms. Adams noted that the passage of the stimulus bill will likely help current *care*. The bill allocates \$19B for health information technology nationally, with much going to Medicaid, Medicare, and hospitals with some allocated to providers in the form of incentives for electronic medical record (EMR) adoption. Implications include: Some incentive provisions allow up to \$11 million per hospital for "meaningful use" of EMRs, described in some accounts as ePrescribing, quality measures and connection to a health information exchange. The Office of the National Coordinator will receive \$2B and the Director will be a presidential appointee. Grants of at least \$300 million will be provided to states or state-designated organizations—many of these will be planning and implementation grants and

Ms. Adams believes RIQI is well positioned to get some of this funding. Carole Cotter noted that there are new privacy and security requirements that will impact *currentcare*.

Regarding RIQI staffing, Ms. Adams reported that Gary Christiansen will be starting on Monday in the position of Chief Operating Officer (COO) at RIQI. Gary comes to RIQI with a strong financial and technical background and is new to healthcare. The technical director position will be further evaluated after COO input. There will be positions opening for provider engagement enrollment and customer service. RIQI will expand its offices to accommodate new personnel.

#### ➤ **currentcare Enrollment**

Geri Guardino, *currentcare* Enrollment Specialist at RIQI, reported that about 1,400 persons have enrolled in *currentcare*. Outreach to specific organizations has been the major approach to engage enrollment sites. Community health centers are being heavily targeted and the \$3 administrative recovery fee will be offered. RIPIN, the parent network, is still assisting in enrollment and nursing homes, hospitals, and pharmacies are getting involved. A nursing home association, health center association, BCBS and EDS provider liaisons are being asked to provide assistance. A statewide outreach campaign will also be pursued.

Ms. Zimmerman inquired about the yield of these efforts. Ms. Guardino noted that no completed enrollment forms have come in from enrollment sites to date which is a testament to the fact that enrollment activities are not without their challenges. It is not easy to get everyone activated and working and there is little way to help them prioritize the activity. Ms. Zimmerman suggested that a feedback loop be established to understand the challenges with each enrollment channel. Ms. Guardino noted that some avenues are more productive than others.

Regarding other areas of activity that may provide more promise for enrollment, Ms. Adams noted that business may be one of the most important avenues for advancing enrollment. RIQI was successful in entering into an agreement with ER Card so *currentcare* can be offered to ER Card members. The RI Business Group on Health has agreed to provide support and communication to build awareness of enrollment.

On another front, implementing web-based enrollment is important to being able to accelerate progress. RIQI is working with Embolden on a solution that will be able to authenticate consumers and enroll them through a website. RIQI will also be producing a 5 minute training video in the next few weeks. The state prison is interested in enrollment and has been approached.

The Warwick campaign is progressing slowly. An ad was run in the Warwick Beacon and a billboard is up on I-95S. A Warwick-focused Medicaid mailing will be conducted. The next important step is to identify enrollment drop-off sites after which a letter will go out and more progress can be made.

Lauren Capizzo reported that the nursing home activities are progressing to complete 98-99% enrollment; others on the lower level of enrollment are also progressing. QPRI reported that all participating homes will work to incorporate enrollment activities in patient registration. Alan Tavarez asked if *currentcare* could make a presentation on April 7<sup>th</sup> for the quarterly nursing home association meeting. He suggested regular appearances at these meetings.

#### 4. Discussion and Consideration for Vote: Technical and Policy Deliverables

Carole Cotter directed the group to the list of motions for consideration and recognized the diligent work of the Technical Solutions Group to advance these critical deliverables to this point for Steering Committee vote. Jim Feeney, Steering Committee and TSG member, attested to the TSG's agreement that the deliverables were ready for acceptance.

**Discussion:** The group reviewed each motion as written. Brief discussion resulted in no changes to the motions.

#### ACTION

**DECISION:** The Steering Committee members present at the meeting moved to unanimously approve both motions. The final approved motions include:

- a) Accept the recommendation of the Technical Solutions Group (TSG) to approve the EDS technical deliverable titled **RI HIE Project Final Detailed Design Specification v0.2 (D23b)** with the understanding that final screen designs will be addressed to the mutual satisfaction of HEALTH/RIQI and EDS during User Acceptance Testing.

This document is a lengthy deliverable that describes the detailed technical specifications to be used to integrate and configure the different components of the Rhode Island Health Information Exchange system (a.k.a. *currentcare*). The Final Detailed Design Specification is an essential guide for moving forward to build and deploy the RI HIE system. In its current form, the deliverable includes all components, including those not completely described in the Draft deliverable that was approved in part on July 24, 2008.

- b) Accept the recommendation of the Technical Solutions Group to approve the **updated currentcare Test Plan and Test Case Packages 9-12** as the final installation of the Test Plan deliverable (D21) with the understanding that final report header layout will be addressed to the mutual satisfaction of HEALTH/RIQI and EDS during User Acceptance Testing.

The Test Plan is regarded as a component of the business design specifications documented in D23b and encompasses all levels of testing including use case testing, and stress testing.

#### 5. Discuss *currentcare* Privacy Policy

Dr. Cedric Priebe introduced the topic of the *currentcare* privacy policy. Ms. Zimmerman explained the process that was undertaken to revisit the previous privacy policy statement including the initial intent to update the policy statement to reflect provisions of the RI HIE Act of 2008. In the normal course of collaborative review, the revised policy statement was distributed to the Policy and Legal Committee and the Consumer Advisory Committee for comment; this review resulted in the groups' demand for a consumer-oriented policy statement. Ms. Zimmerman noted that examination of the need for such a policy statement also illuminated the need for a Notice of Privacy Practices to address new requirements for *currentcare* (effective February 2010) under the recently passed HITECH Act. Therefore it was proposed that the privacy policy statement as currently revised could provide a bridge document until such time that a consumer oriented statement and Notice of Privacy Practices can be developed and vetted.

Linn Freedman noted that the new privacy and security requirements under HITECH require that business associates, such as *currentcare*, be regulated as a covered entity. Therefore, all

privacy and security requirements applicable to covered entities must be adhered to. Ms. Freedman requests that current *care* be compliant long before it is required to comply. Carole Cotter asked if EDS will also be required to comply; Ms. Freedman responded that privacy and security requirements will apply to all business associates—the new law will require amendment to the Business Associate Agreement (BAA) between HEALTH and EDS and also applies to any BAA between RIQI and EDS.

## **6. Review Outstanding Policies and Approval Timeline**

Dr. Priebe introduced the topic. Laura Ripp directed the group to the document describing current *care* policies and procedures and focused on the development path for the remaining policies. In summary, four policies will be introduced at the March 2009 meeting and are slated for an April vote; two policies will be introduced at the April 2009 meeting and are slated for an May vote; and one policy will be introduced at the May 2009 meeting and is slated for a June vote.

## **7. Next Steps and Adjourn**

Dr. Priebe noted that the next meeting will focus on further review of the project schedule and a review of current *care* policies. Dr. Priebe adjourned the meeting at 8:30 a.m.