



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

Health Information Exchange (HIE) Advisory Commission December 17, 2013 Meeting Minutes

Attendance: Ted Almon; Michael Fine, MD; David Gorelick, MD; Lisa Shea, MD; Nicole Lagacy and Amy Zimmerman

Guests: Laura Adams, Gary Christensen, and Charlie Hewitt

1. Welcome and Introductions

- Dr Fine opened the meeting at 4:00pm. He welcomed everyone to the first meeting of the commission, which includes five members...
- Members and guests introduced themselves

2. Overview of Rhode Island's HIE (CurrentCare)

- To assure that all members have the same level of understanding, Amy Zimmerman provided an overview of CurrentCare via a slide presentation (see attachment). She reviewed the history of the HIE, including the establishment of the Regional Health Information Organization (RHIO) with funding from the ONC. The RHIO was designated via a RFP process and provides an annual review and re-contracting process.
 - The HIE creates a longitudinal patient health care record, facilitates the exchange of clinical information, and can support health policy and analysis
 - **Medications and Pharmacies:** Approximately, 80%-90% of dispensed medication information is in the HIE. HEALTH also has the Prescription Monitoring Program (PMP), which includes all schedule 2, 3 and 4 medications. Data are accessible to licensed prescribers via a separate process.
 - **Patient Consent:** patients who enroll in CurrentCare consent to allowing all information into CurrentCare. However, they can indicate that only certain providers may have access to the information (e.g., certain provider organizations; only in an emergency event; etc.). The data submitted by data sources enters a "participation gateway", which sends a message to the HE to check the patient's consent levels. (see screen shots attached)
 - **Alerts:** primary care providers can request to receive notification when their patients are admitted and discharged from the Emergency Department (ED) or hospital, as long as the patient indicated who their PCP is. Additionally, providers such as specialists and behavioral health providers can subscribe to specific patients and be notified when those patients are admitted to or discharged from the ED or hospital
2. **Data sharing Partners:** The HIE does not have every physician office, every lab, every imaging center, submitting data yet; so the lack of a lab result, imaging report or office visit, etc does not mean the service was not conducted or received. This also applies to medications. The provider should still verify the patients medications etc by asking the patient at the point of care. It is important to note that the medication history data in

Current Care comes from 2 sources, Surescripts which is a national company that works closely with most of the large chain retail pharmacies and prescription benefits management companies (PBM). Surescripts has national databases of dispensed medications from its participating pharmacies, that Current Care connects to. The committee asked for clarity about as to whether the Surescripts dispensed data refers to just filled or filled and picked up by the patient (about 20 % of filled prescriptions are never picked up). Current Care also gets prescription data from those providers that send in a clinical summary on their enrolled patients; that data represents prescriptions order by the provider. It is possible give both sources that a provider can see whether a prescription that was order was filled by the patient. Lastly, The PCP can transfer data from their EHR to Current Care though a clinical care summary document referred to as a CCD.

- Automated reports for that could be built in the future.
- **Use of HIE:**
 - 381 providers (among 112 sites) receive alerts
 - Not all physicians send data to Current Care from their HER, and it is important to increase uptake. There are concerns about the impact on work flow. Dr Fine suggested that policy decisions and determining how the HIE is working for providers will fall to this commission.
 - Metrics are available on the number of providers that login and as well as the total number of logins. It was suggested that metrics be reviewed at a future meeting.
 - Emergency Management Services (EMS) will be a new user of HIE data, and will submit EMS run data. Additionally one community has already worked with their EMS department to give Current Care access to their EMTs in the field
- **Direct Messaging:** is a secure messaging system between health care providers (basically secure email messaging for protected health information (PHI). Providers need to have a “direct address/account” that can be provided to the from a “health internet service provider” also referred to as a HISP. Currently, there are direct 157 accounts (some practices have one account for several providers). Direct messaging allows for provider-to-provider information sharing (not just for health information exchanges). It is also the way clinical summaries and hospital alter messages get sent between providers and Current Care. Pharmacists can also use Direct. It is asynchronous communication for all health providers, especially primary care.
- **Security:** there is detective control in place at RIQI and use patterns can be monitored (e.g., same last name lookups, etc.). There are penalties for misuse of Current Care by authorized users.
- **Enrollment:** to date, 349,000 have enrolled in Current Care; 71% have data in records.
- **Adolescents:** individuals who enroll in CurrentCare have the right to access their health information contained in CurrentCare. Currently one would have to request that information from RIQI (and there are processes in place to do so). RIQI is working on creating a patient portal to make this information accessible. With regard to adolescents (children ages 10-18) and whether their parents can access all of their information, in order to preserve the nature of confidentiality between an adolescent and their providers, the enrollment form clearly states that for children ages 10-18, not all information may be shared with the parents/legal guardian. When a child reaches age 18, they are required to re-enroll in Current Care.

3. Role of Advisory Commission

- The Commission is advisory to the Director of Health

- The Director of Health may pose questions to seek advice from the commission
- As per Dr Fine's preference, the Commission would provide a letter of advice
- Questions can concern issues such as, security, access, how HIE impacts work flow, functionality, etc.
- Determine uses of HIE: identifiable information, public health purposes; partnerships with others
- Identify whether the use of identifiable information is for a "public health purpose". As stewards of the data, RIQI may receive requests for identifiable information.
- Maintain regulations. The current regulations are being amended and are likely to go to public hearing in January. The Commission can make recommendations for changes and submit them to the Regulations Committee, which will then put them through the regulatory process.
- The Commission is governed by Open Meetings Law, which requires: posting the agenda 48 hours prior to the meeting; only agenda topics can be discussed; public comments will be taken. At the end of the meeting. The full Commission cannot meet without going through the Open Meetings process; although subcommittee meetings can occur.
- Per the Administrative Procedures Act, the Commission can go into Executive Session when there is a personal situation or other sensitive information to be discussed. (Will have a representative from HEALTH's Legal Office attend the next Commission meeting to review obligations under open meetings law etc).
- An annual report must be submitted to HEALTH and will be made public. The report will be a record of the Commission's activities.
- HEALTH staffs the Commission
- By statute, 2 additional members need to be added.

Meeting Logistics

- Commission will meet every other month, unless agenda items require additional meetings
- **Meeting Schedule:** The 2014 meeting schedule will be drafted based on polling members to identify best days and times for the meetings. The group agreed that later in the day is best and that Thursdays may be best.
- **Proxy Representatives:** HEALTH will ask their legal team whether it is okay for members to designate a proxy when they are unable to attend meetings.
- **Call into Meetings:** a question was raised regarding whether members can call into meetings if they are unable to physically attend. HEALTH will check with their Legal team.

Other Issues/Questions

The group was asked what other information would be helpful (e.g., demonstrations, policies and procedures, opportunities to log on to the HIE, training webinar, etc.)

Question: is there any other body that overlaps with this commission?

Answer: There are no other committees that are advisory to state government regarding the HIE. RIQI, as the organization that is responsible for administering CurrentCare has an extensive committee structure that advises them.

- The RIQI Board reviews HIE progress and metrics each month.
- Other committees within RIQI include Consumer Advisory Committee, Physician Advisory committee, Legal and Policy committee, and a steering committee.

- The commission agreed that it would be helpful to be informed of RIQI work (it was noted that RIQI Board and other committee meeting minutes are posted on the RIQI website).
- Dr Fine also noted that the meeting minutes of HEALTH's Primary Care Physician Advisory Committee (PCPAC), which provides recommendations to HEALTH regarding issues related to primary care, are posted on HEALTH's website.

Question: Is Mental Health information shared (excluding substance abuse), is Substance abuse information shared?

Answer: When an individual enrolls in current care, the enrollment form specifically states that patients are agreeing to have all of their information shared including mental health, substance abuse, HIV, STD, etc. For Substance abuse treatment centers that are covered by 42CFR part 2, there is an additional consent the patient signs to authorize data from substance abuse center to be shared with CurrentCare. That information is segregated in CurrentCare and providers can specifically check to see if there is substance abuse data present, if there is they are informed that they can not redisclose that information to anyone without consent of the patient.

Question: when does data begin to accumulate in CurrentCare on an individual?

Answer: Data collection into CurrentCare starts with the day of enrollment; if an individual decided to no longer be enrolled in CurrentCare, no additional data is sent to CurrentCare and no one can access the data in CurrentCare but the data persists for legal documentation purposes

- **Process Issues:** Only commission members are credentialed to speak during meetings; public comment is allowed as a separate, designated time on the agenda, or unless the HIE chairperson asks a public member to respond .
- **Chair of Commission:** Dr Fine asked whether any members are interested in chairing the group. The role of the chair will include working on the agenda, planning questions, framing issues, and drafting the letter of advice. The term of the chair is one year. Cards were disseminated to the members to indicate their interest.

Public Comment: None

The meeting was adjourned at 5:10pm.