



Department of Health

Three Capitol Hill  
Providence, RI 02908-5097

TTY: 711

[www.health.ri.gov](http://www.health.ri.gov)

**HIE Advisory Commission  
Meeting Minutes  
April 3, 2014**

**In Attendance:**

*Commission Members:* David Gorelick, MD; Lisa Shea, MD; Paula Hemond; Nicole Lagace

*State Staff:* Michael Fine, MD, Amy Zimmerman; Samara Viner-Brown; Jane Morgan; Jim Lucht

*Guests:* Charlie Hewitt RIQI, Margaret Menna RIQI, Jonathan Leviss, RIQI

Absent: Ted Almon

**Meeting Minutes:**

**1) Open Meeting, Review and approve meeting minutes**

Dr. Fine opened the meeting at 3:45 and announced the appointment of Dr. Gorelick as Chair. Members and guests introduced themselves. Minutes from the December 17<sup>th</sup> meeting were reviewed and minor corrections were made but there were no substantive changes.

**2) Review of Open meetings requirements**

Jane Morgan from the Health Legal Department gave an overview of the open meetings law and answered specific questions from the commission members. Items of note included:

- The agenda for commission meetings has to be posted on the Secretary of State's website and in 2 public locations at least 48 hours prior to the meeting. Additionally the Agenda cannot change from what is posted.
- Commission members must attend the meeting in person. No call-in or proxies are permitted.
- There needs to be a quorum (2/3) to hold a meeting
- The commission may at times need to go into a closed session. The most likely reason they would have to do this based on their mission is to discuss legal matters
- Dr. Shea asked whether commission members could discuss commission business with other commission members outside of commission meetings and the response was no. All discussion specific to commission work must be done within the context of commission meetings. This includes discussion related to preparing correspondence/recommendations to the Director.
- Additionally there should some time left at the of each commission meeting (and listed on the agenda) for public comment

### **3) Current Care Demonstration**

Margaret Menna from the Rhode Island Quality Institute provided an overview of CurrentCare with both introductory slides and a live demonstration. She noted that CurrentCare was up to 377,000 participants. To date CurrentCare has received 18.6 million transactions, has over sixty data sharing partners, is capturing ninety percent of prescriptions and eighty-five percent of lab reports. She also indicated that there are over forty enrollment partners who have agreed to actively enroll their patients.

The live demonstration began with the logon screen which has extensive warnings about proper use and regular auditing. She then showed how to search for a patient, how to explore the different parts of the patient record including labs (where out-of-range values appear in red), vaccinations, and prescriptions. The prescription section prompted a discussion around the Health Department's Prescription Drug Monitoring Program (PDMP). Amy Zimmerman indicated that discussion has begun around potentially integrating PDMP data with CurrentCare, and working to establish a single sign on for both the PDMP and CurrentCare. Dr. Fine emphasized the need for single sign-on with EHRS as well.

Dr. Gorelick indicated that the PDMP data is delayed by about a month, and the data only exists for Rhode Island pharmacies. He suggested the age and origin of the data regarding prescriptions should clearly marked in CurrentCare. Dr. Fine urged the commission to put together a memorandum documenting this feedback.

Dr. Leviss indicated that a Community Portal for CurrentCare is under development to allow patients to access their own data and that they will be taking a modular approach starting with a mobile "My Meds" application.

In closing Margaret explained that in order for health care providers to get access to CurrentCare, they must sign a Data Use Agreement and attend one of the frequent live online trainings. Users in large institutions such as Care New England can contact their help desk.

### **4) Review of HIT/HIE Survey**

Samara Viner-Brown from The Department of Health presented findings from the January 2013 Health Information Technology (HIT) Survey. Trends since 2009 indicate a steady increase in adoption and use of Electronic Medical Record (EMR) systems and e-prescribing. Ms. Viner-Brown also clarified that the different EMR use categories (Qualified EMR, Advanced EMR use) do not align exactly with Meaningful Use definitions.

Ms. Viner-Brown also went over some of the results around how EMR use is affecting physician workflow as well as barriers to adoption. Dr. Gorelick noted that in his experience many physicians are not using their EMR to work more efficiently, having not fully integrated it into their workflow. Dr. Shea brought up the difficulty some physicians face of having to work with multiple EMR systems.

In 2013, the HIT survey was also sent to physician's assistants and Advanced practice Nurses (nurse practitioners and nurse midwives) but the response rate was relatively low at 42% (vs 62% for physicians).

The 2014 HIT Survey will be integrated with license renewal process and is therefore expected to garner close to a 100% response rate. Dr. Fine mentioned that the Department of Health will also begin capturing critical workforce data (hours of direct practice, locations) in order to have a better sense of the number of full-time equivalents (FTE) that actually see patients.

## **5) Review Topics for Future Meetings and Next Steps**

One suggestion for a future meeting topic was to explore the relationship of 42CFR/ RI Mental Health Law. Another was to try to have a CurrentCare representative at every meeting each explaining a different aspect of the project.

Other suggestions overall included (by Dr. Gorelick) that CurrentCare interface have an “Info” button that provides context-sensitive data documentation (sources, lag times). He is also interested in a mobile version of the full CurrentCare application in addition to the Community Portal.

Amy Zimmerman noted that the state is going to be adopting the Health Information Exchange Regulations at a meeting on April 14<sup>th</sup> after a three-year process involving a lawsuit by the ACLU. The regulations have been posted and Dr. Gorelick asked that a link be sent out to members of the commission.

## **6) Public Comment**

No members of the public were present.

## **8) Meeting Adjourned**