

HIEPI Meaningful Use Public Health Workgroup Meeting

Meeting Owners	David LaFlamme
Minutes Author	Tina Piaseczny
Version	1

Date	July 28, 2010
Time	1:00-3:00pm
Location	Rm 312 29 Hazen Dr Concord

AGENDA

- **Recap**
- **Today's Goal**
- **Process**
- **Draft the recommendations**
- **Next meeting**

ATTENDEES

Name	In Attendance (Y or N)	Name	In Attendance (Y or N)
David Laflamme	Y	Marcella Bobinski	Y
Brook Dupee	Y	Michael Laviolette	Y
Karla Armenti	Y	Ashley Conley	Y
Dave Swenson	Y	Hilary Heishman	Y
Niki Watson	Y	Mark Belanger	Y
Lisa Bujno	Y	Eric Turer	Y*
Sharon Alroy-Preis	Y		

* Via telephone

MEETING HANDOUTS

1. The PowerPoint presentation shown during this meeting has been uploaded to the Google site.

MEETING SUMMARY

RECAP –

David Laflamme outlined what this group has accomplished to date.

Sharon Alroy-Preis went over a summary document of things we already receive from providers and things we would like to get. She proposed asking for data in two groups: Immunization data (gender without name, but some indicators); and Clinical Indicators (smoking, diabetes, etc.) that come to us in aggregate. We don't need to know about the person so much. We could ask for an option to re-identify people if needed.

It was suggested that we add a third group, Cardiovascular. Again, we do not need to know the person, but geographic or ZIP code would be helpful.

TODAY'S GOAL – David reviewed the agenda and stressed the importance of staying on track, as the August 6th deadline is nearing. We need to achieve consensus ASAP so the technical writer can produce a draft. Brook Dupee volunteered to assist Mark. The draft will need to be finalized during our teleconference next Tuesday, August 3rd.

David presented via PowerPoint items to focus on. The first items were

1. Consensus Statements
2. System Functionality

Consensus Statements were discussed. We should think strategically using framework as filter. Pick things that have high likelihood of responding to interventions & showing measurable improvement, etc. We need to go to the hospitals & see what they have to help us base what we need. We need to have the authority to require a core set of indicators from the providers/hospitals.

Sharon and Brook will come up with a draft, post it to Google site and everyone can review prior to our last teleconference on Tuesday.

Wendy and Joel at Concord Hospital may be the people to speak with on this subject. We are looking for the capacity to have a core set of measures among all providers in NH.

Hilary Heishman said we may also want to speak with Tim Soucy of the Manchester Health Dept. He participates in a group of organizations that meet and share available information. It is called "Manchester Sustainable Access Project."

Mark stated that the beacon communities may pick two things to take on, but all recommendations can be considered.

The group came up with bullet items in regard to System Functionality:

- Ability to push data from Public Health to HIE (notifications, alerts)
- Pull data; query the system
 - State & local health depts.
- Ability to aggregate PHI within constraints of confidential PHI ex. Assess by providers or measures of disparity. By person & time sequence (longitudinal record)
- Ability to pull confidential PHI (ex. Reportable conditions & immunizations) – required by law –
- Standardized reporting
- Triggered reporting of key health events (define 'mandatory')
- Variable access levels – user levels
- Automated geocoding
- Extension of nodes to "outside" of Public Health (like schools)
- Quality Warehouse for data – "Universal PH node"

The 3 specific meaningful use rule PH menu options (original tasks)

1. Immunization
2. ED data
3. Electronic laboratory reporting data

The parties responsible for these tasks were asked to come up with bullets to include in the draft prior to our next meeting.

Other Items discussed:

- Clinical Indicators – Future data points needed for PH (Mark) depending on changes to current laws. Ex. Importance of obtaining/highlighting family history. (Pull text into structured format) Many are already tracked through HEDIS and other national systems.
- Current list of Health Issues I – Our wish list items may not be included in the document to the Federal government. We can only include items that are currently legal.
- Current List of Health Issues II – Mark stated that most of these are already being requested by health plans.

Jose stated that we should consider the use of HIE to collect data already collected (and required) like the cancer registry data, or childhood lead cases, etc. Providers generally do not want to submit required data to the state via several different systems.

We should reference statutes that require data submission to the state.

In closing:

Our recommendations include the indicators we put together.

As the law currently stands, no exchange may be legal through the HIE.

Public health wants to be able to access (to know) whatever measures are in there, and to be able to make the request.

Next (Final) Meeting: Teleconference on Tuesday, August 3rd from 3:00-4:00pm

Goal for next meeting: Finalize recommendations

ACTION ITEMS (FROM PREVIOUS MEETINGS AND NEW)

Item #	Raised By	Action Item Description / Comment	Assigned To	Due Date	Status/ Remarks
1	David	Draft consensus statements for Mark	Sharon, Brook	8/2/10	
2	David	Go through the spreadsheet and identify what is legal & required. These will be the "green" items in the table	ALL	7/30/10	
3	David	Integrate cancer registry on the spreadsheet	Sai Cherala	7/30/10	
4	David	Deduplicate items on spreadsheet	Dave Swenson	8/2/10	
5	David	Color code items on the spreadsheet as discussed	Dave Swenson	7/30/10	
6	David	Review spreadsheet for reportable disease items that may have been missed (collected but we didn't include previously)	ALL	7/30/10	
7	David	Set up something on Google for everyone to make their edits & list what is done and what RSA's are involved.	David Laflamme	7/30/10	
8	David	Prepare notes with specific recommendations related to the first draft	ALL	8/2/10	