

Workgroup Meeting Summaries – June 8, 2010 3:15-4:15

Governance Workgroup Meeting Summary

Team Lead	Frank Nachman	NH DHHS, OOS
Team Facilitator	Micky Tripathi	Massachusetts eHealth Collaborative
Workgroup Business Analyst	Jackie Baldaro	Massachusetts eHealth Collaborative

Discussion Summary:

Agenda presentation followed by open Q & A discussion

- Requests were made for tools to be made available to workgroup stakeholders to reach out to other stakeholders and a collaborative environment to be set up for viewing materials & information, including background information about workgroup members with their contact information.
- Molly Smith, Office of State and Community Programs - Office of the National Coordinator for Health IT provided information & clarification regarding the Notification of Proposed Rule Making & Meaningful Use requirements as they are known at this point in time, listed currently approved state HIE plans, and gave her positive feedback & impressions of the NH HIEPI project expressing support and confidence for the contracted team engaged for the project. Ms. Smith discussed approved state HIE plans, New Mexico & Utah (a 3rd approval pending which we now know is Maryland's), noting for the group that all three plan approaches differ from each other, and supporting the notion that one size does not fit all in this type of venture.
- Multiple work group members made a request for, and initiated discussion of, transparency regarding current governance of the project during phase 1 and how monies have been spent to date.
- Further discussion addressed the importance of the environmental scan to the beginning work products of the governance group and reaction to information without this important support detail. The group expressed concern regarding the project timeline to receive the gap analysis report during the 2nd workgroup summit.
- State Rep. Cynthia Rosenwald raised an important consideration of a state law passed November 2008 regarding data exchange and its potential impact on the NH HIEPI project.
- Meeting concluded with information that was provided regarding communication and next steps.

Finance Workgroup Meeting Summary

Team Lead	Shanthi Venkatesan	NH DHHS, OBS
Team Facilitator	Mark Belanger filling in for Micky Tripathi	Massachusetts eHealth Collaborative
Workgroup Business Analyst	Sean Kelly	Massachusetts eHealth Collaborative/ GSI Health

Discussion Summary:

- Workgroup members introduced themselves.
- Workgroup facilitators reviewed the HIEPI project approach, schedule, and expectations for workgroup participation. Members reviewed the value of participating and commitment and how the workgroup might sustain itself through and beyond the HIEPI project if stakeholders find value in participating.
- Members mentioned other stakeholders who would add value to the group and identified need to involve additional private payers, a Medicare representative, and a large employer.
- Workgroup facilitators introduced the workgroup charge and how the workgroup might support the planning process including the following activities:
 - Determining size and costs of various HIE options and providing financial facts and supporting analyses to guide decision making for other workgroups.
 - Determining viable business models and revenue models to support health information exchange. This includes looking at the many HIE revenue models currently in place (e.g., membership model, transaction fee model, bond issue model), assessing these models, and making recommendations accordingly.
 - Determining how to meet Federal grant match requirements.
 - Informing the content generation for the Finance domain sections of the strategic and operational plans.
- Members agreed to review logistics and calendar alignment with a decision to complete this task offline.
- Facilitators gained commitment of all workgroup members to attend planning meetings throughout the summer.

Technical Infrastructure Workgroup Meeting Summary

Team Lead	Dave Towne	NH DHHS, OIII
Team Facilitator	LeRoy Jones	Massachusetts eHealth Collaborative/ GSI Health
Workgroup Business Analyst	Nael Hafez	Massachusetts eHealth Collaborative

Discussion Summary:

- Attendees introduced themselves; their roles, backgrounds and HIE interests.
- Lee Jones provided some background on Federal HIT initiatives.
- Workgroup members discussed approach options including:
 - Referencing other plans (e.g. New Mexico) which could be used as models.
 - Whether to base the New Hampshire model on an existing model vs. creating one from scratch to meet New Hampshire’s unique requirements.
 - The need to be cognizant of local requirements.
 - Leveraging capabilities in neighboring states – ME, MA, VT while evaluating how these states meet NH requirements.
- Lee introduced the “Ice Berg” Analogy: Principles, Constraints & Requirements, Evaluation Criteria (SOP followed by RFI and RFP - do we build, buy, or borrow?), and Design/Architecture.
- Workgroup members discussed concerns regarding workgroup interdependencies and challenges of working in parallel. These are to be addressed via cross pollination of information via group facilitators from the Massachusetts eHealth Collaborative (MAeHC).
- Workgroup members were advised not to be constrained in their thinking (e.g., There is no wrong way to approach this SOP).
- Workgroup leaders iterated the need to drive towards writing a critical section of the SOP.
- Workgroup members identified the need to gain common (and precise) definitions or understanding of key terms: Exchange, Interoperability, Transfer, Share, etc.
- A word of caution was raised about Physicians (those with EMRs) not wanting to be detached or unhinged from their EHRs; they want to extend reach/range of their EHR.
- Members mentioned how the Governor’s Advisory Council created a “good foundation document”; the Strategic Plan for Health IT and Exchange; group members will review this document.
- Workgroup reviewed next steps: Work group expects to hold 3 face-to-face workshops interspersed with off-week conference calls.
- Members identified the need to understand the status of the Broadband infrastructure initiative and how it relates to the development and deployment of an HIE.

Business and Technical Operations Workgroup Meeting Summary

Team Lead	Bill Baggeroer	NH DHHS, OIII
Team Facilitator	Tim Andrews	Massachusetts eHealth Collaborative/ High Pines
Workgroup Business Analyst	Diana Quaynor	Massachusetts eHealth Collaborative/ GSI Health

Discussion Summary:

- Workgroup members introduced themselves and each shared information about themselves. Some members expressed that they weren't certain if this was the group they should be in.
- The workgroup facilitator talked about stakeholder involvement (e.g. HHS oversight committee, NHHA hospital CIOs, Medical Care Advisory Committee, Bi-state representation, etc.). The workgroup identified a stakeholder gap for DHMC & Medicaid representation.
- The workgroup facilitator reviewed overall goals and approach for the project including the 3-phase approach for exploring ideas, narrowing options & converging on solutions.
- The workgroup facilitator also reviewed concepts of meaningful use, American Reinvestment and Recovery Act (ARRA) requirements for e-prescribing, labs, and clinical summary exchange. The workgroup facilitator mentioned that there are well defined use cases that could also help with the requirements development. The workgroup discussed the approach and concepts.

Legal and Policy Workgroup Meeting

Team Lead	Brook Dupee	NH DHHS, DPHS
Team Facilitator	Ann Waldo	Massachusetts eHealth Collaborative/ High Pines
Workgroup Business Analyst	Robert Huddock	Massachusetts eHealth Collaborative/ GSI Health

Discussion Summary:

- Workgroup members confirmed dates for 3 summit sessions:
 - Thursday, July 1. 1:00 – 4:00
 - Wednesday, July 14, 1:00 – 4:00
 - Monday, July 26, 1:00 – 4:00
- Workgroup members introduced themselves to one another.
- After introductions, workgroup Lead Brook Dupee provided a brief explanation of the work before this workgroup.
 - Brook described that the Legal/Policy work group was a result of a \$5.5 million grant received from the federal Department of Health and Human Services. The purpose of the federal grant program is to create HIE's in each of the 50 states. However, states will be reviewing the feasibility of a state HIEs based upon each state's legal framework, so the results of this work group will hopefully provide information that will support discussion in the legislature regarding appropriate levels of privacy. Brook explained that it is ultimately a prerogative of the legislature to amend, or not amend, or adopt, or not adopt legislation that would support an HIE.
- Based upon guidance presented during the kickoff session, the three meeting dates will be distributed as follows:
 - Meeting 1 will be dedicated to identifying all potential problems and solutions processes (cast the wide net.).
 - The second meeting will be designed to narrow down options and to develop a way that options can be evaluated and recommended or not.
 - The third meeting dedicated to developing a position on those matters up before the legal and policy work group.
- A key consideration will be the review of state statutes and how legal authority in New Hampshire compares with the legal requirements required to operationalize an HIE. This will entail reviewing New Hampshire statutes that pertain to HIEs, reviewing model legislation, and surrounding states. This review will support a gap analysis which in turn will inform developing final recommendations for inclusion in the plan.
- The group noted that there were several instances in existing state law which would need to be evaluated in light of the federal vision for an HIE. More specifically, state laws governing HIE's only allow use of data contained therein for the purposes of treatment. Under existing law HIE data could not be used by payers, business associates, or public health agencies.
- One member noted that there seems to be a lack of case law and specific federal/state guidance that specifically states how these laws should be interpreted.
- Another member spoke of levels of consent.

- While the federal HIPAA statute provides a uniform framework of privacy across the country, in some instances it may be construed to be less protective of privacy than it should be. In such cases, state legislatures have passed additional legislation to close any perceived gaps and privacy.
- The group recognizes that there is ongoing national discussion as to what constitutes an appropriate level of privacy and that the legislature may adopt positions that might or might not support the function of an HIE as presented by the federal government.