

HIEPI Governance Work Group Meeting Summary

Meeting Owners	Frank Nachman (WG Lead) Micky Tripathi (WG Facilitator)
Minutes Author	Jackie Baldaro (WG Business Analyst)
Version	1

Date	7/20/2010
Time	9am-1pm
Location	Brown Building, RM 232, Governor Gallen Campus, Concord, NH

AGENDA

Topic: Summit #3, "Converging on Solutions"

OPENING REMARKS – Review of work to date, review of initial consensus areas

Converging on solutions- generating content for strategic and operational plans

Wrap up & Next Steps

Led By

Micky

Micky

Micky/Frank

Start

9:00 AM

9:30 AM

12:45PM

End

9:30 AM

12:45 AM

1:00PM

NOTE: Next Telecon meeting -Wednesday, July 29th 11am-1pm

ATTENDEES

Name	In Attendance (Y or N)	Name	In Attendance (Y or N)
Cindy Rosenwald	Y	Kelly Clark	Y
Deanne Morrison	Y	Kirsten Platte	Y
Denise Purington	Y	Lisa Bujno	Y
Dick LaFleur, MD	Y*	Maggie Hassan	Y
Janet Monahan	N	Mary Beth Eldredge	Y
Kathy Bizzaro	Y	Susan Taylor	Y*
Frank Nachman, (WG Lead)	Y	Vanessa Santarelli	N
Micky Tripathi, (WG Facilitator)	Y		
Jackie Baldaro, (WG Analyst)	Y		

GUESTS

Name	In Attendance (Y or N)
Mark Belanger, (MAeHC)	Y

* Via telephone

Meeting Summary

The meeting began with a brief review of Slide 9-12 providing a review of the consensus areas reached by the other work groups. The goal of today's meeting will be moving towards addressing the elements of the strategic and operational plan (SOP) by generating content for each area of the plan and transition the straw man elements into content and to achieve work group understanding and agreement for high level concepts to begin putting pen to paper and creating content for the work group to comment upon. An overview of the review and finalization of the plan process steps was reviewed and a detailed calendar of specific events was discussed on slide 32. The use of the comment tracking tool was also reviewed with the work group.

Stakeholder representatives will be given a 4 day (plus a weekend) review period and were asked to clear their schedules to allow for a timely review process. The document will be due to the stakeholder representatives on the 6th of August and comments are due back on the 12th. An additional meeting, either telecon or in person, between August 16, 17, 18 was requested of the work group to review each comment to follow the consensus process all the way through.

The group discussed the possibility of holding a public hearing, though one is not legally required. The work group agreed that some sort of informative meeting in the late fall/early winter for the public is a good idea. The ONC plan public comment period is targeted for September/October and the work group anticipates ONC to come back to the state with comments and changes. A decision on a process for communicating the document to all stakeholders state-wide is still on the list of things to be accomplished. The group will continue to think about this further and clarify with the Commissioner if the Governor's approval is needed.

Comment: Always good to be transparent and encourage communication, it does raise expectations about the outcome- given this type of project we may get some responses from folks who are not really stakeholders. We could schedule a less formal meeting and as an education opportunity with clear transparency.

ACTION ITEM: Clarification requested regarding needed approval(s) for an informational meeting.

An overview was provided to the work group of the straw man phasing and consensus points on slides 5 & 6. Work group members had a few comments and requested clarification.

Q: Patients are in phase 3? Does it have to be a part of HIE or other electronic form?

Comment: < *There is a* > clear conflict between NH law and ONC between access to information through HIE and MU payments, if they cannot do it in other ways the ONC PIN clarifies that it does not have to be through HIE.

A: In Phase 3, 50 % of requests need to give access to results, no where does it say that this needs to be accomplished as a part of HIE. To get the \$5 million funding, the state is required to have an HIE to support MU <*the intent being*> that if providers are unable to do this today, this state wide HIE function will gap fill.

Q: Why are we taking away responsibility of providers to achieve MU by saying in Phase three we are extending the push network and "doing it for them"?

Other comments were made related to phase 2 & 3 extension of the "push" network to public health being more of a command rather than an exploration of the option to extend the push network.

ACTION ITEM: Slide 6: change wording request made for phase 2 & 3; remove the word “extend” add language such as “We will explore what the consumers in our community want and will prepare for those activities in phase 2 & 3”.

Comment: < *There is* >more risk to the public today re: security, than a secure de-identified way to share this information

The work group was given a high level definition what a record locator service does- the idea of a record locator service is to not bring the data together but to create an index of names that you can click on and retrieve specific data- with no central repository.

Review of slide 13 provided detail for a phase one “network of networks” structure as the statewide network serves as the “backbone” with secure routing and depicts the level of relationships in place already; the backbone helps fill some of the gaps that exist currently.

Slide 13 describes the elements of the “minimal” backbone functions and requirements in Phase 1:

1. Does not store any data or expose PHI along the backbone- A security certificate will be needed.
2. Node addressing- pushes security & privacy responsibility to the node for information coming through their gateway
3. Provider addressing-this is more of a convenience function and will help with the policing of the network by verifying licenses; a mechanism will need to be created to accomplish this.
4. Audit requirement

These functions will be able to fit into the available funding and may allow incorporation of some phase 2 elements (as funds allow). This phase will also allow a push to NHIN that could allow a standards-based document routed through a NH statewide network and out to an out of state provider with the same degree of protection all through this backbone. The push network does not get bogged down with technology infrastructure issues and/or caught up in privacy issues.

The idea of a “Network of Networks”- describes the hospitals becoming the nodes of the network, pushing information thorough their gateway, through the backbone and to the provider gateway. This conceptually builds upon what the networks are already doing by offering a standards-based way of utilizing current functionality and by filling gaps for those without a direct connection. This model provides flexibility for organizations to do it “on their own” while allowing those not part of hospital system to become a node and get connected. The work group considered creating a network obligation for nodes to be required to provide a connectivity opportunity as a way to offer others to get connected. This type of business expectation/obligation allows the small practices who may not have the infrastructure to connect directly to the gateway but at the same time does not preclude them to direct connect to the backbone should they want to and are able.

Q: What are the obligations to become a node? Is it required to offer a home to technological orphans?

A: MA is voluntary not required, not sure about Missouri; it may be required by those who are receiving federal/state funding.

Comment: < *It* > has to be provider to provider; an organization can’t create infrastructure to become the mail man finding to whom it belongs and delivering the mail- much too costly in staffing and otherwise.

The group discussed needing, at some point, to think through a way to manage & structure workflow surrounding an “in basket” for departments such as the ED and workflow to support asking for and receiving information. Understanding the group’s charge is to push information from end point to end point; the challenges still remain for an organization to

understand and make decisions on what will be on the receiving end, specifically, what to do with the information once received to either 1. Look at & delete 2. Look at & save, and if saved, 3. Where do we save it and how. There are technical components of dealing with the information once it is received that deal with security & privacy to be considered. A CCD document can be reported on as structured data, and a PDF just attaches to the EMR as another factor considered. However, vendor ability to create CCD and the creation cost then becomes a factor to be considered. The work group also discussed implications on clinician behavior changes that may be induced as a result of economic incentives, MU, and health reform.

The work group took a moment to allow the introduction and welcome of a new NH OHIT employee, Ms. Elizabeth Shields.

The discussion continued with a review of Slide 14 and Phase 2. This slide expands upon Phase 1 and the backbone becomes enriched by introducing the ability to query and adding other providers, such as public health, and utilizing a record locator service for managing queries.

Slide 15 illustrates Phase 3 expanding to repository ideas and opening up a discussion of future value developing gradually over time using data aggregation services and other value services.

Slide 17 offers a review of consensus points reached during the last meeting, healthy kids construct to build upon for the work groups modeling efforts.

Comment: The phrase “single governance body” is perhaps not 100% fitting.

ACTION ITEM: Frank Nachman- to develop a matrix to compare models and convene a smaller group to work on a side by side comparative to include: housing authority, business & finance, (CDFA) Community Development Finance Authority, and Healthy Kids. Core elements are to include: RSA 91-A (Right To Know), staffing models, advisory groups, board structure, any subcommittee, public reporting (and to whom), G&C (Governor and Council) process and rule making process.

Q; Any risk to this kind of model based on state changes?

A: Perhaps in appointments, there are 13 members, some appointed by the legislature & governor, some by stakeholders.

A: Perhaps also re: interest for the legislature on the policy issues; any time you delegate public dollars to private interest you will have legislative interest in the model.

A: For the plan we can represent our thinking and key elements and describe our process to make this happen. We would need to file legislation- 2 filing periods this fall/ early winter. We would need to file the public instrumentality in Nov/Dec filing period.

Q: re: Stakeholder representation- when is it appropriate within our process to think about defining the method of representation?

A: For the plan, we will describe that it will be a multi-stakeholder board and at a minimum will encompass x,y,z-

Q: re: representation bullet, slide 17- Equal Voice: Is this a consideration for a difference in representation vs. voting rights?

A: The phase is meant to describe that if you pay more you don't get more say. We will keep wording generic.

The work group discussed the current governance model on slide 20 for the purpose of defining a transition model and desired state model. The larger question of how to open up the stakeholder process was also discussed. The work group proposed a transition model of continuing with the current governance model and making small structure changes, to carry through the transition period rather than creating a new structure for transition and to focus energies on defining a desired state. Taking into consideration that the state needs to remain as the fiduciary agent, the work group suggested a change in committee structure with the governance group combining with the steering committee (or another committee within the top half of the chart), to be more aligned with a future model and provide an easy transition from this temporary model. The work group considered adding representation to this expanded steering committee from the current finance, business and technical work groups. A transition period duration was discussed with the work group acknowledging that the transition model may be in place for a year's time. Other changes for the transition model include representation of paid employees. The NH Governor arranging for a task force by executive order was also discussed as an option. The work group was in agreement with, at a minimum, to move the governance work group within the steering committee and add representation from the other work groups to be incorporated also.

The work group moved on to a discussion of slides 23- 30 with the goal of transitioning these statements from straw man structure and creating bulleted statements for each part of the plan. The work group read through each item.

OP-1: The work group agreed that coordination with federally funded, state based programs should be the responsibility of the OHIT Coordinator and probably take the form of requesting and/or joining regular meetings with each specific program.

OP-2: The work group added the following bullet:

- A joint meeting of the NH OHIT Coordinator and other state OHIT representatives to look at inter-state opportunities for understanding and possible areas of collaboration.

SP-5.2: The work group requested an update re: the recent meeting with DHHS CIO and VA; would like to consider any suggestions from this meeting and other suggestions from the DHHS CIO.

SP-6: The state currently does not have Regional Centers; the work group discussed the recent funding announcement and its impact on building any content around this item. Work force development programs were also discussed. The work group requested more information as to how other approved state HIE plans proposed to approach coordination. No further consensus was reached.

SP-8.1: The work group agreed and added the following two bullets under Accountability and Transparency:

- The public instrumentality model will ensure accountability and transparency
- Subject to the Right to Know law.

ACTION ITEM: A list of federal funded, state based programs as well as ARRA programs was requested.

ACTION ITEM: A summary of what the currently approved State HIE plans (New Mexico, Utah, Maryland) have in place was requested to allow further consideration to providing content to slides 23-30.

The next teleconference will be July 29th at 11am-1pm.

Meeting ended at 12:40pm