

# HIEPI Meaningful Use Public Health Workgroup Meeting

Meeting Owners	David Laflamme
Minutes Author	
Version	1

Date	July 7, 2010
Time	2:30pm
Location	Concord Teleconference

## AGENDA

Topic	Led By	Start	End
Topic 1- Who's on the phone	David Laflamme		
Topic 2 – Follow-up on questions from first meeting (Google docs, etc.	David Laflamme		
Topic 3 – Suggestions for system requirements/capabilities/functionality	David Laflamme		
Topic 4 – Suggestions for indicators			

## ATTENDEES\*

Name	In Attendance (Y or N)	Name	In Attendance (Y or N)
David Laflamme	Y	Bobbie Bagley	Y
Brook Dupee	Y	Mark Belanger	Y
Sharon Alroy-Preis	Y		
David Swenson	Y		
Eric Turer	Y		
Michael Laviolette	Y		
Marcella Bobinsky	Y		

\* Via telephone

## MEETING HANDOUTS

1. Google document sharing site information emailed to members earlier (<http://sites.google.com/site/nhhiepi/?pli=1>)

## MEETING SUMMARY

Everyone participating in the teleconference identified themselves.

David Laflamme verified everyone received the email for the Google document site. Those that were unable to sign on should let him know so we can get this corrected. The site provides access to notes and information from all work groups.

David opened the line for follow up questions from the first in-person meeting on June 30<sup>th</sup>.

Marcella Bobinsky asked if the data would be coming in from all providers. The answer appears to be yes at this time.

Michael Laviolette asked if we would be able to get longitudinal information out of this. The response (Mark) was that it would very likely be single episodes of care at the beginning. Longitudinal data may come later. The merging of patient records that is necessary to produce longitudinal data is one of the most complex tasks within an HIE.

Brook Dupee reported that under current HIE legislation, access is only allowed to providers of treatment. It is too early to say if we will be able to get this restriction changed. It is an issue that the Legal/Policy work group is focusing on.

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David brought the meeting (call) focus to the two products identified at the last meeting:

1. Suggestions for system requirements/capabilities/functionality.
2. Suggestions for indicators (what data is necessary and how will it be meaningfully used to improve public health?)

Eric Turer shared his ideas – please see the Google document sharing site for a complete account:

1. Core data access capabilities
2. System-level manipulation/Aggregation of Personal Health Information
3. Surveillance/Emergency Capabilities
4. Public Health HIE Data Capabilities

Mark Belanger responded based on his experience with others across the country. In January 2011 there may be an opportunity to expand the data element preference definition. People may be able to get a “cut” on de-identified data. Marcella feels we would only receive information being pushed to us. She would like to see the capability of us being able to pull information as well.

Brook pointed out that, in NH, the health information is actually owned by the individual rather than the provider. Other questions on consent are huge and the legal/policy work group is making this subject their top priority.

Dave Swenson said that from the surveillance/disease control perspective they would like to see two types of data:

1. a more aggregate form – looking for something that is happening
2. investigation component

He said AHEDD gets all ED data whether it is reportable or not. Triggers might be used to initiate re-identification of data for reportable diseases when it is critical to protect public health.

It was pointed out that there may be a net privacy gain in an HIE system because there may be fewer opportunities for a breach.

David pointed out that many NH residents, particularly in the southern tier, get care out-of-state for a variety of reasons such as convenience and specialty care quality/availability. The data we may get from an HIE will not give us population statistics without these. A systems perspective may be used (what is happening in the NH health care system) versus the traditional population approach of public health. Both are useful. This issue should begin to be explicitly addressed from the earliest stages of planning and implementing an HIE for New Hampshire. There may be some health care facilities that cover a large proportion of our NH residents who get care out-of-state and pursuing early agreements with these facilities would be instructive.

David reminded all to consider the four major points from our first meeting prior to our next in-person meeting scheduled for July 13<sup>th</sup> from 10:00am-12noon in Room 311:

- Public Health impact
- Coverage of the Population (select data that all providers collect)
- Standardized Data Elements (select data that all providers collect in a standardized manner)
- Telling a Good Story (sell in non-epi terms)

All participants are asked to upload their notes/ideas to the Google document sharing website in whatever format they feel is best. In the next step, we will identify a process to narrow our recommendations.

Action Items (From previous meetings and new)

Item #	Raised By	Action Item Description / Comment	Assigned To	Due Date	Status/ Remarks
1	David Laflamme	Upload your notes from this meeting & the June 30 <sup>th</sup> one onto the Google site. Make the case for what we would like under the 2 categories (Functionality and Indicators).	ALL	7/13/10	
2	David Laflamme	Aggregate member notes, format and forward to all at the beg. Of next week	David L	7/12/10	
3	David Swenson	Look into producing "A day in the life of a TB nurse"	Swenson	7/13/10	

**ISSUES IDENTIFIED**

Issue #	Raised By	Issue Description	Assigned To	Due Date	Status/Remarks
1					

**DECISIONS MADE**

Decision #	Sponsor	Decision Description	Approved (Y or N)	Comments
1				