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Summary Proceedings

Health Information Infrastructure Board Meeting (HIIAB)
Clarion Sea Tac Hotel
Thursday, May 18, 2006, 9:00 a.m. to 4:15 p.m.

Washington State Health Care Authority
Health Information Infrastructure Advisory Board (HIIAB)
Summary Proceedings for May 18, 2006

Members Present
V. Marc Droppert, Thomas Fritz , James Hereford, Jeffrey Hummel, Hugh Maloney, David Masuda, Richard Onizuka, Marcus Pierson, Gary Robinson, Ed Singler, and Alexis Wilson.

HCA Board Staff and Consultant
Juan Alaniz, Ruth McIntosh and Dr. William Yasnoff

Board Members Not Present
Wendy Carr

Interested Parties Attending
John Christenson, Christenson Attorney at Law; Van Cosby, IBM; David Deichert, WANP; Andy Fallat, Foundation for the Healthcare Quality; Tom Jones, Community CHOICE; Steve Moe, Consultant; Sandy Rominger, The Boeing Company; Karen Hartmenn-Voss, Inland Northwest Health Services; and Dave Weyburn, The Boeing Company

Call to Order, Approval of Minutes and Activity Updates
The meeting was called to order at 9:20 a.m. by V. Marc Droppert, Chair. The April 27, 2006 meeting summary was moved, seconded and approved with a correction to a name spelling for Lori Hack, of CalRHIO. The agenda items were adopted by V. Marc Droppert, Chair and the Board.

Alexis Wilson distributed an information sheet and discussed a federal demonstration project which shows levels of coordination heath care with community stakeholder groups, patients, family members, businesses, and government entities that provide health care services.

John Christensen reported on behalf of Richard Onizuka the latest information regarding the grant award status for the Health Information Security and Privacy Collaboration (HISPC) from the United States Department of Health and Human Services through the agency for Healthcare Research and Quality. The project efforts will assess variations in several organizations business policies and state laws that affect the security and privacy

health information exchange over the next twelve months. In a recap, Governor Gregoire's office has delegated HISPC to the Health Care Authority (HCA) and the HCA designated Qualis Health to design and manage HISPC on behalf of Washington State. On May 10, 2006, Qualis Health was notified that their grant proposal was successful. The important work of determining best practices and standards now begins on behalf of the state of Washington.

He also provided an update on the Washington Health Information Technology Collaborative which is a new public-private partnership providing $1 million of funding in 2006 for a variety of projects related to the acquisition, implementation and expansion of health information technology by health care providers. The Collaborative is funded by two $500,000 contributions from First Choice Health and the Washington State Health Care Authority. Also participating are Qualis Health and the Puget Sound Health Alliance. Awards to smaller primary care practices and critical access hospitals will be made to fund partial costs of acquisition and expansion of health information technology (Health IT) systems. Funding will also be provided for community-wide connectivity projects and for development of systems that facilitate patient access to their health information. More information on this project can be found at: http://www.wahealthinfocollaborative.org/

Washington State HealthIT Quarterly Coordination Forum. The Governor's Office, HCA, US Congressional staff members Andrea Tull (U.S. Representative Congressman Adam Smith) and Jaime Herrera (U.S. Representative McMorris), James Whitfield, Region X, US Health and Human Services began in collaborative efforts to have a Quarterly Health Information meeting. We hope through these meetings to have a joint relationship, and to help keep aware to what the local and federal issues are towards the health technology information.

HCA also attended and meet with Colonial Keith Salzman of Fort Lewis at a conference. The discussion component talks addressed RHIOs and it appears in further discussions with DOD, DVA, and BA about sixty-five percent were in interest consensus for the RHIOs. A recommendation for consideration is to host a demo and make the demo presentation available to HIIAB. Tom Fritz, Inland Northwest Health Services made reference to his visit to Fort Lewis and to also further discuss some possibilities to establish a small RHIO, but was unsuccessful. Currently it appears that Fort Lewis is still working on problem solutions in this area.

Sandra Rominger, Chair for the HIISAC reported to the Board on the progress of the May 10, 2006 HIISAC meeting. She discussed how the committee group is much on task and geared towards assisting the Board in their efforts in working together on the proposed subcommittees (consumer, organization and governance, technical and infrastructure,

finance and sustainment), and in general stakeholder work. She provided specific feedback from the Committee on the proposed HII approaches.

The Washington State Medical Association (WSMA) informal survey was facilitated by Dr. Hugh Maloney. The survey provided a snapshot of HealthIT activity in the state of WSMA members. The qualitative information seems to provide valuable insights from providers on challenges to adoption as well as perceptions and insights from them.

The survey identified some of the benefits physicians recognized with the use of EMRs. There was a broad range of responses on what physicians are willing to pay to have an EMR.

The Board members suggested that WSMA may want to consider development of a specific survey that can target practitioners and other medical offices that are currently using EMRs to expand on the responses gathered.

Juan Alaniz provided an update on development of the Stakeholder Report that will be used as to inform key stakeholders on activities and progress of the project. An abbreviated version of that report in a PowerPoint presentation was provided to Hugh Maloney for a WSMA executive retreat and will also be used by Marc Droppert at the CHITA conference in late May. Hugh Maloney reported on the utility of the outlined stakeholder report and that WSMA Board of Trustees will get the abbreviated stakeholder report May 21, 2006. He also mentioned that the Board of Trustee of WSHA was quite interested in the progress of the work, and if further information is needed they will make contact with Alexis Wilson or Tom Byron. Juan also mentioned that the intent of the stakeholder report is to gauge stakeholder support or concerns for the work and the approach in development of the HCA and HIIAB strategy. He mentioned that it is anticipated that for stakeholders that can not get to a stakeholder report session, an on-line version of the presentation will be available with an on-line feedback and survey tool. Bob Perna, WSMA, offered the HIIAB to use an online survey tool utility stakeholder report from WSMA. This report might help us to utilize one document that can be modified for one consistency and to get help from other people in tidying up for those stakeholder groups. The final report should be available and provided at the next Board meeting in June 2006.

Community Connectivity – "A View from the Bottom Up"

DJ Wilson, Public Affairs Consultant, presented the perspective of HIT adoption from the view of physician's offices, or the "bottom-up".

A key point of his presentations included lessons learned from Northwest Physicians Network (NPN) project connecting community physicians to a community connectivity solution. Physician adoption among the 80% of providers who are independent and small requires a "micro-level engagement." This level of engagement with office managers, around work-flow redesign and more simple technology, creates "evangelists" among providers. These providers then pressure their peer groups to connect as well, a significant influence in "front-line" HIT adoption. A competing "top-down" approach focuses instead on larger, more highly capitalized institutions. While more providers are connected to these organizations (hospitals, clinics, plans), those providers are responsible for the other 20% of care in the country. Wilson made the point that both approaches should be engaged, and that one should not be allowed to substitute for the other.

Wilson reinforced the point that EMR adoption and community connectivity are complementary, but separate and distinct from one another. He made the point that as leaders in the conversation on HIT, the Board should be sure to separate the two concepts when speaking publicly to avoid any equivocation.

He presented an ROI case-study from a 7-physician practice in Pierce County. The study demonstrated an 8.5:1, or 850% return, per physician, on the first year investment when adopting a community connectivity tool, like that sponsored by NPN. This return is expected to increase three-fold when the community connectivity tool is interfaced with an EMR.

Assignments: Finalize Proposed Requirements for the Washington State HII
Bill Yasnoff led the discussion and with the Board reviewed and discussed the finalized proposal requirements. The changes proposed were to include two more categories; scalability and flexibility. Bill Yasnoff will include these categories with a definition in the next proposal requirements for the lifetime health record.

Finalize Target Statement Discussion
Marc Droppert, Chair recommends further discussions off line with HCA staff, Juan Alaniz, Richard Onizuka, and HCA Consultant, Bill Yasnoff. The discussions will reflect the two target statement proposals from March 23, 2006 and May 2006 Board meetings. A final draft of this document will be provided at the June work session.

Interested Parties and Public Comments
Tom Jones, Community CHOICE
Tom Jones asked that the Board consider and incorporate "objective measurements of our project goals progress". He stated that this approach is in line with the quality improvement and system improvement thinking. He cautioned that if we don't plan on

measuring progress, we won't know how we fare towards our success or failure of meeting the goals we have established.

Sandra Rominger, The Boeing Company
The HIISAC spoke to the appropriate data and the energy surrounding it from stakeholders, and hopes more discussion continues. She asked that the Board revisit this topic and also to include in their final report.

Infrastructure Discussion and HII Models to Assess
Jeff Hummel led a discussion on the HII concept paper to include the medical record home concept that he and James Hereford had produced for discussion previously This was a continuation from the work April HIIAB work session and feedback from Board and stakeholders. They led the discussion and answered technical and architecture questions. Some discussion centered around data elements and information would comprise the accessible electronic information for the medial record home bank.

Juan Alaniz suggested that the assessment and functions criteria now be more fully utilized to evaluate the models the Board is finalizing for consideration. Bill Yasnoff was asked to synthesize the models for consideration, refine the HII requirements and assessment criteria developed by the Board and outline a HII business case draft for the next work session in June.

Marc Droppert identified that perhaps we need to engage someone from the Office of the Attorney General (OAG) in the Board's efforts to identify the appropriate language which is needed to incorporate the governance piece of the recommendation. Richard Onizuka stated that HCA would enlist the assistance of the OAG on this issue.

Gary Robinson suggested for the model to include who will gain value and how much it will be. Dr. Yasnoff provided some advice on alternative approaches, making use of stakeholder support more so than studies. Additionally, he suggested that it is important to get stakeholders to contribute to the proposed solution as much as possible, and to have consumers pay for some of this.

Assignments: Finalize Governance Proposal Concept Paper
HIISAC Co-Chair David Deichert, ND presented a memo to the Board, HCA staff, and Interested Parties regarding the governance decision to appoint seventeen positions. One of the delegated "Physician" or "At Large" positions should be delegated to appointment of a "Naturopathic Physician" as one of the categories of the governance group. He requested a response from the Board and the proposal will be addressed by the Organization and Governance sub-committee.

Interested Parties and Public Comments
DJ Wilson, Public Affairs Consultant
He agrees with the point made by Marc Pierson earlier about the Legislative strategy and to leverage existing activities and proposed initiatives that add to recommendations proposed by the HIIAB. There are opportunities to provide executive and legislative contact sources with education points. He expressed that while HCA has done a wonderful job of listening, at the end of day HCA will be the advocate for the views and recommendations of the Board since those serving on the Board will resume their day jobs following submission of the report in December, 2006. From a strategic point of view he is interested in the process on how and what is being heard (by policy makers), and asked if sometime in the process HCA could address what HCA is hearing from them. He pointed out that this is a key time to address issues to the Legislature and getting messages, information and education to policy makers in advance of the work to be delivered by the HIIAB.

Richard Onizuka addressed some of the comments made by DJ Wilson, and agreed that this is the interim time between sessions to discussions with the Legislature and policy leaders and providing background. Policy leaders can then better understand the impacts and issues are and what the bottom line is, and ask key questions with time to educate them.

Richard Onizuka explained that while the HCA and HIIAB will be at the front of the proposal, and that what he, Steve Hill and the Governor believes is that the intent that the recommendations can go forward not just as HCA and the HIIAB, but as a combined stakeholder effort, doing the work for the Legislature prior. This is a key part around the vision and funding aspect that we go to policy makers and the Governor's Office and together tell them we have committed and support from stakeholders as a state and community effort we are all willing and prepared to invest in.

David Deichert, NP, Bastyr Center for Natural Health
Dr. Deichert pointed out some potential issues regarding the medical home model. He pointed to some potential technical aspects that might provide more information on patients than is needed by citing an example of getting entire files and unnecessary paper medical records when he requested summaries and specific encounter information

Other Assignments and Reports

Preliminary Report: Revenue Potential of Community Health Care Information

Bill Yasnoff provided a report and led a discussion on the value and revenue potential of community health care information. The report summary identified the total spending estimates and assumptions for research and the small fraction of revenue that could be derived from clinical trials.

For the short term, this is not a source for large amounts of revenue although in the long terms (3 years or so); revenue from the data repository could contribute to the business model and provide income.

Preliminary Report on Emergency Access to Electronic Medical Information

Bill Yasnoff conducted some preliminary research on policies in other states of when patients can not or are unable to give consent in an emergency situation. The findings summaries were from John Hopkins, Inland Northwest Health Services of Spokane, the Indianapolis Network for Patient Care, and the Markle Foundation. The analysis shows there should be emergency provider access for patient's electronic records by authorized personnel, provided that the individual user identity is properly authenticated. The patient's prior consent would be given and recorded.

Assignments and Adjournment

For the June HIIAB meeting the Board will review and deliberate on finalized drafts on the Target Statement, Requirements, the three proposed models, and explore HII non-profit corporation options regarding the proposed governance concept. Bill Yasnoff also suggested for that the Board includes further discussions around the business case for the HII, and the Board asked him to draft a discussion piece.

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