

<p><u>DRAFT</u></p> <p>Meeting Summary</p>	<p align="center">Health Information Infrastructure Advisory Board (HIIAB)</p> <p align="center">Wednesday, June 18, 2008 - 9:00 AM to 12:30 PM</p> <p align="center">Marriott Seattle Airport Hotel 3201 South 176th Street Seattle, WA 98188 (206) 241-2000</p> <p align="center">***Meeting Room Salons D & E***</p> <p align="center"><u>“Meet Me Number” for those Calling In: 1-877-597-2663</u></p> <p align="center"><u>Enter Conference ID: 3028624</u></p>
<p><u>Attendees:</u></p>	<p align="center">Health Information Infrastructure Advisory Board Members (HIIAB) and HCA Staff</p>
<p><u>Guests:</u></p>	<p align="center">Interested Parties and General Public</p>

Welcome and Introductory Remarks

- Call to Order – 9:15
- Peter Neurath from the Puget Sound Business Journal interviewed James regarding the work of the HIIAB and the Health Record Bank project. The article will come out during the week of 6/30.
- There are eleven grant solicitation proposals and no new submissions have been received. The deadline is June 30. Work is underway to establish the external review committee and so far 15 individuals have agreed to participate.
- Steve Hill, HCA Administrator joined the Board to share a few thoughts.

AccessMyHealth.org Committee (AMH) Activity Update and Discussion *(formerly Consumer and Provider Engagement Committee- “CPEC”)*

- **Activity update –Survey 1 and web content assembly.**
 - Peter Summerville requested the Board assist in getting the information out about the AMH surveys to generate traffic to the web site and increase survey responses.
- **HIIAB previews AMH web site design and features.**
 - Survey should be much more prevalent on the screen so site visitors can easily see it and participate.
 - Web site design and name branding has been very well done.
 - Board was encouraged to push out the information again and was referred to the information sent to them earlier in June to do this. They were also encouraged to send any presentations created from the main AMH template to Annette and Kelly to for the archives.
 - Jeff Hummel reported on the outcomes of the provider education and engagement discussion and the rationale for putting communications on hold for the time being.
 - Howard Thomas shared there are policy issues that need to be addressed with regard to HIPAA and how it does and does not impact information that is supplied by providers in an electronic environment where consumers have access. This may be information that would be helpful to communicate.
 - AMH is not clear if it is their role to communicate privacy, security, and confidentiality issues of concern to providers at this time, but may make sense once the pilots are selected.
 - James asked Wendy to review the charter for the AMH group to ensure that the scope is still accurate and surface any areas that may be different.

- ***HIIAB discusses and makes recommendations to HCA for short and long term organization role, positioning, and evolution strategy.***
 - Pilots will become a target group for the AMH communication efforts once they are collected.
 - A recommendation was made to position AMH as a recruiting arm for the pilots. The Board needs to engage and commit to making these pilots successful.
 - AMH does feel that they are responsible for helping the pilots promote their ideas and the key messages of this project.
 - The Board recommends that we (AMH) start communicating more specifically and aggressively what the pilots are and that they are coming. This is important for recruitment and this is always a challenge for a project of this type. A recommendation was made to prepare an elevator speech of sorts to start to spread the word about the pilots specifically.
 - The Board recommends that a pilot recruitment and engagement communications strategy and plan be prepared to work with these pilots to get the word out via promotional campaigns, word of mouth social networks, etc.
 - The Board felt strongly that physicians were not the recruiter conduit for this effort. The recruitment must come from the consumer and community.
 - AccessMyHealth.org is very well positioned to be a recruiter, educator, and serve as a steward for consumers.
 - Another role the state could play via the AccessMyHealth.org could be to help facilitate the development and design of the HRB effort through the voice of the consumer. This could be a mouth piece for consumers so the IT efforts don't get off track from what they actually want.
 - Another important role AccessMyHealth.org could assist with is the information about what privacy statements mean, how does this work with online personalized health information?
 - The AMH has been asked by the Board to come up with a coordinated plan to address recruitment, advocacy, stewardship for this effort.
 - The Board also asked that the web site map incorporate the aspects of these recommendations. The site map is being reviewed by the AMH this afternoon as well as the design aspect of the site.

Comments from Steve Hill

- Totally committed and passionate about the consumer-centric aspect of this project and is an area of hope.
- Need to keep the momentum and energy going about this effort.
- The focus is to help these pilots be successful and success looks like progressive and demonstrable learning. Our job will be to help them do this and then communicate this to the legislature.
- Key to the communication will be to talk about what this is doing for consumers and to let the legislature know how this is impacting them and how we are solving problems in the health care system.
- Healthcare is at a pivotal point and over the next two years it will be critical how we respond to this to avoid the economic crash that appears to be looming. Unfortunately there isn't much consensus on how to go about fixing it, but this project and others across the state are a glimmer of hope.
- During the next legislative session there will likely be some money to fund efforts that are making progress towards the vision, but not new money. Also, if the state loses the lawsuit regarding school funding then the financial situation will be very constrained.

Evolving Role of HIIAB :

- ***Strengths and challenges of current organizational structure.***
 - The question raised was whether or not Board members that are awarded a pilot grant would be removed from the Board.
 - Questions for further consideration were raised on how to best configure the work and process. How will the advisory role go forward or will it be something different for the pilots?
 - In any of the models of Board construct - be it advisory, fiduciary or legal governance there will be inherent conflicts in some way, they just need to be managed appropriately.
 - What needs to be done over the next 18 months and how could the current or restructured Board best help this effort?
- ***Revisit the “Roadmap” HCA and HIIAB identify areas of focus and value.***
 - Roadmap was reviewed to point out the areas outlined that have yet to be fully addressed by the Board and specifically EMR adoption strategies.
- ***Identify and discuss future policy, organization, governance, and related issues within the context of HIIAB role and HRB system in WA State.***
 - The HCA has the ultimate responsibility for making the decision on the vision of what we want to learn and how they need to be advised to do this. For example –
 - What is HCA’s vision about governance?
 - What is the economic vision for Health Record Banking?
 - What is the vision for consumer participation on health information sharing?
 - What is the vision for the healthcare industry for participation in health information sharing?
 - Is it the role of this Board to determine the role of this Board?
 - Is there a need for a governance framework and if so what is it?
 - Is there a need for an ombudsman role for consumer?
 - Is there a need for a statewide infrastructure?
 - The Board expressed a strong desire for HCA to clearly make the “ask” and map out the direction they want the Board to go in for the next year to help the pilots be successful and obtain the information required by the legislature. Then the Board can go forth and fulfill their tasks for the HCA such as structuring the learning so information can be gathered to share and make recommendations from.
- ***Outline options and recommendations to continue the work.***
 - The key areas that will be the focus of the HCA over the next year and that HCA needs advisory input on are:
 - Pilot implementation – to help ensure success. The best way to start ensuring success is to select the best pilot proposals from the grant solicitation from there assistance will be needed to outline what we want to learn and formulation of the measures to do this.
 - HRB system
 - Promotion and adoption of EMRs
 - Two things are needed to move the adoption of and transition towards electronic health information sharing 1) information must be electronic and 2) an infrastructure must be present to move the information around on.
 - A recommendation was made to focus on the pilots over the next year to use the time and resources that we have wisely to help the pilots be successful. Through this process there will be ample opportunity to learn what the pilots can do. This in and of itself may provide a multitude of insights that will help the Board make recommendations for increasing adoption of electronic medical records.

- The Board discussed the possibility of doing some exploratory work around EMR adoption that may be useful to communicate to the legislature in January such as identification of the barriers and what it may take to overcome them so they at least have an environmental and financial context to reference. A suggestion was made to convene a work day for this apart from the normal Board meetings with available Board members and other stakeholders who would likely have a lot to say about this such as insurers and employers.
- The Board again suggested that it is risky to devote Board time to the EMR issue when the pilots need the majority of the HCA and Board's attention and support.

Other Issues/Business

- The Board raised a question about how to appropriately address Dr. Yasnoff's pending patent. The issue was referred to staff. The Board was also advised that Dr. Yasnoff would only participate in an administrative organizational capacity not be participating on in the evaluation activities to manage the perceptions of a conflict of interest. Dr. Yasnoff indicated that he was involved with the design, but will not be an evaluator.
 - Discussion ensued about the composition of the evaluation committee and concerns were raised as to the lack of Board or committee representation on the evaluation panel. Again, a concern was raised about a need for consumer representation.
 - The question on the table is why Board members who are not affiliated with any of the proposals cannot be on the evaluation committee. Dr. Yasnoff commented that Board members who have spent the past two years designing the pilots will be perceived negatively as evaluators. Is the issue actual conflict or perception of conflict?
 - A suggestion was made to have Board members who do not have a direct conflict be made available to answer questions and participate in the conversation during the evaluation. There is a concern that all the invested time and institutional knowledge gained about this project will not be used to the benefit of this selection process if there is no Board involvement.
- Board members asked that meeting minutes be sent out much further in advance than the day before the meeting to provide ample time for material review and preparation.

New Business, Assignments, Next Meeting, and Adjournment

Next Meeting: Wednesday, July 30, 2008.

Meeting adjourned at 12:30 p.m.