

DRAFT

Meeting Summary

Health Information Infrastructure Advisory Board (HIIAB)

Wednesday, September 24, 2008 - 9:00 AM to 4:30 PM
Marriott Seattle Airport Hotel
3201 South 176th Street
Seattle, WA 98188
(206) 241-2000

Meeting Room Salons I & H

“Meet Me Number” for those Calling In: 1-877-597-2663
Enter Conference ID: 3028624

Attendees:

Health Information Infrastructure Advisory Board Members (HIIAB) and HCA Staff

Guests:

Interested Parties and General Public

Time	Agenda Topics	Lead
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Welcome and Introductory Remarks

Juan and James

Pilot Coordination

Pilot Update, Questions, Issues

- Pilot coordination – no issues presented for discussion at this meeting. The next couple of months the pilots will be busy working on start up tasks so the coordination process has yet to be fully utilized. Reminder that things may be a bit bumpy as we start out learning how to work together.
- Review of HIIAB Executive Dashboard
 - Board approved the dashboard. Board asked that information be very clear and specific about what items are informational and what require action.
 - Dashboard will be updated regularly by working with committee chairs.
 - Pilots asked to discuss the deadline of policy approvals for privacy and security. The deadline is mid-October and for most pilots they were recently notified of this and will not be able to meet this deadline.
- Request was made to surface issues in advance so folks can be prepared to respond at the meeting. The PMO is contacting the pilots on a bi-weekly basis to pull together any issues.
- AMH and consumer issues or questions. Initial kick-off meeting on 9/18 was productive. Marketing and communication plans were shared and there was a recognition that
 - Web work is underway to incorporate pilot information
 - Poster boards are being created for use in educating folks about AMH.org
 - Visuals are being prepared for each pilot that will let a consumer know how the individual banks work.
 - Pilots and AMH are planning to collaborate on consumer surveys
 - There are also plans for communication awareness and media work to promote pilots. A recommendation was made to consider putting together a video for health record banking.
 - The group agreed to surface issues to share best practices among the pilots. The next meeting of all the groups will be 11/12. This will be a check-in on the pilot visuals, marketing and communication information. Work will also begin for the pre-survey at each pilot site.
 - The ombudsman role has not yet been discussed and the need for one will be assessed at another time so this is under development.

- Security procedures and audits and privacy policy and audit capability discussion with pilots. This work is just now getting underway so the work structure is less developed.
 - The group has met twice recently since a lot of work was done last December and January.
 - There are issues around identity management and credentialing and this is creating a healthy tension about what is the base level of requirements for the pilots.
 - There have been some very intense conversations regarding delegated authority and the associated liability.
 - Key questions remain about authentication and authorization. A work sheet has been started to capture how the pilots plan to manage the privacy, security and confidentiality.
 - A request was made to set up Sharepoint for use by this committee because there will need to be
 - How are we going to resolve the issues that come up in this work group?
 - What will the consultants, committee, and PMO do?
 - How will we be able to accommodate the different approaches of the pilots?
 - Pilot time period will be very short so we need to recognize that we cannot conceivably model and test all scenarios.
 - What does HCA approval mean? The expectations are unclear about this. There is a concern about how an approval process will or won't work to support efforts going forward or may end up being an unintended constraint. What can the state do to support the process and provide information to clarify processes for approval, affirmation, learning, and liability.
 - The state wants to ensure that the practices adopted to run these pilot HRBs use the best practices. This suggests that the expectation will be to ensure that when participants use the pilots they can expect a certain level of assurance that the pilot system will work. Focus should be on approval, not authority.
 - There will need to be a minimum of amount information available, yet an adequate amount of surety that this will be a safe and secure pilot to learn what will work needs to be established.
 - Role of the committee is to share practice and role of HCA is to ensure that the process is adequate to protect consumers. What is the pilot's liability responsibility if harm is done? Who assumes the risk? The HRB entity assumes the risk. However, the state will end up having the public relations risk.
 - There are three types of standards. Minimums for technical capability. High standards for consumers. Modest requirements for learning. There will need to be a decision made about who owns the liability and it depends on what the goal of this project is and the policy supporting this.
 - Policy is the key question for the pilots. The rule of thumb with policy is, whoever owns it – owns the liability. HIIAB discussion generated the following three points:
 - Pilots own the policy – no formal policy from HCA
 - Pilots may not be market worthy and acceptable to others in the industry when done – there is no assurance responsibility. Pilots would be on their own to decide how to go about doing this.
 - Committees would be available for visibility, support and advice. Agreements reached during this discussion cannot undermine the contracts the pilots signed. At a minimum the pilots need to do what they agreed to do.
 - This project needs to keep in mind that decisions made on a pilot level need to be conscientious of the ramifications to movement to an HRB system.
- Technical issues or questions. None reported
- Evaluation plan – Bill is lead on this aspect of the proposal. not academic, but a way to learn about applied practices. Sandy Rominger et al at Boeing has offered to brainstorm a way to design an

approach for this evaluation. Initial discussions will take place soon and the pilots will be involved thereafter.

- Discussion ensued to determine what is missing.
 - Clearly identify what was offered and how it impacted response and take up.
- Are the “right” goals included in the evaluation?
 - Consider including the Patient Activation tool as part of the evaluation (Judy Hibbard’s work). This would really get to the point of did the HRB change consumer’s health behavior. The AMH is looking into using this as part of the communal consumer pre & post survey for the pilots.
 - Recommendation to look into patient-centered surveys (work with Gordon Moore and the Dartmouth group which deals with patient experience) perhaps incorporate HRB experience along with this, but be careful not to create survey fatigue with patients and providers.
 - Governance and other areas of the project will be discussed in the report, but not specifically measured. However, there may be value in outlining the policies that were created for use during the project.
 - A recommendation was to explore barriers to use, but more specifically look to those people who didn’t sign up. Use and disuse are potential topics for exploration.
- Collaboration - Teleconferencing/Sharepoint
 - The Sharepoint system was demonstrated and discussed. HCA will send out the information for participants to sign up to use SharePoint. The SharePoint Powerpoint will be posted to the HCA web site so participants can refer to it when they receive the enrollment instructions.
- Communication and work expectations going forward. There was a request to get a regularly set of meetings set up to do the work so that the pilots can respond accordingly and that everyone can know what to expect going forward.
 - Recommendation was to keep communication open and timely so that last minute requests are minimized. The group was highly encouraged to use and gain proficiency with Sharepoint.
 - Pilots are comfortable with having bi-weekly meetings with the pilots.

Assignments

- PS&C needs to determine with the pilots how they want to be supported and how that needs to connect with AMH.
- HCA needs to determine how they want to support pilots’ request for policy development.
- Howard Thomas will take the lead to pull the parties together to get the PS&C questions answered and report back at the next HIIAB meeting.
- Bill will coordinate evaluation work with AMH and the pilots’ evaluation work. Ensure that contractual obligations are fulfilled and that pilots are not duplicating collection/reporting information.
- Annette will post the Sharepoint sign-up Powerpoint to the HCA web site and e-mail the instructions so project participants can get set up..
- Howard will post the project plan to the Sharepoint site.
- Pilots were reminded to surface any issues to Juan and Rick for resolution and/or discussion management through the process outlined for pilot coordination.

Coordination Committee Brief back and Reports

- Summary of August Meeting, Updates, and Announcements.
- Updates, Reports, and Recommendations
 - Pilot Coordination Committee

- No new issues to report
 - AccessMyHealth.org Committee
 - Key next steps are to sync up the consumer and pilot survey that need to be done as part of the evaluation.
 - Privacy, Security, and Confidentiality Committee
 - Work to date has just scratched the surface. Key focus will be to share methodologies, discuss differences and forward issues to pilot coordination committee. Initial conversations are around identity management.
- James offered to the group an invitation to share topics around this work for the personal narrative section in Health Affairs. They are interested in exploring narratives that have an interesting policy implication in health care.

EMR

Clarify intent of an interim and final report and what is required for each. Discuss, identify changes to, and vet the suggested plan outline given clarification from project sponsor on report expectations.

Goal: Define plan for HIIAB activities leading to recommendations.

- Recommendation was to expand the stakeholder group to augment this committee.
- Group was reminded that the EMR issue is on the minds of legislators and they want this addressed.
- The challenge for this group is how the EMR adoption evaluation can be aligned with the health record banking pilots. What is the role of the state with EMR adoption?
- A recommendation was made to frame the interoperability question as the HRB helps solve the interoperability of health information by getting the important information in front of providers.
- To the extent it makes sense, there may be a good opportunity to focus EMR adoption efforts to couple with the medical homes initiatives.
- Another interesting option would be to take the position to work at encouraging EMR vendors to connect with the HRB as it develops in the future. Also, some consideration should also be made to the role PHRs could play.
- An approach to take would be to start with asking, “What problem are we trying to solve and when we know what that problem is how do we try to solve the problem with the limited resources we have.” What is the case to be made? Then what should we do to solve the problem. It may be worthwhile not to assume that the EMRs are the solution, because they also bring a host of problems with them. Factors such as costs – start-up and operating costs. The upcoming change from ICD-9 to ICD-10 will necessitate the use of an EMR. Safe harbors, CCHIT certification, and community and proximity-based solutions. Other solutions could be state-based, vendor-based, or others that may be viable. Funding - the how and the who.
- Perhaps a way to approach this would be to present this issue as a series of questions legislators should be asking versus what they think the problem is.
- A suggestion was made that when talking to legislators to find out what they think the problem is, ask them what they mean and they will likely narrow the answer down to having providers supplied with the information they need to provide care when and where needed.
- Another approach could be to market the EMR use to consumers.
- A key conversation that is missing in the public sector is the idea of system change, policy, practice change that is the impetus for change. Technology is just a tool that can be used to support the change.
- Why do the larger systems adopt and the smaller do not? In large systems there are some economic and network efficiencies gained so it makes good business sense to do so. When it makes good business to do so, then technology is adopted to get the work done.
- Recommendation was to frame the overarching questions for the adoption of medical homes then work from there.

Suggested Plan:

1. Review latest information on EMR adoption issues - (JULY)
 2. Synthesize information into summary report (drafted by staff - (AUG)
 3. Develop options & evaluation criteria - (AUG)
 4. Evaluate options (SEP) Working
 5. Select best options to include in recommendations (SEP)
 6. Draft recommendations (SEP)
 7. Obtain stakeholder input on draft recommendations (OCT)
 8. Discuss & finalize recommendations (NOV, DEC)
- Recommendation was to use the NCVHS process to stakeholder the EMR adoption recommendations as a way to quickly gather information and feedback on recommendations.
 - If used, a recommendation was made to structure these meetings so they are productive and achieve the goals set forth.

Markel Foundation Update on Patient Activation

Josh Lemeiux reported on the policy work the Foundation is involved in from a consumer tool perspective to define policies and recommendations.

- Their work has been endorsed by the large organizations that are doing work in this area as well as purchasers and other interested parties.
- The result of the work was an agreement document that defines how to manage information flow whether the organization is a HIPAA covered entity or not. This document covers the gambit of privacy and policy scenarios.
- Markel offered assistance with legal templates and other information that may be helpful to our cause. There was a recommendation to see what options may be available to the HRB project through this foundation.
- Although quite thorough on the provider side, the HIIAB had a key issue with this work and that was it doesn't go far enough to address the consumer control aspect. Also the work that went into this was done in conjunction with rather mature industry players so care must be taken when considering adaptation of this information to these HRB.
- A recommendation was made to take advantage of the offer to work with the Markel Foundation on the policy aspects of this effort.

Report Draft Outline

- Plan is to submit an interim report. The HRB Fact Sheet, the presentation, and the AMH.org efforts will make up most of the report. This will cover what was asked of the HIIAB, what has happened and where we are going including a description of what each of the pilots have proposed to do. What needs to be developed and included is the "ask" of the legislature. Do we want to ask them to continue to support this effort and if so how? The ask needs to be clear and specific.
- We need to be clear about how we are pitching and branding this. Are we an advocate for the consumer or the industry? This will dictate the direction of where AMH.org can go so we will need to be clear so that we have our elevator pitch about what this is about. The conversation may have a better take up rate with legislators if the project focuses on the consumer. This segues into the conversation about cost, access, and quality which is something legislators understand and would resonate with. Another key point would be to remind legislators that the project received enough funding to do only part of the work and there is much more work ahead.
- Promoting the AMH.org could end up being something the legislators would be willing to fund because it is an avenue to possibly advocate for, protect and educate consumers in this embryonic industry of consumer access and control to electronic health information.
- If the report focuses on expanding HIT then it would be necessary to be very clear about the goals and next steps that the money would be used for. One possible idea would also be to enroll state

employees in the HRB system (Medicaid patients, state employees, chronic care populations 5/50 group) versus sponsoring more HRBs. This may lead to the best ROI for the state to make because it provides a place for medical records to stay for those who are un or underinsured – makes a tie in with the access issue legislators are particularly concerned about.

- Another strategy to pursue with positioning of the interim report is to inoculate the project against other potentially distracting and competing Health IT recommendations. Make the case that this is the project to follow.
- The theme could focus on privacy and security, support of chronic care, and other system transformation type efforts to reduce cost, increase access and improve quality.
- We'll also need to address the work done on EMR adoption as well.
- Final report will follow in June.

New Business, Assignments, Project Administration and Demo, and Adjournment

Next Meeting: Monday, October 27, 2008