

**Draft**

**Meeting Summary**

## **Health Information Infrastructure Advisory Board II (HIIAB II Work Session)**

**Meeting Summary  
Wednesday, December 19, 2007**

<b>Attendees:</b>	Health Information Infrastructure Advisory Board II Members and HCA Staff
<b>Guests:</b>	Interested Parties and General Public

<b>Time</b>	<b>Agenda Topics</b>	<b>Lead</b>
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### **Updates and Board Work**

- **Status report on key HCA activities relating to the HRB project.**
  - Updates provided on the consultant RFQQs and CPII RFP. Marc Pierson offered additional information about the intent of this CPII effort.
  - Juan provided an update on the Governor's announcement about a pharmacy database and what this means or doesn't mean for the HRB effort. The Board discussed keeping tabs on this so that we can coordinate our high-value data set selection and work with what may or may not come out of this effort.
- **Consensus on role and use of Executive Committee**
  - Board discussed what the Executive Committee is doing and how they will work with the rest of the Board. The work of the Executive Committee will help keep the pace and tension appropriately set for the work of the Board and the project.
  - Board members asked about exploring other ways to set up a site where this project can track communication and activity. E-mail doesn't work well once the communication traffic gets heavy. We will need to do this to keep up with the pace of the information that will come out of this effort going forward. Howard Thomas made several recommendations about tools we could use to do this. Board members asked that this tool be straightforward and get set up fairly soon so they can stay in touch with the current activities that are occurring so everyone can keep up and not have to get caught up in backtracking. HCA staff will follow-up on this recommendation.
- **Motion and action to appoint co-chair**
  - Motion made, seconded, and unanimously approved to appoint Wendy Carr as co-chair of the Board.

## Review Elements and Adopt Straw Concept

- Clarify and adopt the working relationship and model between HISPC activity and the work of the HIIAB.
  - Wendy discussed the relationship with HISPC and that they will continue their work at the national level, but will link those efforts through participation in the Consumer Engagement Committee where Peggy Evans will be our direct link and through Jeff Hummel's work on the privacy, security, and confidentiality technical side of HISPC.
- Identify next steps to refine data prioritization exercise and methods to validate findings.
  - Howard walked the Board through several studies that discussed various RHIOs and the data elements they have typically focused on for data exchange. What the Board agreed they want to do is use their expertise to explore and develop what consumers value in health data exchange, but they really need to understand how consumers think they will interact with providers using a health record banking system. We need to concentrate our efforts on the consumer side of the data exchange and that we really aren't interested in nor do we want to interfere with the EMR side.
  - The relevant question and focus of our efforts is how do we engage consumers and providers in working with this data and how do we ensure the information that is exchanged is useful and will make consumers want to engage in this process again. How do we create value in the use of information through health record banking to create conversations between consumers and providers? This should be the focus of our efforts- not how many data elements we exchange, but the number of conversations that occur because of the access to the information.
  - The Board discussed the importance of engaging providers in this effort as well because it takes both parties to make this information exchange successful. Working on any effort through an exclusive approach on one side of the equation doesn't yield the best outcome. The Board talked about taking advantage of picking the "low-hanging fruit" to get some early successes. Most importantly, we need to show value and not prop it up through weak references to studies of other "business models". Health record banking is new and it's up to the collective intelligence of the Board to move this forward and create value along the way. An example may be to create access to the immunization registry through the state that is available to providers, but not "Moms"!
  - The Board debated which data elements would be good to start with and what they value as a group. A suggested approach could be to create a list of high-value data sets and when communities come forward to be a pilot, our requirement could be that they need to pick at least two elements to exchange to demonstrate response to demand or the actual value of exchange these specific elements create.
  - Possible initial high-value elements could be Rx, clinical tests (lab, x-ray), and immunizations.
  - The Board discussed "systematically testing" the data elements with actual patients to vet what is valued. This will likely be the core of our efforts and our marketing platform going forward to promote the HRBs.
  - The Board also recognized that value has very different meaning to patients and that every individual has a risk/benefit process they go through to determine this value. Key values that tend to surface in consumer feedback from any product or service are "convenience and ease of use".
  - High-value data set listed by the Board during discussion included: meds, labs (diagnostic tests), patient demographics "clipboard", family history, self-administered care, health goals, advance directives, location and summary, allergies, care team, placeholder for listing significant surgical procedures or treatments, chronic disease management, etc. Pilots would need to indicate what they could do, but we also need to allow them to present an idea for data exchange that we hadn't thought of and they think would be valued in their community. The Board agreed this would be a good list to vet with consumers and providers then move forward based on the feedback received.
  - The Board agreed to table a discussion on how provider and consumer data will interact to create conversations.
- Identify "use case" titles and scenarios (not the actual use case but just titles) in order to understand and give context to straw concept.
  - The Board reviewed the "use cases" for the HRB. They were asked for feedback and whether any "uses" were missing. The Board agreed that they don't need to be in the business of creating the use cases because there are many models out there to use. The goal is to identify those that are the most appropriate for the HRB model.
  - The Board proposed a framework for discussion that includes access, deposit, withdrawal, and inquiry and these are the key areas of how the HRB will be used by consumers and providers.

- Policy must accompany any of the use cases so the pilots will understand how they should be used.
- Use cases for public health purposes should also be included.
- Revise and adopt straw model concept presented last month.
  - The Board discussed the issue of data control and ability to change or mask data in the HRB. We need to deal with data change/edit and data masking with some specific rules and guidelines. This is a critical policy issue. At a minimum we need to put in a mechanism to identify the source of the data so there is a trail to follow to access the originator and update, discuss data as necessary.
  - Discussion also ensued about how providers would incorporate both information from their respective EMRs and the HRBs into the clinical work flow process.
  - The Board discussed and voted on the following requirements of the health record banks with regard to data:
    - Option A – Can a consumer eliminate, edit, or change the information provided by another source?
    - Option B - Can a consumer comment on data?
    - Option C – Can a consumer comment on and mask data?
  - The overarching issue here is that these discussions will contribute to authentication, access, and audit processes as the banks move forward. More pointedly this discussion is about content and control.
  - The Board did agree that consumers participating in a health record bank should have:
    - An audit trail reporting access activity to their account.
    - Access to the audit trail.
    - The ability to control access to data.

### Meeting Final Thoughts and Next Steps:

#### Next Steps

- Vet the data sets with providers. Ed and George will contact AARP to inquire about setting up a consumer's group.
- Made progress with data sets and “A,B, C” options
- Need non-technical controlling access and building trust conversations with consumers. Don't worry about the technical component. That can be integrated later.
- Liked that we again addressed the issues about the EMR silos versus the HRB silo. We need to do this as frequently as possible so we continue to reach clarity on this.
- This Board needs to look at ways we can get data to providers through HRBs as well as get data from them.
- Made progress today, but need to work on pulling together consumer groups so we can begin vetting the Board decisions.
- Feel very good about the clarification the Board achieved with their decisions and now we need to move forward with the authentication, access, and audit work.
- Feel good about the progress, but will need to push real work now to the committees so we can keep on track with this timeline.
- We need to work on how the committees will work and exchange information as we go forward, i.e. create a continuous learning environment.
- Although the pilots will hopefully demonstrate successes, at the end of the day we will need a unified solution to increase the probability of this taking root and growing.
- We will need to consider how health record banking and statewide health information infrastructure activity will engage with public health efforts.
- Feel strongly that the consumer aspect of health record banking is critical to this project's success and may be the driver for this health data exchange model.