

## **HIIAB Policy, Governance, and Finance Committee:**

*Meeting minutes and initial thinking, 6/19/08*

### **Task list developed during meeting:**

- Organize today's work and do initial thinking on priority items. – this document.
- Group responds to ideas in this document and sends back to Howard by 7/28/08.
- Howard will combine ideas into a final draft for use by 7/30/08 and the group will use sub-committee time to refine the ideas and approach.
- Howard will then summarize and finalize the work plan to complete the priority work, which will include integrating the pilots into relevant parts of the work.

### **Areas of this groups focus (basic scope):**

- Policy:
  - Identify critical areas of policy necessary for the pilots and longer term for a state-wide HRB system.
  - Develop basic policy statements in key areas.
  - Develop detailed policy and analysis where necessary for highest priority items.
  - Identify policy areas and potential analyses/key questions that should be pursued in next development phase.
  - Where applicable make policy recommendations to HCA for consideration and potential action, e.g. include in recommendations to legislature.
- Governance and Organization:
  - Short term governance of HIIAB and recommendations to HCA on approaches to getting the work completed. (through pilot phase)
  - Longer term, scope, options and recommendations for governing the HRB system in WA state.
- Finance:
  - Identify longer term finance options.
  - Identify basic uses and needs for funds.
  - Identify potential sources and methods for raising necessary funds.

## ***Governance and Organization***

### **Organizational recommendations for including the EMR work into the HIIAB:**

- Develop an EMR sub-committee.
- EMR committee to include new people as may be applicable and necessary so as to avoid overly taking existing board and diluting focus on HRBs.
- New committee to develop pre-work and present to HIIAB. “Pre-work” will primarily be based on existing information:
  - Identify barriers to increased EMR adoption in physician offices.
  - Work up a comprehensive list of mitigation strategies that may be useful (proven even better) in overcoming key barriers.
- Present summarized barriers and strategies to HIIAB for discussion.
- Committee to absorb feedback and create final recommendations to HIIAB/HCA.
- Additional scope/work plan steps to be developed once the committee is in place. Scope items to be reviewed and approved by HIIAB/HCA.

### **Role clarity during remaining pilot phase:**

<b>Entity</b>	<b>Role</b>
HIIAB	<ul style="list-style-type: none"> <li>• Support pilots with development ideas (via various committees)</li> <li>• Provide HCA with recommendations for further development of HRBs:               <ul style="list-style-type: none"> <li>○ Governance/regulation of HRB system in WA</li> <li>○ Ideas for financial sustainment of HRBs</li> <li>○ Policy recommendations and approach to implementation</li> <li>○ Ombudsman for HRB concept</li> <li>○ “architecture” for shared infrastructure</li> <li>○ Ideas to gain greater adoption of EMRs</li> <li>○ Ideas to create conditions for success and greater spread of HRBs.</li> </ul> </li> </ul>
HCA	<ul style="list-style-type: none"> <li>• Select, fund, and manage HRB pilots.</li> <li>• Manage overall evaluation of HRB pilots.</li> <li>• Accept recommendations from HIIAB and others and provide final report/recommendations to Legislature.</li> <li>• Determine “scope and approach” for next phase of the roadmap.</li> </ul>
AMH	<ul style="list-style-type: none"> <li>• Support marketing efforts of pilot (see pilot support plan)</li> <li>• Provide overall awareness type marketing to general public</li> <li>• Develop recommendations to HCA regarding next phase of AMH</li> </ul>
Pilots	<ul style="list-style-type: none"> <li>• Build and implement HRB</li> <li>• Target and recruit HRB users</li> <li>• Test HRB concepts and prove value to consumers and providers.</li> </ul>

**Longer term governance and organizational ideas:**

**Key questions:**

1. What *potentially* needs to be governed or facilitated (not MECI, yet).
  - a. Certification –
    - i. Should we recommend a certification process?
    - ii. Should we recommend that it be “mandatory”, based in statute? Other states are in fact pursuing elements of this approach.
    - iii. We need to develop the key areas that would be certified.
    - iv. Determine how the certification would be administered. For example; managed by HCA or an existing agency. Managed by a new “appointed” body, e.g. PUC-like entity.
  - b. Rates/finance mechanisms –
    - i. Should this area be governed or simply let the market evolve?
    - ii. Are there specific issues that need to be addressed via policy and then part of the certification process?
      1. For example, can/ how much can an HRB charge to an unaffiliated practice to receive or take in consumer directed data?
    - iii. Assuming that there is a certification process and there is also “shared infrastructure”, how would the funding of the shared infrastructure be governed?
  - c. Ombudsman – need to define some examples of this role where it is different than “dispute resolution”.
    - i. What activities are included in Ombudsman?
    - ii. How could each activity be achieved?
    - iii. Would a “centralized” coordinating function be helpful or necessary? Why?
    - iv. Pros/cons of combining the Ombudsman role, dispute resolution, and certification roles into one organization.
    - v. If a central organization makes sense, should it be within an agency, or an appointed body, e.g. AMH.org.
  - d. Dispute resolution – this is likely a dimension of ombudsman and recommend we weave it in there. This also becomes a “regulatory” aspect of governance and makes the case for combining the ombudsman/dispute resolution functions with the certification process into one organization.
    - i. \*\* High priority item – need to define dispute resolution process for consumers affiliated with the pilots. Pilots need to weave this process into their consumer disclosures and so forth. This item is a direct overlap and integration area with the AMH pilot support plan.
  - e. Features and expected functions
    - i. Should certification require specific functions?
    - ii. If so, these need specification.

- f. **Privacy and security**
  - i. We have defined a number of expectations with privacy and security.
  - ii. Need to define an approach to ensuring these are fully developed within the pilots and the various learnings are incorporated
- g. **Data standards**
- h. **HRB operations**
- i. **Shared infrastructure (assuming it is necessary)**

**2. What mechanisms could be used?**

- a. **Statutory authority**
- b. **Pure voluntary**
- c. **Incentives and encouragement**

**3. What types of organizations might be involved?**

- a. **Appointed “certification” board, quasi-government organization, e.g. commission.**
- b. **Independent HRB operators**
- c. **Agency type organizations.**
- d.

**4. Types of organizations and potential roles – straw man model**

<b>Type of entity</b>	<b>Role</b>	<b>Basic approach, considerations and assumptions</b>
Regulator	<ul style="list-style-type: none"> <li>• Assure public is protected.</li> <li>• Assure HRB policies are adhered to.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate laws and public policy is established to provide regulatory authority.</li> </ul>
Government – incubator/convener	<ul style="list-style-type: none"> <li>• Convene stakeholders and incubate ideas</li> </ul>	<ul style="list-style-type: none"> <li>• HRBs deliver on “promise” and are in the public interest.</li> </ul>
Market entity – Provider organization	<ul style="list-style-type: none"> <li>• Own and operate assets involved in HRB</li> </ul>	<ul style="list-style-type: none"> <li>• HRB can be financially sustainable.</li> <li>• HRB provides “value” to “clinical” operator.</li> </ul>
Commercial HRB interests; e.g. Microsoft or Google	<ul style="list-style-type: none"> <li>• Own and operate assets involved in HRB</li> </ul>	<ul style="list-style-type: none"> <li>• HRB can be financially sustainable.</li> <li>• Providers participate with HRBs</li> </ul>
Provider’s that create data	<ul style="list-style-type: none"> <li>• Send data to HRB in the appropriate format</li> </ul>	<ul style="list-style-type: none"> <li>• Patients direct providers to do this.</li> </ul>

		<ul style="list-style-type: none"> <li>• Providers have incentive to do this.</li> </ul>
Provider's that want access to data	<ul style="list-style-type: none"> <li>• HRBs have systems to send the necessary data.</li> <li>• Providers have systems (EMR) and workflow to make use of the data</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer protections are in place.</li> </ul>
Consumer	<ul style="list-style-type: none"> <li>• Make use of the data to improve health and better engage in health care process.</li> </ul>	<ul style="list-style-type: none"> <li>• If HRB is available they will use it.</li> </ul>

**Work to be done:**

- Further refine framework provided above.
- Develop key pilot test questions and assumptions to be studied in greater depth.
- Integrate overall learning (pilot, financial, and technical) into a comprehensive HRB governance framework/recommendation to HCA.

## ***Finance***

### **Sources of funds:**

- Sale of data for research, blinded or unblinded (with permission facilitated by the HRB).
- Assistance in recruiting human subjects for research purposes.
- Individual users/consumers pay for use of HRB services.
- Voluntarily sponsored and paid for by an interested third party (employer, “generic benefactor”, e.g department of corrections, VA, union, state for Medicaid, etc...)
- Tax dollars are raised and allocated directly to this -- as a common public good.
- Reimbursement changes are mandated or perhaps suggested (voluntary) in a way that encourages participation.
- Unfunded mandate.
- Advertising
- Grant funds
- Create an new “entitlement” and paid from general tax dollars (at peril of other programs)
- Provide pays for access to data and funds are used to pay for HRB.
- Use of debt financing (public bond) to create and sustain the system.
- Tax credit to encourage development and participation.
- Revolving loan and below market rates to encourage development.
- Condition of licensure.

### **Uses of funds:**

- Shared, common infrastructure
- Centralized body (people, operations and development support)
- Individual HRB’s (people, operations, and development support)
- EMR adoption initiatives (pending other committee work)
- Incentives to participate (consumer cost offsets, pay for provider data)
- Third party entities that provide technology.
- Insurance (liability)
- Pilot migration should specific pilots fail

### **Work to be done:**

- Amount/magnitude of Start up funds and Ongoing (operational) funds need to be identified.
- Develop scenarios which help to model the potential costs and sources.
- Assumptions to include: (ROM on key costs, amount of usage and adoption).

## ***Policy***

### Areas of policy:

- Governance
- Financial
- Privacy
- Medical Liability
- Access to data for providers
- Permitted data disclosures
- Consumer notifications
- Permitted usages

### **Work to be done:**

- Develop specific policies which are necessary to support the pilots (organizations and consumers participating in them). For example, privacy and security policies (e.g., approach/level of assurance for identity verification).
- Identify and review policies/laws used in other states which can jump start our work.
- Identify “post pilot” policies that are necessary to create conditions necessary for success in developing the concept and spreading adoption (HRBs themselves, consumers, and providers).
- Identify potential longer term policy areas/issues that should be anticipated and further defined in the next phase of HRB operational development.