

THINC RHIO, Inc.

Taconic Health Information Network and Community

Privacy and Consumer Affairs Committee Meeting

October 23, 2008, 2pm-3pm

A meeting of the Privacy and Consumer Committee of the THINC RHIO, Inc. (THINC), a New York not-for-profit corporation (the "Corporation"), was held on October 23, 2008.

Committee members present: Art Levin, Susan Wilson, Tim Cleary, Paul Kaye, Norma Johnson

Non-Committee members present: John Blair, III; Susan Stuard, Asha Upadhyay

I. WELCOME and INTRODUCTION

Susan Stuard and Art Levin welcomed the Committee members. Roundtable introductions were made. Susan Stuard informed the Committee that the Committee will be talking about privacy protections for THINC's the health information exchange project. Art Levin said that this Committee was on hiatus because of the New York Statewide Collaborative Process (SCP). Initially it was thought that the RHIOs were on their own to developing privacy policies and procedures. Over time, it became clear that New York State would play a major role, with the New York eHealth Collaborative (NYeC), in setting privacy standards for New York State. THINC is required, by virtue of its HEAL 5 contract, to comply with the privacy and security standards set forth by NYS DOH and the SCP.

II. DISCUSSION OF COMMITTEE GOALS AND WORKPLAN

THINC overview: THINC's region covers seven counties in the Hudson valley. THINC is a not-for-profit organization designed to work with a broad set of constituents, healthcare organizations and consumers in the Hudson Valley. THINC has a Board of Directors and a set of Committees that report to and make recommendations to the Board of Directors. The work of the Committees is tremendously important to THINC's efforts to launch and sustain a robust health information exchange (HIE) among health care providers in the Hudson Valley.

THINC's current participants in the HIE are five hospitals and another 14 hospitals that have signed letters of intent to participate in the HVHIE. There are six health plans that are actively participating in the THINC Pay-for-Performance project. They are not traditional users on the HIE and will never have access to identifiable patient data. For the health plans, the HIE will be utilized to generate quality scores for provider who choose to participate. We have installed Electronic Health Records (EHR) for 225 physicians in the Hudson Valley. THINC's goal is to reach a total of 1000 in the next two years. We have 500 physicians who are using an existing HIE portal. THINC has two Community Health Centers, two national labs and seven local county health departments participating in the program.

THINC is funded via several grants. THINC has been awarded two HEAL 5 projects totaling approximately \$11M to do the following: 1) to build an enhanced HIE, 2) to integrate medication data from the New York State Medicaid program directly into the EHRs of physicians at community health centers, 3) to support automated public health reporting with the NYS DOH from hospitals, 4) to develop a Quality Reporting Service (QRS) from multiple EHR systems and create aggregated quality metrics. This is THINC's work over the next two years.

The NYS DOH has been working actively through the SCP on developing privacy and security requirements that HEAL 5 projects will need to implement to protect consumers' health information.

THINC would like to work with its Privacy Committee to turn those requirements into live documents that can be used by THINC and its constituents.

GOALS: THINC will be working with its technology vendor over the next two years to implement the enhanced Hudson Valley Health Information Exchange (HVHIE). We need to ensure that the functions of the HVHIE have the necessary levels of privacy and security. In order for us to be successful we need to gain the trust of the consumer, the physician practices and the hospitals that will allow us to move the data within the exchange. Pragmatically we have two goals: 1) to develop the necessary policies and to adopt them with our constituents and 2) to develop the strong training and educational tools to help implement these policies.

One of the key goals for this Committee in the short term is on a comprehensive set of privacy and security policies that protect the consumer. We will look to the Committee to review the NYS DOH requirements and guidelines and make recommendations regarding THINC specific policies. THINC will need to have the policy infrastructure in place within the six to twelve months timeframe. THINC needs a diverse set of viewpoints to ensure the development of sound policies. The Privacy Committee will make recommendations to the THINC Board as to how specific policies should be handled. The Committee will review and critique drafts of policies that THINC develops with its outside counsel. We will ask the Committee approve the policies and then ask the THINC Board to adopt.

Norma Johnson asked if anyone else in New York State is doing this already. Susan Stuard said that THINC is one of eleven HIE's. She said all RHIOs will all be undertaking this process at the same time. There will be an opportunity to draw upon other RHIOs during this process.

Art Levin said that on the policy development side, NYS DOH and NYeC are working through a process that is organic. The version 1.0 of the privacy and security policies and procedures is up for public comment. He asked the Committee to review this document. Art Levin said that training and education component of this project is very important. While policies and procedures have been recommended by the SCP, it is critical to have robust training and education intervention for providers and consumers.

Susan noted that THINC's vendor MedAllies has a lot of experience in training and education. We will leverage this expertise for the work that needs to be done. The grant project has allocated funds to support the development of the training and education tools. Once the SCP has finalized the policies and procedures, we will look how to operationalize this in a robust way.

III. DISCUSSION OF COMMITTEE COMPOSITION AND MEMBER RECRUITMENT

Susan noted that THINC needs to start recruiting Committee members to ensure a broad set of perspectives and may ask the Committee's assistance in this effort. The Committee discussed what might be an optimal number of Committee members to ensure both broad representation and an efficient, workable Committee. Susan noted the need to involve privacy officers from the participating hospitals, representatives from a small and a large physician practice, and likely another consumer representative. Sue Wilson suggested that Crystal Run would be a good choice for representation of a large physician practice. She suggested that a member from the special needs community such as ARC for the Committee. Tim Cleary suggested the Chief Privacy Officer from Westchester Medical Center (WMC). Tim Cleary said that he can contact the Chief Compliance Officers from Orange Regional Medical Center and WMC, if THINC has not approached them as yet. Susan Stuard said that while it is important to get good hospital representation on the Committee, we need to be cognizant of the fact that we may put too much weight on that voice. She said that we can have 3-4 hospital reps on the Committee and then

perhaps have ad-hoc meeting with the larger group of hospitals. Tim Cleary said he thought this was a good idea.

Susan Stuard said that she will work on recruiting additional members for this Committee. She said it will take the next two to three meetings to get the Committee fully constituted.

IV. RECOMMENDATIONS ON PATIENT CONSENT, PRIVACY AND SECURITY FROM THE STATEWIDE COLLABORATIVE PROCESS

Art Levin informed the Committee of the following: In 2006, NYS DOH received a grant to participate in the Health Information Security and Privacy Collaboration (HISPC) which was sponsored by AHRQ. The goal was to assess the privacy and security barriers that exist in the current New York state laws to help health information exchange. Subsequently there was another grant to focus on patient consent issue. A draft white paper on patient consent for HIE has been developed and was issued for final public comment in October.

The Statewide Collaborative Process (SCP) started in Summer 2008. A key deliverable is to develop a set of policies addressing key aspects of privacy and security. The policies areas are: 1) Consent, 2) Access, 3) Authentication, 4) Authorization, 5) Patient Engagement and Access, 6) Audit and 7) Breach..

Dr. John Blair asked if there would be any refinement on these policies. Art Levin said that he does expect that to happen. The consent is for access to patient data and it can be a problem for physician practices to implement. He said that he hopes that when issues do come up for implementation, modifications would be made.

Susan Stuard said that the Committee will start its policy recommendation work in the area of security breach. It is thought that this subject would be a good place for the Committee to start as it is more concrete and less controversial than other issues. At upcoming meetings, Susan will give an overview of the SCP recommendations to give the Committee members a fuller picture of the policy intent of the SCP. After that, the Committee will walk through each of the seven policy areas, review what the state is recommending, evaluate what is feasible for THINC and its constituents, and make recommendations.

She asked the Committee to review the Consumer Consent slides. NYS DOH is recommending affirmative consent. She said that the basic take-away is that “Each provider and payer organization participating in a RHIO must obtain an affirmative consent from the consumer that specifically references the RHIO prior to accessing his/her health information”. The exception to this is when there is a one-to-one exchange. She said an example of this would be when a physician wants to order a lab test for a patient. The order for the lab test could be sent from the physician’s EHR to the lab via THINC’s HIE. The lab will return the results to the physician practice via THINC’s HIE. This is called a one to one exchange of data and does not require patient consent.

V. DISCUSSION OF SECURITY BREACH POLICY

Art Levin said that this issue is critical. THINC needs to address the questions of: what should happen if its security were breached?, When would THINC inform its constituents? How would it inform them? The consumer is likely to share the information within the HIE believing that he or she will get better results and higher quality of care. It is critical for THINC to have a policy in place as a security breach can happen with an information technology system. The consumer needs to know how this would be handled.

VI. QUESTIONS and NEW BUSINESS

Tim Cleary asked that MedAllies give technical and policy details about the HIE protections that are currently in place and the breach policy at an upcoming Committee meeting. Tim Cleary asked if the Privacy Committee will get updates from the Technology Committee. Susan Stuard said that the Technology Committee will be reconstituted in the next few months. It is the Privacy Committee's role to make recommendations on the policy issues of security and Technology Committee's to deal with issues with implementation.

IV. NEW BUSINESS

There being no further business for discussion, the meeting was adjourned.