

THINC RHIO, Inc.

Taconic Health Information Network and Community

Public Health Committee Meeting September 25, 2008

A meeting of the Public Health Committee of the THINC RHIO, INC., a New York not-for-profit corporation (the “Corporation”), was held on September 25, 2008, commencing at 12:00noon.

Participants:

Rana Ali (Dutchess); Michael Caldwell (Dutchess); Chris Dunleavy (Orange); Sherlita Amler (Putnam); Barbara Iardi (Putnam); Loretta Molinari (Putnam); Oscar Alleyne (Rockland); Nancy McGraw (Sullivan); Renee Rechhia (Westchester); Joshua Lipsman (Westchester); Joline Frey (St.Francis Hospital); Craig Van Roekens, MD (VBMC)

Randy Barrows, MD (MedAllies); A. John Blair, MD (MedAllies); Susan Stuard (THINC); Asha Upadhyay (THINC)

I. THINC OVERVIEW

Susan Stuard informed the committee members that she had made a presentation to the Hudson Valley Regional Health Officials Network (HVRHON) group about THINC on September 22, 2008. She asked the members of the committee who were at the HVRHON meeting if they had any questions and about how the HVRHON members felt about NYSDOH’s objectives for public health report via RHIOs. Joan Facelle said that the presentation at HVRHON meeting helped to add more clarity to understand NYSDOH’s objectives and THINC’s projects. She said that she would like an end product that fits into the existing public health reporting system.

Susan Stuard noted that she will provide the Committee with more information over the coming months about THINC, its plans to implement the Universal Public Health Node (UPHN), and how local public health departments can be involved. She informed the group that Ivan Gotham from NYSDOH will attend the October THINC Public Health Committee meeting to discuss this further. If there is an interest from the committee, THINC can hold one or two conference calls to discuss the goals of the CDC and HEAL 5 projects. She said that THINC’s responsibility is to be responsive to local health departments’ needs and not be disruptive with the work that is already in place. She said that this is a tremendous opportunity to collaborate with public health departments as the UPHN is built. There are two things she would like to do: 1) get input on the things we are actually committed to and, 2) discuss what small scope enhancements we can do to help the goals of public health such as population health reporting. She would like to establish a baseline knowledge of the THINC public health reporting project with the Committee members and get feedback over the next few months.

II. THINC TECHNICAL ARCHITECTURE & III. PUBLIC HEALTH USE CASE (HEAL5 & CDC-HIE Projects)

Susan Stuard noted that the current THINC-HVHIE portal allows a physician to do a query for patient information held by hospitals participating in the exchange. With the addition of the UPHN functionality, hospital data would be reported to NYS DOH, via the UPHN function in the RHIO. Then these data would be available to state and local health officials via current mechanisms used to access public health data, such as the Health Information Network (HIN). It is also technically possible to enable local health

officials to be able to access the THINC HVHIE directly and to view data for the Hudson Valley. Susan noted that this access will be an item of ongoing discussion for the Committee over the next couple of months.

Oscar Alleyne asked what type of reports THINC would be able to provide to the local health departments. Susan Stuard said that the UPHN will have requirements that will have to be fulfilled. She asked the committee what type of information would public health departments like to access that would be useful. As an example, she asked if it would be useful for a local health department to receive an automated alert from physician electronic health records (EHRs) noting that a test for Hepatitis C has been ordered? Rana Ali said that this is the type of information public health would want to receive and that they would have a long list of needs for reportable diseases.

Oscar Alleyne asked what data elements THINC will be collecting so that local health departments can select the ones they can utilize. Susan Stuard said that at a later THINC Public Health committee meeting Lee Jones, Chief Information Officer, and Dr. Randy Barrows, Chief Medical Informatics Officer for MedAllies, THINC's technology vendor, will talk about the technical architecture and be able to address the question about data availability. She said that, in general, THINC will not be holding patient data in a database within the HVHIE. It is a federated model where the data will reside at the organization of origin such as hospitals, physician offices, etc. Hospitals will be asked to add data reporting streams as per the CDC Health Information Exchange grant. Rana Ali asked if there is enough flexibility to add more data in the future. Susan Stuard said that with EHRs it is easier but with hospitals, we would have to ask them about their willingness to report more data. Oscar Alleyne will send Susan Stuard a list of the reportable diseases.

Susan Stuard summarized the following next steps:

1. Technical architecture review and discussion of public health data elements.
2. Brainstorm a list of items/data that local public health would like to have from the RHIO.
3. Prioritize a short list to work on.

Rana Ali asked how NYSDOH will validate the data flows from hospitals via RHIO's over time. Susan Stuard said that the hospital will have redundant data streams – one to DOH and one to the RHIO – for some period of time. She noted that it could be a challenge to manage hospital concerns and expectations through this long transition period. Oscar Alleyne said that the hospitals use the Health Provider Network (HPN) and HERDS for reporting of diseases to NYSDOH and, in turn, all local health departments can access these. Nursing homes do the same. Local public health also has access to SPARCS and birth records for viewing.

Susan Stuard asked if what THINC is being asked to do by NYS DOH is seen as disruptive to the existing operations of local health departments. Oscar Alleyne said that joint discussions like are helpful. Rana Ali said that local health departments have no problem with THINC's public health reporting mandate from NYS DOH. The problem may be for those that have to enter the data twice. Nancy McGraw asked if Catskill Regional can connect to the HVHIE in the future. Susan Stuard said yes they can. Susan Stuard informed the group that she will be presenting at the NORMET retreat in December.

Susan Stuard recapped and said that at the October Committee meeting, Ivan Gotham from NYSDOH will discuss data streams and redundancy issues and also how local health departments can access UPHN data. At subsequent meetings, we will discuss the HVHIE technical architecture and public health data elements. We will also create list of ideas to pursue in the future.

There being no further business for discussion, the meeting was adjourned at 1:00 PM.