

THINC RHIO, Inc.

Taconic Health Information Network and Community

Security and Technology Committee Meeting

April 13, 2009, 2pm to 3:00pm

ATTENDEES: Committee members: Barbara Cook, John Finch, Sue Prince, S.Shafiq Rab.

Non-Committee members: A. John Blair III, MD; Lee Jones, Sean Kelly, Allison Laquidara Susan Stuard, Asha Upadhyay. **Not present:** Bob Diamond, John Moustakakis, Robert Wagner.

I. WELCOME AND INTRODUCTIONS

Susan Stuard welcomed the committee members and reviewed the meeting agenda. She introduced Lee Jones, CIO of MedAllies, who would go through a detailed discussion of findings from the interviews with the Chief Information Officers (CIOs) from participating hospitals, the project work plan and impacts to the project timeline.

Susan Stuard gave a brief overview of the hospital CIO interviews. THINC held meetings with CIOs from participating hospitals over the last six weeks. It was found that 50% of the hospitals may be in active transition to a new hospital information system in 2010 and 2011. This will impact the HEAL 5 project timeline since the grant is scheduled to end on July 31, 2010. There was strong support for THINC's health information exchange and a broad interest in the HEAL 5 use cases (medication history, interoperability, and public health). The quality reporting use case was discussed briefly but the value proposition for it was not discussed in detail. THINC will come back to the CIOs and discuss this further. Discussions have begun with a few HIS vendors about the HEAL5 project in coordination with the CIOs.

II. THINC POLICY OVERVIEW

THINC is required by the New York State Department Health to meet privacy and security requirements that exceed the new Health Information Portability and Accountability Act standards that are part of the Federal Stimulus Bill. These standards are compliant with New York State law. THINC's privacy committee is comprised of three hospital privacy officers, two physicians, one office manager, and two consumer representatives who are helping to develop THINC specific policies with which participating hospitals would have to comply. Susan Stuard asked that hospital CIOs inform her if they want their privacy officers to participate. An ad hoc meeting with hospital security officers will be held in the next few months to provide input on the security policies (authentication, access, audit). Susan Stuard will contact the CIOs about this.

Susan Stuard discussed the health IT provisions of the Federal Stimulus Bill. She said that THINC is cognizant of the need to ensure that its health information exchange enables the hospitals to meet the hurdles of meaningful use in the Federal Stimulus Bill. THINC is specifically focused on the second hurdle which is engaging health information exchange to improve the quality and coordination of care. THINC will follow the Centers for Medicare and Medicaid Services development of meaningful use criteria to ensure that the hospitals' connection to the THINC HIE will enable them to meet the criteria. The other two hurdles are e-prescribing or computerized physician order entry, and quality reporting on selected measures.

Susan Stuard talked briefly about New York State Department of Health (NYSDOH) Certificate of Need requirements. The applicant must complete a questionnaire about interoperation with the SHIN-NY via RHIO and the ability to meet the NYSDOH requirements. The RHIO must certify that the hospital is a collaborator in the exchange and is able to comply with the statewide policy guidance, and is ready to

share patient data. She asked that hospitals contact THINC early in the process so we can help with the completion of the survey. Currently THINC is working with two hospitals in the region, Blythedale and Orange Regional Medical Center.

III. MEDALLIES TECHNICAL WORKPLAN

Lee Jones reviewed the components of the THINC health information exchange, the anticipated requirements, schedule and level of effort and the comments received from the meetings with the hospital CIOs.

THINC is building an enhanced health information exchange in compliance with the NYSDOH's required SHIN-NY architecture. THINC is following the blueprint put forward by the statewide collaborative process for defining the Common Health Information eXchange Protocols (CHIXP) for communication among disparate entities. There are several layers in this: security model, transport model, service oriented architecture with shared and private services and the Enterprise Service Bus for the intermediated service invocation.

THINC will participate in the Medicaid Medication Management, Public Health, and Quality Reporting use cases. The Medication Management use case will integrate medication data from New York State's Medicaid program into the electronic health record and the health information exchange. The Public Health Use Case will support automated public health reporting for hospitals. The Quality Reporting use case will develop a quality reporting service that will connect with multiple EHR systems to collect, analyze, aggregate, and generate metrics reports. MedAllies will develop an infrastructure to support additional functionalities, such as electronic lab reporting and results delivery between outpatient EHRs and healthcare summary exchange between hospitals and physicians utilizing a continuity of care document.

THINC will follow the prescriptions of the statewide collaborative process for the technical architecture regarding the web service infrastructure, security, medication management. HITSP standards will be leveraged where SCP guidance is lacking and the NHIN requirements will be leveraged where the HITSP guidance is lacking.

The project timeline was reviewed. The final scoping and prioritization is expected to be completed in June 2009. The third party integration with hospitals and vendors will be from October 2009 to May 2010. MedAllies will manage the project, provide consultation on the technical requirements, and testing of interfaces.

It was found from the discussions with the CIOs that several major HIS vendors are being deployed or planning to be deployed at the hospitals. Some development work will be required by all to accommodate medication reconciliation through the health information exchange. No CCD implementations are active and the SHIN-NY message level security model is new to all. The public health reporting has challenges in some portions of the required minimum data sets.

V. DISCUSSION AND QUESTIONS

Susan Stuard will send a list of questions with the timeframes for integration to the CIOs and then schedule follow up calls with the CIOs.

There being no further topics for discussion, the meeting was adjourned at 3pm.