

THINC, Inc.

Taconic Health Information Network and Community

*Security and Technology Committee Meeting
June 18, 2009, 2pm to 4:00pm*

Committee members present: Barbara Cooke, Deborah DiBernardo, John Finch, S. Shafiq Rab, Bob Wagner.

Non-Committee members: A. John Blair III, MD; Lee Jones, Sean Kelly, Allison Laquidara, Susan Stuard.

I. INTRODUCTION

Meeting minutes were approved for January 2009 and April 2009 meetings.

II. VENDOR CONTRACT LANGUAGE

Susan Stuard updated the committee on vendor contract language. The New York State Department of Health's Office of Health Information Technology Transformation (OHITT) has been adding "SHIN-NY" requirements to the certificate of need (CON) process. OHITT had previously issued a required questionnaire about interoperability with SHIN-NY through the RHIO and the ability to meet NYS DOH requirements. Most recently OHITT added required vendor contract language as a condition of the CON approval. The Statewide Collaborative Process (SCP) requires vendors and hospitals to work together to configure the software to comply with the Statewide Policy Guidance prior to first live use. In addition, a CCHIT clause requires the vendor to commit that every other future release of the ambulatory EHR and inpatient EHR will obtain the then current year CCHIT certification and a supported release will be available to the hospital. NYS DOH reserves the right to change and add other certification requirements if they become appropriate in the future.

III. HOSPITAL INTEGRATION

The majority of HEAL 5 integration calls have been completed with the committee members. The conversations were largely about each facility's prioritized use cases and the integration timelines. Susan Stuard informed the committee members that the next step in this process would be to set up calls with their vendors. THINC formally requested that the hospitals make the first outreach to their vendor to set up a meeting. Susan Stuard expressed how critical this step is in moving the process along.

IV. HEAL 10 UPDATE

Susan Stuard informed the committee that HEAL 10 applications were due on Monday, June 15, 2009. The grant asked for medical home projects to connect physicians and hospitals to the local exchange and the SHIN-NY. NYSDOH required that the local exchange be involved in any HEAL 10 project, thus THINC was not a lead applicant, but was party to two applications in the Hudson Valley. The Taconic IPA (TIPA) was one of those applicants. The following was proposed by TIPA, five care coordination zones involving primary care physicians, cardiologists and hospitals with a focus on improving the management of congestive heart failure. The primary care physicians will seek to achieve NCQA level II or III medical home recognition and meet any additional criteria set forth by NYS DOH. MassPro and TIPA will provide medical home transformation services to the physician practices. The TIPA application proposed IT related functionality to connect all participating physician practices to the exchange using the Continuity of Care Document (CCD), community personal health record (PHR) as well as the expected integration with Epic, eClinical Works, NextGen, Medent, AllScripts, GE, Cerner, McKesson, Meditech and Google.

V. MEANINGFUL USE

Susan Stuard informed the committee that the criteria for “meaningful use” were proposed by the U.S. Department of Health and Human Services Policy Committee on June 16, 2009 with comments due back by June 26, 2009. Meaningful use is linked to achieving measurable outcomes in patient engagement, care coordination and population health. The recommended definition of “meaningful use” greatly depends on the healthcare setting. The five health outcomes for meaningful use are 1) improve quality, safety, efficiency and reduce health disparities. 2) engage patients and families 3) improve care coordination 4) improve population and public health and 5) ensure adequate privacy and security protections for personal health information. Each health outcome has a set of care goals, objectives and measures for 2011, 2013 and 2015. THINC and MedAllies are watching this closely as it is recognized that we have a role in ensuring that our partners meet the meaningful use objectives and measures.

VI. HEAL 5 WORK PLAN REVIEW (Sean Kelly, gsihealth)

Sean Kelly summarized the second set of discussions with the committee regarding vendor status, candidate use cases and the individual facility needs to interface. Discussions with the vendors will occur in the next 3-4 months. It was requested that the hospitals assist in the coordination of an initial call with their vendor. Sean Kelly updated the committee on the steps for the interfacing with the THINC exchange. CHiP specifications are available for the UPHN, medication management and SHIN-NY architecture. The CHIP interface specifications will be available in the fall. The services will be deployed in the following order 1) Public Health 2) Medication Management 3) Quality Reporting 4) Clinical Summary Exchange.

The Universal Public Health Node (UPHN) service will be the least complicated to deploy. The UPHN will allow for surveillance services by the way of a central data repository (CDR) and a series of adaptors. The package will allow for public health reporting, surveillance and investigation, patient query, patient demographics and CCD retrieval, line list and analytic services. These services are anticipated to be available by September 2009. The interface with hospitals and the NYSDOH UPHN will allow for the retrieval of surveillance information on reportable diseases and hospital resources. The CDR may be located at the hospital or at the CHIP. The final project scoping and prioritization will be completed by the end of June. Sean Kelly reminded the committee that the vendor interface build time period is expected to be at least three months after the commitment is made. Interface testing will follow for 90 days after the interface build with third-party integration between hospitals and vendors to start approximately in October 2009 and run through May of 2010.

Sean Kelly noted that NYSDOH has a medication management pilot that is anticipated for coding and testing in July and pilot in November. This service would draw on data from Surescripts and NYS Medicaid. It is not known when this medication management service will be made available statewide.

There being no further business the meeting was adjourned.