

***RI HIE Strategic Plan Update  
Community Stakeholder Meeting #1  
Content and Notes  
May 10, 2010***



# Contents

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- This document is a summary of the information shared and notes taken during the recent HIE Strategic Plan Update community meeting held on May 10<sup>th</sup> 7-9am
- The process used was to have four “carousel” stations around the room. One station each for Governance, Legal/Policy, Roadmap, and Finance. The participants were broken up in to four groups and rotated among the stations for 15 minutes at a time to review and discuss the content.
- Using this process allowed all participants to hear the content in a small group setting and offer opportunities to contribute their thought.
- In this document you will see
  - A list of attendees
  - Introduction slides given by Laura Adams
  - Process slides given by Cedric Priebe
  - Carousel posters for each of four stations
  - Notes from each of the carousel stations



# Attendees

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1. Susan Andrews – Electric Boat, Medical Director
2. Nancy Borisamo – Westerly Hospital
3. Mason Bragg – Lifespan, MD Emergency Medicine
4. Deb Buffi – Occupational Health and Safety and Department of Human Services
5. Bill Carwin
6. Reid Coleman – Lifespan
7. Charlie Dansereau – Rhode Island Quality Institute
8. Christine Doherty, MD
9. Charles Eaton – Center for Primary Care & Prenatal
10. Mary Evans – Rhode Island Health Center Association
11. Kevin Ferriter – Intersystems Corp.
12. Jerry Fingerut – Blackstone Valley Community Healthcare
13. Linn Freedman – NixonPeabody LLC
14. Rebeka Garner – Quality Partners of Rhode Island
15. David Gifford – Rhode Island Department of Health
16. Elaina Goldstein – Rhodes to Independence and University of Rhode Island College of Pharmacy
17. Catherine Graziano – AARP and Rhode Island State Nurses Association, RN & PhD
18. Charles Hewitt – HIT Consultant
19. Joel Kaufman – Lifespan
20. Christine Kirk – RN and Rhode Island Quality Institute
21. Beth Lange – Waterman Pediatrics, MD
22. Ray Lavoie – Blackstone Valley Community Healthcare
23. Rich LeClerc – Gateway Healthcare
24. Jonathon Lewiss – Thundermist Health
25. Brandon Maughan – Lifespan, MD Emergency Medicine
26. Lisa Nelson – Northwestern University grad student
27. Vincent Patalano – Ingenix Caretracker
28. Mark Rivero – Ingenix CareTracker
29. Art Schnure – Department of Human Services
30. Howard Schulman – Warwick Rhode Island Primary Care Physicians Corporation, MD Internal Med
31. Robert Trachtenberg – Brown University and Rhode Island Area Health Education Centers program
32. Vivian Weisman – Mental Health Association of Rhode Island
33. Bill Wray – BCBSRI, CIO
34. Amy Zimmerman – Rhode Island Department of Health



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# WELCOME AND INTRODUCTIONS



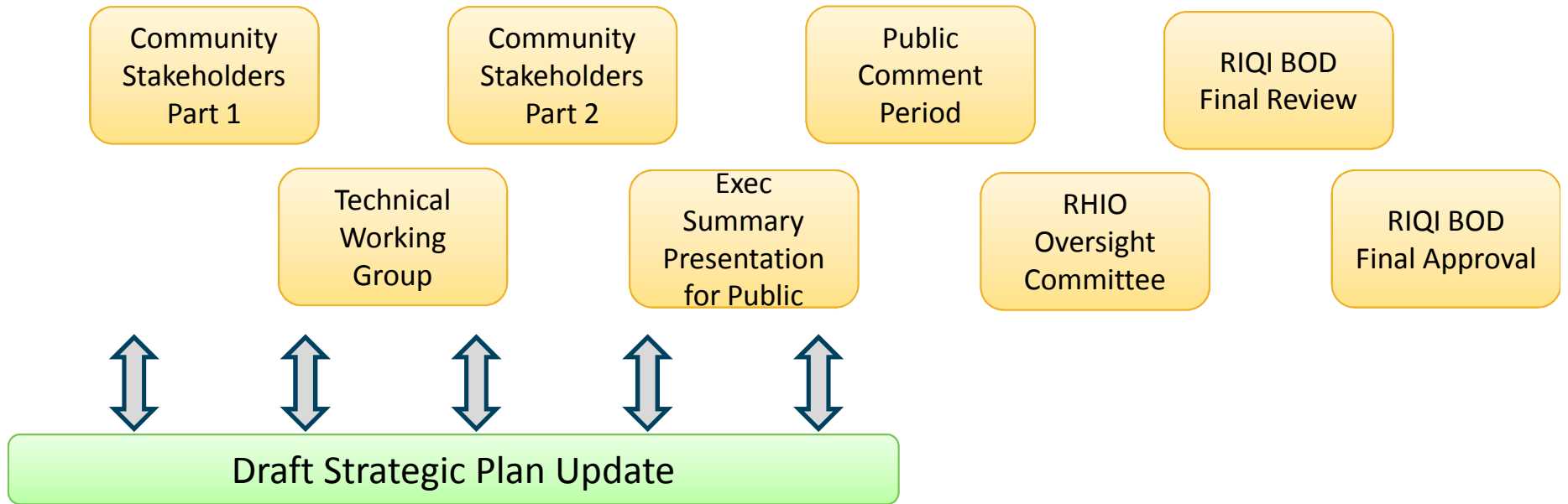
# Today's Objectives

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- Context
  - As part of the recent ARRA HIE grant award, the Office of the National Coordinator for HIT must approve an updated strategic plan for the state-wide HIE in Rhode Island in order for RIQI to access the HIE grant funding
  - This is timely, as we are due to update the existing plans that have been in place over several years
- Objectives for Today's Meeting
  - Share initial thoughts on key aspects of the strategic plan
  - Obtain community input on the content to be used in updating the plan



# Proposed Approach | Key Events on the Plan

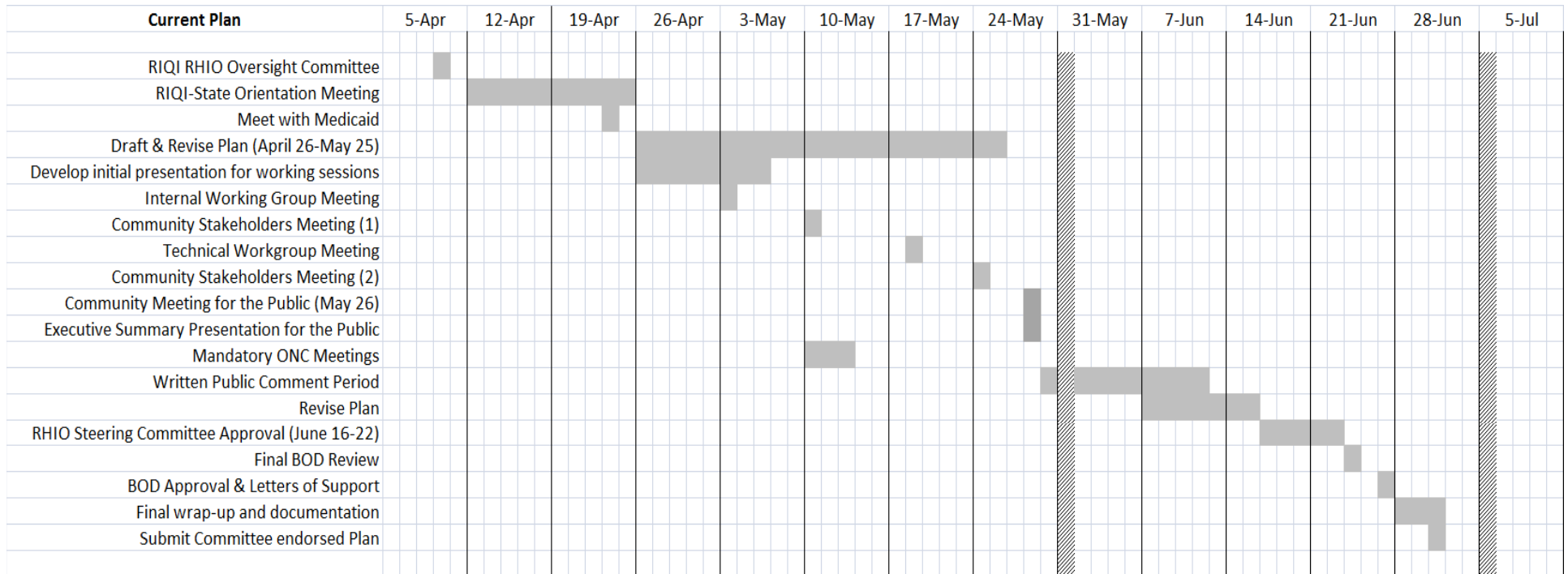


## • Key Tenets of Our Approach

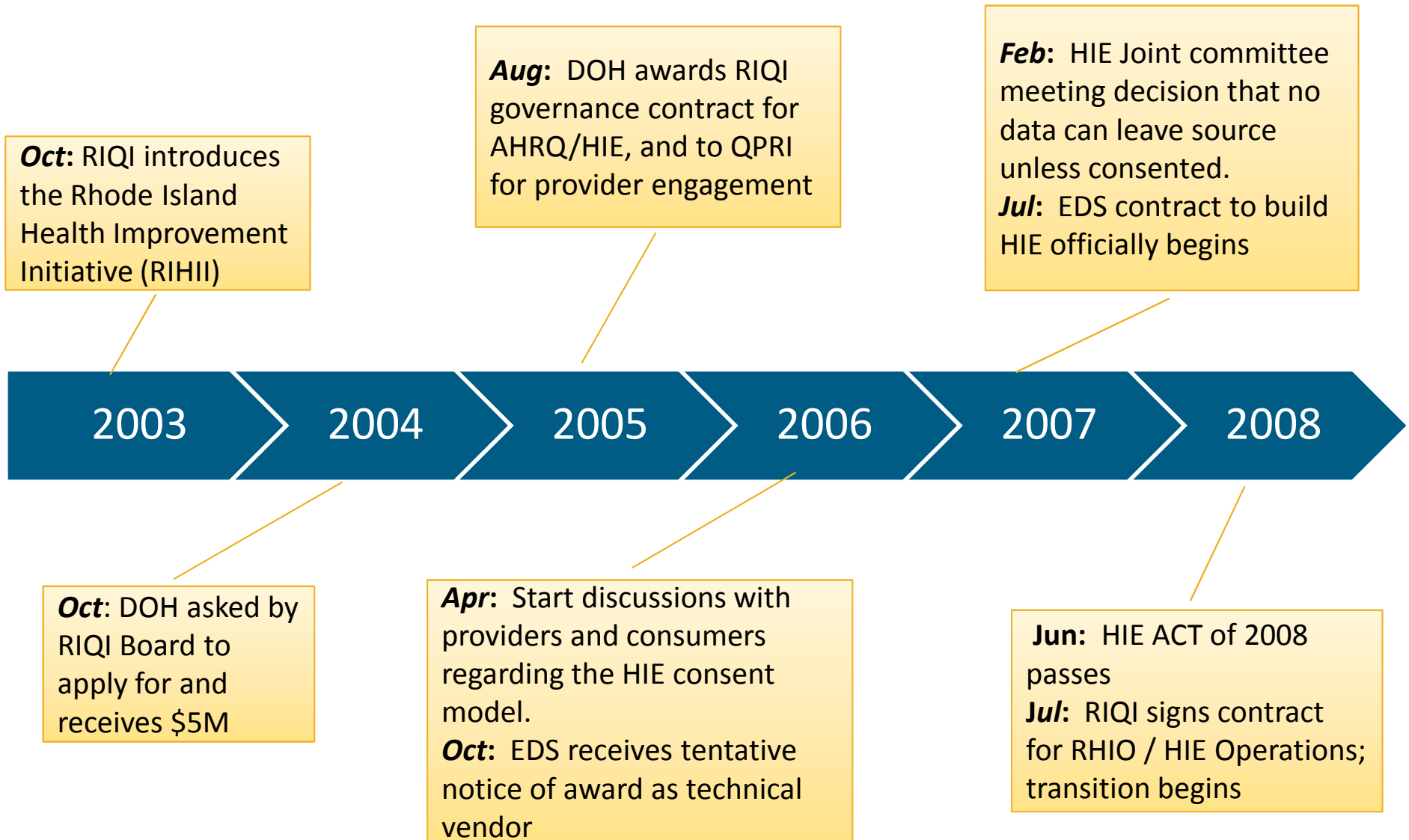
- Iterative approach based on multiple touch points with the community
- Parallel tracks to draft update to the strategic plan and gather input from the community
  - Two sets of materials required to make this work
- Use working groups to provide content and gain consensus
- Use draft materials to facilitate conversations
- Integrate content and feedback from working groups and writing to ensure all are coordinated



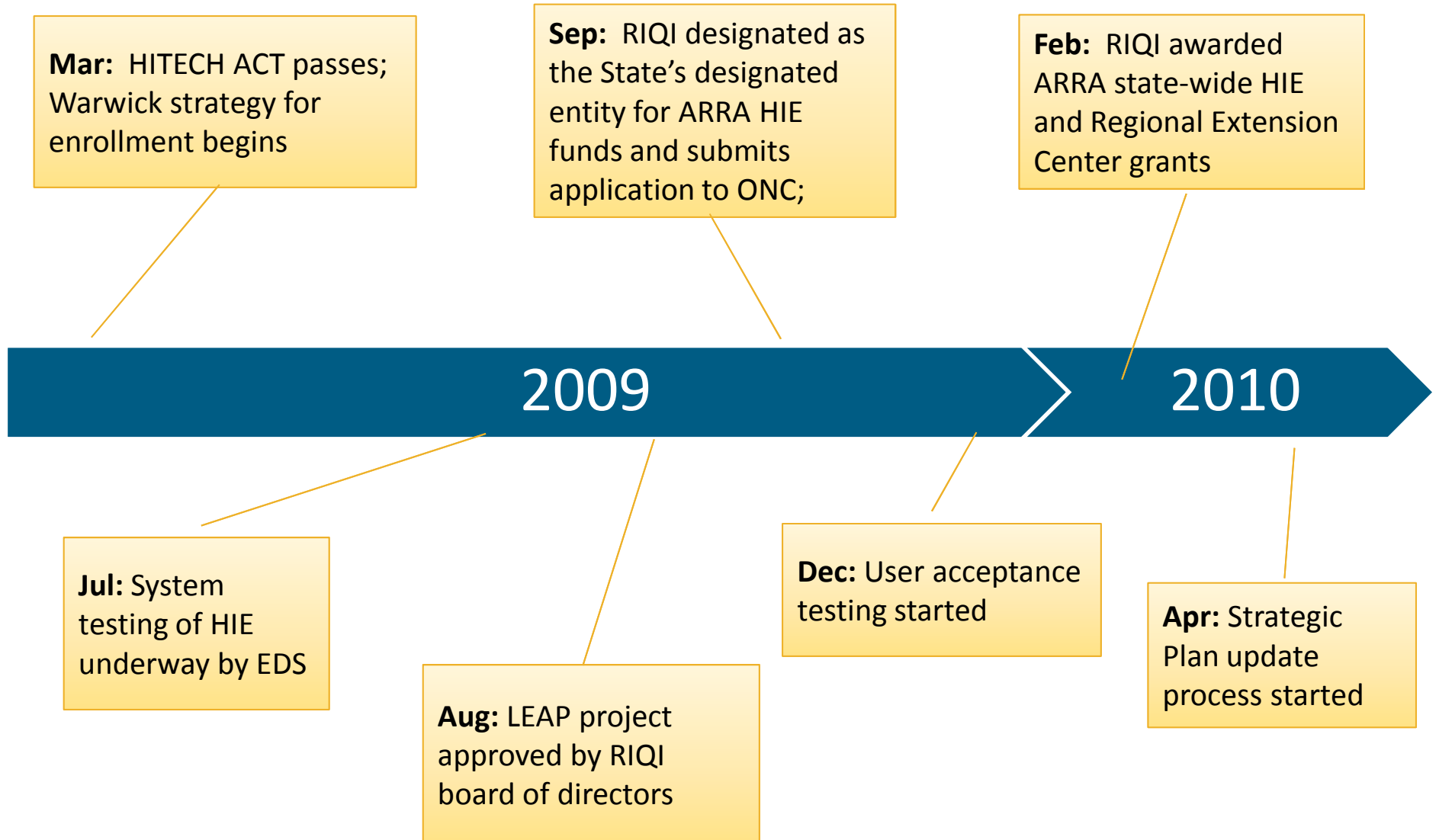
# Plan Timeline



# A lot has been accomplished so far...



# A lot has been accomplished so far (cont.)



# Moving Forward

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- Tremendous opportunity for Rhode Island to continue its national leadership in health IT
  - HIE, Regional Extension Center, Beacon Communities
- **currentcare** transition of the technical infrastructure from DOH to RIQI is underway
  - Recent floods have impacted the near term plans
- This is a great opportunity to come together as a community and deliver on the promise of health IT for the citizens of Rhode Island
- ***Thank you for your contributions today***



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# PROCESS OVERVIEW



# Agenda

Topic	Time	Facilitator
Introductions	7:00 – 7:10	Laura
Process Overview	7:10 - 7:20	Cedric
Carousel #1	7:20 - 7:35	Cedric/Arcadia
Carousel #2	7:35 - 7:50	Cedric/Arcadia
Break	7:50 - 8:00	
Carousel #3	8:00 - 8:15	Cedric/Arcadia
Carousel #4	8:15 - 8:30	Cedric/Arcadia
Break	8:30 - 8:40	
Report back from Carousel groups	8:40 - 8:55	Cedric/Arcadia
Feedback & Wrap-up	8:55 - 9:00	Cedric



# Ground Rules

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- Minimize cell phone and electronic device use
- Contribute your thoughts and ideas to the process

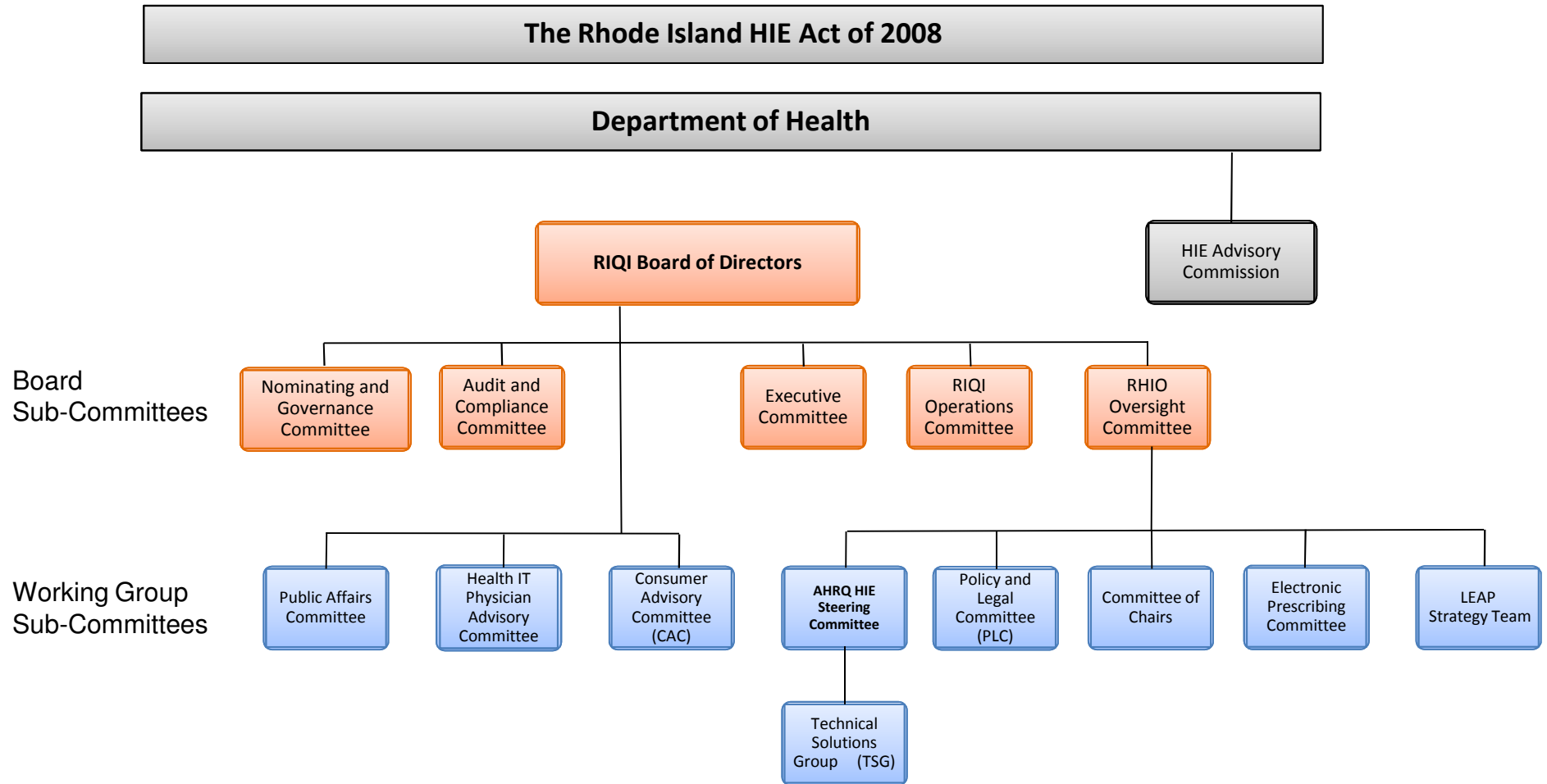


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# GOVERNANCE CAROUSEL



# RHIO/HIE Governance



# Governance | Key Committees and Roles

Committee	Role	Frequency	Sunset
RI Department of Health's HIE Advisory Commission	Provide community input and policy recommendations to the Director of Health regarding the use of confidential information in <b>currentcare</b>	At least annually	N/A
RHIO Oversight Committee	Oversee the development and execution of the RHIO/currentcare business plan; develop and recommend to the Board a sustainability model for ongoing operations of the RHIO/currentcare; make recommendations to the RIQI Board on RHIO-related strategies and decisions; oversee the <b>currentcare</b> budget under the direction of the RIQI Operations Committee	10-12x/Year	N/A
RI AHRQ HIE Steering Committee	Serve under the delegated authority of the RIQI Board to oversee the operational components associated executing with the AHRQ contract. Advise project management & staff on project planning & implementation; evaluate recommendations advanced by staff and committees and assist HEALTH in the approval of contract deliverables.	Monthly	September 2010
Technical Solutions Group (TSG)	Advises the Steering Committee on the technical aspects associated with building the RI HIE under the AHRQ contract. Develops and presents recommendations to the Steering Committee regarding prioritizing data elements for exchange, identifying data standards, developing HIE functional requirements, proposing technical solutions and acceptance of EDS contract deliverables.	As Needed	September 2010



# Governance | Key Committees and Roles

Committee	Role	Frequency	Sunset
Health Information Technology Physician Advisory Committee (HITPAC)	Assists RIQI in positively influencing the adoption of health information technology; advises and makes recommendations regarding the development of strategies related to HIT initiatives to improve quality of care; engages in outreach to the medical community to promote health IT initiatives; provides input regarding HIT initiative policies and procedures.	Monthly	N/A
Consumer Advisory Committee (CAC)	Provides consumer input and feedback on all aspects of RIQI's work, and particularly the development, implementation and operation of the HIE; advises and makes recommendations regarding the development of strategies related to HIT initiatives to improve quality of care; engages in outreach to the community to promote RIQI initiatives including HIE; provides input regarding RIQI initiative policies and procedures, including HIE.	Monthly	N/A
Policy and Legal Committee (PLC)	Identifies, interprets and creates the legal basis upon which the HIE is built; guides the development of the necessary policies and procedures upon which the HIE operates; addresses the legal and policy matters associated with creating and operating an HIE and a regional health information organization (RHIO).	Bi-monthly	N/A



# Governance Carousel Notes

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## General Feedback

- engaged, non-confrontational participants
- Most items listed below were repeated by more than one group

## Summary of Discussion

- **Need to sustain technology solutions group role and the steering committee role/function – even if different name** (is Technology subgroup really a subset of Steering Committee?)
- **Unclear relationship with HIE Advisory Committee and Oversight Committee** (clarified HIE Advisory committee appointed by Governor and cannot include RIQI board members)
- **Committee membership – Appointment and term process. Should provide consistent and knowledge coverage for transitions** (Should include specialty, geographic region, consumer) – especially Behavioral health/pediatrics
- **Work of sub-committees should be public** - open meetings, more active engagement by consumer advisory committee
- **Importance of state entity representation in governance**



# Governance Carousel Notes (cont.)

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- Ensure state HIE plan is a hub for local HIE (i.e., Lifespan, BVCHC)
  - If not, determine why
  - Meaningful Use is a key driver, Beacon Grant helps to do that
  - LEAP program – should be broader ? represent other local HIEs
- RIQI – technology focus; stakeholders mostly healthcare. Could benefit from technology industry expertise in the committee/governance structure.
- Committee of chairs is valuable – needs description
- E-prescribing is more than just HIE. Does it belong here?
- Public Affairs – more RIQI vs operational
- Need a place to represent the day to day operations of HIE
- Oversight committee currently looks to have mostly financial responsibility – does it do more than this?
- Who is responsible for holding EDS or similar entity accountable?
- Should there be an Adhoc committee that assesses national and international HIE.
- Need to connect governance with goals in Road Map



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# LEGAL/POLICY CAROUSEL



# currentcare | Legal / Policy Environment

## Federal Law

- HIPAA Privacy
- HIPAA Security
- CFR 42
- 30+ additional, applicable federal laws

## State Law

- RIGL 5-37.3 – Confidentiality
- RIGL 23-11 – STD
- Mental Health Law
- RI HIE Act of 2008
  - Establishes RHIO as administrator of HIE
  - DOH as regulatory agency
  - Formed independent advisory commission

## Regulatory Agency

- Establish rules and regulations
- Enforcement

## Independent Commission

- Determine appropriate usage of HIE data

## RHIO

- Administrative
- Financial
- Operational

## Existing Organizational Policies

- Monitoring Information Access
- User Authentication in currentcare
- End-User Registration in currentcare
- Role Based Permissions
- Response to a Breach in currentcare
- Notification of Breach
- Complaints Policy
- Enrollee Request to Amend Record
- Data Correction/Amendment
- Enrollee Request for Disclosure
- Consumer Revocation of Authorization for Enrollment and Provider Access
- Consumer Enrollment in the HIE
- Enrollee Request to Access currentcare Record
- Recourse for Violation of Data Sharing/Data Use Agreement Policy
- Policy Regarding Notice of Privacy Practices
- Temporary Authorization to Access Patient Information in the HIE
- HIE Patient Authorization Policy

# Legal / Policy Carousel Notes

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- It is unclear how we intend to engage consumers on the specific policies:
  - Making sure they understand that there are risks to participating, but that benefits outweigh risks.
- Make sure they understand the lengths the organization goes to ensure risks are mitigated, but cannot ensure there are no risks.
- No policy to date for enrollment of patients who are not competent to make their own decision on enrollment and don't have a guardian/custodian.
  - When / how will this be addressed?
- What overlap is there with the existing IRB for DOH?
- Need clarity on how certain policies interact with the technical architecture
  - e.g. If a patient un-enrolls, and later re-enrolls, is there a gap in information.
- Can we gain lessons learned from South County in terms of how to communicate complex policies to patients in an effective way?



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# ROADMAP CAROUSEL



# HIE Roadmap: Adding providers, patients & data

	2010	2011	2012	2013
<b>INTEGRATE WITH NHIN</b>	Define and execute technical and strategic alignment with NHIN			
	Custom HealthShare application development; develop and maintain required interfaces			
<b>BROADEN DATA COLLECTION INTO THE HIE</b>	Add 10 new Data Sharing Partners (DSPs); add 8 new Data Types	Add 11 new DSPs and 43 new Data Types	Add 8 new DSPs and 19 new Data Types	Add 6 new DSPs and 7 new Data Types
<b>EXPAND HIE USAGE IN PROVIDER COMMUNITY (AT LOCATIONS)</b>	Add 170 new practices; 10 Long Term Care facilities	Add 280 practices; 30 Long Term Care; 1 Correctional Facility; 12 Home Health agencies	Add 200 practices; 30 Long Term Care; 10 Home Health	Add 337 practices; 20 Long Term Care; 50 Mental Health providers
<b>AGGREGATE DATA FROM ELECTRONIC MEDICAL RECORDS</b>	Design and launch aggregator approach	Expand practices on first aggregator		
	Implement first aggregator platform	Implement second aggregator platform	Expand practices on second aggregator	
			Implement third aggregator platform	Expand practices on third aggregator
				Implement fourth aggregator platform
		Provide operational support of aggregators		
<b>AGGREGATE DATA FROM ELECTRONIC BEHAVIORAL HEALTH RECORDS</b>	Define Behavioral Health Integration	Incorporate into operational support		
		Implement aggregation platform and integrate first Behavioral Health DSPs	Implement second aggregation platform and additional DSPs	
<b>EXPAND POPULATION OF SIGNED-UP RHODE ISLANDERS</b>	Add 100,000 new participating patients	Add 100,000 new participating patients	Add 200,000 new participating patients	Add 200,000 new participating patients
<b>ENABLE PATIENT ACCESS TO HIE INFORMATION</b>		Implement Patient Portal		
		Initial Market outreach		
		Support initial population of patient portal users		Expanded support (higher numbers of users)



# HIE Roadmap: Operating & expanding core

	2010	2011	2012	2013
PLAN AND LAUNCH PROGRAM	Create strategic and operational plans			
	Create evaluation infrastructure			
ACCEPT PILOT HIE PLATFORM AS GO-FORWARD PLATFORM	Implement Disaster Recovery framework	Maintain high availability and recoverable system		
	Operate and enhance HIE Platform			
IMPLEMENT AND OPERATE HIE CALL CENTER & OPERATIONS	Implement Call Center			
	Operate Call Center (Lower, initial HIE participation)		Expanded Call Center Capacity (Higher HIE participation)	
IMPLEMENT ANALYTICS/QUALITY/RESEARCH PLATFORM			Implement Analytics/Quality Research Platform	
				Operational support of Platform
REGIONAL EXTENSION CENTER FOR EHR IMPLEMENTATION	Provide supplemental support to REC		Provide significant REC support	
ELECTRONIC PRESCRIBING	Ongoing operational support and outreach			



# Roadmap Carousel Notes

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- Does market also want point-to-point connections? Flexible; not create alternative market
- Are 2010 goals realistic in remaining months?
- Can this timeline be compressed? Can the required resources be added promptly?
- Will regional/national benchmarks be available in analytics platform?
- Under Provider Community: Target some behavioral health expansion in 2011 instead of all in 2013
- The general population of Rhode Island hasn't even heard of this project
- Align targeted growth areas to support attainment of Beacon Communities Grant objectives
- How will day health centers be incorporated? They care for "high-value" populations, similar to home care
- Electronic Master Patient Index mgt. – Do Direct Service Providers get this back? (e.g. duplicates)
- Can master compedia be an incentive to standardize and participate?
- Is patient portal read-only?
- What are the already identified practices, long-term care, etc?
- Will prioritization process be built so as not to disadvantage small practices, facilities?
- Targeting specific patient populations? i.e. High value patients ( chronic diseases, CHC)
- Target enrollment to Medicare/Medicaid populations
- How to incent physicians to discuss enrollment (vs. front desk staff)
- Target patients by larger facilities (e.g. VA, nursing homes)
- Prioritization process for data types needed
- Establish robust prioritization process
- Can behavioral health be included sooner? (Considering co-morbidity with chronic medical conditions)
- Community-based services development has already worked out many process issues (home health) e.g. exchange of care plans
- Passing of healthcare reform includes the CLASS Act – public insurance for long-term care services and supports.
- This will provide financing for many more people to the long-term care system. Key to coordinate this with HIE in the beginning.



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# FINANCE CAROUSEL



# Estimates of annual value creation potential of a Health Information Exchange in RI

Potential value at end-state

1	Avoid duplicative testing	\$37M
2	Reduce readmissions by providing discharge plan to receiving care settings (O/P, LTC) for follow-up	\$21M
3	Reduce length/complexity of stay by providing access to baseline labs and images	\$17M
4	Prevent adverse drug events from drug interactions and allergies through access to medication and allergy history	\$4M
5	Reduced burden for collecting, managing, and distributing medical records information with other providers	\$8M
6	Avoid duplicative consults and unnecessary admissions for conditions already being managed	\$23M

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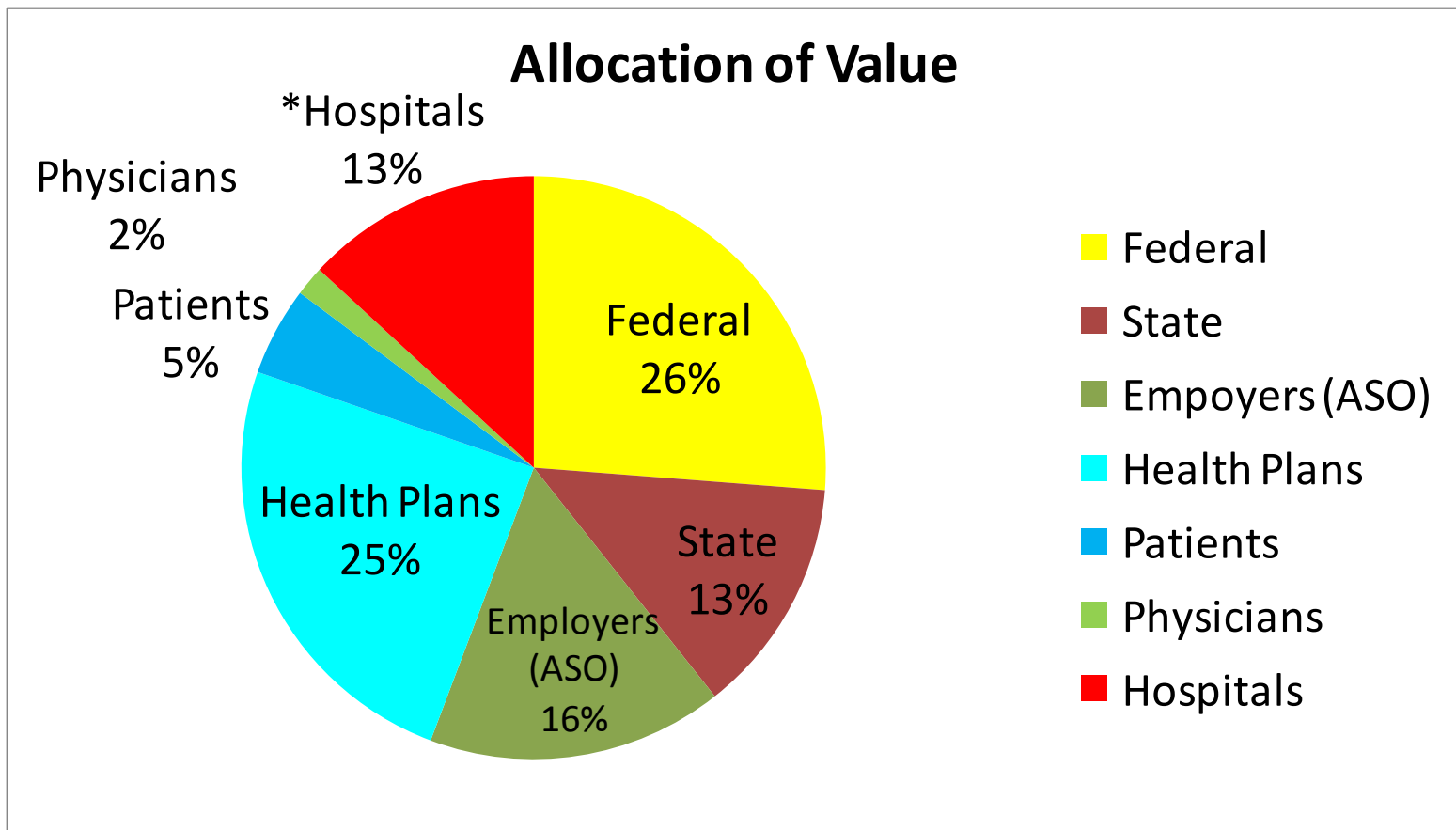
*Less allowance for overlaps across hypotheses* (\$2M)

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**Total annual value creation potential** **\$108M**

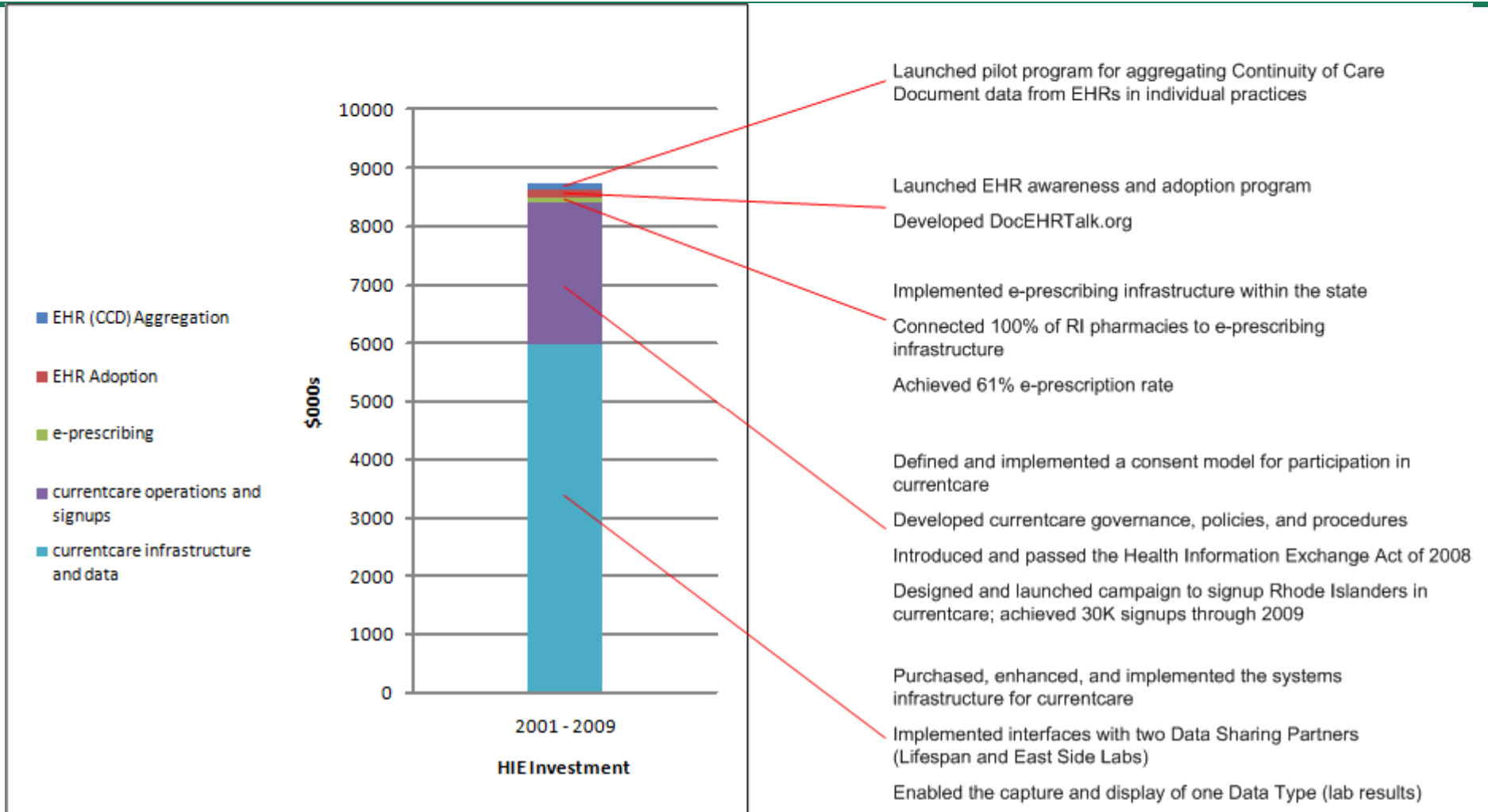
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# Snapshot of Value Allocation Across Rhode Island Stakeholders

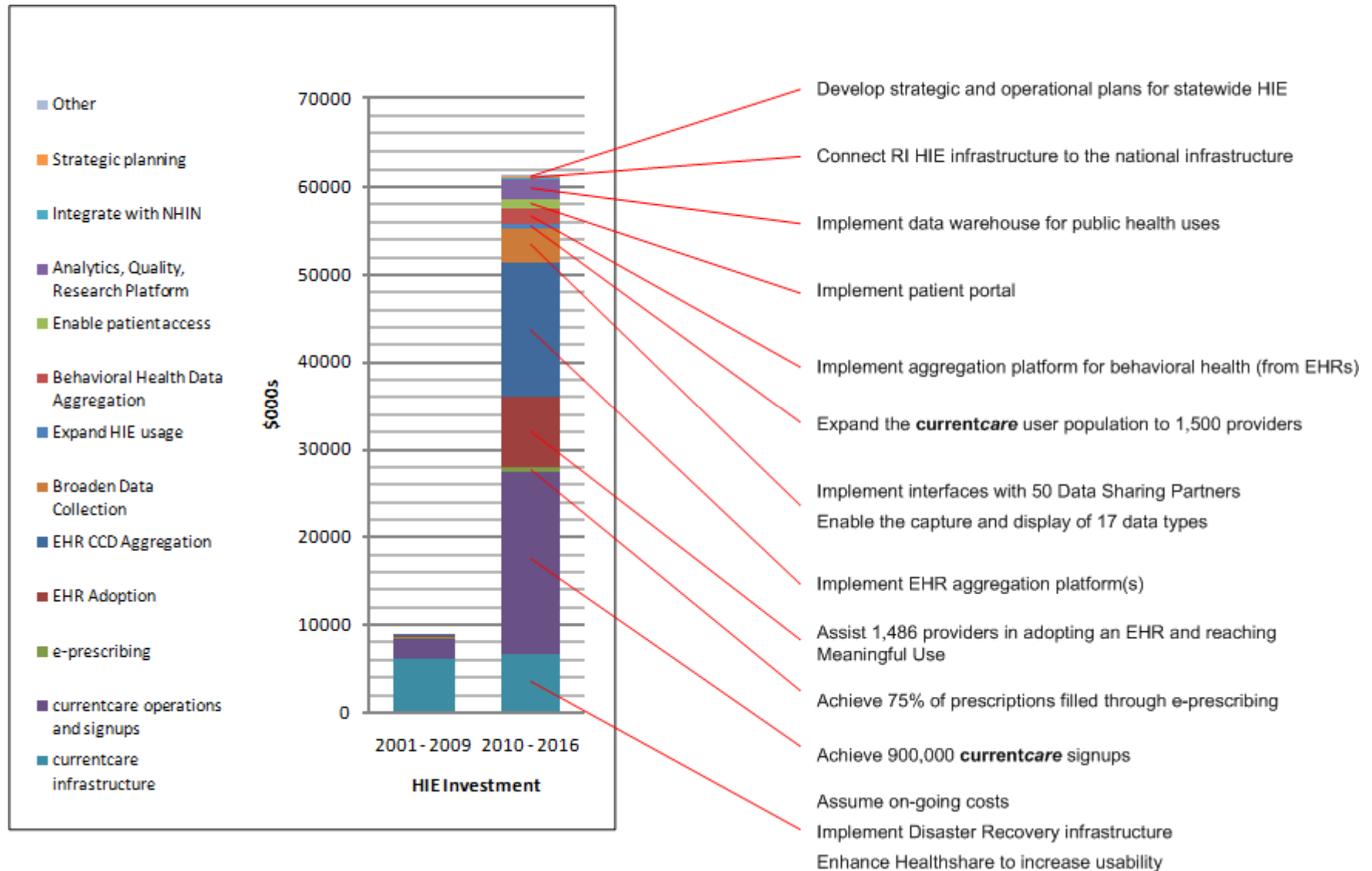


\*Hospital value likely to be much less due to Lifespan's advanced state of automation

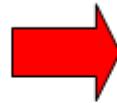
# HIE Spending to Date



# Current Financial Plan



# HIE Financial Plan and Sustainability



Funds generated by 0.13% Assessment on Claims	\$8.06MM	} Per Year
Stimulus Funds	\$0.75MM	
<b>Net Funds for RI HIE Strategy</b>	<b>\$8.81MM</b>	
Projected Cost for RI HIE Strategy	\$8.76MM	

**Average per Employee Cost of 0.13% Assessment: \$9.94 per year**

**Cost Savings of Avoiding a Single Duplicative Lab Test: \$23**



# Finance Carousel Notes

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- Can we run operations and the technical aspect on the level budgeted in order to sustain operations?
- Do not underestimate the cost of the technical side: Running a sophisticated data warehouse can be a costly area – consider using non health care experience to validate costs.
- Assuming we are successful with the levy on claims, can the funds be sequestered? Are they protected?
- Are we sure that .13% levy on claims is enough?
- Self Insurers – Could we pass back a rebate at year-end if the savings are more than expected?
- Clinicians need to be aware of how to use HIE to make sure not to duplicate testing, etc., in order to reduce costs.
- Is provider education in the budget?
- Need to spend more than the \$3 per sign-up in order to incent doctors to sign up patients
- To succeed with the levy on claims we will need to inundate legislature with the need for long-term funding
- Consider using electronic enrollment for patients. Paper forms are expensive to administer and a block to enrolling patients.
- Can we develop a program/format in 2017-? Budget to determine maintenance (not ramp up) costs?



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# DETAILED TIMELINE POSTERS



# HIE Timeline

**Oct:** RIQI introduces the Rhode Island Health Improvement Initiative (RIHII), a vision to use health information exchange and EMRs to improve the quality, safety and value of health care in Rhode Island.

**Nov:** Exploration of the business and clinical case for health information exchange (HIE) begins

**Dec:** RIQI plans to proceed with implementation of RIHII initiative and develops a grant application to submit to the Agency for Healthcare Research and Quality.

**Mar:** RI/AHRQ HIT Steering Committee convened

**Jul:** DOH awards RIQI single source contract to provide governance for AHRQ/HIE and to QPRI for provider engagement

**Oct:** HIE architecture design agreed upon by stakeholders

**Dec:** RFP for technical vendor released

2003

2004

2005

2006

**Mar:** RIHII early plans include “wiring” an entire community within RI with EMRs and health information exchange as a pilot. However, after community input, it was decided that the infrastructure was needed statewide and we should work to implement health IT statewide.

**May:** Responding to a request by the RIQI Board, preparations begin with DOH to respond to the AHRQ “State and Regional Demonstrations in Health IT” Request for Proposal (RFP)

**Jun:** DOH submits a response to AHRQ’s RFP for HIE contract

**Oct:** DOH receives \$5M AHRQ contract to build HIE demonstration system (minimum requirement to share lab results and medication history)

**Mar:** RIQI convenes Consumer Advisory Committee

**Apr:** Start discussions with providers and consumers regarding the HIE consent model. Initially propose allowing data to flow to HIE, assuming opt-in consent at viewing level

**May:** DOH receives HHS award “Health Information Privacy and Security (HISPC)” contract

**Aug:** Analysis of laws related to sensitive data conducted through HISPC

**Oct:** EDS receives tentative notice of award as technical vendor; First draft of RIQI/HIE business plan developed



# HIE Timeline

**Feb:** HIE Joint committee meeting results stipulate that no data can leave source (i.e., flow to the HIE) unless consented. Required changes to authorization policy and technical model  
**Jul:** EDS contract to build HIE technical infrastructure officially begins (partnering with InterSystems Corporation); RI Department of Administration issues Request for Proposal (RFP) to officially designate RI's Regional Health Information Organization (RHIO)  
**Oct:** The stakeholders agree upon functional requirements for technical solutions to implement the authorization policy; referred to as the HIE participation service and gateway  
**Nov:** RIQI receives tentative notice of award for RHIO RFP  
**Dec:** CVS awards RIQI \$2.5M to support HIE and EHR adoption work; RIQI receives an \$862K congressional appropriation for HIE

2007

2008

**Jan:** Begin contract negotiations with RIQI for RHIO designation and HIE Operations  
**February:** Beginning development of HIE transition plan; begin to develop the HIE Operations contract  
**May:** Begin to draft EDS contract modification language  
**Jun:** RI's HIE branded as "**currentcare**"; RI Health Information Exchange Act of 2008 signed into law by Governor  
**June to present:** Review and negotiate EDS contract modification  
**Jul:** Contract with RIQI for RHIO and HIE Operations signed; some transition from the State to RIQI begins; State modifies EDS contract to include additional technical components needed to implement RI's consent model  
**Aug:** RHIO/HIE strategic and operational plan updated  
**Oct:** Boston Consulting Group (BCG) engaged to develop HIE business case  
**Dec:** HIE business case finalized and approved by the RIQI Board



# HIE Timeline

**Mar:** ARRA HITECH Act passes; Warwick enrollment strategy begins;  
**Apr:** Boston Consulting Group (BCG) engaged to assist with develop of long-term funding (sustainability) model for HIE  
**May:** Public hearing for HIE regulations held  
**Jun:** RIQI Board votes to approve a sustainability model involving an assessment on health care claims  
**Jul:** HIE technical system testing underway with EDS  
**Aug:** HIE and Regional Extension Center RFPs announced by the Office of the National Coordinator for Health IT (ONC)  
**Sep:** Governor officially names RIQI as RI's "State Designated Entity" for ARRA Statewide HIE grant; RIQI submits application for ARRA HIE grant; Limited EHR Aggregation Pilot (LEAP) begun with Thundermist, Landmark Hospital and eClinical Works' eHx aggregator  
**Oct:** RIQI submits application to the ONC for ARRA funding to become RI's Regional Extension Center (REC)  
**Nov:** **currentcare** sign-ups exceeds the goal of 30,000 enrollees in 2009; RIQI ramps up implementation of long-term funding approach

2009

2010

**Jan:** New goal of 100,000 additional **currentcare** sign-ups set for 2010  
**Feb:** RIQI awarded \$5.2M in ARRA funding for statewide HIE; RIQI awarded \$6M in ARRA funding as RI's Regional Extension Center for assisting providers with EHR adoption and meaningful use  
**Mar:** RIQI Board votes to suspend efforts to pass legislation to execute the long-term funding model in 2010; RIQI submits an application for a Congressional appropriation in the amount of \$740K, entitled, "RI Community Hospitals Integration with the Statewide HIE"; EDS data center in Warwick flooded—HIE hardware systems destroyed; LEAP production environment in place and security audit begun  
**Apr:** Process to update statewide HIE plan begins; RIQI becomes involved in the development of the Nationwide Health Information Network (NHIN) "Direct" project (\$1.8M earmarked by ONC in RI HIE grant for connection to NHIN/regional efforts)  
**May:** RIQI awarded \$15.9M in ARRA funding for "Beacon Communities" grant, which includes provisions for HIE

