

	<p>THSA HIE Planning Engagement Meeting Notes</p>
	<p>Meeting Name: Governance and Finance Work Group Date: 06/08/2010 Time: 12:00 PM - 2:00 PM CDT Location: University Health System Technical Conference Room 8131 Pinebrook Dr, San Antonio, TX 78230 Webinar: https://www2.gotomeeting.com/register/699170994 Conference call: 888-276-8689, access code 5273822</p>

In Attendance:					
Troy Alexander	Y	Hank Fanberg	Y	Jason Phipps	
Jonathan Andrews		Tony Gilman	Y	William Riipi	Y
Susan Blue	Y	John Haines	Y	James Rodriguez	
Nick Bonvino	Y	John Harris	Y	Bill Sage	
Chrissy Borskey		Cindy Hielscher		Thomas Salas	
Bill Burge		Velma Jackman	Y	Yvonne Sanchez	Y
Shannon Calhoun	Y	Jenifer Jarriel	Y	Anna Sicher	
Leslie Carruth	Y	Kristen Jenkins	Y	Tim Tindle	Y
Kathleen Costello		John Joe	Y	Brad Tucker	Y
Theresa Cruz		Faraz Khan	Y	Karen Van Wagner	Y
Ray Davis	Y	John Law		Belinda Wiegand	Y
Donna Deeb	Y	Cheryl Mason		Carolyn Witherspoon	Y
John Delaney		Tomas Matthews		Leslie Wolfe	Y
Beverly Dowling		Jeana O'Brien	Y	Patricia Young-Brown	
Kimberly Dunn					

Agenda and Discussion Notes

Note: Refer to the Work Group PowerPoint presentation and the Texas HIE Coalition document for additional information.

#	Item Name	Item Owner
1	Introductions and meeting objectives	Bob Hoover
2	THSA Planning Engagement – Workgroup Status	Jim Honn
	<ul style="list-style-type: none"> ■ Please send follow-up questions regarding project status to Jim Honn. ■ THSA website is live with public content and secure login for core workgroup members. ■ For assistance with SharePoint site, contact Jim Honn or Liz Thelen. 	
3	Establish framework of what constitutes a health information exchange (HIE) <ul style="list-style-type: none"> ■ Office of the National Coordinator for Health Information Technology (ONC): Overall ONC Goal for State Health Information Exchange Cooperative 	Bob Hoover

#	Item Name	Item Owner
	Agreement Program ■ Potential Requirements for Texas HIE	
	Definition of an HIE has two parts: See document from Shannon Calhoun. ■ Organization structure – formal legal structure ■ Functions performed	Shannon Calhoun, Texas HIE Coalition
	<ul style="list-style-type: none"> ■ It’s all about the patient. Ensure data is available as patient traverses the health care system in the State. ■ We need to establish criteria and governance structure for HIEs. Criteria may change over time. Changes will occur based on input of constituents who are participating. ■ Bob Hoover met with HIE Coalition and discussed their definition of an HIE so in future we can use those characteristics in a process where ONC funds are distributed. ■ Susan Blue: Will we define outer limits? It is 2 or more? Bob Hoover: HIE is an exchange of data across two or more providers that are not owned or affiliated with a single entity. ■ Ann Kitchen: HIE should be community-wide; need to work toward participation by all providers in a community to exchange data. It’s not just a number, it is the community which the HIE serves. ■ Shannon Calhoun: Especially in rural markets, need to define community. Future boundaries may not be geographic. Don’t want to limit opportunities for future growth by setting boundaries that don’t make sense. ■ Man: Data travels with patient wherever they are seen. Initial goal is within a geography, in future could transition past geography, e.g. depending on conditions I have or where I travel. ■ Shannon Calhoun: We selected stage 3 of the eHealth Initiative’s (eHI) seven stages of HIE development because it is the point at which an organization needs funding. They are filing an organization status, looking at business plans, going for grants, etc. Need formal structure. ■ Ann Kitchen: Stage 3 demonstrates commitment at a community level to work together. ■ Ann Kitchen: At Stage 3, don’t need a complete business plan, just need org structure, governance structure, and vision. Bob Hoover: Would debate this. Need to be further along with plan. State would like to see plan before distributing funds. Ann: May need money for planning purposes. Bob: This is a discussion we need to have. ■ Shannon Calhoun: Stage 3 is planning and transferring vision to business plan. So intent is that Stage 3 would need money for planning. ■ See slides for potential requirements for Texas HIE which are for discussion. ■ Shannon Calhoun: Business plan ties to budget. Maybe strategic plan is different. Bob Hoover: Operating plan can have activities with high level budget which will become detailed as plan is executed. ■ Shannon Calhoun: In metro area may have in-house staff to help with plan. But in rural areas it is harder to plan across disparate systems. There is no infrastructure in place other than organization with governance. Need technology help, e.g. may need education to understand why we might need a record locator service. ■ Hank Fanberg: Fair to request HIEs have skin in the game. ■ John Joe: Even in large metro areas such as Houston which have investment, have same situation as in rural communities in terms of getting together to develop a community-wide plan. To hammer out technical approach and 	

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	<p>implementation plan, will need additional resources.</p> <ul style="list-style-type: none"> ■ Bob Hoover: This is reality of where we are. Bob interpreted stage 3 differently than group. Money may be required to finish the plan. When looking at distributing funds, goal is to grow HIEs, so may need some money for planning, but need to deliver value with this funding. Need some basis for the plan and it needs some credibility ■ Ray Davis: Need some money for planning. Issue is can't give money for planning to everyone who requests it. So need criteria for State to distribute planning funds. It will be a limited amount of money for planning. ■ Bob Hoover: Larger cost is standing up capabilities of the HIEs. Use money we may get from ONC to grow HIEs. ■ John Joe: Critical need for seed funding to analyze business plans. Communities have to invest in regional HIEs. \$28M less \$1M is not enough to create HIEs across entire state of Texas. Need additional investment. Some significant portion of ONC funds needed to finish planning. Maybe have criteria for multiple matching dollars from community. If business plan not completed, people can't invest. State and federal dollars are to catalyze release of local dollars into the HIE by getting business plan that shows sustainability. ■ Bob Hoover: Strategy at a high level needs to be clear, then tactical plan will outline activities and timings to achieve objectives. Long term vision is patient is at center of model and data travels with patient and his providers wherever patient goes. ■ Susan Blue: Who owns data and can patient have his data downloaded to a disk? Bob Hoover: In our plan we need to support laws related to this. We need to enable patient to receive their data, but maybe it is responsibility of patient's provider, and HIE is the facilitator. ■ Have to provide full auditability and trackability of whatever data comes through, e.g. consent, opt in, opt out. We need to support rules to check credentials etc. ■ Shannon Calhoun: Who owns and controls, and views the protected health information (PHI)? Bob Hoover: Within regulations for privacy and security, that will be addressed. ■ Susan Blue: Patient has info in multiple doctor's offices and hospitals. Can patient get all his data from one source? Bob Hoover: Our vision is to have all data available through the provider's EHR. 	
4	<p>Establish Implementation Priorities</p> <ul style="list-style-type: none"> ■ Background for HIE Priorities ■ Initial THSA HIE Priorities ■ Preliminary Implementation Priorities – These are 7 specific requirements for meaningful use per ONC. ■ Implementation Priorities Approach <ul style="list-style-type: none"> □ Priority is to provide services needed for providers to achieve meaningful use. Also to ensure services are available to ALL providers. □ Providers will achieve meaningful use if use a clearinghouse or direct connect. But there are other alternatives, e.g. providing eligibility at the State level. 	Bob Hoover
	<ul style="list-style-type: none"> ■ Bob Hoover: Remember we are building a plan for ONC. ■ Bob Hoover: Wants to have State provide one interface to payers, etc. so that payers don't have to connect to each electronic health record (EHR) system. State doesn't have to actually deliver services, but needs to ensure services are delivered. HIE can provide services or they can be provided by someone else. 	

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	<ul style="list-style-type: none"> ■ Susan Blue: Some insurance plans don't have this capability. Is there a percentage for eligibility? Bob Hoover: Insurance eligibility checked electronically for at least 80% of all unique patients seen by the eligible provider. ■ Bob Hoover: We still don't have finalized meaningful use requirements. ■ Bob Hoover: We are at crossroads. Business models will evolve. We can impact the business models. We have more leverage collectively than individually. We need to ensure services are available to providers and are affordable. We don't have to provide them ourselves. E.g. SureScripts and RxHub can provide e-prescriptions. ■ Fed doesn't want everyone to build point-to-point connections all over the place. State can coordinate this. Business value of an HIE is to manage highways and make a single connection to the data source. Then data source is responsible for delivering to their constituency. ■ Bob Hoover: It is meaningful use for the provider. Debate about whether EHR vendors meet that threshold. Providers look to their EHR vendors to provide meaningful use (certified EHR vendors). May need to add external functions if EHR vendors can't provide meaningful use. ■ Tony Gilman: The THSA statute prohibits THSA from doing any kind of quality reporting or gathering of information. ■ Susan Blue: We are happy to define meaningful use. Smaller providers and rural providers will need lots of flexibility on these requirements. E.g. provider may be able to do refills but can't do initial prescription because patient lacks his card number. ■ In our discussion we need to ensure providers can do meaningful use and we need to hold EHR vendors responsible for providing meaningful use services. ■ Nick Bonvino: Capabilities need to occur for meaningful use. Need decision in our workgroup to hold EHR vendors accountable to provide function. Does everyone need to access through a certified EHR? Is consumer going to have direct access to state HIE, or is access driven primarily through the provider? ■ Bob Hoover: We are not at the point where we said we'll have a state HIE. ■ Bob Hoover's opinion is we have no business building interfaces to EHR vendors who can't provide meaningful use. ■ Man: HIE vendors want to sell e-prescribing capabilities to HIEs, also lab ordering and results. This group needs to draw lines about where this function occurs to best achieve meaningful use. ■ Ann Kitchen: Was executive director of Integrated Care Collaboration (ICC) which is a stage 7 HIE. We need to allow for different approaches in different communities. Some HIEs at stage 7 provide prescription fill status and medication fill history. ■ Susan Blue: Providers (pharmacies) send automatic refills whether patient wants it or not. ■ Ray Davis: If we are going to ask for money, providers need to get return on investment (ROI), e.g. registration interface to eliminate staff at provider level. Is concerned about what we need to do to get money. If we ask hospitals and providers to put money in, then they need to get ROI. We need to identify benefits. ■ Tony Gilman: We anticipate that stage 1 meaningful use will be e-prescribing, lab ordering and results delivery, and clinical summary exchange. 	
5	<p>Introduce Sustainability Models</p> <ul style="list-style-type: none"> ■ THSA HIE Sustainability Plan 	Bob Hoover

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	<ul style="list-style-type: none"> ■ The State of Health Information Exchange - eHealth Initiative’s Sixth Annual Survey ■ Building a Sustainability Plan - Statewide HIE Toolkit ■ Examples of Sustainability Guiding Principals 	
	<ul style="list-style-type: none"> ■ Sustainability at 2 levels: <ul style="list-style-type: none"> □ ONC looking at THSA role and how THSA is sustainable. Role will depend on needs of State. □ ONC also looking at regional/local sustainability. ■ Susan Blue: When payers have access to info, that influences the policies they write. Bob Hoover: Part of reform is to ensure access (in ideal world). But payers have access to data now. ■ Susan Blue: Need to make data consumer friendly. Bob Hoover: Maybe payers only get access to their patients. ■ Want to make costs affordable so promote adoption. E.g. EHR connection costs must be commensurate with value. ■ Vermont: Has one HIE in state with fees attached to claims. ■ Nick Bonvino: Research before next call: Is THSA restricted in secondary use of data? Is THSA willing to become a taxing authority? Is capital market available for start-ups? ■ Yvonne Sanchez: Providers can assign up to 5% of their incentive payment to an HIE. But is has to be voluntary. ■ Tony Gilman – THSA has no tax authority at this time. CTG presented the Vermont model as an example only, but not necessarily an option for us. 	
6	Preparation for Next Meeting	Bob Hoover
	<ul style="list-style-type: none"> ■ Bob Hoover will schedule a phone meeting for week of June 21. Will talk more about priorities, approaches, and have more detailed discussions about sustainability approaches. 	
7	Next meetings <ul style="list-style-type: none"> ■ Week of June 21 - Phone meeting. Details TBD. ■ July 13 – Lubbock (time and location TBD) 	

Supplemental Materials
<ul style="list-style-type: none"> ■ Session Presentation ■ “Texas Network of Networks Model - Governance Structure for Local /Regional HIEs”. Texas HIE Coalition. Provided by Shannon Calhoun.