

In Attendance:

Troy Alexander (Mirsa Douglass)	Y	Kimberly Dunn, MD	Y	Jeana O'Brien, PhD	Y
Jonathan Andrews		Hank Fanberg		William Riipi	Y
Susan Blue, MD	Y	John Haines		James Rodriguez	
Nick Bonvino	Y	John Harris (Gray Davis)	Y	Bill Sage, MD, JD	
Chrissy Borskey		Cindy Hielscher	Y	Thomas Salas, PhD	
Bill Burge		Velma Jackman	Y	Yvonne Sanchez	
Shannon Calhoun	Y	Jenifer Jarriel	Y	Tim Tindle	Y
Leslie Carruth		Kristen Jenkins, JD	Y	Brad Tucker	Y
Kathleen Costello	Y	John Joe, MD		Karen Van Wagner, PHD	Y
Theresa Cruz		Faraz Khan	Y	Carolyn Witherspoon, RH	Y
Donna Deeb		John Law	Y	Leslie Wolfe	
John Delaney	Y	Cheryl Mason		Patricia Young-Brown	
Ray Davis	Y	Jim Honn	Y	Helen Haman	
Melanie Jalejos		Taylor Cook		Tony Gilman	Y
Stephen Palmer		Gary Kerl	Y	Lynne Randall	Y
Liz Thelen	Y	Mary Ann Kostusiak	Y		

Agenda Items

#	Item Name	Item Owner	Time Allotment
1	Introductions	Bob Hoover	1:00–1:10 p.m.
2	Finalize initial governance model What is the state's role? <ul style="list-style-type: none"> Proposed THSA governance model Public-private partnership Texas HIT roles and responsibilities Collaboration Council Ongoing taskforce/committee 	Bob Hoover	1:10–1:40 p.m.

Discussion Points:

Federal, State, Local, and Regional Levels:

- ONC (federal) requires the state for its HIE governance plan, and the state will want to know what the governance activities are for the local/regional level
- While the state is focused on convening consensus regarding its role, it is expected/anticipated that the same type of activity (convening consensus) is happening at the local/regional level



- Regarding the Collaboration Council: the appropriate local constituency must be represented so that local/regional HIEs have capabilities to fulfill needs of local providers
- Ray Davis: we should show the regional/local responsibilities separately when we're done (the slide is too busy)
- ONC has dictated a role for the state to play in HIE development and sustainability

Funding:

- Texas has not earmarked general revenue funds to build and sustain HIEs

THSA:

- Created to support and govern HIE within Texas (after strategic/operational plan is adopted)
- Governance function will continue to evolve and mature to support the ongoing needs of the State of Texas
- The model developed for the planning process will evolve when the strategic and operational plans are completed, and will continue to change as the needs of the state change
- The way THSA was set up will also continue to evolve; important to make sure that representation is appropriate
- THSA's role (based on ONC's criteria) would be ongoing monitoring of the criteria established for HIEs

Collaboration Council:

- Focus on coordination role and provide recommendations to THSA board on strategy and policy
- Must have appropriate representation
- While the THSA Board and CEO are responsible for oversight, the Collaboration Council (Council) is at the level of the people actually doing the activities
- Need appropriate representation of key constituencies, without allowing the Council to become too large
- Transparency creates comfort. Holding public Council meetings, publishing agendas in advance, minutes, etc.

HIE representation on Collaboration Council:

- Very important to have one representative per "sanctioned" HIE on the Collaboration Council so they have the opportunity to impact strategy/policy
- The number of sanctioned HIEs will depend on the sanction criteria
- THSA determines the criteria for what is a sanctioned HIE, based on recommendations from this work group
- Invite many HIEs the opportunity to participate, although not all HIEs will accept the invitation
- Representatives could collaborate with their HIEs (or other groups) to get their input in order to prevent the Council from becoming too large. The representatives have to do their homework to bring their constituents' interests to the meeting. Agendas will be published, and representatives would have to work within their regional/local HIE to get input. This activity will be as good as the input we get. Without input of local/regional HIEs, we won't get the input needed.

Other representatives on Collaboration Council:

- Consider adding a representative from TORCH (rural hospitals); while most rural hospitals are part of THA, they have unique needs that should be specifically represented
- Consider adding technology vendors and disease management: vendor activities are more appropriate at the workgroup level as the Council only deals with policy and strategy and provides input to the THSA Board.
- Consider adding employers. There are so many self-insured employers who might not feel comfortable being represented by the health plan association. There are several organizations in Texas that could provide representation for the Council on behalf of employers.



Ongoing Taskforce/Committee Roles:

- Standards are evolving
- THSA CEO and Collaboration Council will be responsible for making recommendations to the THSA Board on final ongoing workgroups/task forces
- Governance structures should address decisions and recommendations made moving forward
- Part of the established mission/charter for THSA is to work collaboratively with state agencies
- In the organization chart, there is a dotted line between those organizations. Funds are being released to both sides of the equation with the expectation that they will work together.
- These are proposed options but the actual task groups might differ depending on the options developed by the other work groups during the planning process

THSA CEO:

- Responsible to Board
- Chairs Collaboration Council
- Focus is more active, participatory, monitoring HIE activity from technical, standards, and policy perspectives
- Work together to develop strategy/policy to present to the Board for adoption
- Different from the Board’s role, which is to represent all healthcare constituents

Participants:

Bob Hoover, John Delaney, Susan Blue, Carolyn Witherspoon, Ray Davis, Jeana O’Brien, Tim Tindle, Kim Dunn, Jenifer Jarriel, Tony Gilman, Nick Bonvino

3	<p>What constitutes an HIE?</p> <ul style="list-style-type: none"> • Stages of HIE development (from eHI) • HIM RHIO checklist (from AHIMA) • RHIO building blocks (from AHIMA) • HIE certification criteria (from CCHIT) <p>Potential requirements of Texas HIE</p>	Bob Hoover	1:40–2:10 p.m.
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Discussion points:

Potential/proposed/tentative requirements/criteria for HIEs in Texas:

- Governance model is in place, understood, and clear
- Strategic and operational plans are developed and make sense, with resources behind them to be sustainable
- All constituents are represented and included
- Interoperability
- Legal considerations
- Technical model embraces accepted and emerging interoperability standards (work with vendors to finalize standards)
- Collaboration/coordination with THSA, NHIN, Medicaid, public health, RECs, other ARRA programs, other HIEs
- Service offering will enable providers to achieve meaningful use (capabilities that providers need to support information exchange and coordination of care—this cannot be left up to individual providers)
- The patient is at the center of the model (patient’s rights are protected and patient is provided with good quality health care)
- Data available across healthcare systems (open, not closed)
- Security and privacy policies and procedures are in place and aligned with state/Federal regulations
- Sustainability model exists and seems reasonable



Additional suggested criteria:

- Accuracy: It will be important to provide accuracy and a way to make sure the records have been updated
- Plan to ensure that HIPAA audit laws in terms of who has accessed a patient's records are considered

Inclusion of HIEs that are in development:

- HIEs are in different stages in development cycle—some may have put in effort in terms of policies, procedures, and governance but haven't gone live yet. Those that are still in earlier stages wouldn't be automatically excluded. They would be evaluated based on the criteria in terms of what they are developing toward and what their plan is.
- Because there are so many levels of engagement currently at governance, operational, and technical levels, it's reasonable to use a broad definition of HIE to determine the membership of the Collaboration
- The proposed requirements are reasonable; the question is whether HIEs must have all of those items fully operational at the time of engagement with the Collaboration
- Some key components must be in place (for example, strategy, plan, vision, key stakeholders who stand behind that vision, components of a governance model, thoughts about funding); technical and operational aspects may follow later

Multiple HIEs in large metropolitan areas:

- Some metropolitan areas in Texas are as large as other states in terms of population
- While HIEs can't be exclusionary, it has not been stated that there would only be one HIE per metropolitan area
- May be difficult to sustain multiple HIEs in a single area: providers/hospitals won't want to pay to participate in multiple HIEs with some patients in one HIE and some in another
- Over time, as a result of market forces, there will naturally be consolidation into fewer HIEs, but this cannot be forced
- Who's paying for it and how value is distributed will determine which efforts are sustained
- From a technical perspective, there's no reason there can't be multiple HIEs in an environment
- In other states, in the last few years, there has been convergence toward a smaller number of HIEs based upon their ability to sustain themselves and the market and the value proposition they provided to their constituents
- There will be some level of requirements and there will be funding to help HIEs complete their work and address gaps where there are not services—funds will be distributed to the HIEs that have a viable plan
- Recognizing the challenges of a large group, the collaborative group (criteria) may be more open and less exclusive—the market will ultimately determine which HIEs last, and this way the policy/strategy group won't become a battleground
- Patients must be able to understand where their data goes; it will be confusing if their providers are in different HIEs (for example, having to go to different portals for different providers/systems)
- Patients shouldn't have to be concerned with this—technology must be created so that their data flows wherever they go (based upon their privacy and security rights)
- In trying to serve the patient, rules can't be arbitrarily imposed based on geography, technology, etc.

Patient-funded pilot program: There are patients who would pay for their records to be available to other providers; this would be accessible to many patients if the system were Windows-based (this has not been determined yet per the Technical Infrastructure Work Group)

Levels of access: Consider planning for levels of access so that a provider group that lacks the technology for full electronic records would still have a way to subscribe/participate in getting information from local hospitals even though it would not be a two-way process right away



Sustainability:

- What we develop must be sustainable at the state level
- If we elect to deploy technical operations, what is the cost?
- While this work group can provide guidelines, sustainability models at regional and local levels may vary
- One of the fundamental principles of sustainability is value: people pay for things they value
- Consider how value is derived from the different technologies

State funding:

- Is the state planning to disburse some of those funds to some HIEs across the state?
- This has not been determined yet. There is \$27.8 million set aside for the implementation phase. The original plan submitted by HHSC included an initial \$1 million to be allocated to local HIEs for planning purposes. Decisions on what level of funding would be dedicated to building local and regional HIE capacity has not been determined.
- Bottom line: what are the characteristics an organization would have to meet in order to apply for funding, if funding were to be made available?

Participants:

Bob Hoover, Tim Tindle, Jeana O'Brien, John Delaney, Susan Blue, Nick Bonvino, Tony Gilman

4	<p>Objectives for next meeting (June 8)</p> <ul style="list-style-type: none"> • HIE attributes • Progress of other workgroups • Implementation priorities • Sustainability models 	Bob Hoover	2:10–2:15 p.m.
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At next meeting:

- Review the criteria discussed today and update list based on the discussion
- Introduce sustainability model concepts (at a “macro” level)

5	Open Discussion	All	2:15–2:30 p.m.
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Timeline:

- Strategic and operational plans must be completed and submitted to ONC by September 27, 2010
- At THSA Board meeting on June 24, this information will be provided to the Board and Board will provide additional input to the workgroups
- Workgroups will continue working in June and July
- Intend to present the draft strategic and operational plans to the Board on July 22
- THSA is planning to release the draft plans to the general public for review and comment by August 1 and review public comments on the plans on August 26
- Intend to have the plans ready to submit to ONC by September 1 or early September

Use and disbursement of federal funding:

- Up-front funding is required to establish an operation that can deliver value; is it reasonable for HIEs to expect funding from the state?
- Currently there are no general funds in Texas earmarked to support HIEs; the only money potentially available is the money released by ONC in response to the plan we develop
- The disbursement of the \$27.8 million to support implementation needs at the state and regional level will be considered by the THSA



- This work group may not develop a specific recommendation on exactly how the money will be distributed but will focus on determining what an HIE should deliver so that HIEs can be evaluated based on their ability to meet the criteria
- One of ONC's requirements is to have a pilot program operational where you can begin to show results (you don't have to have all HIEs operational)—they will expect to hear a definition with a budget for a pilot project that will lead you down the road to an HIE or network-of-networks

Public and private HIEs:

- Some HIEs may be funded by private sources (money from ONC could supplement that in order to stand up the HIE capabilities)
- Public exchanges are needed because Medicaid patients, dementia, and elderly patients are often a population who don't understand where they had various tests done
- Aligning THSA plans with state Medicaid plans is considered a priority

Participants:

Bob Hoover, Tony Gilman, Nick Bonvino, Gary Kerl, Susan Blue, Mirsa Douglass, Kathleen Costello

