

THSA

TEXAS HEALTH SERVICES AUTHORITY

THSA HIE Planning Engagement Meeting Minutes

Meeting Name: Technology Infrastructure Work Group

Date: 05/11/2010

Time: 2:30pm to 4:00pm

Location: CTG Solution Center

1501 LBJ Freeway, Suite 250, Dallas, TX 75234

Webinar: <https://www2.gotomeeting.com/register/554422091>

Conference call: 888-276-8689 Access code: 5273822

In Attendance:

Akeroyd, Chris		Hughes, Ken	Y	Plansky, Derek	
Banerjee, Andy		Johnson, James	Y	Poirier, Brett	
Best, Skip		Khan, Asad	Y	Prince, Lillian	
Beswick, Richard	Y	Kirksey, Kirk		Sen, Arun	Y
Chambers, John		Kitchen, Ann	Y	Shackelford, Telly	Y
Costello, Kathleen		Kotyk, Steven	Y	Sittig, Dean	Y
Davies, Al		Lewis, Gerard		Smith, Beverly	Y
Devine, Teresa	Y	Matthews, Thomas	Y	Spencer, George	
Flournoy, Larry	Y	McGrew, Don		Thompson, Mark	Y
Gibson, Willis	Y	Murray, Matthew	Y	Tietze, Mari	Y
Greak, Louis	Y	Novelli, Ed	Y	Trotter, John	Y
Guerrero, Chris	Y	Paschall, William		Valle, Earnest	
Haman, Helen		Payne, David	Y	Villarreal, Noel	Y
Hayton, Mark		Perez, Miguel		Vogel, Lynn	
Heflin, Eric	Y	Perialas, Pete		Walker, James	Y
Hieber, Michael	Y	Phillips, Bill		Wood, Charles	Y
Holmes-Henry, Cherie	Y	Phillips, Michael		Woods, Kale	
Gilman, Tony	Y				

Agenda Items

Please note that meeting minutes cover the following:

- Discussion around the meeting content.
- Decision points.
- Parking lot topics.
- Action items.

Original workgroup agenda items are already documented in the distributed PowerPoint slide decks and if applicable, additional documentation, therefore are not duplicated in this summary.

#	Item Name	Item Owner	Time Allotment
1	Introduction and Meeting Preparation <ul style="list-style-type: none"> • Meeting Overview & Agenda Review • Introductions • Preliminary Definition of Terms 	Joe Eberle	2:30-2:35



2	Overview, Scope, and Principles <ul style="list-style-type: none"> • Scope of Integration (identifying types of constituents and scope of communications) <ol style="list-style-type: none"> 1. Integration to State <ul style="list-style-type: none"> ○ Medicaid, Medicare 2. Stakeholder Integration <ul style="list-style-type: none"> ○ Regional HIEs, Private, not for profit, etc 3. Integration to National Infrastructure <ul style="list-style-type: none"> ○ DoD, NHIN, National registries • Overall Design Principles • Reference Information Model (Industry standards coding for verification and validation) <ol style="list-style-type: none"> 1. SNOMED-CT, LOINC, ICD Codes, CPT Codes • HIE Considerations for meaningful use • HIE Considerations for PCMH 	Joe Eberle	2:35-3:00
<p>Discussion points:</p> <ul style="list-style-type: none"> • Actual choices of apps/hw/sw are not the decision points at this time. <ul style="list-style-type: none"> ○ Observed that current applications are not secure or robust. ○ Driving factor will be the interoperability standards and security model. ○ We need the results of the environmental scan in order to understand the actual state needs. ○ Need to define an architectural check list that verifies and validates any individual component that would fit into the architecture to make sure that it meets certain standards/recommendation for all levels of governance. • Integration at state, stakeholder, and national levels. <ul style="list-style-type: none"> ○ No integration with DOD - NHIN can be an intermediary to DOD • State-Level Integration State Requirements <ul style="list-style-type: none"> ○ Missing: Immunization (incl vaccination), Digital Certificates, State bridge (UT bridge structure), Mental Health System, foster children included in Medicaid, Epidemiology (Disease Registry), special needs requirements ○ Business Requirements - electronic prescribing should stay in as a requirement because it is defined by ONC for meaningful use. • Interpretation of ONC requirement for integration is open for discussion and part of the recommendation will be to establish an architecture as a template for state-wide infrastructure. • Overall Design Principles <ul style="list-style-type: none"> ○ Health Care Improvements ○ Design for Change ○ Practical and pragmatic Approach ○ Agree to Disagree ○ Standards based architecture ○ Scalability ○ Interoperability ○ Flexibility ○ Quality of Data ✓ Consensus - adopted • Potential Overall Design Principles <ul style="list-style-type: none"> ○ Interoperability standards have already been finalized with the ONC. ○ Add the following: sustainability, preservation of data integrity 			
3	Use-Case/Function Requirements	Gary Kerl	3:00-3:25



	<ul style="list-style-type: none"> Review the outcomes from the Use-Case Study/Function Survey Obtain feedback Identify concerns 		
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Discussion points:

- Reminder to return the Use Case Survey
- Survey function list originated from many sources, including the workgroups.
- Patient responsibility is included in access under the HIE and also under the governance model.
- PHR's need to be supported from an architectural perspective.
- Clinical Information Exchange – would also need data storage.
 - EMPI should include a provider index.
 - Critical services should not be duplicated – governance and actual location of the services/functions may vary between levels.
 - THEIC – Ann said that none of the functionality will be strictly at state level except public health.
 - Coordinator will be within HHSC and work with the HIE's to adopt the standards.

4	Architecture, Technical Standards, and Infrastructure <ul style="list-style-type: none"> Interoperability standards <ol style="list-style-type: none"> Technical Interoperability <ul style="list-style-type: none"> Message protocols Data Standards (835, HL7, etc.) Semantic interoperability <ul style="list-style-type: none"> Establishing semantic standards Process Interoperability <ul style="list-style-type: none"> BPEL, etc. Data model and structure considerations Shared Services <ol style="list-style-type: none"> EMPI, Record Locator, Portals, e-Prescribing, personal health records, etc. Initial High level architectural considerations <ol style="list-style-type: none"> SOA, Cloud, Fully Distributed, Peer-to-Peer, Federated, Centralized, Hybrid 	Joe Eberle	3:25-3:55
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Discussion points:

- Interoperability Standards
 - Technical Interoperability - Focus on the reliable physical transmission and receipt of health data.
 - ✓ Consensus - adopted
 - Semantic Interoperability - Ensuring that the meaning of what was sent between parties in the exchange is what is understood. A consistent use of terms and definitions.–
 - ✓ Consensus – adopted with the caveat that a reasonable timeframe (the federal adoption schedules) be mandated
 - Process Interoperability - Ensuring that data is handled and processed in a consistent and controlled manner.
 - This discussion was deferred, no vote taken
 - Missing level of interoperability – maybe application? To be noted and addressed at subgroup meeting.
 - Governance and security will drive a lot of the technical model definition. If the design is hybrid then it will scale either way.
- Shared Services



	<ul style="list-style-type: none"> ○ Consent brokering is more local/regional – more about point of care versus governance. ○ Actual brokering is local but then goes through the NHIN. ○ How/where do you store the consent? ○ Bridge resolution needs to be defined by governance and security. <ul style="list-style-type: none"> ● Add services to list: provider directory, master patient index, document registry 		
5	Preparation for Upcoming Meetings <ul style="list-style-type: none"> ● Four 1.5 hr Sub-Work Group Meetings will be held via Webinar on May 25th ● Work Group Meeting #3 <ul style="list-style-type: none"> ○ University Health Systems in San Antonio June 8 	Lynne Randall	3:55-4:00
<p>May 25th: Subgroup Meetings by teleconference/webinar (details to be emailed)</p> <ul style="list-style-type: none"> ● 9:00-10:30 CT (10:00-11:30 EST) - Technical Architecture ● 10:30-12:00 CT (11:30-1:00 EST) - Use Case Definition & Prioritization ● 1:00-2:30 CT (2:00-3:30 EST) - Medicaid HHSC Interoperability ● 2:30-4:00 CT (3:30-5:00 EST) - ARRA Integration <p>June 8th: Workgroup Meeting #3</p> <ul style="list-style-type: none"> ● Hosted by University Health System: 8131 Pinebrook Dr, San Antonio, TX 78230 ● 3:00-5:00pm CT <p>July 13th: Workgroup Meeting #4</p> <ul style="list-style-type: none"> ● Details to be TBD 			

