STATEWIDE HEALTH INFORMATION EXCHANGE POLICY BOARD

(April 13, 2010)

MEETING MINUTES

*Policy Board Members in Attendance √, Representative *:*

	Doug Abel	√	Gene Gary-Williams	√	Marcos Pesquera
√	Salliann Alborn		Steve Havenner		Frances Phillips
√	Barbara Blount Armstrong	√	Shannah Koss	√	William Prescott
√	Cindy Boersma		Peggy Leonard	√	Chris Shea
√	Peter Chow	√	Carey Leverett	√	Liza Solomon
	Beverly Collins	√	Tom Lewis	√	Sarah Tucker
√	Lee Cotton		Ellen Maltz		
√	Damien Doyle	√	John Nugent		
√	Brian England		Kurt Olsen		

Ex-Officio Members

√	Scott Afzal	√	David Horrocks	√	Tricia Roddy
√	Rex Cowdry	√	Steve Ports	√	David Sharp
√	Cindy Friend				

Additional Participants

√	Jim Weiland	√	Angela Plunkett	√	Kathy Francis
√	Ray Scott	√	Sarah Orth	√	Christine Karayinopulos
√	Sarah Posner				

Approval of the Minutes

I. Meeting Call to Order

David Sharp called the meeting to order at 2:08 pm.

II. Introductions

David Sharp thanked everyone for attending the meeting and welcomed the guest speaker, Ray Scott, Chief Executive Officer of Axolotl.

III. Meeting Minutes

John Nugent made a motion to approve the minutes of the March 1, 2010 Policy Board meeting, which was seconded by Shannah Koss and unanimously approved.

IV. CRISP Update

Scott Afzal provided the Policy Board with an update on CRISP's activities since the last Policy Board meeting. He announced that CRISP received roughly $5.5 million from the Office of the National Coordinator for Health Information Technology (ONC) under the *Health Information Technology Extension Program: Regional Centers Cooperative*

Agreement Program. Scott Afzal said that CRISP must develop an operating plan and a revised budget for approval by ONC before CRISP can begin using the grant funds.

David Horrocks noted that contract negotiations are underway with the core infrastructure vendor, Axolotl. At the last Policy Board meeting, CRISP reported that the Advisory Board had proposed using a third party MPI solution hosted by Initiate. David Horrocks noted that they have now decided to use Axolotl's MPI and will assess the potential to use a third party MPI as demand for services from CRISP require a more robust MPI solution. The decision to use Axolotl's MPI was based on cost, implementation timeframe, and the need to use some functionality of Axolotl's MPI to support a third party MPI solution.

V. Presentation – Axolotl

David Horrocks introduced Ray Scott, Axolotl's CEO, and provided some highlights of his recent accomplishments. Ray Scott's presentation focused on the questions developed by the Policy Board that were submitted to Axolotl prior to the meeting. These questions and the response from Axolotl have been posted on the MHCC HIE Policy Board webpage under the Meeting Materials for April 13, 2010.

Ray Scott began the discussion by noting that Axolotl has a broad range of flexibility to support policies related to provider identification, access, authorization, and authentication. Several members of the Policy Board asked about the restrictions that consumers can place on their electronic health information. Ray Scott noted that Axolotl's system enables consumers to interact with the HIE indirectly via the personal health record (PHR) Gateway. This approach provides a bi-directional data exchange of information and relies on the PHR vendor to provide user identity proofing and authentication. Ray Scott said that later this year Axolotl plans to integrate into their solution an identification management portal that can authenticate consumers, as well as record their consent settings.

Rex Cowdry inquired whether hospitals could control access levels. Ray Scott responded that rules around access are mostly controlled by the system administrator and that it is possible to delegate some responsibility at the local level as well. Axolotl enables end users to have personal accounts set up by the system administrators. David Horrocks added that CRISP would seek guidance from its Advisory Board in determining responsibilities that can be managed at the local level. In addition, Ray Scott noted that by default, access control is provided through a user name and password. Password quality and change frequency is configurable, and is typically configured to comply with the Certification Commission for Health Information Technology Ambulatory EHR 2008 security requirements. Access can also be controlled at the network level through IP address restrictions and/or the use of VPNs.

Ray Scott discussed Axolotl's comprehensive consent model that incorporates consent to access and consent to disclose. He noted that consent rules can be applied at both the community level and at the practice level. Damien Doyle spoke about the significance of protecting electronic health information and that the HIE needs to have the ability to track information accessed by providers. Axolotl generates challenge questions to ensure that the reasons for access are appropriate and logged. Ray Scott stated that audit logs regarding access to patient information are marked with a time stamp, user name, source IP address, and the specific records that were accessed. These logs can be preserved for varying lengths of time depending on the HIE's policy and contractual agreement. Access controls are set at the provider level and consumers do not have direct access to the HIE, but the consumer does have

access through a patient portal, such as Google personal health records (PHR). Cindy Boersma inquired about who sets the standards for PHRs. Ray Scott responded that each vendor controls the information stored/obtained in the PHR, and that most PHRs accept industry standard data formats.

Ray Scott discussed how access to sensitive data is blocked by Axolotl. He explained that special types of data which should not be available in the HIE can be blocked or filtered at several different points including the data source, HL7 interface engine, or at the edge server level. Providers can choose whether to include data in the Virtual Health Record (VHR) and Community Patient Index (CPI), from which the data may be visible to other authorized providers. Ray Scott said this allows specially protected data (i.e., HIV/AIDS status, mental health, etc.) to be tightly controlled according to customer policy.

The issue over the range of policies that can be applied to Axolotl as it relates to secondary use of data was discussed. According to Ray Scott, Axolotl has the ability to support a number of use cases related to public health. The most common use case is enabling providers to report notifiable conditions. An HIE can be configured to Axolotl's Public Health Gateway to query the community data for specific conditions and events across the population. The data can be pseudonymized, as well as re-identified for case investigation purposes. The Public Health Gateway supports biosurveillance through flexible definition of events of interest. Ray Scott noted that in its next release, Axolotl will support the use of community data for analytics, quality reporting, and local analytic initiatives.

Ray Scott overviewed the security protections in Axolotl, which uses CISCO Intrusion Prevention System service modules to provide threat detection and prevent attempts to exploit system vulnerabilities. Axolotl conducts quarterly intrusion tests of their system by a third party. Should exploitable security vulnerability ever be detected, Axolotl would treat it as a holding up production level support incident and quickly supply a patch. Ray Scott added that security updates are applied monthly for ongoing updates and within two business days for high security alerts and threats or as needed when problems are identified.

Edge servers and their application within Axolotl were discussed. Ray Scott noted that edge servers manage the transformation and distribution of data from systems such as legacy hospitals, lab systems, radiology systems, payers, and other regional information exchanges. To connect to the statewide HIE, hospitals will be required to install an edge server; however, physicians are not required to implement the device. David Horrocks said that the CRISP Advisory Board will establish requirements for connecting hospital edge servers to the statewide HIE. Ray Scott said Axolotl includes databases that provide push and pull services to electronic health record users. These databases are capable of receiving, translating, appending to, and exchanging a vast number of information standards.

Liza Solomon inquired if any HIEs that use Axolotl were further along in their implementation process. Ray Scott said that Health Bridge HIE is their largest install with nearly 5,000 physicians and is currently exchanging data. He also noted that from a policy perspective, Buffalo/Rochester was the most advanced in the area of patient consent. Patients must complete a consent form at each encounter and can restrict provider access to their records. Ray Scott also noted the work of the Quality Health Network in Colorado that includes public health, and diabetic and cardiac registries, and the Santa Cruz HIE that dates back to 1996.

VI. Policy Discussion

The Policy Board agreed to defer discussion on policy matters until the May 25th meeting. The discussion at the upcoming meeting will include policies related to consent and access, among other things.

VII. Closing Remarks

David Sharp thanked Ray Scott for addressing the Policy Board and asked members to use the HIE listserv to comment on what was discussed at the meeting. He also mentioned that notification of the May Policy Board Subgroup teleconference call would be sent out in the next couple of weeks. The next Policy Board meeting is scheduled for May 25th from 2:00-4:00 pm at the Community Health Integrated Partnership. Directions to the meeting are available on the Policy Board webpage located on the MHCC website. There being no further business, the meeting was adjourned at 4:00 pm.