

**TASK FORCE ON ELECTRONIC HEALTH RECORDS  
JANUARY 18, 2006**

**MINUTES**

Task Force Members In Attendance √, Not x, Representative \*:

√ Thomas Allen	√ David Gens	√ Victor Plavner
√ Stephanie Amey	√ Mary Hendler	√ Jack Schwartz
√ Peter Basch	x Paula Hollinger	√ Kevin Sexton
√ Beverly Collins	x *Aubrey Knight	√ Dorothy Snow
√ Barbara Cook	√ Carey Leverett	√ Angelo Voxakis
√ Rex Cowdry	√ Thomas Lewis	√ James Wieland
√ Jimmie Drummond	√ Gina McKnight-Smith	√ Ken Yale
√ Michael Flores	√ Susan Newbold	
√ Paul Fowler	x Shane Pendergrass	

\* Damian Doyle for Aubrey Knight

Staff Members:

David Sharp  
Ben Steffen  
Lee Williamson

Guests:

John Eichensehr  
Robert Hahn  
William Honorable, Jr.  
Erin Hopwood – Department of Legislative Services  
Lean Loeb  
Joslin Monahan – Department of Legislative Services  
J. Manuel Ocasio  
Steve Ports  
Kelley Ray  
Maria West Tan  
Glenda Wilson

## **I. Maryland Health Care Commission (MHCC) Meeting Call to Order**

Rex Cowdry of the MHCC called the meeting to order at 3:08 p.m., noting that he would chair the meeting until the Task Force elected a chair and vice chair occurred. He also explained that the general purpose of the Task Force was to develop and implement policy for the development of a viable health information exchange system in Maryland.

## **II. Introductions**

Task Force members introduced themselves, gave brief background information, and explained their interest in serving as a member of the Task Force.

## **III. Review of Task Force Legislative Responsibility**

David Sharp gave an overview of SB 251 from the 2005 session, which established the Task Force, with particular attention to the legislature's charge to the group, to "study electronic health records and the current and potential expansion of electronic health record utilization in the State, including: (1) electronic transfer; (2) electronic prescribing; (3) computerized physician order entry; (4) the cost of implementing items (1) and (3)...; (5) the impact of the current and potential expansion on the school health records; and (6) the impact on the current and potential expansion on patient safety."

## **IV. Discussion – Issues to be Addressed by the Task Force**

Rex Cowdry introduced three PowerPoint presentations about what the Task Force could work on. The presentations were distributed in hard copy.

Dr. Cowdry's presentation, entitled "Transformation?: The promise and challenge of health information technology," emphasized the importance of understanding the purpose and potential benefits of creating a system for the exchange of electronic health records, of creativity in planning such a system, and of designing a system from the perspective of the patient, in order to ensure optimal use and applicability. Creating a "citizen-centric" system is of paramount importance. He noted the interest of the Health Services Cost Review Commission in the work of the Task Force, and the significant benefit available to this effort of potential funding of certain HIE projects through the mechanism of that commission's hospital rate-setting. He discussed the additional possibility of obtaining funding through Maryland participation in a federally-funded contract administered jointly by the Agency for Healthcare Research and Quality (AHRQ) and RTI International.

Peter Basch, M.D. presented "EMRs + EHRs, Potential Enablers of Healthcare Transformation," in which he explained the difference between Electronic Medical Records (EMR, the legal and clinical business record of a person's medical conditions and treatment, and Electronic Health Records (EHR), a tool for exchange of health information between providers, payers, and other entities. He described the potential benefits and pitfalls of both kinds of records. His presentation included what he uses in his own practice, and concluded with recommendations to the Task Force, based on his

own experience both as a both clinician and as a manager of health information exchange...

Victor Plavner, M.D. presented “Health Information Technology (HIT) in Maryland, Building Upon National, State, and Local Initiatives.” Dr. Plavner noted that information technology offers the means to solve many challenges facing health care delivery. He summarized ongoing EHR initiatives around the country at the national, state, and local level, including in Maryland, as well as efforts by individual institutions and health systems. He reviewed the work of the Maryland/DC Collaborative for Healthcare Information Technology, which has, over the last four years, done considerable work in developing a HIT pilot project that needs only funding for implementation.

After the presentations, Dr. Cowdry opened the meeting to a discussion on what the focus and concerns of the Task Force should be. Members urged study of initiatives in other states, and the development of “rules of operation.” Among other points in this discussion were the following observations: that different vendors should be charged to create systems that are compatible with each other, perhaps by using a common platform; that primary care physicians often do not have the financial or technical resources to keep up with changing technology and constantly update their IT systems; that interoperability of systems and data exchange is key for physicians, patients, and institutions; that the Task Force should examine case law about medical records; and that Maryland needs to develop a system that gives patients the convenient capacity to decide what information can be shared and with whom. Task Force members agreed that a primary focus must be the impact of HIPAA on interoperability, and that any system if HIE must address the key issues of privacy and security of health information.

In response to a question about the RTI proposal, David Sharp read a summary of the purpose of the AHRQ/RTI project, under which 40 states will receive funding for a comprehensive – but extremely time-concentrated – assessment of “how privacy and security laws and business practices affect exchange of interoperable electronic health information.” The deadline to apply is March 1, 2006; submitting a proposal for inclusion in the project will require extensive preparation, in which the Task Force could provide invaluable assistance. The contract provides a potential framework to address large policy issues that are consistent across the state, in an approach with which both patients and providers could be comfortable. The Governor has designated MHCC as the State agency lead in applying for this contract. The Task Force could be the Steering Committee required as part of the project by the RFP, so the group needs to decide whether it wants to be involved in that role, as MHCC moves forward with its project design in response to the AHRQ/RTI contract proposal.

It was noted that the Task Force is not limited to addressing only the specific, stated purposes of the SB 251 enabling legislation.

## **V. Election – Chair and Vice Chair**

Without opposition or proposal of additional candidates, the Task Force elected Peter Basch as Chair, and Ken Yale as Vice Chair. They will work on developing the agendas for the meetings and guiding the work of the Task Force.

## **VI. Discussion – Meeting Logistics and Work Plan**

- a. **Frequency** It was agreed that meetings would be held monthly for the time being. Mondays in the afternoon are best during the legislative session.
- b. **Use of alternates** will be addressed in the near future
- c. **Locations** will be in Annapolis during the legislative session to accommodate the elected members of the Task Force
- d. **White papers** – vendor contracted
- e. **Workgroups** – internal, external participants
- f. **Work plans** will be developed and presented virtually to members for approval.

It was noted that MHCC has developed a webpage for the Task Force on the MHCC website at “Electronic Health Information Exchange”; this site will include brief biographies of Task Force members. MHCC staff has also created a listserv, on which members can communicate with each other, and share working papers and other documents; this listserv cannot support large files of graphics or PowerPoint presentations. These items will be placed on the webpage.

## **VII. Next Meeting**

The next meeting will be scheduled in Annapolis some time in late February or early March, probably on a Monday afternoon, in a hearing room if possible, and not during February 12-15 (during which time many members will attend a HIMSS conference.).

The meeting adjourned at 5:15 p.m.