

**SB 251**  
**TASK FORCE TO STUDY ELECTRONIC HEALTH RECORDS**

**APRIL 10, 2006**  
**MINUTES**

Task Force Members in Attendance X, Absent x, Representative \*:

√ Thomas Allen	√ David Gens	√ Victor Plavner
√ Stephanie Amey	√ Mary Hendler	√* Jack Schwartz
√ Peter Basch	√* Paula Hollinger	√ Kevin Sexton
√ Beverly Collins	√ 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	

\* Chris Gibbons for Jimmie Drummond

\* Steve Mandel for Paula Hollinger

\* Suellen Wideman for Jack Schwartz

**I. Meeting Call to Order**

Task Force Chair Peter Basch, M.D. called the meeting to order at 3:10 p.m.

**a. Opening remarks from the Chair and Vice Chair**

**b. Task Force objectives**

Dr. Basch welcomed the members of the Task Force and the public to the meeting. He said that since the last meeting of the Task Force, introductory conference calls were held for each of the workgroups. Leadership for two of the workgroups has been decided: Jim Wieland will lead the Electronic Patient Information and Policy Development Workgroup, and Beverly Collins will lead the Computerized Prescribing and Policy Development Workgroup. A leader had not yet been designated for the Infrastructure Management and Policy Development Workgroup.

The Task Force meets the second Monday of each month from 3:00 p.m. to 5:00 p.m. at the offices of the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland.

Dr. Basch presented a brief update on national health information technology (HIT) initiatives. He announced that the Certification Commission on HIT has created and tested phase one standards for the ambulatory electronic medical record and will soon

make larger scale testing available. It also continues a program iterative process for raising that bar over the next couple of years, aimed at making network certification more difficult but more meaningful. It is also beginning to work this year on inpatient record systems. The American Health Information Community, or AHIC, has four Workgroups that are working with “breakthrough opportunities” in four areas: chronic care management, consumer empowerment, electronic health records, and biosurveillance. Work continues on defining and operationalizing standards to enable interconnectivity; this is the responsibility of the Health Information Technology Standards Panel. Last week, Connecting for Health released its “Common Framework” for initiating private, secure health information sharing, which would be valuable for all Task Force members to read. Much work continues at the state level in exploring different avenues of improving readiness for use of electronic tool sets, for transitioning from paper to an electronic environment, and for information sharing.

Dr. Basch also noted that the American Medical News has released a story on Britain’s HIT initiative entitled “A Bloody Mess—Britain’s HIT Network” that presented a cautionary tale on an \$11 billion public spending project which some have characterized as occurring with poor organization, not keeping to a time schedule, taking a top-down approach that some would characterize as using brute force, and failing to adequately to consult clinicians, in particular, about scope, priorities, and work flow.

### **Consideration of Minutes of March 6, 2006 Task Force Meeting**

Victor Plavner, M.D. moved approval of the minutes of the March 6, 2006 Task Force meeting; Paul Fowler, M.D., JD seconded this motion. Dr. Plavner then proposed an amendment to add language to the minutes reflecting a portion of the discussion at the March 6<sup>th</sup> meeting on Task Force roles and responsibilities that has been omitted from the draft minutes. The paragraph he proposed to add notes that “the RTI contract was submitted with the Task Force labeled as the Steering Committee for this contract,” and states that MHCC will notify RTI that the Task Force as a whole will not serve in this capacity. Thomas Allen, M.D. seconded this proposed amendment, and Dr. Basch read a message from Delegate Shane Pendergrass in support of its adoption.

Rex.Cowdry, M.D., Task Force member and MHCC Executive Director, noted that all of the initial communication with prospective Task Force members mentioned the possibility of additional initiatives in which the Task Force members might be invited to participate. He also noted that MHCC staff polled Task Force members by telephone prior to submitting the RTI proposal to confirm their support, which most members readily gave, but that the RTI proposal did not state that the Task Force as a whole would act as the subcontract Steering Committee. Since submitting the application, 16 of 26 Task Force members have agreed to serve on the Commission’s HIT Steering Committee, to work on the RTI project, should Maryland receive an award, as well as other efforts in expanding electronic health information exchange in the State. He apologized for any misunderstanding of these actions.

The amendment was approved by a vote of 13 to 3, with two abstentions; the minutes will be amended to reflect this change.

## **II. Task Force Approach**

- a. The process**
- b. Work product**

Dr. Basch noted that many Task Force members had participated in one of the three teleconferences that served as an introduction to the Task Force Workgroups. He described the Workgroups' assignments as follows:

### **Electronic Patient Information and Policy Development**

This group will examine the current and potential future use of electronic health records, as a compilation of electronic health information that typically contains information or cross-references to available information, in a patient-centric way across organizations. It will also examine electronic medical records and other computerized patient records, which are the electronic version of medical-legal records we have now, and personal health records, which are typically under patient direction. The Workgroup will look at these vehicles for the compilation of electronic information, the ability to include decision support, and specifically, look at them with a viewpoint of cost/benefits particularly focused on patient safety; barriers and obstacles to their adoption; risks and potentials for unintended consequences, and specific policies at the statewide level to accelerate or retard adoption. In addition, as with all of the Workgroups, this group must consider the subjects of its charge with particular attention to their impact on school health records and patient safety, in accordance with the language of SB 251.

### **Computerized Prescribing and Policy Development**

This group will focus on the applications of e-prescribing and on computerized physician order entry, or CPOE, and – beyond their use by separate entities -- on how they can achieve their optimal use for e-prescribing and ambulatory computerized prescribing, and how they are integrated in the clinical record of a hospital information system.

### **Infrastructure Management and Policy Development**

This group will examine models for the organizational infrastructure through which to manage electronic health information exchange, in a way that enables a system to achieve true mobility and interoperability of information, and to contribute to improving the quality, safety, and efficiency of care, while respecting the privacy needs of patients. This group needs to think about costs/benefits, barriers, specific policies, and how state policy could be used to either accelerate or retard progress on this.

Dr. Basch said that the Workgroups would meet both in person, and by conference call, over the coming months. The Task Force meetings would be held each month in order to inform the group as a whole on the Workgroups' progress, and to solve areas of controversy.

### **III. WORKGROUP BREAKOUT SESSIONS**

- a. Selection of spokesperson**
- b. An approach discussion to areas of study**
- c. Next Steps**

Following the meeting of the Workgroups, Dr. Basch re-convened the Task Force at 4:40 p.m., for a brief summary of the groups' deliberations by their identified leaders or, in the case of the Infrastructure Management group, by Vice Chair Kenneth Yale, DDS, JD, acting as spokesman.

Dr. Beverly Collins, leader of the Computerized Prescribing Workgroup, said that the group had a lively discussion regarding the impact on pharmacists and physicians of expanding electronic prescribing. The group intends to gather information on the laws related to prescribing, especially controlled substances. The costs to pharmacists for subscribing to various software vendors, the costs to physicians for prescribing to a software system. CareFirst has been working with a company on a demonstration project. Dr. Collins will ask that company to do a demonstration of the actual product at the next meeting. Outside speakers can enlighten the group on what is behind the scenes, and what the processes are that we do not usually see.

Dr. Basch said that he had participated in part of the group's discussion. He commended the group members and the MHCC staff for putting the groups together. The various stakeholder interests represented will produce an excellent work product.

James Wieland, leader of the Electronic Patient Information Workgroup, said that the group members sought to describe more exactly what we mean by electronic patient information. The strong consensus of the group was that there is no single term that defines this concept: if it is a record, who gets to view the record and who gets to add things to it? If it is only caregivers, then maybe it sounds more like a traditional electronic medical record. If the patient can access it and add things to it, it sounds more like an electronic patient record or a personal health record. The group will work to refine those thoughts and ideas. Further refining the definitions on the bullet points that staff provided to the group will be the focus of future meetings. The Workgroup discussed accessing the work that is being done in other states and others about electronic patient systems, in order to not reinvent the wheel.

Dr. Yale presented a summary of the discussion by the Infrastructure Management Workgroup, which looked at process as well as issues. The group members felt that it was important to look at various models of what is going on in other states, in the United Kingdom and Canada, and at the Common Framework just issued by Connecting for Health. The Workgroup also wants to examine current federal and state laws related to electronic health information exchange, and to obtain and circulate some broad, authoritative policy papers on our general charge. Once the group has a common understanding of what has already been done, it can develop a process for moving

forward to develop findings and recommendations for the Task Force, and ultimately for the legislature. The Workgroup also expressed a strong desire to examine the status of electronic health information exchange, and specific projects, in other states, and to tap into any resources available for that study, from the National Governors Association and the Agency for Healthcare Research and Quality. This group also believed that we need to more clearly define what we mean by “infrastructure” and other central terms, and closely consider the strengths and weaknesses of various models for governance and structure of health information networks. The group also discussed different organizational models—patient-centric, community identifier, centralized switch. Dr. Cowdry added that there was agreement that privacy and security are key issues.

Dr. Basch announced that the Task Force would break out into Workgroups for part of the next couple of meetings. He added that the Task Force members must not lose sight of patient safety and school health records as topics to be addressed. The Task Force will have outside speakers at upcoming meetings on the issues raised in SB 251 that cut across all of the specific areas of study: school health records and patient safety. We will have other outside experts speak to us during future meetings.

Dr. Basch suggested that Task Force members compile executive summaries from some of the other state task forces that do similar work in order to inform the group’s work. In addition, staff will be creating sub- rooms for posting information on the Commission’s Task Force/HIT web page.

Dr. Basch asked if any members of the public in attendance wished to comment; none were forthcoming. He announced that the next meeting of the Task Force will be May 8, 2006 at 3:00 p.m. The meeting was adjourned at 5:10 p.m.