

SB 251
TASK FORCE TO STUDY ELECTRONIC HEALTH RECORDS

May 8, 2006
MINUTES

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

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

* Chris Gibbons for Jimmie Drummond

* Steve Mandell for Paula Hollinger

* Dave Parrott for Angelo Voxakis

I. Meeting Call to Order

Task Force Chair Peter Basch, M.D. called the meeting to order at 3:14 p.m.

Opening remarks from the Chair and Vice Chair

Dr. Basch welcomed the members of the Task Force and the public to the meeting, and provided several updates about national-level developments in health information technology (HIT). He observed that the effects of the pending resignation of Dr. David Brailer as National Coordinator for Health Information Technology remain unclear. Dr. Basch also noted that a new report funded by the Agency for Healthcare Quality and Research will soon be posted on the AHRQ website, reviewing HIT activities in nine states that received grants as part of a Best Practices initiative.

II. Approval of the Minutes

James Wieland made a motion to approve the minutes of the April 10, 2006 Task Force meeting, which was seconded by Gina McKnight-Smith, and unanimously approved with a change requested by Beverly Collins to page three, paragraph two, regarding the cost to pharmacists for “subscribing to” e-prescribing software, not “prescribing” as stated in the

minutes. The change will be reflected in the minutes posted on the Commission's HIT webpage.

III. Health Information Technology—Policy Discussion

Task Force member and MHCC Executive Director Rex Cowdry, M.D. presented information on key aspects of three models for information exchange: Patient Locator, PHR or Consumer Trust, and Intelligent Switch.

The Patient Locator model is provider-centered, characterized by a central locator that identifies which providers have information about a specific patient. It is the closest model to current practice. Information exchange is controlled by a provider, with patient control of the information through consent expressed to the provider.

The PHR or Consumer Trust model is patient-centered. Information gathered from providers is released to providers at the patient's request, and there is strong patient control over information exchange, which applies only to clinical information. Information is stored in a patient health record. HIPAA TPO exchange is not affected.

The Intelligent Switch is a private-public arrangement for the electronic exchange of clinical information. A statewide exchange would have both a patient locator and a standard set of practices for exchanging information, which both patients and providers could modify. TPO could also flow via the switch. This model requires multi-stakeholder agreement on principles and content. Patients control the information via a switch, following an established trust hierarchy.

Chairman Basch thanked Dr. Cowdry for his presentation. He suggested that consideration of the models of information exchange must be examined from a policy as well as a technical perspective. He observed that the Task Force was created in order to do something constructive for the citizens of the State of Maryland, and that it must consider other elements such as efficiency, equitability, time-centeredness, and patient-centeredness, in addition to quality and safety. He reminded the group that it must also consider the implications of a wider, possibly mandated use of electronic health information exchange on record-maintaining function of school health programs. He asked if one model makes a privacy breach, or the severity of a privacy breach more likely than the others. For example, one of the criticisms of a central data repository, which is technologically the most efficient system, is that it is far too risky where privacy and security of the data are concerned. Chairman Basch urged the Task Force members to think about unintended consequences -- as health care paradigms are changed, there is a risk of enabling new errors, as reflected in the literature almost weekly. Finally, he asked them to consider if there is anything particular in Maryland that would favor one model over another.

Mr. Wieland observed that the information provided to the Task Force members was comprehensive. He noted that he wanted to read and think about the information before further consideration by the Task Force.

IV. WORKGROUP SESSIONS

Following the meeting of the workgroups, Chairman Basch asked each lead to share a summary of information regarding their deliberations.

James Wieland, lead for the Electronic Patient Information and Policy Development Group, said that the group considered its agenda for the next six months and its relationship to the Task Force as a whole. Specific deliberations included the risks and benefits of a paper record. Consideration also included what the goals of the Task Force should be and the risks and benefits of the various models.

Ken Yale discussed the work of the Infrastructure Management and Policy Development Workgroup. They considered the need for definitions and for more information from the common knowledge base. The group will be looking at existing models in Maryland and in other states such as California and Massachusetts, with a focus on the financial, technological, and legal issues.

Beverly Collins, lead for the Computerized Prescribing Workgroup, described the demonstration of e-prescribing. conducted by Dr. Peter Kaufman, Chief Medical Director of DrFirst. Copies of his presentation will be shared with members of the Task Force.

Chairman Basch thanked the Workgroup leads for their summaries. He announced that the Task Force would continue to break out into Workgroups for part of each meeting for the next six months. Following that time, the Task Force would meet as a group in order to meld together a cohesive report.

Staff announced that the Maryland Health Care Commission expects to provide report writing and literature review support to the Workgroups through the State's procurement process. Staff also announced a web-based document collaboration and exchange feature that should be available to the Task Force through its website in late summer.

Susan Newbold announced that a conference would be held May 20-24 at the Baltimore Convention Center entitled Toward the Electronic Patient Record. Ms. Newbold mentioned that she will be a speaker at the event. Chairman Basch asked Ms. Newbold to summarize the presentation she will give at the conference for the Task Force during an upcoming meeting.

Chairman Basch asked if any public members wishing to comment. There were no comments. He announced that the next meeting of the Task Force would be June 12, 2006 at 2:00 p.m. The meeting was adjourned at 5:10 p.m.