

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

**June 11, 2007**

**MINUTES**

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

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

\*Shereen Martin for Carey Leverett

\*DeWayne L. Oberlander for Shane Pendergrass

\*Steve Mandell for Paula Hollinger

\*Elaine Frazier for Stephanie Amey

**Pre-Session Presentation**

Mr. Daniel H. Wilt, Vice President of Information Technology and Security Officer, Erickson Retirement Communities, discussed Erickson's development and implementation of an electronic medical record system, which includes a personal health record (PHR) component.

**I. Meeting Call to Order**

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

Chairman Basch referred to a study published in the *Annals of Family Medicine* which reported that electronic health records do not guarantee a higher quality of care for diabetes patients or others with chronic conditions. He also mentioned that the U.S. Department of Health and Human Services recently released a report on the Nationwide Health Information Network (NHIN) prototype architecture project, and encouraged Task Force members to read the Executive Summary of the report. The Chairman also encouraged Task Force members to read *Health Information Technology: Are Long Term Care Providers Ready?*, an April 2007 report by the California Health Care Foundation that discusses the readiness of long-term care providers to adopt health information exchange (HIE). Staff said both reports would be available on the Task Force webpage by the end of the month.

Chairman Basch asked staff to update the Task Force on the status of the final report. Staff reported receiving a few changes from Task Force members on Sections II and IV in May. Staff plans to distribute a draft framework of *Section V - Task Force Recommendations*

around mid-July. The Chairman reminded Task Force members that they will have additional opportunities to comment on the draft report throughout the summer.

## **II. Approval of the Minutes**

Chairman Basch said the minutes for the April and May Task Force meeting would be considered individually for approval. Mr. James Wieland made a motion to approve the minutes of the April 9, 2007 Task Force meeting, which was seconded by Ms. Gina McKnight-Smith, and unanimously approved.

Several Task Force members requested modifications to the May 14, 2007 Task Force minutes. Thomas Allen, M.D. proposed a change in the wording used to define the standard of care with electronic health records. Rex Cowdry, M.D. suggested a slight modification to Dr. Allen's proposed revision. Chairman Basch asked Drs. Allen and Cowdry to collectively develop language that can be incorporated into this section of the minutes. In addition, Mr. Kevin Sexton proposed deleting the statement that the Task Force supported making a "pay for performance" recommendation to the Task Force on Health Care Access and Reimbursement. This revision was adopted by the Task Force. A vote to approve the May 14<sup>th</sup> Task Force minutes is scheduled to occur at the July 9<sup>th</sup> meeting.

## **III. Discussion**

Chairman Basch suggested that the Task Force forego Workgroup breakout sessions to discuss privacy issues identified by the Infrastructure Management Workgroup. Vice-Chairman Ken Yale, D.D.S., a member of the Infrastructure Management Workgroup, invited Ms. Lisa Gallagher, Director of Privacy and Security of the Healthcare Information Management Systems Society (HIMSS) to participate in the discussion.

Ms. Gallagher updated the Task Force on a number of Federal initiatives surrounding health information exchange, privacy and security. Ms. Gallagher reported that the American Health Information Community (AHIC) will continue discussing the confidentiality, privacy, and security protections for participants in an electronic information exchange network at a local, state, regional, and nationwide level as part of their June 22<sup>nd</sup> meeting. Ms. Gallagher noted that AHIC's Confidentiality, Privacy and Security Workgroup is tasked with providing recommendations on how best to ensure the privacy and security of electronic medical records.

According to Ms. Gallagher, the Health Information Security and Privacy Collaboration (HISPC) will release its final report on privacy and security practices for electronic health information exchange in July. Ms. Gallagher also provided a brief overview of the NHIN prototype architecture project.

Vice-Chairman Yale distributed two documents prepared by the Infrastructure Management Workgroup -- *Health Information, Privacy, Security, and Trust*, and *Issue Summary 2.0* -- for Task Force members to review and discuss. Vice-Chairman Yale also thanked Dr. Allen for providing the Task Force with a copy of comments and recommendations made

by the American Psychoanalytic Association to the U.S. Senate Health, Education, Labor and Pensions Committee staff on a draft of the *Wired for Health Care Quality Act*.

Task Force members deliberated on the Discussion/Recommendations section of the *Health Information, Privacy, Security, and Trust* document. Key discussion items included:

- The HIPAA privacy rule does not guarantee privacy, and allows for routine disclosures of protected health information for treatment, payment, and health care operations without explicit consent from the patient. Task Force members felt a balance is needed between access to information and consumer privacy concerns.
- While HIPAA acts as a baseline, states can mandate additional privacy protections.
- HIPAA applies only to providers, health plans, and clearinghouses. Entities involved in health information exchange are not always covered under HIPAA.
- Patient trust is the key component of electronic health information exchange. Consumers need to know the rules under which information is exchanged, when the information is being used, where it is being used, and who is using it. There also needs to be a mechanism or system to manage patient trust.
- Consumers need to control information access and flow of their health information.

Vice-Chairman Yale invited Task Force members to send him additional comments on the remaining discussion points in the document.

#### **IV. Workgroup Breakout Sessions**

None held.

#### **V. Closing Remarks by the Chair**

Approval of the May 14, 2007 meeting minutes will be deferred to the July meeting.

The next Task Force meeting will be on July 9, 2007. A pre-session presentation by the four organizations that participated in the initial NHIN prototype architecture project is scheduled to begin at 1:30 p.m. There being no further business, the Task Force meeting was adjourned at 5:00 p.m.