

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

**July 9, 2007**

**MINUTES**

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

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

\*DeWayne L. Oberlander for Shane Pendergrass

\*Steve Mandell for Paula Hollinger

\*Mary Etta Mills for Susan Newbold

### **Pre-Session Presentation**

Representatives from the four National Health Information Network (NHIN) consortia participants provided Task Force members and the public with an overview of their electronic health information exchange models. The Task Force invited the NHIN consortia to the July meeting to demonstrate their various approaches to connecting networks from different locations around the country. The US Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (ONC) sponsored the demonstration project to develop prototypes for an NHIN. Accenture, Computer Sciences Corp. (CSC), IBM, and Northrop Grumman were the recipients of the NHIN consortia contracts.

Brian Kelly, M.D., presented the Accenture model. Accenture worked with care delivery organizations in West Virginia, Tennessee, and Kentucky. Accenture developed a system for matching patients between providers and sending data to several local exchanges, as well as providing mechanisms to interact with other national exchanges. Accenture used a record locator service (RLS) and a master patient index. In the Accenture prototype, data could be viewed through a portal at the local level with views available for the patient, providers and public health officials.

Robert Wah, M.D., presented the CSC model. CSC worked with care delivery organizations in Indiana, Massachusetts, and California. In this prototype, the exchange consisted of a set of standards and practices by which all participating entities abide. Technology to support participation in the exchange was contained within each care delivery organization. CSC developed a RLS to keep track of which systems may have data about a patient and included only demographic information in the RLS.

Ginny Wagner and Houtan Aghili, Ph.D., presented the IBM model. IBM partnered with health systems in North Carolina that included Duke University Health System, FirstHealth of the Carolinas, Morehead Memorial Hospital, NCHICA, and Moses Cone Health System, as well as Taconic Health Information Network in New York. This prototype enabled participants to interact with one another on a direct basis. IBM established clinical document repositories that participating organizations could deploy within the security protections of their organization.

Robert Cothren, Ph.D, presented the Northrup Grumman model. Northrup Grumman worked with care delivery organizations in Colorado, California, and Ohio. The Northrop Grumman prototype is a service-oriented architecture that is based on a replication scheme in which new organizations or entities register themselves with a local gateway, after which their information is replicated and made available to other gateways nationwide. The approach used by Northrup Grumman is analogous to the manner in which Internet Domain Name Servers work.

Vice Chairman Ken Yale, D.D.S., thanked representatives of the NHIN consortia for their presentation to the Task Force. The Vice Chairman invited NHIN representatives to participate in a discussion with Task Force members immediately following some announcements and approval of the minutes.

Vice Chairman Yale called the Task Force meeting to order at 4:30 p.m.

### **Approval of the Minutes**

Rex Cowdry, M.D., made a motion to approve the minutes of the May 14, 2007 Task Force meeting. Following the motion, Barbara Cook, M.D. asked for clarification on a question raised by Dr. Allen regarding the first bullet on page one of the May minutes. Dr. Allen reported that changes were made to the minutes based upon his recommendation. A motion to approve the minutes was seconded by Dr. Allen. The May 14, 2007 minutes were then approved, with one abstention made by Mary Etta Mills, RN, Ph.D.

Vice Chairman Yale asked for a motion in regard to the June 11, 2007 Task Force minutes. Dr. Cowdry made a motion to approve the minutes. Following the motion, Dr. Allen requested that Task Force members be granted additional time to review the minutes. In recognition of Dr. Allen's request, Vice Chairman Yale waited several minutes before asking for a second to approve the June minutes. The motion to approve the minutes was seconded by Tom Lewis, M.D., with one abstention made by Mary Etta Mills, RN, Ph.D.

The Vice Chairman asked Task Force members to review and comment on two documents that were included in the handout material and listed on the Task Force webpage. The first, titled *Technology Matters: July 9, 2007*, was prepared by Vice Chairman Yale which contains a variety of issues and questions related to health information technology. The second document was prepared by the Infrastructure Management Workgroup, and presents various issues and recommendations regarding health information exchange.

Vice Chairman Yale opened up discussion with the NHIN consortia. The Vice Chairman asked NHIN consortia representatives a question regarding physician incentives for participation in the demonstration project. Northrup Grumman responded that no specific incentives were offered to

physicians. They chose to participate in order to obtain patient information on a more timely basis and consistent manner. Northrup Grumman also noted that physicians were able to see more patients and improve their office efficiency by eliminating time spent pulling records and manually entering lab data in the system.

Chris Gibbons, M.D., asked NHIN consortia representatives how they addressed issues related to patient permission. Northrup Grumman said they had considerable discussion, but decided that they did not need to resolve this issue for the demonstration project. They did indicate, however, a number of challenges in registering physicians to use the system due to the lack of a standard uniform credentialing system. Vice Chairman Yale mentioned that as of May 23, 2008, all providers are required to have registered for a national provider identifier as part of the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. IBM mentioned that identity proofing or authentication in general is difficult to accomplish.

Dr. Cowdry noted that all of the demonstrations appear to be provider-centric, and asked whether this was due to them being a demonstration project or the approach taken in developing the prototypes. Accenture responded to this observation by stating that provider-centric models are the most logical approach given that providers are the repositories of patient data. In their opinion, a consumer-centric model would not be practical until personal health records are more widely adopted. Northrup Grumman pointed out that payers, as major stakeholders and data repositories, were not included in any of the prototypes.

Dr. Allen said that some data could not be exchanged, either because it was private or because the data itself is not in a standard format, such as physician notes. Dr. Cooke mentioned that medications and allergies are useful data for electronic health exchange, but added that these systems are expensive to build and maintain. IBM said that included in the NHIN Phase II Request For Proposal are questions related to financial feasibility. ONC intends to award up to 10 contracts later this summer to build on the lessons learned from the 18-month information exchange effort undertaken by the NHIN consortia, the Healthcare Information Technology Standards Panel (HITSP), and Certification Commission for Health Information Technology (CCHIT).

Vice Chairman Yale asked NHIN consortia representatives to elaborate on the return on investment (ROI) of a health information exchange. Northrup Grumman said that ROI may depend on what kind of data is exchanged and that some sectors would likely pay for data. Dr. Gibbons mentioned that payers may provide a source of financing; CSC noted this may be the case for health information technology in general. CSC said that it may be possible to identify different sources of funding depending on the type of information that is exchanged.

The Vice Chairman thanked Task Force members for their questions and ended the discussion period. Vice Chairman Yale said the next meeting of the Task Force will be on August 13, 2007. The meeting was adjourned at 5:00 p.m.