

SB 251
TASK FORCE TO STUDY ELECTRONIC HEALTH RECORDS

September 11, 2006

MINUTES

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

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

*Steve Mandel represented Paula Hollinger

*DeWayne Oberlander represented Shane Pendergrass

*Jane Pilliod represented Jack Schwartz

I. Meeting Call to Order

Task Force Chair Peter Basch, M.D. called the meeting to order at 2:12 p.m.

Opening Remarks from the Chair

Dr. Basch welcomed the members of the Task Force and the public to the meeting. His opening remarks included a series of updates relating to recent developments in health information technology (HIT). Dr. Basch also noted that pre-release information about an Agency for Health Research and Quality (AHRQ) study, scheduled for release around September 20, 2006, included findings that most electronic medical records (EMR) systems are both poorly funded and poorly implemented.

II. Approval of the Minutes

Dr. Thomas Lewis made a motion to approve minutes of the July 10, 2006 meeting, on which the Task Force could not act in August for lack of a quorum; his motion was seconded by Dr. Beverly Collins, and unanimously approved. Dr. Thomas Allen made a motion to approve the minutes of the August 14, 2006 meeting; Dr. David Gens seconded this motion, which was also unanimously approved.

III. Task Force Timeline and Outline Review

Chairman Basch referred the Task Force members to two documents: a Timeline for Development of the Task Force's Report to the General Assembly, and a Draft Outline of the Task Force Report, which had been distributed to the Task Force and members of the public. Dr. Victor Plavner asked whether the December 10, 2007 deadline for the final report could be extended, in the event that the Task Force had not completed its work. Staff replied that the report's deadline is set in statute and would require legislative action by the General Assembly in order to be extended. Ms. Jane Pilliod, one of the Maryland Health Care Commission's Assistant Attorneys General, added that she would investigate the matter, and provide further information to the Task Force at a later meeting.

Dr. Collins inquired about an entry in the Timeline for Development, regarding the nature and purpose of the Stakeholder Meetings scheduled in June 2007. Dr. Collins suggested, and Dr. Allen agreed, that this meeting take place earlier, so as to allow the Task Force an opportunity to consider making changes following receipt of the stakeholder comments. Staff suggested that it may not be reasonable to expect the Task Force to have developed final recommendations on all of the issues contained in its legislative charge by March or April of 2007. Chairman Basch added that he anticipates the framework for the draft Final Report will be developed by April of 2007. He mentioned that refinements to the Task Force's preliminary recommendations would occur throughout the later half of 2007. Chairman Basch also emphasized that the Task Force's deliberations and recommendations were a public process, and that comments from stakeholders as well as members of the public were welcome at all times.

Following some discussion among Task Force members regarding stakeholders interest in its work as it develops, staff emphasized that a process would be developed to update major provider organizations such as Med Chi, the Maryland Hospital Association, the Health Facilities Association of Maryland, as well as payers and consumer groups. Chairman Basch requested that staff begin to develop a distribution list containing stakeholders to share with members of the Task Force. He added that a formalized and iterative communication process for informing and involving stakeholders would begin in April 2007, as the Task Force's recommendations take shape.

Chairman Basch requested comment from the Task Force members on the Draft Outline of the Task Force Report. Staff requested that the Task Force decide on whether there should be a majority and a minority report: the sense of the members was that topics of controversy should be resolved among the members of the Task Force, and consensus reached, so as to provide a clear, concise Final Report. Chairman Basch noted that work products from the Work Group's consultants would help to inform the members on specific subject matter and potentially their work would be included in the draft report. He added that the draft report outline most likely would be revised several times before final adoption in January 2007. In conclusion, Chairman Basch emphasized that functioning forthrightly in a public environment is the best solution for consideration of broad policy issues.

IV. Further Discussion of the NCHICA Presentation

Chairman Basch suggested that the Task Force discuss any shared learning from the presentation at the August meeting by W. Holt Anderson, Executive Director of North Carolina Healthcare Information and Communications Alliance, Inc. (“NCHICA”).

Dr. Lewis noted that he was impressed by the large number of stakeholders in NCHICA’s projects. He observed that collaboration among competitors can foster more competitiveness, as well as provide common benefits. He also noted the geographic similarities — rural and urban areas, mountainous and coastline regions — between North Carolina and Maryland. Mr. Angelo Voxakis observed that HIT adoption is a long process, as illustrated by NCHICA’s initiatives over the twelve years since its inception.

Dr. Lewis suggested that the primary driver of HIT growth in North Carolina was not NCHICA, but large, urban medical centers with many parallel efforts. Dr. Plavner asked whether the Task Force would hear from representatives of other state initiatives that are further along than Maryland. Chairman Basch replied that Vice Chairman Yale had identified several other state initiatives that are being considered for presentations.

Chairman Basch added that NCHICA is viewed as one of the more advanced statewide initiatives for HIT adoption. He mentioned that NCHICA has been very successful over the years in bringing stakeholders together to work on HIT issues.

V. Workgroup Sessions

Each Workgroup met for a breakout session, in part for the purpose of reviewing three reports developed by the consultants supporting each of the Workgroups and staff.

VI. Workgroup Updates and Preliminary Consultant Report Briefing

The Electronic Patient Information Workgroup heard a presentation by Barbara de Martin of the University of Maryland Medical System, who is the project manager for that hospital system’s health information technology initiatives. Ms. De Martin led the implementation of a comprehensive medical records system for the Evanston Northwestern Health System in Illinois, and shared the lessons learned from that effort, as well as the decision points to be considered by a facility or system of facilities and providers facing the massive culture change involved in the adoption of an EMR.

The Task Force also heard brief updates on three reports, produced by Task Force Workgroup consultants and staff, regarding the impact of electronic health information exchange on school health records, on electronic prescribing, and on the current status and continuing evolution of health information exchange.

VII. Closing Remarks by the Chair

Chairman Basch announced that the scheduled meeting of the Task Force in October had been changed to October 16, 2006, at 2:00 p.m. at the offices of the Maryland Health

Care Commission. There being no further business, the Task Force meeting was adjourned at 5:02 p.m