

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

**October 16, 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 |
| √ Rex Cowdry      | √ Thomas Lewis        | √ James Wieland  |
| x Jimmie Drummond | √ Gina McKnight-Smith | √ Ken Yale       |
| x Michael Flores  | √ Susan Newbold       |                  |
| x Paul Fowler     | √* Shane Pendergrass  |                  |

\*Elaine Frazier for Stephanie Amey  
\*Steve Mandell for Paula Hollinger  
\*Shannon Martin for Carey Leverett  
\*DeWayne L. Oberlander

**I. Meeting Call to Order**

Task Force Chair Peter Basch, M.D. called the meeting to order at 2:15 p.m.

Dr. Basch welcomed the members of the Task Force and the public to the meeting. He discussed recent developments in health information technology (HIT) news. In a recent review of surveys on electronic health records (EHR) adoption, researchers found that through 2005, approximately 23.9 percent of physicians in ambulatory settings used EHR. Approximately five percent of hospitals used computerized physician order entry.<sup>1</sup>

**II. Approval of the Minutes**

Rex Cowdry, M.D. made a motion to approve Minutes of the September 11, 2006 meeting; Beverly Collins, M.D. seconded this motion, which was unanimously approved.

**III. Task Force Timeline and Outline—Follow Up Discussion**

Chairman Basch referred the Task Force members to the Timeline for Development of the Task Force's Report to the General Assembly and a revised Draft Outline of the Task

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<sup>1</sup> "How Common Are Electronic Health Records In The United States? A Summary Of The Evidence," *Health Affairs* 25 (2006): w496-w507; 10.1377/hlthaff.25.w496.

Force Report, which had been sent via e-mail to the Task Force prior to the meeting. Several Task Force members questioned how the work and findings of the three Work Groups would ultimately be integrated into the draft outline, and into the final report. Chairman Basch replied that the draft outline of the Task Force's report was an evolving document, adding that, if the Task Force felt the draft outline was inconsistent with the Work Groups' objectives, then the outline would be revised further. From his perspective, the Work Groups are explorative--- educational vehicles for more detailed discussion of the issues. James Wieland suggested that unless an extraordinary opportunity presents itself, the Task Force should not invite additional speakers for presentations. Chairman Basch replied that with the exception of the December meeting, future guest speakers are scheduled to present to the Work Groups, not the entire Task Force.

In response to a question raised at last month's meeting regarding the possibility of extending the Task Force's work past December 2007, Jane Pilliod, Assistant Attorney General for the Maryland Health Care Commission, clarified that the Task Force ceases to exist in December 2007, following submission of its Report to the General Assembly. Legislation would be required to change its ending date, or any other aspect of the Task Force's original legislative mandate.

#### **IV. Presentation – Sarah T. Corley, M.D., Certification Commission for Healthcare Information Technology**

Chairman Basch introduced Sarah T. Corley, M.D., from the Certification Commission for HealthCare Information Technology (CCHIT). Dr. Corley presented on the role of CCHIT and discussed certification as a catalyst for the adoption and use of electronic health records (EHRs). She stated that CCHIT's goals are to reduce the risk of HIT investment by physicians and other providers; ensure interoperability (compatibility) of HIT products; assure payers and purchasers providing incentives for EHR adoption that the return on investment will be improved quality; and protect the privacy of patients' personal health information

Dr. Corley noted several important milestones in CCHIT's history, and the history of certification of health IT applications. These included the June 2004 publication by the Office of the National Coordinator (ONC) for Health IT of the office's *Strategic Framework*, which called for the certification of health IT tools and technologies; the September 2004 launching of CCHIT by three key HIT organizations (the American Health Information Management Association, or AHIMA; the Health Information Management Systems Society, or HIMSS; and the National Alliance for HIT); and the addition of funding support by key physician groups in June 2005. In September 2005, the Department of Health and Human Services (HHS) awarded CCHIT a three-year, \$7.5 million contract for the further development of HIT certification. By May 2006, CCHIT had released its criteria for ambulatory care EHRs, which were approved by the American Health information Community and HHS; in July 2006, CCHIT announced the first group of ambulatory EHR certifications.

Dr. Corley said that CCHIT, as an HHS contractor, is developing, pilot testing, and assessing certification of EHR products for ambulatory and inpatient care settings, and the infrastructure or network components through which EHRs interoperate. CCHIT's work is done by more than 100 volunteers from across the healthcare industry; actively practicing physicians participate at all levels. Dr. Corley described the development process for assessment and certification standards for both functionality and security. She noted that CCHIT engages a wide variety of stakeholders in a consensus-based process to develop functionality, interoperability, and security criteria for EHRs. She observed that the adoption of certified EHRs represents a cultural change in how physician practices manage care.

Dr. Corley added that CCHIT's materials are available for online review and public comment at the [www.cchit.org](http://www.cchit.org) website, and that CCHIT welcomes participation from members of the Task Force and the public.

The Task Force members and Dr. Corley held a question and answer session following her presentation. Topics of discussion included encouraging the adoption of only certified electronic networks, the need for electronic networks rating system and effective assurance of confidentiality for consumers. Other matters discussed were the effects of federal certification, vendors not being truthful about interoperability, the length of time that a certification remains in effect, and clear definitions for the term electronic health record and for functionality criteria. Following the discussion, Chairman Basch thanked Dr. Corley for her presentation.

## **V. Work Group Sessions**

Each Work Group met for breakout sessions.

## **VI. Work Group Updates**

James Wieland reported that the Electronic Patient Information & Policy Development Work Group will continue to find authoritative definitions of key concepts in its work -- electronic medical record, electronic health record, and personal health record -- since the group has found no real consensus among national organizations regarding definitions for these terms. The consultant was asked to develop a list of definitions for the Work Group to review at the December meeting. Mr. Wieland distributed copies of the Joint Commission on the Accreditation of Health Care Organization's *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*.

Dr. Collins reported that Kate Berry, SVP Business Development and Alliances of SureScripts, presented on pharmacy certification to the Electronic Prescribing & Policy Development Work Group. Key questions identified by the Work Group included where the money is, and the most likely target for incentives with regard to e-prescribing.

Vice Chairman Ken Yale reported that the Infrastructure Management & Policy Development Work Group studied the outline of the draft Task Force Report, posed questions in order to clarify basic principles and issues, and decided to schedule a conference call prior to the next meeting of the Task Force, in order to continue its discussions, particularly with regard to the Connecting for Health Common Framework.

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

Chairman Basch announced that staff would be polling Task Force members to determine the date and location for November's meeting. He thanked members of the Task Force and the public for attending the meeting. There being no further business, the Task Force meeting was adjourned at 4:59 p.m.