

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

**December 11, 2006**  
**MINUTES**

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

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

\*Chris Gibbons for Jimmie Drummond

\*Erin Grace for Thomas Lewis

**I. Meeting Call to Order**

Task Force Chairman Peter Basch, M.D. called the meeting to order at 3:00 p.m. Chairman Basch welcomed members of the Task Force and the public to the meeting. He then commented on two recently published reports that should inform the deliberations of the Task Force.

Chairman Basch mentioned the paper “It Takes a Region: Creating a Framework to Improve Chronic Disease Care” by Ed Wagner, M.D., M.P.H., et al. about chronic disease management. The paper, available on the California Health Care Foundation’s website ([www.chcf.org](http://www.chcf.org)), explores approaches to better chronic care management enabled by health information technology, and takes the position that the key to better chronic care management is in collaboration with patients, better processes of care, and reformed reimbursement. HIT is mentioned only tangentially as the enabling infrastructure of a more comprehensive change in process. Wagner also noted that in the absence of comprehensive, national-level efforts to reform health care, regional approaches are the second best alternative. .

The Chairman also noted an article from the August 2006 issue of *Health Affairs* by Jan Sidorov entitled “It Ain’t Necessarily So: EHRs and the Unlikely Prospect of Reducing Healthcare Costs,” which concluded that except for modeling studies, there is no evidence that EHRs have been used to make healthcare more affordable, or to reduce redundancy. The article suggests (as did the Wagner article) that meaningful changes in the system and the practice of medicine will have to come first, before the use of EHRs will significantly affect costs. Chairman Basch concluded that both of these articles support the growing consensus that viewing EHRs and other HIT strictly as applications

to be implemented is naïve, and that those engaged in HIT planning and projects should instead focus on what is necessary to change the processes of care, with HIT envisioned as infrastructure.

Chairman Basch also recommended that Task Force members read the Washington State report posted on the Task Force's webpage, *Health Information Infrastructure: Final Report and Roadmap for State Action*, as its length and format could be used as a useful model for our own report, and for its analyses of various models of health information exchange.. Mr. Jack Schwartz suggested that our Task Force learn from the Washington report, and provide practical and concrete, not general and high-level recommendations in its report to the legislature at the end of 2007. Dr. Rex Cowdry observed that the Washington State report concluded by choosing a radical model of health information exchange, without providing a clear rationale for its choice. Chairman Basch noted that the model chosen happened to be the commercial model promoted by the lead consultant to the project.

Chairman Basch further noted that the market is moving at its own pace in adopting other innovative models of health information technology and health information exchange – perhaps completely bypassing the concept of RHIOs. The Chairman pointed to the recent announcement by Wal-Mart, Intel, and other large employers that is promoting their model of the personal health record (Dossia) as a solution for employers attempting to control run-away healthcare costs, and provide more information and thus control, in the hands of the healthcare consumer.

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

Dr. Beverly Collins made a motion to approve minutes of the November 13, 2006 Task Force meeting, which was seconded by Ms. Stephanie Amey, and unanimously approved.

## **III. Draft Outline – November 13, 2006**

The Chairman asked if there were any additions to the timeline for the Task Force to complete its work. Hearing none, the Chairman asked if any members wanted to discuss the final report outline in more detail. The outline and its subcategories were developed earlier in the fall by the Task Force, and will be finalized at the January meeting.

Dr. Victor Plavner noted the outline had changed significantly from the version provided two months ago. The Chairman agreed, and noted that these changes were made as a result of discussion on the outline from the previous Task Force meeting. Chairman Basch said that a consultant would be hired to draft the final report. He also mentioned that Task Force members would be involved in shaping each section of the final report. As part of the discussion, Susan Newbold asked for clarification of the word “floor” used in describing HIPAA privacy protections; Chairman Basch responded that many people believe HIPAA does not go far enough, that it provides minimal protections and little if any enforcement. Dr. Cowdry agreed. Vice Chairman Yale noted that states can create more restrictive laws. The Chairman said that it is important to engender public trust in health information exchange.

Staff reported that it is in the final stages of awarding a small procurement contract to a consultant organization to assist in drafting the final report. Staff plans to invite the report writer to attend the January Task Force meeting.

Dr. Thomas Allen asked for clarification of the term “strong majority” concerning decisions of the Task Force. Chairman Basch said that it is important to work through contentious issues on behalf of the State, and that the final report will reflect opinions of all, not just a simple majority. Dr. Plavner asked about how the Task Force would manage differences of opinion regarding proposed recommendations. Chairman Basch said that if the Task Force is split in its recommendations, this will be reflected in the final report.

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

Chairman Basch asked each Workgroup to meet for breakout sessions.

#### **V. Workgroup Breakout Session Updates and Task Force Discussion**

**Electronic Patient Information Workgroup** – Among other things, Mr. James Wieland reported that the Electronic Patient Information Workgroup will post a working definition of EHR on the MHCC website. Chairman Basch commended the Workgroup on developing a functional definition, and pointed out that many organizations continue to grapple with defining an EHR.

**Electronic Prescribing Workgroup** – Dr. Collins reported the Electronic Prescribing Workgroup received approximately 21 responses to a survey of e-prescribing vendors. The Workgroup discussed the need to clearly define electronic prescribing. Members of the Workgroup agreed that e-prescribing should incorporate greater functionality into the application rather than simply function as an electronic Physicians Desk Reference. Members agreed that e-prescribing applications should provide access to formulary information, define prior authorization requirements, and electronically transmit prescriptions in standard formats. Dr. Collins said the Workgroup plans to review the 6 levels of e-prescribing functionality as defined in the white paper, *E-Prescribing and the Role of Electronic Health Network* at the next meeting.

**Infrastructure Management Workgroup** – Vice Chairman Yale reported the Infrastructure Management Workgroup is focusing on broad issues of process reform. The Vice Chairman mentioned that health information exchange has evolved a great deal since the legislation was passed that formed the Task Force. Dr. Allen will lead a discussion on privacy issues at the next Workgroup meeting. Dr. Cowdry stated that a EHRs will change the nature of the interaction between physicians and patients.

Vice Chairman Yale noted that the group will begin to study the models and principles in the Connecting for Health “Common Framework” for electronic health information exchange, as a structure through which to concentrate its future deliberations on the principles and key policies that should shape electronic health information exchange in Maryland.

## **VI. Closing Remarks by the Chairperson**

Chairman Basch announced that the next meeting of the Task Force would be January 8, 2007 at 3:00 pm, and that meetings would continue to be scheduled for the second Monday of each month through 2007. RxHub will be invited to make a presentation at 2:00 pm on January 8, 2007, with members of the Task Force attending as they are able (members of the Electronic Prescribing Workgroup are encouraged to attend).

The Chairman said that at an upcoming meeting, representatives of the American Health Law Association and American Trial Lawyers Association will be invited to attend, to discuss issues related to legal liability for the availability and use of electronic health information exchange in patient care and decision-making.

Chairman Basch 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 4:57 p.m.