

DC HIE

Safety - Privacy - Security - Quality - Speed - Efficiency

District of Columbia Health Information Exchange Policy Board
Meeting Minutes

October 17, 2012
2:00 p.m. – 4:00 p.m.

Members present (14): Sharon Baskerville, David Bishop, Jamal Chappelle, Angela Diop, N.D., Victor Freeman, M.D., Douglas M. Garland, Jr., Marina Havan, Julius W. Hobson, Jr., Brenda King, R.N., Barry Lewis, M.D., Ariana Quinones, Raymond Tu, M.D., Robert B. Vowels, M.D., and Cleveland Woodson,

Members absent (7): Barbara Bazron, Ph.D. , Bernie Galla, R.N., Brian Jacobs, M.D., Robin C. Newton, M.D., Wayne McOwen, Arturo Weldon and Machel Yingling Schraeder.

DC-HIE Staff present (2): Alessandra Klug, Esq. and Michael Tietjen.

Guests present – District Government (4): Tina Curtis, Esq. (DHCF), Mary Frances Kornak (DOH), LaRah Payne, Sc.D. (DHCF), Tony Pillai (OCTO).

Guests present – Public (4): Robert Axelrod (Kaiser Permanente), Denise Edwards, Joyce Hunter (Vulcan Enterprises, LLP), Alan Watson (HIT Consultant)

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:10pm. Michael Tietjen (Management Analyst) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the September 19, 2012, meeting of the Board for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage.
Review and Approval of Amended By-Laws	Mr. Woodson presented the amended By-Laws. Mr. Woodson noted that the only change was in Article IV, number two requiring mayoral approval for the vice chair selected by the Policy Board. Based on advice from the office of the Deputy Mayor for Health and Human Services, mayoral approval is not necessary and was removed from the by-laws. Following Mr. Woodson's review, the draft bylaws were presented for approval, whereupon a motion was duly made, seconded and unanimously adopted and approved as presented. A revised version of the Bylaws will be made available on the DC HIE webpage.

Update on SOW for
SOP and Sustainability

Mr. Woodson presented an update on the efforts to recruit professional services to update the Strategic and Operating Plan and write a new Sustainability Plan for DC HIE. He stated that DC HIE will go through the District's procurement process and that DC HIE staff had developed a statement of work that is being reviewed internally before starting the procurement process. He also reviewed a 30/60/90 day action plan developed with ONC for the State HIE grant, which includes development of the Sustainability plan. He also stated that DC HIE has spoken with Office of the National Coordinator for Health I.T. (ONC) and that they are aware that DC will not likely meet the December 31st deadline for submission of a Sustainability Plan. Marina Havan asked about involvement from committee members on the SOP and Sustainability Plan. Mr. Woodson responded that he will circulate the SOW to the Board for review and approval. Ms. Havan and Ariana Quinones asked about the level of confidentiality and conflict of interest disclosure that would be required for sharing a SOW with the board members. Mr. Woodson stated that he would check with OCP and the DHCF's attorneys about those requirements. He also stated that he would get background documents to the board to give them background on DC HIE activities to date.

Mr. Woodson stated that the three team members are split between HIE and the Electronic Health Record (E.H.R.) Incentive program. He gave an update on the status of the E.H.R. Incentive Program. He stated that the District had requested proposals for the program and was in the final negotiation stages of the procurement. Raymond Tu, M.D. asked what the Policy Board's role is related to these programs and specifically sought clarification on whether the board is to be used as a sounding board for ideas or if they are to be involved in day-to-day affairs of the PMO. He stated that he was concerned about and would be opposed to discussion about procurement in an open forum. Mr. Woodson stated that the role of the Board is advisory and that the Board should help to guide the DC HIE in decision making. Day-to-day responsibilities of the DC HIE are the responsibility of the HIE Project Management Office (PMO) which is within the division of Health Care Reform & Innovation Administration division of DHCF. Ms. Havan recommended that the PMO use the subcommittee structure when the PMO needs either a decision by the board or input. Mr. Woodson stated that the subcommittees would be activated as HIE efforts move forward. Tina Curtis, Esq. added that input from experts, including Board members can be useful regarding procurements, but that DC HIE would need to follow District procurement polices while the project is hosted by the District Government.

Jamal Chapelle asked about the timeline and what the board can do to assist the HIE in meeting timelines and deliverables. Mr. Woodson stated he would use the interim between Board meetings to communicate with Board members and provide input on program issues or to ask the Board review and approve documents. Woodson stated he will probably send the SOW and/or the DC HIE Policies and Procedures to the Board the following week.

Mr. Woodson then brought up the November meeting schedule. He stated that the normally scheduled November meeting would be the day before Thanksgiving. He asked the Board if they would like to reschedule for the week before or week after or cancel the meeting. After brief discussion, the Board agreed to reschedule the meeting to November 14 from 2:00-4:00 pm. Victor Freeman, M.D. noted that committee chairs will need to meet one week before the board meeting. Mr. Woodson agreed to arrange committee meetings via telephone and to forward pertinent documents.

Sharon Baskerville asked for clarification on DC HIE's responsibility to bring providers to Meaningful Use. Mr. Woodson replied that he was referring mostly to the E.H.R. Incentive Payment program. He added the PMO is working to stand up to program and create policies and procedures. Angela Diop, N.D. asked when incentive payments would be ready. Mr. Woodson replied that he expects payments to be ready by the first quarter of 2013. He added that the PMO is negotiating the contract to run the program and anticipates a contract being signed in November and that the vendor will need three or four months to set up the system. Ariana Quinones asked why no one else bid and what was not attractive about the District's request for proposal. Mr. Woodson answered that liquidated damages was an issue during the first procurement and the Board briefly discussed the issue. Dr. Tu asked if current contract negotiations fell through if partnering with another state is a possibility to operate the incentive program. Mr. Woodson stated that he would inquire with his counterparts in other states (Maryland and Virginia). Ms. Baskerville stated that eligible providers and eligible hospitals whose Medicaid volume is sufficient may qualify to receive incentive payments from another state. At Ms. Quinones's request, Mr. Woodson agreed to share the liquidated damages associated with the E.H.R. Incentive RFP with the Board. Mr. Woodson stated that while there is some connection between the E.H.R. Incentive Program and the HIE, the E.H.R. Incentive Program was beyond the purview of the Policy Board.

Review and Approval
of Subscription
Agreement

Mr. Woodson introduced the DC HIE Direct Secure Messaging Subscription Agreement to the Board. He explained that the documents would be part of the enrollment process, along with an identity verification form. He explained the different types of possible subscriptions outlined in Agreement. He stated that DC HIE's Subscription Agreement is based on best practices from other states. Julius Hobson, Jr. asked if signatures should be notarized. Mr. Woodson replied that signatures in the identity verification form will be notarized and that this notarization would help to ensure the identity of those who seek a Direct Secure Messaging address.

Ms. Baskerville asked what data sharing agreements would be required for the use of Direct Secure Messaging in addition to the Subscription Agreements. Mr. Woodson added that there will be an opt-out form. LaRah Payne stated that Direct Secure messaging is a point-to-point system and the security and privacy are built into Direct. Dr. Payne added that a data sharing agreement is not needed until query-based functionality is incorporated into the HIE. Ms. Baskerville stated that she disagreed with that assumption and said she will review Subscription Agreement and get back to the Board with comments. Ms. Curtis concurred with Dr. Payne that there will be a more robust agreement required in a query system. She added that Direct policies will state that DC HIE is only responsible for data security during transmission and at rest and it is up to the provider to enforce other privacy and security mandates. Dr. Freeman asked if the Subscription Agreement would provide some credit towards Meaningful Use requirements. Dr. Payne and Ms. Curtis replied that Direct Secure Messaging already meets some of the most basic requirements for Meaningful Use Stage One. Marina Havan asked if participants who participate in Direct will need to move on to future HIE services. Ms. Baskerville added that to be successful with the provider community the DC HIE needs to add additional services. Dr. Payne added that penalties only apply to Medicare and not to Medicaid. Ms. Baskerville added that DC HIE should explain to providers that while Direct can help start a provider towards Meaningful Use requirements, that there will be future requirements and steps for a provider to take after adopting Direct. Dr. Tu asked who owns the data transmitted through Direct and if patients need to sign agreements. He then asked what would happen if a patient does not want their data transmitted through Direct. Mr. Woodson replied that an opt-out form would be provided on the web site. Mr. Hobson asked what happens to the requirement to hold data for ten years if a doctor quits practicing or dies. Denise Edwards replied that regular HIPAA requirements would still apply. Ms. Baskerville stated that DC HIE needs to remind providers that they own their data and that this is not a repository system. She added that many providers would not like the idea of the data being owned by the state. Providers need to understand they own the data and that Direct is only a means to transmit. Dr. Freeman stated that the

information will be held by the vendor. Mr. Woodson concurred.

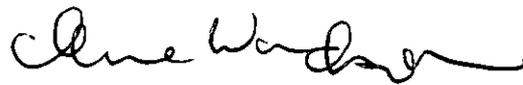
Dr. Freeman asked if providers are obligated to inform patients of the right to opt out and if that is included in the subscription agreement. Ms. Curtis replied that it is not and that a decision needs to be made if state HIE activities are to be opt-in or opt-out and form policies accordingly. Ms. Baskerville added that there is not a strong case for an opt-out model in a model that is not a repository and not to complicate Direct with opt-in versus opt-out. Dr. Freeman expressed concerns that patients might be concerned about their information being transmitted over a state-run system. Ms. Curtis added that current policies allow for transmitting data over Direct for treatment, payment and health care operations and it is provided in notice. However, as HIE services mature, notices will need to be clear about patient's rights. Ms. Baskerville added that the DC RHIO tried to help patients understand that it was moving to higher level and higher security of the information being shared. Ms. Baskerville added that only fifty patients have opted out of the DC RHIO.

Doug Garland asked if the language in the Subscription Agreement referencing 'providers' would include professionals such as pharmacists since they are only recognized as providers in the District. Ms. Baskerville asked if Direct could be used for e-Prescribing. Mr. Woodson stated that it could be used for e-prescribing. Ms. Baskerville asked why in phase one DC HIE should be concerned about pharmacists as providers. Mr. Hobson added that pharmacists, and other types of professionals, are increasing the scope of the services they offer. Mr. Garland asked if it was the will of the program to include pharmacists. Mr. Woodson replied that the DC HIE does plan to include pharmacists or other professionals. Mr. Hobson asked if the Subscription Agreement is amendable after it is made public. Mr. Woodson replied that it is and he agreed to amend it to include qualified health care professionals.

Mr. Woodson asked for other feedback on the rest of the Subscription Agreement. Dr. Freeman asked for clarification on process related to review of the Subscription Agreement. Mr. Woodson stated he was asking for input on the document immediately, input and changes would be incorporated and that the document would be used in initial deployment of Direct. He added that a policies and procedures document would be sent to the Board very soon for their review and input. Mr. Hobson reminded the Board that the document can be amended at a later date for new requirements or needs. Mr. Chappelle suggested that for future HIE services, language educating patients about HIE be included in the document. Mr. Woodson agreed, but noted that DC HIE is currently focused on communication between providers. As the HIE matures and patients are directly permitted to participate, the education of patients will be integral to the success of the HIE. Dr. Freeman suggested inserting language that would be perceived more favorably by providers, such as adding that a fee may be charged to cover basic costs. Mr. Woodson agreed to incorporate this language into the Agreement and also to include that providers

	<p>could terminate their subscription in Direct at any time for any reason.</p> <p>Mr. Woodson moved to approve the document with identified minor changes, whereupon a motion was duly made, seconded and adopted. Ms. Baskerville recused herself from the vote. Mr. Woodson agreed to forward the revised Agreement with changes to the Board.</p> <p>Tony Pillai asked in any of the DC HIE services would tie into the District's technical infrastructure. Mr. Woodson replied that it would not. Mr. Chappelle asked if there are contingencies to assure performance of the system at all times. Mr. Woodson replied that DC HIE's technology provider does have contingency plans to ensure that outages do not occur. Mr. Freeman asked how loss of licenses would be monitored. Mr. Woodson replied that it would be manually checked by DC HIE staff.</p>
Update on Marketing Efforts	<p>Mr. Woodson provided a brief update on marketing efforts. He stated that the contract with Orion Health had been amended to include some marketing activities. He stated that it would include e-mail, fax and mail. Mr. Woodson stated that DC HIE staff may also do some door-to-door outreach as well as attend meetings of professional associations in the District.</p> <p>Michael Tietjen gave a brief overview of ONC-established 90-day plan of activities. He reviewed a tentative schedule of deliverables and informed the Board that the PMO was on track to meet all deliverables.</p>
Next Board Meeting	November 14, 2012 from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:00 p.m.

Approval of Minutes:



Cleveland Woodson, Chair, DC HIE Policy Board

11-14-12

Date