

THINC RHIO, Inc.

Taconic Health Information Network and Community

THINC RHIO Board Meeting

A meeting of the THINC RHIO, Inc. (THINC) Board was held on May 7, 2008, commencing at approximately 6:30 p.m.

Board Members Present: Mike Duffy
Mark Foster
Gene Heslin
Paul Kaye, MD
Arthur Levin
Art Nizza
Robert Savage

Board Members Absent: None

Non-Board Members Present: Asha Upadhyay (Program Director, THINC)
John Blair, III, M.D. (Chairman & CEO, MedAllies)
Steve Rossi (THINC, CFO)

Notice of the meeting was duly given to the Directors prior to the date of the meeting.

I. BOARD OF DIRECTORS MEETING

A) APPROVAL OF MARCH 2008 MEETING MINUTES

Mike Duffy called the meeting to order and asked for a motion to approve the minutes of the March 2008 meeting of the Board of Directors. A motion was made & seconded and the minutes were unanimously approved.

B) THINC UPDATE

Asha Upadhyay gave an update on the following projects:

1. NYSDOH-HEAL1

THINC is currently in discussions with NYSDOH for a two year extension of the current contract end from August 1, 2008 to July 31, 2010. If these discussions are successful then the Electronic Medical Record rollout plan will be revised accordingly.

2. NYSDOH-P4P/Medical Home Project

THINC has received approval from NYSDOH for its' P4P Medical Home Project. THINC has received a proposal from ViPS the data aggregator for this project which has been circulated to the Health Plans (can we be more specific about what health plans – all in state or ones in THINC region) and they are currently reviewing it. THINC is waiting for IRB approval on the participation agreements before enrollment of the physicians can begin. We have 161 physicians currently awaiting enrollment in the P4P-Quality Reporting & 128 physicians for the Medical Home.

3. ONC: NYeC NHIN-Phase 2 project

This project includes the development of the core services and multiple optional use cases. The HHS contract is with NYeC in partnership with NYSDOH and several RHIOs. The general contractor is Computer Sciences Corporation. Two other RHIOs (LIPIX & NYCLIX) were chosen for the development of the core services. THINC is a subcontractor and was selected to do the Quality use case. This use case is for aggregated quality reporting directly out of EMRs. There are currently no standards for reporting quality data through health information networks; from EHRs; or for reporting summary interpretations and computations. THINC and MedAllies will develop specifications for quality reporting using data directly from CCHIT certified EHR systems. Currently physician performance measures are derived from health plan claims data. MedAllies will do the development and field testing. The objective is to create a standard for all EHR vendors for how quality reports are to be produced out from EHRs.

The timeline for this project for the base year is 02/14/08- 01/23/09 plus 2 option years.

We received the contract from Computer Sciences Corporation for this project on April 10, 2008. Currently, THINC is in the process of developing a detailed project workplan and the deliverables for this project in consultation with CSC.

4. NYSDOH – CDC-HIE for Biosurveillance project

The project kickoff meeting was held on March 11th. The lead applicant is Health Research Inc., in partnership with the NYSDOH and NYCDOHMH. The project partners include THINC and four other New York RHIOs. The timeline for this project is April 1, 2008 to February 6, 2009 with four option years which would run from Feb 7, 2009 - Feb 6, 2013. The total CDC grant project budget is \$40M of which NY State received \$20M. The two other awardees were Indiana and Washington State.

The purpose of this project is to allow state, regional and non-geographic health information exchanges access to clinical care information at all levels of public health authorities to improve public health situational awareness and case reporting. This project will accelerate the real-time ability of local, state, regional, and non geographic entities to share data and information to enhance rapid response to, and management of, potentially catastrophic infectious disease outbreaks and other public health emergencies.

Public health and clinical-based RHIO partners will be linked through a common set of standards and services for the bi-directional exchange of data while ensuring appropriate privacy protection. A “Universal Public Health Node” will be developed and implemented as part of statewide HIE capabilities among providers and public health authorities, enabled by NY’s RHIOs. Public health would be a node on the RHIO, functioning as an HIE partner. MedAllies will develop a public health node within the Hudson Valley Health Information Exchange. This will involve automated reporting from hospitals and EHRs. This public health node will have bi-directional feeds to multiple state entities one of which will be to the Universal Public Health Node. The UPHN will communicate with the CDC.

Currently THINC is working with NYSDOH on finalizing the Scope of Work and Budget.

5. NYSDOH - HEAL5 –SHINNY and CIS

NYSDOH made 19 HEAL5 grant awards in the range of \$1-10M. THINC RHIO received 2 grant awards. One for the HEAL-NY Phase 5: SHINNY and the second for the CIS Projects. The SHINNY award is for \$7.3 M to support 2 use cases: HIE for Public Health and Interoperable EHR's for Medicaid. The CIS award is for \$4.8M for implementing Quality reporting for Outcomes.

The kickoff for this project is on Monday May 12th in Albany. Once THINC receives a contract from NYSDOH, the turnaround deadline for submission back to NYSDOH is July 1, 2008. The state expects the contracts to be approved by the State Comptrollers office in Fall 2008 (Oct-Nov 2008). In the THINC-HEAL5 proposal the timeline of the project is based on a start date of July 1, 2008. This timeline will be revisited based on when the contract gets signed by NYSDOH.

HEAL5-SHINNY Project:

This is a two year project for the implementation of two use cases. It will be done in multiple phases, during the period (July 2008 to June 2010. During Phase 1, which spans the first three months, THINC RHIO and its partners will complete the plan design for the initial deployment of the HVHIE. In Phase 2, implementation at five hospitals and 83 practices will commence in July 2008. Starting July 2009, the HVHIE will begin exchanging data in accordance with the SHIN-NY core services and standards. By the project's conclusion, six hospitals and more than 490 providers will be exchanging data through the enhanced HVHIE.

THINC RHIO will contract with MedAllies to enhance the existing HVHIE by deploying the capabilities to address the SHIN-NY use case requirements.

THINC has non-binding agreements to participate from: 1) four clinical practices, representing 128 physicians; 2) nineteen hospitals; 3) nine long-term care facilities; 4) two community health centers; 4) seven Public Health Departments; 5) two national labs; and 6) six health plans. (See Attachment A)

HEAL5-CIS Project:

This project will implement the Quality Reporting for Outcomes use case. THINC RHIO will develop a Quality Reporting Service (QRS) that will facilitate automated transmission and aggregation of quality performance measures directly from physicians' EHRs and hospital information systems. The QRS will connect with multiple certified-EHR systems and collect, analyze, aggregate, generate reports, and submit quality performance measures across providers, practices, and care delivery organizations to enable community-wide benchmarking of health care delivery. Four EHR vendors have each agreed to build interfaces to THINC RHIO's QRS.

THINC has non-binding agreements to participate from: 1) four clinical practices representing 128 physicians; 2) nineteen Hospitals; 3) two Community health centers; 4) Six health plans and 5) two national labs; 6) six health plans; and 7) four vendors of CCHIT certified EHR systems. (See Attachment A)

6. THINC Event March 20, 2008

The budget for the events for community outreach for 2008 is \$7800. \$4308 was spent on the March event. \$3491 remains available if needed for activities the rest of the year. We had approximately 160 attendees with broad representation across various groups and members of the Press and Media (See Attachment B).

C) MEDALLIES REPORT

Dr. Blair reported that approximately 200 EMRs have been implemented. Mike Duffy said that he would like to get an idea of the EMR implementation rate in the Hudson Valley including a breakdown by size of practice- He asked that MedAllies present quarterly reports on the number of licenses implemented by quarter and in aggregate and the plans for future implementations. He would also like to see the number of physicians in the THINC region that are not part of the Taconic IPA, and identify barriers to EMR adoption.

Dr. Heslin mentioned that one of the barriers is the cost of high speed broadband connectivity especially in the more rural areas. The Board asked that MedAllies poll their customers what about their connectivity costs for their practice. Mike Duffy asked if it was possible to get a NY state map that shows available connectivity and its costs for high speed internet access.

D) THINC FINANCIALS

Steve Rossi reviewed THINC Financials statement with the Board. Mike Duffy asked Steve to hold off on presenting the HEAL 5 funding in the THINC Budget until HEAL contracts are finalized.

E.) NEW BUSINESS

Mike Duffy mentioned that currently there is no stipend for Board and Committee chairs, and if this is something the Board would like to consider changing. Dr. Heslin said that he thought it is better to have a voluntary board as it currently stands. Dr. Foster said that if a lot of work is required from the Committee chairs then maybe it is a good idea to have some stipend for the chair. It was decided by the Board that this item would be revisited in the future if need be.

A motion was made, seconded and approved to adjourn the public meeting and the Board reconvened in Executive Session.