

THINC RHIO, Inc.

Taconic Health Information Network and Community

THINC RHIO Annual Meeting of the Board of Directors
May 6, 2009, 6:30pm-8:30pm

Board Members Present: Mike Duffy, Chair
Joe DeVirgilio
Dr. Mark Foster
Dr. Gene Heslin
Arthur Levin
Robert Savage

Unable to participate: Dr. Paul Kaye
Arthur Nizza

Non-Board Members Present:

A. John Blair, III; Susan Stuard, Allison Laquidara, Asha Upadhyay

Meeting materials: 1) Meeting Agenda; 2) April 2009 Meeting Minutes, 3) Resolutions on THINC Name Change; 4) Restated Certificate of Incorporation for THINC, 5) THINC Financials; 6) THINC Project Update Report; 7) THINC Committees Update Report; 8) Susan Stuard presentation.

I. MEMBERSHIP MEETING

A) THINC RHIO Name Change

Susan Stuard informed the Board that Manatt checked with New York State about the THINC name. Because there is an already incorporated THINK, Inc., New York State declined our request for THINC, Inc. as being too close in name. Instead Manatt suggests that we incorporate legally as Taconic Health Information Network and Community doing business as (d.b.a) THINC, Inc. The full name would appear in all the legal documentation.

Mike Duffy made the motion, which was seconded and approved unanimously to pass the resolution to change the name of the Corporation from THINC RHIO, Inc. to Taconic Health Information Network and Community with as doing business as THINC, Inc.

Susan informed the Board that a draft of the 501(c) 3 application has been prepared by Manatt. Once the name change is approved by New York State, the 501(c) 3 will be submitted.

Mike Duffy made the motion, which was seconded and approved unanimously to submit the 501(c) 3 application when it is ready to be submitted.

Joe DeVirgilio suggested that when the name change is finalized, the bank will need to be informed. Susan Stuard said she will talk to the accountants about this and may need to get consent from the Board to make the change.

II. PUBLIC SESSION

A) Approval of April 1, 2009 Meeting Minutes

Mike Duffy asked for a motion to approve the minutes of the April 2009 meeting. A motion was made and seconded and the minutes were unanimously approved.

B) Financials and Audit Update

Susan Stuard reviewed THINC's financials with the board. She said that THINC was in good standing in terms of cash flow. Joe DeVirgilio asked if there were any customers defaulting on their payments, especially in light of the current economic climate. Susan Stuard said no. Susan informed the Board that Deborah Bailey Brown had begun the 2008 audit. The findings from the audit will be presented to the Board at the June meeting.

C) THINC Projects Update

Susan Stuard gave an update on the following projects:

- **HEAL 1:** New York State Department of Health (NYSDOH) has verbally approved the Q9 report and voucher, but no payment has been received. NYSDOH has said that they will look at the Q8 report and voucher once Q9 is completed. Q11 closed on April 30th, so the report and voucher will be submitted by May 30th with approximately 50 implementations for Q11. The Q12 and Q13 goal was for 150 implementations and MedAllies is projecting 57 implementations which will be 93 under goal. This is due to the HealthQuest implementation timeline being pushed out by six months.

Dr. Blair said that there were approximately 150 physicians close to signing, but due to the economic stimulus package and the yet to be determined definition of meaningful EHR use, many practices are waiting to understand what will qualify for reimbursement before making any decisions. This information will be released by the federal government in fourth quarter of 2009. Physicians will have one year to get EHRs implemented to realize the full benefits of the economic stimulus package, so the demand for EHRs is expected to increase by the end of 2009.

- **CDC HIE – Year 1:** The project deliverables have been completed and the final voucher was submitted to NYSDOH for approximately \$35,000. We are waiting for details on Option Year 1 from NYSDOH.
- **P4P/Medical Home:** The grant closeout report was submitted to NYSDOH. NYSDOH approved THINC costs but declined the \$80,000 of invoices from Cornell for the project evaluation. Cornell is preparing another letter to submit to NYSDOH requesting payment. THINC is not under any legal obligation to pay Cornell since the contract with THINC states that Cornell would be paid if THINC gets payment from NYSDOH. This should not affect other projects that THINC has with Cornell. Cornell was due approximately \$200,000 under the grant but got paid \$120,000.

Currently we are in discussions with the health plans regarding their financial commitments for the project. MVP and Hudson Health Plan commitments have been received. Aetna and Wellpoint are processing their letters of commitment internally. We are waiting on commitments from CDPHP and United.

Medical Home transformation work is ongoing. Mike Duffy asked what work will result from the Medical Home project. Susan Stuard replied that from the five years of data gathered from the project, we will learn a lot about health care utilization and potential improvements in care quality and care coordination. To do a comparison between Pay-for-Performance and Medical Home, we will have to wait for the end of the five years.

- **HEAL 5 -SHIN-NY and CIS:** The HEAL 5 project is proceeding on target. The Privacy Committee has started work on the Patient Access and Engagement Policy. Discussions will begin with hospital CIOs about integration with the HVHIE. During the initial hospital interviews, it was found that several hospitals will be changing their health information systems platforms. A preliminary selection of quality measures has been determined. The due diligence work is continuing. Susan Stuard and Dr. Blair met with Lee Jones and the due diligence consultant, Rim Cothren, on Tuesday April 28th to discuss the project progress to date and the work plan and methodologies. The consultant will make a full presentation of his findings at the June 3rd Board meeting.

D) THINC Committees Update

Susan Stuard gave the following update:

Public Health Committee

This committee did not have a scheduled meeting in April.

Privacy and Consumer Committee

The committee had further discussions on the draft of the authorization policy and began discussions about patient engagement and access policy.

Quality and Clinical Committee

THINC will hold its June committee meeting in-person at the IBM offices, in Somers New York. The focus of this meeting will be the Pay-for-Performance/Medical Home project. Susan Stuard invited the THINC Board to attend. Meeting information will be sent to the Board.

Technology and Security Committee

The hospital CIOs were updated on the project plan. Before any hospital submits their Certificate of Need (CON) to NYSDOH, they have to fill out a form and get approval from their local RHIO. THINC has signed the CON form for Orange Regional Medical Center and Blythedale Children's Hospital.

E) EHR Adoption and HEAL 1

Mike Duffy asked what are we doing to recruit large medical practices and to connect them to the HIE. Susan Stuard said that with the HEAL 5 project we can connect five EHR vendors, eCW, NextGen, and three others. We are using the medical home project as a strong engagement tool. Dr. Blair said that practices have to have a functional reason to connect to other practices. Currently practices work in silos. The drivers to connect to a HIE are integration between providers, and access to services like quality reporting and personal health records. He said that if the government makes it a requirement then the vendors will build the necessary infrastructure to connect to the exchange.

Siemens is reviewing the specifications for the HVHIE and evaluating if the Hudson Valley is the first place they want to implement. Dr. Heslin asked are we building something that no one is capable of connecting to. Mike Duffy asked if there are federal specifications for this. Susan Stuard said that the New York State architecture is defined by NYSDOH. The Nationwide Health Information Network (NHIN) specifications are on hold due to the change of leadership at the Office of the National Coordinator. New York State has built on and is compliant with NHIN to date. Mike Duffy asked which other states have laid out a state plan. Susan Stuard said none are as far along as New York. Gene Heslin asked if this would slow down HEAL 1 implementations. Dr. Blair said this has no impact to HEAL 1.

Dr. Blair gave a presentation to the Board about the EHR adoption and HEAL 1.

He said that MedAllies is working on the Electronic Health Records (EHR) project under HEAL 1. Many practices do not know about the Federal stimulus package. The HEAL 1 grant supports the costs of the EHR license. The monthly fee to the provider includes hosting, software maintenance, support, connectivity, and IT support. A practice has to get high speed internet access. NYSDOH paid for the implementation for the first 300 licenses under HEAL 1. For the remaining 700, there is a one time implementation fee which is on a decreasing scale based on the total number of doctors to be implemented in a practice. There are also data conversion costs to a provider. For those physicians who cannot afford the upfront costs to get on an EHR system, MedAllies is working with local banks to help physicians secure financing based upon future receipt of Federal Stimulus funds for EHRs.

MedAllies has retained a marketing company to prepare materials about the stimulus package, local training and support, and what it takes to qualify for meaningful use. Meaningful use has three components: e-prescribing, connection to a health information exchange (HIE), and quality reporting. There will be three postcard mailers that will go to physicians in the Hudson Valley. There will be one mailer that will include the complete package and frequently asked questions. Gene Heslin suggested that this would be an opportune time to inform the physician, when the current Healthvision portal will be phased out and the new HVHIE v2.0 is phased in.

The MedAllies website will focus on the EHRs, stimulus package, and the local implementation and support. Joe DeVirgilio asked if THINC is referenced in the marketing materials. Dr. Blair said he is not that far into the development of the materials. Dr. Blair said that physicians recognize eCW more than MedAllies and MedAllies more than THINC.

Susan Stuard said that THINC can seek to do an educational presentation to physicians about the stimulus package at medical staff meetings at local hospitals. There could be a one page handout for physicians to take away with more information. Dr. Heslin mentioned that the office managers' committee meetings and listservs at hospitals could also be utilized for presenting the information.

Mike Duffy asked how many physicians are on EHRs in the Hudson Valley. Susan Stuard replied that a Taconic IPA survey showed 21% of physicians are using an EHR.

F) HEAL 10 Overview Presentation

Susan Stuard gave the following presentation:

The HEAL 10 Request for Grant Application (RGA) has been issued by NYSDOH. The focus of this grant is the development and implementation of the information technology infrastructure necessary to support medical home. The applications are due on June 15, 2009. There is \$60 million in funding across the state. There will be a maximum of two awards per region. The maximum dollar

amount for each award is \$7 million. The RGA requires three components: medical home, EHR service bureau and the RHIO. The proposal must identify discrete care coordination zone or zones, and a target population with a chronic disease or high risk/high cost diagnosis. Health plan involvement is not a requirement but a proposal will be scored higher if there is health plan involvement. The patient centered medical home (PCMH) must comply with any requirements issued by the NYSDOH. It was verbally noted at the bidders' conference held by NYSDOH that the NCQA's PPC-PCMH is the right track.

The lead applicant must be a clinically-oriented entity involved in implementing a medical home or a Community Health Information Technology Assistance (CHITA) organization that meets the standards for supporting EHR implementation in service of the medical home or SHIN-NY connectivity. THINC is not a natural fit in either category. Susan Stuard proposed that THINC remain a neutral party and be positioned to support any applications/constituents that meet the requirements of the RGA and THINC's standard for RHIO involvement. The RHIO is a required element of the application. All Hudson Valley applicants must come to THINC. It is expected that there will be at least two applications from the Hudson Valley. Susan Stuard proposed the following THINC criteria for the applications and asked the Board for feedback/approval. The Board approved the criteria.

1. Approve technical plan for connecting to RHIO and SHIN-NY
2. Verify that adequate funds are in grant budget to enable development and interface work necessary for connection to RHIO
3. Funds to offset THINC personnel costs to manage integration efforts, grant reporting and deliverables, and other work that will surely be assigned (.5 to 1 FTE for two years)
4. Commitment to participate in THINC committees as applicable (privacy, quality, IT)
5. Commitment to adhere to THINC policies regarding privacy and security
6. Commitment to pay ongoing maintenance costs for connection to exchange

Susan Stuard noted that the HEAL 10 project will drive the use of the local health information exchange by creating an incentive for physicians and hospitals to connect to the exchange for the purposes of care coordination. The project is a great opportunity to strengthen our existing medical home project by pushing level 3 PCMH with existing physicians and possibly adding more physicians. It will involve hospitals and providers in care coordination via the health information exchange with funds to offset the development and integration costs. It will help continue the current project momentum and will support evaluation.

G) New Business

There being no new business, a motion was made, seconded and approved to adjourn the public meeting.