

THINC, Inc.

Taconic Health Information Network and Community

THINC Meeting of the Board of Directors

October 7, 2009, 6:30pm-8:30pm

Board Members Present: Michael Duffy, Chair
Joseph DeVirgilio, Jr.
Eugene Heslin, MD
Paul Kaye, MD
Arthur Levin
Arthur Nizza

Unable to participate: Mark Foster, MD
Robert Savage

Non-Board Members Present:

Meghann Hardesty, Allison Laquidara, Susan Stuard

Meeting materials:

1) October Meeting Agenda, 2) September 2009 Meeting Minutes, 3) THINC Financials 4) THINC Project and Committee Update Reports 5) PowerPoint Presentation on HIT Grant Updates, 7) Draft THINC Financial Plan 8) HEAL 5 Risk Register

PUBLIC SESSION

Approval of September 2009 Meeting Minutes

Mike Duffy made the motion to approve the minutes of the September 2009 meeting. With the exception of adding Dr. Eugene Heslin to the list of attendees for the September 2009 Board Meeting, the motion was seconded, the minutes were unanimously approved.

THINC Financials

Susan Stuard reviewed the financials with the Board Members, drawing their attention to the variance for HEAL 1 due to the slower than anticipated implementation rate. The variance related to the Pay-for-Performance project was anticipated and the board passed a motion early in 2009 to make the correction in the budget against those funds, THINC will relay this information to D'Arcangelo. In addition, the board members discussed the variance related to HEAL 5, THINC anticipates seeing a drawn down on these funds in the next two quarters as milestones are completed. Turning the focus to expenses, it was noted that accounting services were over budget. Throughout the course of 2009, THINC has been working to clean up the financial operations as well as undergone two financial audits. With that work completed, it is anticipated for the billing portion of the accounting services to decrease. Board Members are interested in keeping the cost down related to accounting services and suggested while negotiating the budget for 2010 to discuss alternatives with D'Arcangelo.

Project Update

Susan Stuard updated the board members on the following projects.

- **HEAL 1**

39 implementations were completed in Quarter 12, bringing the total to 296 EHR implementations in the Hudson Valley. THINC and MedAllies are projecting 86 implementations in Quarters Q13 and Q14. However, THINC does not anticipate being able to complete the 1,000 implementations by July 31, 2010 per the HEAL 1 contract goal and contract term date. THINC has started conversations

with NYS DOH regarding the possibility of securing a second no-cost extension. Quarter 8 payment of \$357,500 is still outstanding, after six inquiries from NYS DOH, Susan Stuard was given confirmation from the state that payment would be issued for Quarter 8.

- **Pay-for-Performance**

Health plan data acquisition is complete with Hudson Health Plan and MVP, on schedule and underway with CDPHP, Aetna, United and WellPoint.

- **Medical Home**

Three of the Medical Home Federally Qualified Health Centers (FQHCs) and practices have submitted recognition applications to National Committee for Quality Assurance (NCQA). Two of these groups have received the highest level of recognition, Level 3. One application is still pending and two of the medical home practices, both solo practitioners, have elected to delay submission to NCQA until 2010. The remaining eight FQHCs and practices are still on target to submit their recognition applications to NCQA by end of October. THINC has begun recruitment for physicians in the project's quality metrics group but has had limited success with only 15 recruits to date. Taconic IPA has agreed to offer support with recruitment. The THINC Quality Committee has reviewed a first draft of the project's quality profile prepared by MedAllies. This quality profile is slated for distribution to the participating physicians in March 2010.

- **HEAL 5**

THINC and MedAllies have had integration discussions with two hospital systems, representing seven hospitals, and their information system vendors. Four participant hospitals, pending ability to secure financing, are likely to purchase a new hospital information system (HIS) which hinders THINC's efforts to establish a firm timeline for these hospitals' integration into the exchange. eClinicalWorks has completed its scope of work for integration into the exchange and that document is under review by MedAllies. THINC has been informed that NYS DOH may not be able to complete development of the medication management service by the end of the HEAL 5 grant period. If so, NYS DOH will begin discussions with THINC and other RHIOs in the fourth quarter regarding alternative scenarios to satisfy the obligations laid out in the grant contract. THINC Privacy Committee has completed the final draft of the consent policy. The Committee will begin working on the audit policy in October. MedAllies is scheduled to complete the security and privacy requirements for the exchange by the end of October. Rim Cothren is scheduled to complete the second portion of its due diligence engagement on MedAllies and will report to the THINC Board at the November meeting. THINC received payment from NYS DOH on its Quarter 4 SHIN-NY and CIS vouchers, totaling \$613,311. The lab test ordering and results delivery feature with eClinicalWorks is gaining momentum. The first stage interface is running via eHX and further interfaces will continue over the remainder of the HEAL 5 project.

Committee Updates

- **Privacy Committee**

The consent policy has been finalized and discussion of the audit policy will begin at the October meeting. The committee is scheduled to meet again on October 22 at 11am.

- **Financial Oversight Committee**

The Finance Committee will review a draft of the THINC 2010 budget at the November 17 meeting.

- **Quality and Clinical Committee**

The deadline for the first annual quality profile is approaching for the P4P-Medical Home project. The committee continues to monitor the timeline closely. In addition, the committee has reviewed a first draft of the sample quality profile. The committee has requested that THINC and the medical home group undertake a review of the patient-physician attribution prior to issuing incentive payments. The voluntary review is anticipated to occur in late January of 2010.

- **Information Technology Committee**

The Committee is scheduled next to meet on December 3 at 2:00pm. Previously, the groups reviewed the HEAL 5 project work plan as well as the integration timeline for public health, CCD, medication management and quality reporting use cases. Susan Stuard briefed the committee on the certificate of need (CON) process by NYS DOH. A draft of the Federal meaningful use criteria was discussed and cross walked to THINC's HIE functionality.

- **Public Health Committee**

The committee is scheduled to meet on October 22 at 3:00pm.

HIT Grant Update

- **HEAL 10**

Both The Taconic IPA and Hudson River Healthcare (HRHC) submitted applications. While HRHC was awarded \$5,902,937, Taconic IPA did not receive an award. Scoring for HEAL 10 placed a large emphasis on service to underserved populations and Medicaid. HEAL 10 was awarded along with HEAL11 and 12. The Hudson Valley received a disproportionate share of HEAL 11 and 12 funds. THINC's relevance to the HRHC award is \$136,500 of staff time over two years to underwrite project management costs and NYS DOH HEAL 10 obligations, and \$2.7 million to build a clinical summary exchange service, integrate eCW with Epic and work with MedAllies as the technical vendor.

- **RHITEC**

The scope of services required for a Regional Health Information Technology Extension Center are 1) education and outreach to providers 2) participation in national learning consortium 3) EHR vendor selection and group purchasing 4) onsite EHR implementation and project management 5) onsite practice and workflow redesign 6) functional interoperability and HIE 7) privacy and security best practices 8) progress toward meaningful use and 9) local workforce support. A total of \$598million for a maximum of 70 awards, with a maximum of \$30million per award will be available. THINC collaborated in a coordinated NYS RHITEC application. This allowed for THINC to soften the risk around the criteria of supporting 1,000 primary care providers keeping in control of the direct services in the Hudson Valley and collaborating on the indirect services. Both NYeC, applicant for upstate, and NYC DOH, applicant for NYC, have been invited back to submit a full application that is due on November 3.

- **State HIE**

NYeC has been designated by the State as the entity to receive the award for the State HIE Grant, the application deadline being October 16. The state plan has two parts an 1) operational plan and 2) the strategic plan. Both the operational and the strategic plan will cover the five following domains 1) governance 2) finance 3) technical infrastructure 4) business and technical operations 5) legal and policy. In addition those five domains will cover eight transaction priorities, 1) state-level directories 2) eligibility and claims 3) eprescribing and refill requests 4) lab ordering and results 5) public health reporting 6) quality reporting 7) prescription status and

history and 8) clinical summaries. These awards are slated to begin in January 2010 and run for four years.

THINC Financial Plan

As a HEAL 5 grant deliverable THINC was required to submit a draft financial plan to NYS DOH. The format of the plan was prescribed by NYS DOH with the purpose of explaining THINC's strategic direction as well as describing THINC's financial plan. The Board suggested developing a second plan which would demonstrate THINC's intention to continue to pursue future grants. In addition, it was suggested that THINC needs to explore other avenues of sustainability. Board members discussed meeting in the early part of 2010 to work on goal setting for THINC.

THINC HEAL 5 Risk Register

A current version of the risk register was given to the board members making note of only the priority risk items in five categories. Those priority risk categories were then separated into two groups 1) THINC Mission Risks and 2) MedAllies Risks. Also identified for the board members was the mitigation strategy as well as the contingency approach for each risk. MedAllies' risks are related to the technical build, which is on schedule and progressing well. THINC's risks are largely external dependencies, with THINC's greatest risk being the integration with HIS vendors. Moving forward, board members requested a document that would allow the board to see a broader perspective on the overall HEAL 5 project.

New Business

There being no further discussion the executive session was adjourned at 8:30pm.