

THINC, Inc.

Taconic Health Information Network and Community

THINC Meeting of the Board of Directors
November 4, 2009, 6:30pm-8:30pm

Board Members Present: Michael Duffy, Chair
Joseph DeVirgilio, Jr.
Mark Foster, MD
Eugene Heslin, MD
Paul Kaye, MD
Arthur Levin
Robert Savage

Unable to participate: Arthur Nizza

Non-Board Members Present:

A. John Blair III, MD, Rim Cothren, Meghann Hardesty, Allison Laquidara, Steve Rossi, Susan Stuard

Meeting materials:

1) November Meeting Agenda, 2) October 2009 Meeting Minutes, 3) THINC Financials 4) HEAL 5 Due Diligence Presentation 5) HEAL 5 Project Status 7) THINC Project and Committee Updates 8) MedAllies Financial Reports

I. PUBLIC SESSION

Approval of October 2009 Meeting Minutes

Mike Duffy made the motion to approve the minutes of the October 2009 meeting, the motion was seconded and the minutes were unanimously approved.

THINC Financials

Board members reviewed the financial statements for September 2009.

HEAL 5 Due Diligence Update

Cognosante's Rim Cothren presented to THINC board members the second phase of the due diligence engagement on MedAllies' requirements, planning and progress made on the HEAL 5 technical build. This assessment provided the board with a non-technical summary of the functionality that MedAllies will provide to the THINC Health Information Exchange (HIE) for lab ordering and results as well as the Clinical Summary Exchange (CCD) via the Community Health Information Platform (CHIP). For this phase of the engagement, Cognosante requested the following documentation from MedAllies, 1) an updated work plan with a greater level of detail, resource loading and roll-out/implementation activities, 2) functional requirements for lab results and ordering and CCD exchange, 3) a staffing plan that reflects the re-planning from the activities in June, 4) a testing and integration plan and 5) a continuously updated risk register. In response, MedAllies' supplied Cognosante with several documents that outlined MedAllies' internal business operations that gave insight into the processes that MedAllies' uses to conduct business. It was noted that the detail requirements for lab ordering and results were not documented separately as the other four use cases. However, the information provided was substantive and in conjunction with the conversations had with MedAllies, Cognosante was able to understand the services to be provided by the use cases.

The CHIP remains a planned Level 3 deployment and it was noted that this is the only implementation in the state that is slated to reach Level 3. The core infrastructure for CHIP is to include web services to transmit messages to connected systems, databases for document and record storage, a healthcare messaging platform, a community master patient index, a terminology translation platform and a business intelligence reporting engine. Regarding the delivery plan, Mr. Cothren noted the re-definition of the end points to reflect

the delivery of CHIP functionality and exposing CHIP services. These service delivery dates accurately reflect the CHIP build out and is an appropriate end point as it lines up with the requirements of the HEAL 5 contract. These dates do not include implementation or connection to EHR or HIE systems.

The Clinical Summary Exchange Services will continually store the CCD in a central document registry or repository that can provide services for responding to queries, aggregating results and auditing activity. Clinical data will remain at the EHR or HIS systems, when a request for information is made that information will be packaged up as a CCD document and routed through the CHIP. As documents travel through the system a repository will be built. The security features of the CHIP will validate data sent as well as validate the sender and receiver. The CCD documents follow a HITSP standard, currently SHIN-NY does not specify standards and it is not yet clear as to whether SHIN-NY will make specific content requirements.

The laboratory orders and results services would receive and route orders for lab services from EHRs, normalize the information to a common set of terms and route results to appropriate providers and other authorized parties. The key dependency being EHR/HIS systems ability to send lab orders as prescribed. Currently, MedAllies has this functionality fully integrated with the EHRs and structured data is flowing to the patient record. Initially the intent was to integrate the labs into the CHIP, some of the commercial laboratories are supportive while others are protesting regardless of contractual obligations. THINC and MedAllies will continue to integrate with EHRs moving forward as much as possible.

Rim Cothren concluded his presentation stating that the overall plan in place is of good quality. The updated work plan had more task details with dependencies, testing and integration plans were available as well as a detailed risk register with mitigation plans. The resource management work plan is resource loaded and staffing and training plans are in place. There is a high level of documentation for clinical summary exchange and plans for deploying the lab ordering and reporting service. The risks that remain continue to be external dependencies on third parties, including state services for SHIN-NY may be late or undelivered and EHR vendor services and interfaces may not meet THINC priorities and needs. Recommendations were to continue to participate in state and national activities to assist in identifying dependencies in the work plan as well as continuing to monitor the work plan closely based on those activities and to communicate requirements to vendors and establish their commitment to deliver. In addition, THINC should continue to communicate risks to the board and involve board members in mitigation and contingency planning, as well as create a contingency plan for a Level 2 deployment of SHIN-NY in the event that state and vendor dependencies are not met.

HEAL 5 Project Status

Susan Stuard updated the board members on the current status of the HEAL 5 project. THINC and MedAllies conducted an all day team meeting on October 26 with the objective to review the status of all the remaining project deliverables as well as to review HEAL 5 contract scope of work for any variation regarding project deliverables. THINC and MedAllies also identified mitigation plans and contingency strategies for any deliverables not expected to meet deadline.

The technical build is proceeding well and on time with the exception of the following external dependencies 1) Medication Management Use Case- NYS DOH and NYeC have not been able to pilot service with Medicaid or Surescripts, this leaves THINC with concerns about the medication management pilot and the impact on service deployment and 2) ability of EHR vendors and Hospital HIS vendors to integrate with the THINC exchange- particularly hospitals, many want to participate, however, five of the candidate hospitals will not be live with their new HIS systems in the HEAL 5 timeframe. THINC will continue to push on with integration conversations. Additionally, THINC and MedAllies have developed a series of contingency plans that THINC will discuss with NYS DOH at its November 24 project meeting.

The board members reviewed the updated version of the project dashboard. This version of the dashboard provided the board members with an overall status on the HEAL 5 project, as well as status on each of the five use cases, Public Health Reporting, Clinical Summary Exchange, Quality Reporting, Lab and Medication Management. The board members preferred this version of the dashboard and agreed to use this format going forward.

Project Update

Susan Stuard updated the board members on the following projects.

- **HEAL 1**

At quarter 13 end a total of 312 EHR implementations have been completed. THINC and MedAllies have projected 89 implementations in quarters Q14 and Q15 and are forecasting approximately 500 EHR implementations will be completed by the contract term on July 31, 2010.

The Office of Health Information Technology Transformation (OHITT) at NYS DOH has agreed to sponsor THINC's request for an extension and THINC has started drafting its request for a second no-cost extension. Payment for Quarter 8 in the amount of \$357,500 is expected in the first two weeks of November.

- **Pay-for-Performance**

Data acquisition is complete with Hudson Health Plan, MVP, and Aetna for health plan claims data and well underway with CDPHP, while United and WellPoint are scheduled to complete their data submission in November.

- **Medical Home**

Two groups have received Level 3, NCQA's highest level of recognition. Two solo practitioners have elected to delay submission to NCQA until 2010. The remaining 8 Federally Qualified Health Centers and practices have either submitted their recognition applications to NCQA or are on target to submit them by end of October. THINC Quality Committee will review a second draft of the project's quality profile in the first two weeks of November. The finalized profile is slated to be distributed to the participating physicians in March 2010.

- **HEAL 5**

THINC and MedAllies completed an all-day project status review meeting on October 26. The technical build is fully on schedule, with the exception of external dependencies on NYS DOH for the Medication Management Use Case. The key risk factors for the project remain external dependencies—namely, integration with hospitals and ambulatory EHRs and further clarification of requirements by NYS DOH. THINC and MedAllies have developed a series of contingency approaches to address these external dependencies. Integration discussions with two hospital systems, representing seven hospitals, and their information system vendors are proceeding well. Four participant hospitals are in a holding pattern regarding purchase of a new hospital information system (HIS) pending ability to secure financing. This is hampering 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 development work will begin shortly. Integration discussions are underway with NextGen. MedAllies has started integration discussions with another four ambulatory electronic health record vendors. 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. THINC and MedAllies have developed a contingency plan to address alternate means to satisfy grant contract obligations for the medication management use case. THINC and MedAllies are undertaking a full review of security and privacy requirements for the exchange. This work is 50% complete and the remainder of the work is slated for completion by the end of November.

Committee Updates

- **Privacy Committee**

The privacy committee last met on October 22, the committee defined an approach for handling consent for emancipated minors and completed a review and discussion of a first draft of the Audit Policy. The group is scheduled to meet again November 19 at 11:00am.

- **Financial Oversight Committee**

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

- **Quality and Clinical Committee**

The committee has not met since the last THINC Board Meeting. The group is scheduled to meet November 23, 2009 at 1:00 pm.

- **Information Technology Committee**

The committee has not met since the last THINC Board Meeting. The group is scheduled to meet December 3 at 2:00pm.

- **Public Health Committee**

The committee recommended that THINC develop a lay person summary of public health functionality contained within the Universal Public Health Node (UPHN) being developed by THINC. Several committee members offered to distribute this summary through their counties and help arrange discussions with key constituents. The group is scheduled to meet April 8, 2010 at 3:00pm.

New Business

There being no further business, the meeting was adjourned at 8:30pm.