

THINC RHIO, Inc.

Taconic Health Information Network and Community

Public Health Committee Meeting, July 24, 2008

A meeting of the Public Health Committee of the THINC RHIO, INC., a New York not-for-profit corporation (the "Corporation"), was held on July 24, 2008, commencing at 12:00noon.

Participating were: Rana Ali (Dutchess); Sherlita Amler (Putnam); Chris Dunleavy (Orange) Joline Frey (St.Francis Hospital); Craig Van Roekens, MD (VBMC); Renee Rechhia (Westchester) Nancy McGraw (Sullivan); Oscar Alleyne (Epidemiologist-Rockland); Randy Barrows, MD (MedAllies) A. John Blair, MD (MedAllies); Susan Stuard (THINC); Asha Upadhyay (THINC)

I. INTRODUCTION

Susan Stuard introduced herself as the new Executive Director of THINC. She welcomed the committee members and asked the committee members to feel free to contact her with any ideas or questions.

II. UPDATE ON STATUS OF CDC AND HEAL 5 PROJECTS

Susan Stuard informed the committee on the status of two of THINC's Public health related projects. She mentioned that the summaries of these projects were sent to the committee members in advance of the meeting.

THINC has signed the contract with HRI & NYSDOH for the CDC HIE project. The contract has been sent to CDC for approval. Signoff is expected to be at the end of July. After this, THINC will have 3 to 4 weeks to put together a detailed project workplan. The scope of the project is to implement a version of the Universal Public Health Node (UPHN) which would enable THINC to public health to NYSDOH and also local health department according to a specific set of standardized requirements. CDC has allocated one year of funding for this project but has the ability to extend the contract for additional years based upon funding availability. During the first year THINC will be working on developing the specifications for the UPHN.

The current THINC-HIE has five hospitals, 2 labs and over 100 physicians. This HIE will be rebuilt to support the CDC and NYSDOH. Oscar Alleyne, Epidemiologist from Rockland County, asked about HIE's outside the HV region, which are at different stages of development & if there is any coordination planned between them.

Susan Stuard explained that there is a statewide collaboration process underway to help align these efforts. NYSDOH, as part of the HEAL5 project, has asked the New York eHealth Collaborative (NYeC) to run an this statewide collaboration process with multiple workgroups to develop highly specific requirements, standards and policies that RHIOs or Health Information Exchanges must use to ensure interoperability across the state. One of the key workgroups is the Public Health workgroup – and under that the UPHN sub-workgroup. This sub-workgroup will make a series of recommendations on what requirements are to be used for HIE for Public Health. As part of our HEAL 5 contract, RHIOs and other HIEs will need to agree to adopt and use those standards for public health reporting. This process is expected to take at least one year to produce a first set of requirements.

Oscar Alleyne asked how many providers and groups are a part of the RHIO, particularly in the lower HV region. Susan Stuard said that our current HIE has 5 hospitals, 200 physicians and 2 national labs participating. We are in the process of rebuilding the exchange to meet the specs for CDC & HEAL 5 projects. She said that our goal is to have a total of 1000 physicians participating in the HIE and the nineteen hospitals who sent their letters of support for the THINC-HEAL5 project.

Renee Rechhia said that the Westchester Department of Public Health and some other public health departments are currently receiving data from hospitals directly and expressed concern about redundant data streams. The local health department then sends these data to NYSDOH to incorporate into statewide surveillance activities. Oscar noted that RHIOs can have access to more patient level data. So as a participant in the RHIO, a public health department could have access to more information for public health purposes.

Rana Ali said that at some point syndromic surveillance will become redundant. HIE can make it possible to get more detailed information in a real-time fashion. At that point, the NYSDOH will have to look at how to address redundant data streams. Susan said that in the long term we will be required to develop functionalities to report things such as line list queries, and more automated reporting of immunization data. So there could be redundancy that would exist with syndromic surveillance that we need to explore further. THINC will discuss with NYS DOH and will plan to discuss again with the committee at the September meeting.

Nancy McGraw said local Public Health departments need to get access to data in the aggregate form to sort and analyze what the population health needs are, whether it acute or chronic. This would be very valuable for public health to have in addition to the data that is available through syndromic surveillance systems. She said that data from electronic health records would be very valuable to have at some point in the future.

Susan said she would like to start the process more formally in the fall to get Public Health departments input on the CDC and HEAL5 public health components of the projects. She would like to discuss how to work together going forward to build out public health functionality. Future meetings will discuss identification of areas of redundancy, identify functionalities for public health; discuss the data needs of public health and timeframes.

She said we will not have a meeting in August since we are still sorting out the details on these projects. Susan Stuard informed the committee that in regards to the status of HEAL 5, THINC has signed the contract with NYSDOH. This will go to the state Comptroller's office for review and approval which is expected to take 4-8 weeks. THINC will be working on the detailed project workplan which is due to NYSDOH by Nov 1st.

III. DISCUSSION OF GOALS AND FALL KICK-OFF FOR PUBLIC HEALTH COMMITTEE

The next meeting will be held on Thursday, September 25, 2008 from 12:00noon-1:00 PM.

September meeting we will have a discussion about:

1. High level workplan for HEAL5 & CDC
2. Basic architecture and information flow related to public health
3. Providers and hospitals by county
4. Redundancy issues

There is a HVHRON meeting in the fall where the public health commissioners will discuss further. Susan offered to participate in the meeting if appropriate. Sherlita Amler said a presentation at the late September or October meeting might be appropriate. She will send the details of this meeting to Asha Upadhyay.

There being no further business for discussion, the meeting was adjourned at 1:00 PM.