

THINC RHIO, Inc.

Taconic Health Information Network and Community

Public Health Committee Meeting February 26, 2009

A meeting of the Public Health Committee of the THINC RHIO, INC., a New York not-for-profit corporation (the "Corporation"), was held on February 26, 2009 commencing at 3:00pm.

Participants:

Rana Ali (Dutchess); Bob Hastings (Orange); Oscar Alleyne (Rockland); Nancy McGraw (Sullivan); Joan Facelle (Rockland)

John Blair, MD (MedAllies); Susan Stuard (THINC); Asha Upadhyay (THINC) Allison Laquidara (THINC)

I. Approval of October 2008 minutes

A motion was made and seconded for approval of the October 2008 meeting minutes.

II. Update on HEAL 5 and CDC Health Information Exchange Grants

The committee was presented with an overview of the technical architecture that THINC will employ through HEAL5, focusing on how the architecture fits in with the state network (SHIN-NY) as well as how it works with the public health use case.

TECHNICAL ARCHITECTURE: As discussed the Hudson Valley Health Information Exchange (HVHIE) will have several basic technology components. (1) The Community Registry and Router, which will facilitate communication and location of services as well as data. (2) The Reporting Engine, which will have the capability to author, publish and view reports, as well as to do ad hoc reporting. (3) Community Secure Data Archive will hold aggregated data for public health, quality and other purposes as needed. (4) Community Master Person Index, will be used to disambiguate the identities of patients and physicians and (5) The Community Portal, will utilize a reporting interface and information published by the RHIO.

The HVHIE has to meet state standards for communication among disparate entities, as well as the technical capabilities of the Universal Public Health Node (UPHN). To do so THINC must follow the blueprint set out by the Statewide Collaborative Process (SCP) to define the Common Health Information eXchange Protocols (CHIXP). The UPHN is a collection of technical operational policies intended to perform public health reporting and monitoring goals. The protocols set forth by UPHN are designed to standardize how transactions will occur. UPHN architecture is a subset of the architecture for SHIN-NY and so complies with its architectural parameters. The long term goal of the UPHN is to carry out interactions between the local health departments, the CDC, hospitals, physicians and healthcare consumers.

Susan Stuard then reviewed THINC's HEAL5 use cases. The Medicaid medication management use case will integrate medication data from New York State's Medicaid program into a patients' electronic health record (EHR) and be available through the health information exchange. The quality reporting use case will develop a quality reporting service that will allow connectivity with multiple EHR systems to collect and analyze data, as well as generate quality metric reports.

The public health use case will support automated public health reporting for hospitals. The UPHN will require RHIOs to develop web services. Those services will include the ability to re-identify patients to enable case investigation, to do a patient query when more data on a patient is necessary and to produce a line list query for "counts", an analytic query could be used to address surveillance questions as well as a hospital resource query similar to that of HERDS. Susan Stuard informed the Committee that THINC will be building the public health reporting capabilities during the next 18 months. We anticipate strength in the areas of labs and demographics, however, we will be limited by the hospitals internal data capabilities, as it is not clear how much electronic data hospitals will be able to provide. Since having conversations with many hospitals in the region, we discovered a great number of facilities are in or soon will be in the process of changing over their internal systems. In time, as local hospitals technical capabilities increase and more physicians adopt electronic health records, we will gain more meaningful use from the exchange.

Susan Stuard then discussed with the committee the four areas of content for Public Health Use Case. (1) The Reportable Disease Surveillance and Investigation completed use case will allow NYSDOH and local health departments to query hospitals via the RHIO in response to a suspected or confirmed case of a reportable disease. Appropriate authorities will

receive aggregated data and de-identified clinical information. If public health officials have a need to further investigate a data linker for the record of interest would be sent back to request re-identification and additional information. (2) The Influenza Surveillance and Response use case in process will allow the NYSDOH and local public health authorities to collect and monitor data for persons with flu-like illness that are admitted into the hospital or seen in the emergency department. There was some discussion around this topic; the concern expressed was that this too should be available at physician offices. This would allow the DOH to better monitor the impact of influenza on the community, as right now they aren't able to monitor flu like symptoms coming from the physician offices. (3) The Asthma Surveillance use case, currently in development by NYSDOH, would allow the NYSDOH and local health departments to collect and monitor data for asthma diagnosis and frequency of attacks, as well as the trend in asthma hospitalizations and emergency department visits. (4) The Maternal and Infant Surveillance use case, also in development by NYSDOH, would allow NYSDOH and local health departments the ability to collect and monitor patient access to and the use of maternal and prenatal health services. Implementing the UPHN will allow for surveillance and investigation through the RHIO as the data will be drawn from hospitals, practices and other connected systems.

III. DATA NEEDS OF Local Health Departments

Integrating the prescribed UPHN capability with the Local Health Departments (LHD's) data needs and operational constraints will be a challenge. At the end of 2008, Susan Stuard spoke with Oscar Alleyne and Joan Facelle from Rockland County Department of Health to discuss and brainstorm scenarios. This was a very helpful exercise. THINC would like to meet with other interested counties to do the same. From that discussion, some examples of interest to the LHD's might be the ability to locate a patient's primary care physician and possibly a clinical summary or the ability to monitor key lab test that are ordered. Susan Stuard let the committee know that not all things will be possible in the next 18 months but THINC is interested in the needs of LHDs and would like to consider them in planning for the next phase of capabilities.

The next committee meeting is scheduled for Thursday, May 28, 2009 from 3:00pm-4:00pm. There being no further business, the meeting was adjourned at 4:00.