

# THINC RHIO, Inc.

Taconic Health Information Network and Community

---

*Security and Technology Committee Meeting*

*January 14, 2009 12noon – 2:00pm*

---

**ATTENDEES: Committee members:** Bob Diamond, Barbara Cook, John Finch, John Moustakakis, S.Shafiq Rab, Robert Wagner. **Non-Committee members:** A. John Blair III, MD; Lee Jones, Sean Kelly, Allison Laquidara Susan Stuard, Asha Upadhyay. **Not present:** Sue Prince

## **I. WELCOME AND INTRODUCTIONS**

Susan Stuard welcomed the committee members. THINC would like to garner input from hospital and CIOs on this committee, regarding the implementation of the HEAL5 project. Susan Stuard will propose some quarterly meeting dates for the committee meetings.

## **II. THINC AND HEAL5 OVERVIEW**

THINC's organization and governance is comprised of a diverse group of stakeholders from hospitals, community health center, public health departments, business leaders, consumers, physician practices. Five hospitals (Benedictine, Kingston, Northern Dutchess, Vassar Brothers, and St. Francis) are participating with THINC in the existing Hudson Valley Health Information Exchange v1.0. Fourteen additional hospitals, two community health centers, two national labs and seven public health departments, have signed letters of support with THINC for the HEAL5 project. THINC with MedAllies has implemented approximately 225 EHRs out of 1000 for the HEAL1 project. Six health plans are participating in THINC's Pay-for-Performance project for quality reporting to measure a physician's performance on selected measures.

Most of the HEAL5 projects' architecture and goals are prescribed by the NYSDOH. The HEAL5 project has four goals: 1) Build an enhanced HVHIE (v2.0) that complies with the State Health Information Network for New York (SHIN-NY) architecture, 2) integrate Medicaid medication data from NYS Medicaid program into the EHR and the HVHIE, 3) Support automated public health reporting for hospitals, and 4) develop a quality reporting service that will connect multiple EHR systems to aggregate performance data and generate quality reports on a physician's performance. HVHIE v2.0 will allow for the exchange of health information (Continuity of Care document) between physician practices (EMRs) and hospital information systems. The HEAL5 projects' budget is approximately \$11M.

NYSDOH is putting together two requirements for the Certificate of Need (CON) for hospitals:

1) The EHRs must meet the requirements for the Statewide Collaborative Process and 2) the hospitals must provide an architectural design for connecting all (inpatient and outpatient) systems to the SHIN-NY. Hospitals were asked to contact Susan Stuard if they are planning to apply for a CON.

## **III. OPENING REMARKS FOR TECHNICAL DISCUSSION**

The current HVHIE v1.0 is a typical lookup system with the ability for physicians to view labs, radiology, discharge and transcription information. This provides a longitudinal view of the electronic health information. Closed health systems like Geisinger have ambulatory doctors on staff so they can have an enterprise wide offering that is centralized. Due to privacy issues, this cannot be done in a community setting. However, the most important elements of a closed system can be selected for the Hudson Valley to provide better coordination of care when a patient moves from a doctor to doctor, from a hospital to doctor, or from inpatient to outpatient. One of the important elements of the infrastructure needed is to

have EHRs in every physician practice. In one year, a physician with an EHR will be able to order and receive labs, have an e-prescribing gateway that reconciles med history, generate a continuity of care document (CCD) from primary care to consult and vice versa, inpatient discharge to ambulatory; immunization for public health and quality reporting. If a hospital wants to develop the capability to consume a hospital to hospital CCD, THINC can provide the necessary information and build the architecture to support that capability. First aid responders are not in the scope of this project, but this will be addressed in the future. In summary, the architecture will be laid out in the Hudson Valley to make it look like a closed system, the transformation will happen at the provider level, for coordination of care and decision support at the point of care, and transparency will be created by allowing for standardized reporting from these systems from six health plans to providers. In the future, additional health plans will join the project to provide incentives to providers.

#### **IV. HEALS TECHNICAL ARCHITECTURE OVERVIEW AND USE CASES**

The HVHIE v2.0 will comply with emerging national and state standards, provide seamless integration of data, eliminate redundant interfaces among data sharing entities, and allow for a tighter integration with certified EHRs. The existing participants will be migrated to the new HVHIE v2.0. Basic components of the HVHIE v2.0 are: community registry and router; reporting engine, community secure data archive; community MPI, and community portal. The technology platform will allow for the incremental addition of functionalities.

THINC HEAL 5 projects' use cases will enable integration of medication data from NYS Medicaid program into the EHR and HIE; Support automated public health reporting for hospitals via the Universal public health node for surveillance and investigation; and develop a quality reporting service that will connect multiple EHR systems to collect, analyze, aggregate and generate quality metrics reports. The state views the RHIOs as the aggregator of data at the community level. The plan is to phase out the legacy systems and implement new standards over the next several years. It will be a gradual transition from individual organizations' reporting streams to public health to reporting via the RHIOs.

Data use agreements will be created by THINC for review and approval by participants for information sharing between entities. Information will not be shared with health plans without approval of providers or providing organizations. Data will be pseudonymized and re-identified for public health purposes. The community will decide if and how the information is shared. Bob Diamond suggested that it would be very useful to have benchmarking of performance of Health Quest physicians against a peer group of physicians. Quality reporting on a physician performance is part of THINC's P4P project with the first quality report to be generated at the end of 2009 and to continue thru 2011. THINC has IRB (Institutional Review Board) approval from Cornell and Kingston Hospital for this project.

The integration of the SHIN-NY with THINC's HVHIE introduces Service Oriented Architecture (SOA). It provides a robust framework for HVHIE communication protocols and enables THINC to be a leader in NY State's interoperability efforts which will be consistent with the national roadmap for interoperability. There will be bi-directional lab interfaces between EHRs and reference labs for electronic ordering and results reporting. Currently Lab Corp and Quest are participating. Other labs can be included if they are interested. A CCD document will be created for the EHR to EHR transactions for referrals and consults; and ambulatory EHRs to hospital EHRs. EHRs will be able to do e-prescribing through the HVHIE. Medication history can be obtained from clearinghouses such as RxHub, SureScripts, and Medicaid. The UPHN will allow for surveillance and investigations through the RHIO. Med reconciliation and CCD are important opportunities for hospitals and THINC. THINC will build the capability and provide the data. The hospitals can build the workflow into the hospital information systems. The EHRs and hospitals within THINC will be able to communicate with outside entities such as immunization registries, Medicaid and other RHIOs as prescribed by the SHIN-NY.

The project timeline was reviewed. The connectivity to NYSDOH will be provided by March 2010. The rollout to practices and hospitals will be through August 2010.

#### **V.DISCUSSION AND QUESTIONS**

A more detailed discussion of THINCs HEAL5 project timeline and milestones will be discussed with each hospital so as to help with their organizations' strategic planning. This will be added to the agenda for the THINC- Hospital meetings.

There being no further topics for discussion, the meeting was adjourned at 2pm.