

THINC, Inc.

Taconic Health Information Network and Community

*Security and Technology Committee Meeting
September 10, 2009, 2pm to 3pm*

Committee members present: Barbara Cooke, Deborah DiBernardo, Sue Prince, S. Shafiq Rab, Bob Wagner.

Non-Committee members: Lee Jones, Sean Kelly, Allison Laquidara, Susan Stuard.

I. INTRODUCTION

Meeting minutes were approved for June 2009.

II. RHITEC UPDATE

Susan Stuard updated the committee members on the Regional Health Information Technology Extension Center grant (RHITEC). On August 21, the federal government announced a \$1.2 billion Health Information Technology (HIT) funding opportunity with two funding categories. 1) The RHITEC grant is to provide funding to support electronic health record (EHR) implementation to priority primary care providers (internal medicine, family practice, pediatricians and OBGYN) in private practice with an emphasis on practices with less than ten providers. THINC collaborated with NYeC on a statewide application and on September 29 we will find out if we will be asked to submit a full application. 2) The second funding stream is the State Health Information Exchange (HIE). NYeC will submit on behalf of NYS DOH, the letter of intent is due on September 8. NYS DOH and NYeC would like to continue to support the development of the state network, SHIN-NY and HIE services.

III. TECHNICAL UPDATE

Sean Kelly presented the committee with a technical update. Since last meeting in June, discussions have continued with HIS vendors regarding architecture, integration strategies and gaps between services including the CCD, Universal Public Health Node (UPHN), Medication Management and Quality Reporting use cases. Documentation produced by NYeC was distributed outlining core services that will be made available via MedAllies' Community Health Information Platform (CHIP) as well as parameters for security and detailed implementation instructions for the UPHN. As requested, a draft scope of work (SOW) language was distributed and could be taken to vendors for integration and contract discussions for development of interfaces and services via the CHIP. Several ad-hoc meetings were held to discuss development, integration timelines, and change in vendor status.

- **UPHN (Public Health Service) Update**

Implementation of the Universal Public Health Node (UPHN) will allow configurable surveillance and investigations to happen through the exchange, as data is drawn from hospitals, practices, and other connected systems. Development of the query services has been completed. MedAllies is currently performing functional, load and security testing and is in the process of developing services for HL7 as well as CDR loading. Services will be prepared to interface in October.

- **Medication Management Update**

Medicaid Medication Management Use Case will integrate medication data from New York State's Medicaid program into the EHR and the health information exchange. The state pilot is moving into the design phase with NYS Medicaid and working through Surescripts integration, anticipating a tentative timeline to go live in December or January. It was noted that currently

this use case is in a holding pattern and THINC will keep the committee updated on developments related to this use case.

- **Clinical Summary Exchange (CCD)**

The CCD will allow the exchange of information, primarily for transfer of care, referrals, and discharge summaries. The CCD design is in the beginning stages, HIS vendor development can begin in November and service will be prepared to interface in November or December.

Baseline integration is necessary for interface requirements regarding security and web services partially defined by the CHIP and THINC policies as well as those defined by the state or CHIxP (Common Health Information Exchange Protocol). Therefore, with each connection to be made a set of baseline standards will need to be met which will require time for development and integration testing for each HIS vendor. Integration testing will be conducted for the CHIP and CHIxP compliance to confirm node connectivity for web services, conformance to CHIP, THINC and CHIxP security and policy, as well as payloads and terminology.

Meaningful use is connected to achieving measurable outcomes in patient engagement, care coordination, and population health. The recommended definition of “meaningful use” depends on the healthcare setting re: outpatient or inpatient. THINC and MedAllies are watching this closely, recognizing the importance in ensuring partners meet meaningful use objectives and measures. CHIP services currently line up well with “Meaningful Use” and there few to no gaps. CHIP services provide required functionality for, Clinical Summary Exchange, CDA as defined by HITSP, Quality Reporting ,QRDA standard to be selected, Lab Content HL7 2.5.1 as defined by HITSP, Medication Management NCPDP 10.5 as defined by HITSP and CCD, Public Health Services HL7 2.5 and HITSP and CCD, Privacy and Security CHIP uses XACML, SAML for access and follows IHE audit trail requirements.

The Quality Reporting Service will provide NCQA and “Meaningful Use” Quality Reporting Measures. The services will deploy measure definitions, receive calculated metrics in QRDA, aggregate data, perform business intelligence services and eventually provide Medical Home Measures.

There being no further business the meeting was adjourned and the group will meet again on December 3, 2009 at 2pm.