



## Meeting Minutes for Commission meeting for One Health Record<sup>®</sup>

Date: December 19, 2013

Attending Board Members	Absent Board Members	Attending Non-board Members
Doug McIntyre, VP Healthcare Networks (BCBS)	Louise Jones - ALPA	John Heitman, HIT Coordinator (ADPH)
Neal Morrison, Alabama Department of Senior Services	Jeff Arrington - AAFPP	Bill Mixon, Operations Mgmt Cons (Medicaid)
Linda Lee, American Academy of Pediatrics	Jack Doane - ISD	Jerry Young, Finance Management (ADPH)
Kelli Powers, CEO (Athens-Limestone)	Anna Blair – Crestwood MC	Meghan Youngpeter, Project Coordinator (Medicaid)
Dr. Sam Miller, Alabama State Board of Health	Michael Waldrum - UAB	Shiloh Griswold, Project Coordinator (ADPH)
Dr. Donald Williamson, ADPH	Nancy Buckner - ALDHR	Ed Davidson, Medicaid
Dr. Robert Moon, ADPH	Hayes Whiteside - PPR	Dr. Stephen Mennemeyer, (UAB)
Stephanie Azar, Medicaid Commissioner (Medicaid)	Joe Riley – Jackson Hosp	Officer (APHCA)
Mike Horsley, Alabama Hospital Association	Cary Boswell – Rehab Svcs	Patricia MacTaggart, Consultant (GWU)
Sharon Parker (For Mary Finch), Chief Quality	Jim Reddoch - ADMH	Robin Rawls, Communications (Medicaid)
Dr. Dan Roach, Director CSHI (UoSA)	Mark Jackson, Medical Association, Alabama	Roger Bates, Legal (Hand Arendall)
John Matsol, Director of Communications, (ANHA)		Sally Engler, Program Manager (UAB)
		Gabriel Tajeu, Graduate RA (UAB)
		Flake Oakly, Chief Accountant (Medicaid)
		Lisa Brand, Strategy Manager (BCBSAL)
		Jean Stone, Div Chief, LTC Programs (ADSS)

### Overview:

The purpose of this meeting was to present the strategic business plan and roadmap for Alabama One Health Record<sup>®</sup>, Alabama's Health Information Exchange (HIE) program. This included an overview of the program highlighting the initial progress. Additionally, there was a discussion on the new iteration of the program with updates on staff and plans to build a working pilot program to measure workability and value of One Health Record<sup>®</sup>.

John Heitman presented a PowerPoint that discussed the environmental assessment of the program including the barriers the program faces along with the development of a strategic focus to help move the program forward and achieve buy-in from relevant stakeholders. The main strategies are to focus on encouraging participation, achieving interoperability, and demonstrating feasibility. This can be achieved by providing specific data and functionality that will meet the stakeholder's overarching goals and needs, delivering immediate value with current technical capability while planning for future capabilities, and demonstrating feasibility and sustainability through the regional pilot experience and evaluations.

A roadmap of key initiatives was presented that include expanding the HL7 capabilities of One Health Record<sup>®</sup> to supplement the standard Continuity of Care Document Architecture, developing a Regional Pilot around East Alabama Medical Center (EAMC) with new capabilities, and a grant to support and integrate the Huntsville Regional HIE.

Bill Mixon presented the operational and technical updates to the current Alabama HIE program. Operational challenges were discussed – such as lack of participation by providers and the issues they face: 50+ different EHR's, low technical capabilities, a variety of different platforms, poor federal requirements with connections from the EHR to the HIE, and substantial reservations from providers as to the value of the HIE system. There are also operational issues around the connection protocols: two different types, the HL7 messaging, multiple message types, CCDs are only available on a few EHRs and are still evolving, and a solution to connection issues by using a bridge software is still being explored.

Presently Hospitals are much further along than other providers, operationally speaking, because Hospitals have more financial resources, have greater technical staffing and experience, and also tend to have a greater level of interest because they understand the value of the HIE. With this being the case, it's been easier to get buy in from the Hospitals rather than the providers for the One Health Record<sup>®</sup> pilot program. The team is currently exploring other avenues of marketing to smaller clinics, providers, and specialty practices.

The Federated Model, wherein the Contributing Provider retains the Patient CCD and retains ownership of their data, was discussed at length. The Commission agreed One Health Record must continue to operate as Federated Model. The Centralized Model (wherein the Contributing Provider releases the Patient CCD to a Central Repository) will not be used, even though the Truven system allows support for both models.

The Commission discussed the proposed Regional Pilot Deployment. The One Health Record<sup>®</sup> team has identified a critical path for the program and that is to demonstrate feasibility and sustainability through a regional pilot deployment and evaluation. The pilot will allow One Health Record<sup>®</sup> to financially support these pilot participants in offsetting the expense of connecting, while the demonstration of the concept subsequently allows for the evaluation of the pilot to determine its success.

The proposed pilot was discussed and the choice of East Alabama Medical Center (EAMC) was explained to the Commission members. EAMC is a Health Care Authority, which: allows the granting of funds to support the required interfaces for the Clinic, has already connected to the One Health Record<sup>®</sup> system, is already involved with the Medicaid PCN for East Alabama, owns Lanier Hospital (but is not "connected" to them as yet), is very pro-active in technology platforms, and receives referrals from Alabama Quality Care, FQHC. These qualities make EAMC an ideal candidate for the One Health Record<sup>®</sup> program. It will put the pilot on a "fast-track" for an early launch which is slated for the months of January 2014 and June 2014.

One Health Record<sup>®</sup> will be used in the pilot in several ways and these were explained in the presentation. Mr. Mixon also discussed the Huntsville Regional Pilot that Huntsville is building. One Health Record<sup>®</sup> is in discussion with Huntsville to help provide a grant to aid them in the building of their regional HIE. One Health Record<sup>®</sup> will work with Huntsville to connect their regional HIE to the state HIE.

Before the first vote was taken, questions were welcomed to the floor. Commissioner Mike Horsley from the Alabama Hospital Association raised concerns about the wording being used and mentioned some alarm over a “centralized” repository. He suggested the focus should be on central “hubs” on a federated system. The concern is over who will own and use the data as well as where it will be hosted and by whom. It was explained that the analytical tool was purchased from Truven and with that purchase a centralized repository came with it in order to run analytics on the information that would be stored there. Questions were raised about a governance structure on a central repository and that a structure would need to be put in place. Kelli Powers from Athens-Limestone hospital mentioned that in her region, nine hospitals have come together to create a regional HIE with governance structures in place since they will be using the centralized model for their repository. Discussion centered on concerns, thoughts, and a notation that this would be a topic for future board meetings to discuss. As One Health Record<sup>®</sup> is still in a pilot phase, it was important to vote on if the board would like to move forward with it before discussion about future repository modeling occurred.

Dr. Donald Williamson summarized the discussion by stating that the Commission wants to proceed with the recommended course of action presented today, to support two pilots, one in East Alabama and one in the Huntsville area. The system will be a federated model HIE as previously directed by the Commission, not a centralized model. The One Health Record<sup>®</sup> staff will report progress to the Commission quarterly.

A motion was brought forth by Commissioner Neal Morrison, seconded by Commissioner Stephanie Azar to move forward with the pilot programs for One Health Record<sup>®</sup> as stated by Dr. Williamson and the motion was passed unanimously.

Roger Bates from Hand Arendall spoke to the members and discussed the changes that have been made to some of the legal documentation including: streamlining and standardizing agreements, documentation in regards to HIE participation and involvement, user agreements and privacy documentation. All the new documents have been sent to the board members electronically for review and approval.

Commissioner Morrison moved that the Commission approve the above statement by Commissioner Dr. Donald Williamson. Motion to approve changes to legal documentation was brought up by Commissioner Neal Morrison and seconded by Commissioner Stephanie Azar. The motion passed unanimously.

Dr. Stephen Mennemeyer from UAB spoke briefly about the work conducted by his team in regards to the study done around One Health Record<sup>®</sup> and the results found. The work is on-going and will be presented at future board meetings when the findings are more robust.

**Next Steps:**

- One Health Record<sup>®</sup> team to move forward with pilot programs
- One Health Record<sup>®</sup> to develop fair share funding model for pilot and obtain commitments
- Schedule next commission meeting for next quarter