

June 15, 2006

Participants: William Hayes, Ayeshia Ellington, Nancy Gillete, Rick Sites, Berna Bell, Kim Keiser, Marc Cloutier, Stephanie Jursek, Dennis Swartzlander, Philip Powers, Bill Mitchin, by phone: Mary Crimmins, Alice Petrusis, Margie White

The following corrections were made to the minutes of 06/01/2006: Schools of Medicine should be substituted for academic health systems. The minutes of June 1 should reflect that Brian Phillips moved and Mary Crimmins seconded a motion to establish a stakeholder group of Schools of Medicine and that group be chaired by David Barber. The minutes were approved as amended.

Mary Crimmins spoke of the role of the OHHIT steering committee as the Ad Hoc Working Group for the Ohio HISPC program. She suggested use of a standing agenda and suggested rotating leadership. Nancy Gillette had agreed to serve as chairperson for this meeting and Rick Sites for the next meeting. Bill Mitchin served as recorder and Philip Powers as timekeeper. One purpose of the meeting today is to come up with a document to use with the Stakeholder groups that will give them something to react to in their discussions of the Nine Domains.

The Ad Hoc Working Group is going to provide the leadership for the Stakeholder groups, who will meet to discuss the nine domains. The concept of the Stakeholder groups was put forward in the HISPC contract as a minimal set concluded with a decision to establish a research stakeholder group and to include with the medical schools other health professions schools

Nine Domains

Bill Hayes provided an update on the HISPC project. ODH has approved the Steering Committee membership and the first meeting is likely to be held the week of July 4. ODH is preparing a letter to members from the Director. We are still waiting to hear about the site visit schedule and the work plan was submitted. The HISPC Management Team has decided to move forward in engaging stakeholders and the VWG (Variations Working Group) lead by Bill Mitchin.

UHIN Utah Health Information Network's Bart Killian came to Columbus for two days (June 12 & 13) and presented at the Ohio Hospital Association Annual meeting. On the first day Bart had the podium alone and on the second day a representative from each of the Health Information Exchanges from around the state spoke briefly and then Bart spoke again about UHIN. 140 people attended these two sessions. There was good participation from Medicaid, ODH and there were Payers in attendance.

In regard to HISPC and the Stakeholder groups, Bill discussed the need to get word out, get participants interested in these working groups. He would like to hold a series of meetings in July for both topical areas like e-prescribing and Stakeholder groups as specified in the contract. There was more discussion about which groups could meet together and in regard to soliciting input via e-mail.

Dates for possible meetings were discussed and the Ad Hoc group agreed to e-mail bad dates in July to Philip. Margie will be presenting to the Long Term Care Association on health information technology in September and will hold a discussion with OHIMA members this weekend.

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Bill Mitchin reported that in the absence of directed materials from RTI he had worked some scenarios to begin discussion with the VWG. Bill Hayes discussed the need to add more people to the Ad Hoc group especially for consumers and pharmacy.

Two action steps were determined (1) Bill Hayes will invite participation from organizations and individuals to fill out Stakeholder groups leadership; (2) Mary will prepare an email to be widely distributed to begin to collect input electronically. Specifically we are missing behavioral health and disabled populations, Nancy John and Megan will handle the physician Stakeholder group, Bill Hayes will cover consumers and pharmacy and medical devices.

Discussion the began on the nine domains and what the Ad Hoc group thought might be included in each. Bill Mitchin clarified that we are supposed to identify barriers and later those will relate to proposed solutions. We would hope to distill all of this information into a chart, with the domains across the top and the Stakeholder groups on the side with the cells including their input on each.

The 9 domains and discussion summary follow:

1. User and entity authentication to verify that a person or entity seeking access to electronic personal health information is who they claim to be.
 - Ways to authenticate risks threats impersonate
 - Policy issues
 - Technology
 - Business practices
 - Authorizing to system
2. Information authorization and access controls to allow access to only people or software programs that have been granted access rights to electronic personal health information.
 - Permissions to access
 - Controls
 - By stakeholder group
 - Technological domain access protocols
 - Print and take
 - Right privacy rules
 - Paper vs. electronic
3. Patient and provider identification to match identities across multiple information systems and locate electronic personal health information across enterprises.
 - Internal vs. external
 - Patient and provider will be different from payer and hospital
 - Medicaid uses their own IDs comprised of several amalgamated components
 - Reference number
 - What happens when there is no match
 - Need to identify components used by each Stakeholder group
 - Multi level authentication
 - What can we learn from law enforcement
 - Patient and physician researchers how is system limited authentication done?

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- What protocols are used
 - NPI implementation
4. Information transmission security or exchange protocols (encryption, etc.) for information that is being exchanged over an electronic communications network.
 - Hackers
 - Interception
 - Internal
 - Firewalls
 - Encryption technology
 - Links
 - Letter being opened along the way WAN web
 - LANs, VPNs, etc.
 - What can we learn from the credit card industry and banking?
 - Real time threats to encryption code?
 5. Information protections so that electronic personal health information cannot be improperly modified.
 - Copy and paste
 - Audit trails collect paths we collect
 - Changing what has already been documented
 - Time date stamp
 6. Information audits that monitor and record the access activity of health information systems.
 - How much is enough
 - Anomalies, retain the exception
 - How do you divide the exceptions and anomalies
 7. Administrative or physical security safeguards required to implement a comprehensive security platform for health IT
 - Control access to server room
 - Physical challenges
 - More about place or
 - Portable devices
 - Synopsis of security policy
 - Necessary to put HIT on a device
 - eRx from a PDA
 8. State law restrictions about information types and classes, and the solutions by which electronic personal health information can be viewed and exchanged.
 - Ohio laws on behavioral health

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9. Information use and disclosure policies that arise as health care entities share clinical health information electronically

- Nursing home to ER
- Expectation about use and actual use
- How to share and what legally governs that sharing
- Is HIPAA privacy really informed consent
- Who owns the data
- How do you inform your clients
- What position has your entity taken regarding use and disclosure
- Treatment of minors
- EOB from payer to parent
- Minimum necessary interpretation

Rick Sites agreed to serve as chair at the next meeting.

Rick Sites summarized Rick Moore's reiteration of eHealth Ohio's offer to assist with education/event planning. Likely opportunities include the forums required under the HIPSC contract and a fall OHISP event - possibly the week of Oct. 23, 2006. Bill Hayes asked members to think about whether there are any major industry conflicts around that time as well as what approach we should take – as to purpose, agenda, HISPC & other related topics.

Bill Hayes asked committee members to recruit participants for the Variations and Solutions workgroup. Philip Powers demonstrated how to sign up for working groups through the wiki site.