

Roadmap Organizational Structure Working Group Meeting December 5, 2006

Participants: Ron Hall, Bob Campbell, Lynn Giljahn, Lily Tatham, Stephanie Jursek, Ayeshia Ellington

Phone: Bill Hayes, Mary Crimmins, Brian Keaton, Doug Anderson

Welcome and Introductions

Bill Hayes welcomed the group and all attendees introduced themselves.

Updates

Bill Hayes informed the group that the health information exchange and workforce development working groups have taken place over the last two weeks. Notes from these meetings can be found here <http://hispc.pbwiki.com/RoadMap> . Bill Hayes will be talking with Representative Jon Husted about the HIT Roadmap and recommendations for HIT adoption in Ohio. The Dayton Community Meeting was held on December 1, 2006. Mary Crimmins reported that 20 people were in attendance and gave feedback on the *Interim Solutions Report*. Three other Community Meetings have been scheduled to share the Roadmap document and gather feedback. Dates and locations for these meetings can be found here <http://hispc.pbwiki.com/CommunityMeetings> .

Approval of November 21, 2006 Minutes

The November 21, 2006 minutes were amended to add “Creation of a statewide group will include representatives from the House and Senate.” A motion to approve the minutes as amended was made. The motion passed unanimously.

Roles of the State-level Organization

Stephanie Jursek reported that she shared a summary of the November 21 Organizational Structure meeting including possible roles of a state-level with the LWG. The LWG will meet on December 6 to further look at governance options for the state-level organization.

The group continued its discussion on possible roles of a state-level organization. Members agreed that a state-level organization should adopt standards instead of creating them. It was suggested that the state organization follow national standards and if no national standard exists on a particular subject then a standard should be created at the state-level. There is currently infrastructure in place to develop and approve standards on a national level. More information on this initiative can be received by contacting the Office of the National Coordinator. The state-level organization’s role will be to educate others on standards set at a national level. It will be helpful to identify working group members who sit on the boards of national groups so that local and national efforts can be better coordinated. Adopting national standards will also help to solve interoperability issues. Once national standards are adopted providers within Ohio would have to choose systems based upon these standards in order to exchange information with each other.

It was also recommended that the state-level organization provide an ongoing updated list of local RHIOs and HIT activities within the state of Ohio and activities in neighboring states. Group members would like to know about activities in North West Ohio. Bob Campbell will talk

with Toledo health commissioner to find out more information about initiatives in that part of the state.

The state-level organization can also help guide public health in terms of how public information can be used and gathered more efficiently. How can we move forward in coming up with funds, exchanging data, and reducing costs? A plan to educate, coordinate key players, and organize how this process will work is needed. What information do we need from hospitals beyond reportable data? What's our capacity and what are our resources? The core data set is clinical data and exchange of this information should flow in two directions.

How do RHIOs fit into incidence response structures? Public Health should be able to send real time reports going back to providers. The BioSense Early Event Detection and Situational Modeling project is a potential source of funding. Members would like to identify all health information reporting requirements and have them asked for once. Identify core data set and build into what RHIOs are doing early on. When organization wants a new report, find out what already exists and maybe add only one or two data points and justification for adding each one. Cross check with data standards developed on a Federal level.

Lynn Giljahn noted that Ohio Corporation for Health Information organized previously to talk about goals similar to the Organizational Structure working group. Bill Petrarca should be contacted to discuss lessons learned.

Ohio Review of RHIO Roles in Other States

The group reviewed the RHIO comparison worksheet. They discussed the use of third party vendors to conduct the activities of a state-level RHIO. Ron Hall noted that a third party vendor is valuable for scrubbing the data and making sure the data standards are complainant with the company you are sending it to. Vendor prices could possibly be lowered if activities were done across the region. Members would like to know if there is one third party that dominants the market? It was suggested that a meeting be held for all the revenue cycle people (billing and receivables) to discuss purchasing power.

Common themes among the states surveyed were lab data, payer claims, insurance formulary, and eligibility and verification. It seems that every RHIO has identified a need in its region and has tailored its services to the needs of the providers. The Ohio model will be a hybrid of states listed on worksheet.

A category titled medication management should be added to the state RHIO worksheet. Group members want to know the prescribing history, if prescriptions get filled, when they get filled, and where do they get filled. This category can also include information on e-prescribing, over the counter and herbal drugs. The State Pharmacy Board could identify best practices and development of medication management.

Next Steps

The Organizational Structure working group will compile a list of roles for review by the HISPC Steering Committee.

Summary of Recommendations

- I. Funding-pooled funding that RHIOs could borrow from and pay back (state legislature); new category under Third Frontier (Regional/Health Information Exchange)
- II. Education-adoption of national standards; proactive in areas lacking national standards
- III. Communication Structure
- IV. Administrative Data-as means of revenue
- V. Training/Technical Assistance
- VI. Role of Public Health/State Agencies in organizing reporting requirements
- VII. Facilitating communication between providers (region, local, and national levels)
- VIII. Coordination of activities with neighboring states
- IX. Invite all local health information organizations to participate
- X. State-level coordinator-organize state agencies, assure everyone is covered by a RHIO

At the next meeting member will identify which roles from this list are our top priorities.

Next Meeting Date

The next meeting will be held on December 13 from 10:00am to 12 noon.