Utah Digital Health Service Commission Meeting

Thursday January 5, 2012 10:00 a.m. – 12:00 p.m
Utah Department of Health, 288 North 1460 West, Rm 114, Salt Lake City, Utah

Minutes

Members Present: Brad LeBaron (Chair), Scott Barlow, Henry Gardner, Deb LaMarche, Jan Root, Doug Hasbrouck and Marc Probst
Via Video Conferencing: Dennis Moser
Via Phone: Chet Loftis and Nancy Staggers
Members Absent: Natalie Gochnour, Mark Munger (Vice Chair),
Staff Members: Wu Xu, Francesca Lanier and Humaira Shah (UDOH, OPHI)
Guests: Wyatt Packer (HealthInsight), Jeffrey Duncan (UDOH), Greg Mead (DTS), Robert Rolfs (UDOH), Courtney Dinkins (AUCH), Aimy Sawaya (AUCH), Korey Capozza (HealthInsight), Lavern Snow (DOH), Charlene Frail-McGeever (UDOH) and Lyle Odendahl (UDOH)

Introduction:
Doug Hasbrouck called for a **motion** of approval for the November minutes. The motion was passed and minutes were approved. Brad LeBaron (Chair) arrived and shared a few recognitions: Brent James was recognized as a top 25 clinical informaticists by Modern Health Care. Intermountain was also recognized for informatics research by Health Care IT News. He commended people for careers in health care informatics and was happy for the role the commission plays.

e-Health Related Legislation Updates:
Wu Xu discussed three bills that related to the commission (HB19, 25, and 46). The commissioners supported the intent of HB 19 to prevent identity fraud by prohibiting state agencies to issue 9-digit identification numbers. However, the commission pointed out the potential unintended consequences in implementation if all impacted information systems had to immediately change the current uses of a 9-digit number.

Chet Loftis provided the background on the HB 46 different requirements of patient consents to participate in the cHIE among Medicaid, CHIP and PEHP. At the previous Interim Committee meeting, people were seeing this issue from different political perspectives. The commission had a lively discussion and reached consensus: 1) the public policy on patient consent needs to be consistent across different populations; and 2) there should not be significantly-increased administrative burden to implement a new policy. Staff passed the recommendations to the UDOH Leadership.

cHIE Liability Issues:
Jan Root reported that Chet, Lyle Odendahl and the UHIN Legal Committee discussed ideas and possible language to help protect the users of the cHIE from liability. Chet explained that the state have the ability to deal with state immunity and if it's federal immunity we wouldn't be able to deal with it but most cases will be state anyway. The courts are really reluctant to allow immunity unless there are a couple things in place, even if the legislature says somebody is immune. One is some assurance that the public is being protected and the other is there has to be some type of remedy for somebody that is injured.

Lyle said it was discussed at the UHIN legal committee meetings: The concept is what is legally known as a "safe harbor." That means if you do certain things you can't be held liable; For example, that you [a cHIE user] thought you had records on a person but it ended up being someone else's. The legal committee spent some time looking at avoiding liability for what essentially amounts to misidentifying an individual and using the wrong records. He suggested that there's a lot of thought and expertise in that UHIN legal committee and that can come up suggestions to establish a safe harbor, the best way to approach this.

Chet commented that this approach would be consistent with the existing statute (26-1-37). We could create a process that says that if you do xyz there is an immunity that comes. He proposed that we could make steps of using cHIE that are necessary, and not being able to use it without those steps; so that no one could misstep. If there are no missteps then there aren't concerns on that other side. There is always going to be concern by the medical community and rightfully so that you don't necessarily want to create steps in a way when that if you don't follow those steps, you're automatically liable.

Doug made a **motion:** To move this forward is to ask the UHIN legal committee to act as a subcommittee; an extension of the commission in some way; Chet and Jan as the commissioners participate with the UHIN legal committee to explore the potential statutory approach to this issue. Brad seconded the motion and it is passed.

Employers' Participation in cHIE's Efforts:
Henry Gardner, along with Jan, looked at different ways to move forward with employers. There are approximately 70-80,000 employers in the state of Utah. He met with the Department of Workforce Services (DWS) several times and might meet with the Director Kristen Cox next week. The goal is to partner with DWS to push out educational information for the employers to give to their employees and to get employees to electronically enroll in cHIE. The employers seem to be excited. They know in some way they can reduce their cost or help their employees with health care.

Follow up: The Governor's Summit Work Panel on Health Information:
Doug discussed the three points on the initial summary handout. First was the statewide Secure Patient Directory; second was boosting support of the cHIE by having enrollees with state supported health benefits be required to make a cHIE consent choice; and third was boosting support of the cHIE by educating employers of the value potential of this system. There have been good actions on these three. The next set of items are: 1) Looking at APCD data and using it for quality improvement purposes, 2) Starting to look at some common care episodes and the cost of them and how they might be used to inform the public or employers, and 3) Beginning a process to consider the privacy and security questions that are creating barriers for good information sharing between entities.

Scott Barlow provided an example of barriers on patient consent for payment reform data sharing: Central Utah Clinic has been doing a medical home pilot with a couple of payers. One of the areas they've been focusing on is discharge activity in hospitals. Their goal is when someone goes to the hospital, the patients are getting the proper follow up care such as medications, along with educating them about going into the ER so next time they don't go back. He said the clinic can't get that data unless the patients specifically mention their doctor's names at the admitting process. Even though the clinic is clearly in the medical home pilot by definition and they are even getting a monthly fee to case-manage the patients, hospitals have taken the decision if a patient goes to the ER and didn't mention their doctor's name, then the doctor can't get the data until three or four weeks later.

Bob Rolfs added that it's interesting to see at the summit what people think, there was a subset of the discussion that focused on better engaging patients on the health information process which is really an industry process. There were a number of people there that were pushing consumerism. Given the way that information in other domains is working, there is potential opportunity here. He also thought the patient engagement was relevant to making things like cHIE a sustainable thing. If people/patients care about it, it makes a difference.

Bob said that UDOH would have somebody in and out of government co-leading the next step to turn what happened in the summit into actionable items. Marc Probst suggested we should really try to distill down to action or simple items the state could go out to.

Brad mentioned that they were presented with a copy of the strategic plan from the UDOH strategic planning workgroup. He complimented Dr. Rolf on its structure and content. Bob talked about the UDOH strategic plan's four goals: The first was for Utah to be the healthiest people in the country. The second was putting health in health reform, which has focused a lot on cost. The third was transforming Medicaid, we wanted to have a positive relationship with the people of Utah and the legislature. The fourth is we wanted UDOH to be a great place to work. Dr. Patton had a great interest in improving practices at the department and making UDOH a great place to work.

Other Business:
Doug reported that related to the Commission's previous discussion on having a statewide provider directory, HealthInsight, Office of Health Care Statistics, and Central Utah Clinic has come together to move this idea to the next level with regards to the legislative-required quality reporting for clinics. The group has been trying to figure out unique identities of providers and attributing them to clinics and then attributing the data out of the All Payer Claims Database to those clinicians. The HB 128 Reporting Task Force oversees this effort, a complicated work. As they started to do attribution they saw people that are not attributable, meaning they haven't seen a relevant provider in the time frame. How are we going to account for these people that haven't seen any providers? He concluded that through their work they may be able to provide some feedback or lessons learned to other Provider Directory's efforts.

Brad mentioned that SelectHealth just sent to their clinics a report card, the first of that sort. It was amazing to see the reaction and the improvement it created in the physicians themselves. This kind of data is lacking in core providers and they're competitors; they don't like to be judged in the low levels of performance so it makes them get going.

Marc Probst suggested the Commission to get a synopsis of what the related HIT grants are and where they're coordinated. He also asked who had responsibility for the statewide insurance exchange, and what's happening there? Charlene Frail-McGeever, Medicaid EHR Incentives Program Manager, mentioned that the Medicaid HIT Plan included a summary of some of the HITECH grants' information.

Brad thanked everyone and meeting adjourned.