Utah Digital Health Service Commission Meeting

Thursday November 1, 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: Mark Munger (Chair), Doug Hasbrouck (Vice Chair), Scott Barlow, Henry Gardner, Deb LaMarche, Brad LeBaron (via video), Dennis Moser (via Phone), Jan Root, Wesley Smith and Nancy Staggers
Members Absent Chet Loftis and Marc Probst
Staff Members: Francesca Lanier, Humaira Shah and Wu Xu(UDOH, OHIDS)
Guests: Courtney Dinkins (AUCH), Greg Mead (UDOH), Rep. Rhonda Rudd Menlove, Wyatt Packer (HealthInsight), Robert Rolfs (UDOH), Aimy Sawaya (AUCH), Weston Tolman (College of Pharmacy, UofU) and Luciana (Student, UofU)

Introduction and Update:

Mark Munger thanked all the commissioners for attending the meeting. Mark gave a brief introduction of a new commissioner, Wesley Smith, who is currently the Executive Vice President of Government Relations for the Salt Lake Chamber. Mark asked for a motion of approval for the September minutes, they are seconded and approved.

Proposals for the 2013 Utah Legislature:

Jan Root handed out one pager with several ideas. She had spoken with several commissioners about these suggestions. Some thought these were legislative ideas while others thought they could be DOH efforts. The first issue is cloud computing. When you use cloud computing, your data are stored someplace else and are not in your firewalls. Data centers are huge and expensive. So cloud computing companies move data to lowest cost places and these places can be politically unstable and put your data at risk. There was a suggestion to begin to look at making a requirement that the data be stored somewhere in the U.S. Other suggestion is to look at some accreditation for the organizations that store or exchange data. Weston Tolman pointed out that cloud computing is very complex, like most security issues. It's security versus convenience and economics. It's always a balance issue. It will be good for Utah to take a look at cloud computing because Utah is often an IT leader.

The second issue is the cHIE status as an officially designated state HIE. This designation was tied to the UDOH ONC HIE grant and it expires February 2014. UHIN would like to keep that designation because it's very helpful in talking with the smaller providers about the cHIE. UHIN has dispersed about a million dollars in federal funding (the Beacon grant) to give providers small grants to connect providers as data sources to the cHIE. Beacon is ending soon; the concern is it will bring everything to a stop. She suggested having UDOH to designate UHIN it again. Other commissioners suggested to see if there was a way to get new federal grants to continue these connections; the hospital association was working on several pieces of legislation around rural hospital issues and they might be willing to champion something like this.

The third possible proposal is to use cHIE to reduce Medicaid costs. There have been a few recent studies on economic impacts of an HIE and reduced emergency department uses. Bob Rolfs pointed out that potential funding sources for cHIE are the government: State and federal dollars are still out there to continue this work as it expands more into the rural areas. Rep. Menlove suggested the commission to collaborate with the Utah Rural Partnership group.

Jan briefly discussed House Bill 46. She reported that there were about 370,000 collected consents, which have made the providers more interested in cHIE. The commission discussed how to lower the consent barriers or find different ways to do so. One is to encourage businesses to have their employees make a consent decision. Another is to have payers make this consent decision available for their members. Other ideas are to have providers make the opportunity available and to extend House Bill 46 to all payers. The final suggestion is to just migrate the entire state to opt out. Jan asked Representative Menlove if they should get a group together to start forming ideas. They decide to develop basic ideas and then get feedback from members.

Telehealth Statute Language:

Deb LaMarche started by saying that there was a strong suggestion from DOPL this summer that the Medical Practice Act needed to explicitly include Telemedicine. The Utah Teleheath network legislative subcommittees started working on some language closely with Intermountain Healthcare, the University of Utah, and others. Representatives Menlove and Sanpei were engaged in this. Rep. Sanpei took the proposed legislation to the legislative council and met with the director of DOPL who agreed after the discussion that the current language actually satisfies any current need. In the language of the current Medical Practice Act and the Osteopathic Practice Act describe what the practice of medicine is, it includes the phrase "by any means or instrumentality." The Utah Telehealth Network board doesn't believe that Telemedicine is the practice of medicine, it is a way of delivering healthcare.

Identifying Focus Areas for 2013:

Henry Gardner talked about identifying focus areas for 2013. He discussed different comments from the commissioners. Security and privacy is the upmost concern that people have. Another one was cHIE adoption. He said if we don't have people sign up we won't be able to exchange data and do a lot of things with cHIE. He recommended that the commission focuses on getting the cHIE adoption going; bring employers, brokers and payers in; and make the adoption a community issue. Obviously security has to be the primary issue because the employers aren't going to feel comfortable unless cHIE has security done as well.

Information Security White Paper:

Mark Munger discussed the white paper and said it has contributions from almost everyone in the room and thanked everyone for that. He asked if anyone had suggestions for changes or additions of other things that need to go into it and would like them in by the 15th of November. He addressed a comment saying that a lot of this type of white papers tends to just hit desk and go on file. Mark and Wu are going to work hard to make sure that that doesn't happen here. Mark talked about promoting the paper through the UMA with Michelle McOmber. He asked a motion for approval of this paper with minor changes that may come in from the commissioners.

Scott Barlow made a **motion** to approve the document and give the commissioners about ten days to respond to the final reviews. The motion is seconded and approved.

Mark then played the video "Amazing mind reader reveals his gift."

Other Business:

Mark asked everyone to go around the room and give comments on the 2013 priorities:

Jan Root said security is huge and suggested to pick one or two topics to focus on. Mobile devices, cloud computing or any of the other topics that are listed in the paper, are all complex.

Weston Tolman pointed out that the ownership of mobile devices and its data is a key element that should be focused on. The problem with mobile devices is if you buy your own smart phone, does your corporation or health industries have the right to say: no you can't use that here? In some cases that is the case. I would like to focus on anything that facilitates solutions and promotes health IT in the industry.

Scott Barlow suggested: What makes the white paper a living document is we use it to frame a discussion and follow up on it. So I think we should pull one or two things out of the white paper that we use as a framing document and in turn talk about. One think we haven't talked about yet is that we'd love to see someone take the lead on the certification standards for electronic signature on narcotics. E-prescribed is a big medical value and has efficiencies but no standards yet to recognize signatures. Therefore we still have physically moved narcotics with physical documents. This is dangerous because it gives staff more capability. I'd like someone to take the lead to guide a certification process.

Nancy Staggers expressed that she thought they should focus on anything that would promote more community building. For example, we did some work last year on the MPI but we don't have a master provider index. Those kinds of efforts that would build infrastructure to help us improve adoption are good. The second thing is that sometimes I think our own role isn't very clear to us or our constituents, so maybe we can do some role clarification and consider changing our name away from digital health commission to maybe e-health or something else.

Wesley Smith would like to work on anything that facilitates solutions and promotes health IT as an industry and think about IT from the market side. I know that there are a lot of businesses doing innovations and regulatory issues are really important in that industry. Anything that we can do to facilitate solutions. Privacy is a big issue, but we should look at things with a perspective of how we can make it happen as oppose to hampering innovation.

Barry Nangle suggested to overcome the consent issue for the health information exchange.

Henry Gardner said that one of the big ones I believe in is the employer involvement with the cHIE consent. It's the key because what it boils downs to is us as individuals. He thinks the brokers and employers understand that we want to help and we need to bring it to the point where we start using the data to get people feeling better.

Robert Rolf agreed that solving the consent issue was a huge barrier to the cHIE's success.

Deb LaMarche wanted to continue with security and privacy. We are just scratching the surface. An area of real concern for me is just the explosion of consumer-based devices and applications. Facebook and Skype can all be done at the consumer level but we have not made an education effort there yet. It really is changing privacy and security in a big way.

Dennis Moser said that most of the comments that have been made reflect my feelings as well. I want to comment on the UHIN consumer committee that was looking at the opt-in/opt-out issues. These issues will be evolving. It will be a lot more conducive to participating in the cHIE.

Mark Munger thought one of the benefits of this commission is that we could facilitate across multiple domains whether it's physician, allied health personnel or payer. We have representative business here. Today is the perfect example of coming up with solutions that we can move forward.

Meeting adjourned.