



State of Arizona

Governor's Office of Health Information Exchange (GOHIE)
Technical Infrastructure Workgroup Meeting
September 27, 2010
1:00PM – 3:00PM
Executive Tower, 2nd Floor Conference Room
1700 W. Washington St., Phoenix, AZ 85007

PRESENT

Michael Adu-Tutu – AZ Dept. of Corrections
Kalyanraman Bharathan – Health Information
Network of AZ

Tom Brink – Maricopa Integrated Health System

Will Carbajal – Hewlett-Packard

Lawrence Carlos – Accenture

Adam Delaossa – Marana Health Center

Charles Flanagan – AZ Dept. of Corrections

Celeste Fralick – Intel Corp.

Michael Gleason – Scottsdale Healthcare

Brigid Gray – Pima County

Robert Greenes – Arizona State University

Barry Hieb – Global Patient Identifiers, Inc.

Sri Koka – Techsant

Keith Longie – Indian Health Services

Lorie Mayer – AZ Health Care Cost Containment
System (AHCCCS)

Jill McPheters – Cigna

Jon Melling – Top Tier Consulting

David Moore - Bannerhealth

Joanne Obenour - AHCCCS

Ryan Palmer – I-PACS Online

Elise Piatt – Triadvocates

Honey Pivrotto – Pima County

Bob Purcell – Avanade, Inc.

Kevin Rhode – Jewish Family and Children's Service

Melissa Rutala – Arizona Health-e Connection

Sherri Siko – AT&T Global Services

Lee Stern – Indian Health Services

Lisa Stilwell – Cigna

Emilie Sundie – Health Services Advisory Group

Brad Tritle – eHealthTrust Arizona

Brent Turner – AZ Integrated Physicians

Claudia Ulloa – Yuma Regional Medical Center

Tristan Van Horne – Ingenix

Saffron Wanger – TERROS Behavioral Health Services

Suzanne Williams – Avanade, Inc.

Paula Mattingly – AZ Dept. of Health Services

James Apperson – Governor's Office of Economic
Recovery

Ryan Sommers – GOHIE

Aaron Sandeen – State Coordinator, GOHIE

Jason Mistlebauer – GOHIE

AGENDA

Welcome and Introductions

Updates

- Strategic plan
- Federal feedback

Role of the Work Group

Call Jason Mistlebauer, Governor's Office of Health Information Exchange,
at (602) 542-6435 with additions or corrections to these minutes.

AGENDA CONTINUED

Roundtable Discussion

- Further define
 - Meaningful use
 - 3 key deliverables and objectives for State HIE in 2011
 - E-prescribing
 - Structured lab results
 - Patient care summaries
 - System components
 - SWOT analysis

Next Steps

- Component prioritization survey

Meeting Adjourn

PRESENTATION AND DISCUSSION

- A. Sandeen – meetings will take a path of their own and GOHIE wants feedback at every stage/opportunity that the audience feels compelled
- A. Sandeen – Federal feedback was mainly the need for baseline information/data; will seek help from the audience to satisfy ONC feedback; working quickly to satisfy ONC's questions/requests
- A. Sandeen – multiple meetings planned; issues/risks and mitigation plans is an all encompassing workgroup
- R. Sommers – Meaningful Use discussion
- R. Sommers – led presentation up to slide 40, Submit syndromic surveillance data to public health agencies, in the PowerPoint due to time constraints; briefly went over the Technical System Components, slides 81 - 84
- Aaron – GOHIE will place Manatt and HIMSS analysis on web site
- J. Melling – further clarification beyond Stage 1 of the State's position on satisfying e-prescribing
- M. Rutala – test for capability concerns for providers that will be interoperability with State HIE; J. Melling – the effects of the decisions today will have ramifications for tomorrow; Stage 2 MU objectives might be satisfied with some implementations that State HIE will seek to implement in Stage 1; LOINC is a good and agreeable system for Stage 1 satisfaction/usage; M. Gleason – how many hospitals are not going after Stage 1 funding but going straight to Stage 2?
- A Sandeen – benefit to having HIE involved in e-prescribing; real value; State's plan?; M. Rutala – connectivity to/from independent pharmacies to electronic system comes down to money; they have to pay for service and just do not chose to (revenue issue); rural issue; J. Melling – taking minimum route is dangerous; must be robust and sustainability so our decisions must have those characteristics in mind moving forward; B. Tritle – need to look at overall picture of eRx and SureScripts monopoly on the market; J. Melling – not hang our plan on one strategic item
- Unknown attendee - medication aggregation; using HIE to collect data within the Maintain active medication list w/i the Meaningful Use Objectives slides

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PRESENTATION AND DISCUSSION CONTINUED

- M. Rutala – EHR vendors will have specs that will easily speak to systems and ultimately may have intersect HIE requirements w/i Incorporate clinical lab test results into EHR as structured data; D. Moore – nomenclature issues; definition of clinical lab tests that do not have a relationship with orders; HINAZ – minimalist set of rules by ONC; incentivize the market in different ways outside of technology infrastructure i.e. price structure
- Send reminders to patients based on patient preferences and selected by specific criteria for preventive/ follow-up care is normal business practice; patient preference; ethical imperative of patient identification along with legal ramifications; Stage 1 narrow view as the real answer needs to address Stage 2 and beyond
- X12n w/i the Check insurance eligibility electronically from public and private payers Meaningful Use Objective – high speed 10 question which is the focus of many given its requirement and timeline
- Multiple attendees – EHR vendors and RECs need to addressed beyond Stage 1 objectives w/ Provide summary care record for each transition of care and referral; Unknown Attendee – where does HIE fit for the State given these objectives?; A. Sandeen – we need feedback on the priority of the State HIE; J. Melling – capability of the “system” to provide information needed i.e. workflow and end-user usage; need to have use cases identified; inbound information being able to communicate with other data systems given the vocabulary/terminology differences in systems; other States will take the low road with satisfying objectives i.e. sending documents via email without HIE/exchange; ONC wants success but without creating a large system; complimentary meaning to this objective that may identify other objectives or benefits that HIE can meet/do; analysis on web site along with spreadsheet with HIE implementation goals; seek initial value for everyone which is beyond the pdf format (transmission and formatting) – achievable milestones; M. Rutala – setting the right approach with providers so Stage 1 is achieved along with a longer term approach; expectations set
- Submit reportable lab results to public health agencies Ryan; Jon Melling – second usage and consent; this will need to be addressed as the State moves forward
- Master Patient Index (MPI) w/i Technical System Components – audience stated that it is absolutely a core issue (address privacy issues though); stand alone for State HIE; MPI is a middle-ware application separate from other architecture in place; remediation issues; demographic data issues could be addressed; updates are much easier given this “super” layer and could address as a single place for opt-in/opt-out issues
- J. Melling – What level of detail will Provider Identity Management (PIM) address?; A. Sandeen – How important is this goal to the attendees?; business model implications; MPI does not take the PMI very far; no registry for every single disease; next steps will be...on website, building out Meaningful Use matrix and key requirements of GOHIE will drive selecting vendors; complementary matrix for system components
- Document Registry – return on service questioned

NEXT STEPS

- All documents will be posted on web site

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