Wyoming Electronic Health Records Study Meeting
January 22, 2005
Casper, Wyoming
Sponsored by the Wyoming Healthcare Commission and the
Information Technology Technical Management Subcommittee

Meeting called to order

Dr. Geoff Smith, M.D., Chairman, called the meeting to order at 9:05 a.m. Thirty-five people were in attendance. State employees in attendance were: Iris Oleske, Ed Oleske, Emily Genoff, Brent Sherard, M.D., Larry Biggio, Sam Western.

Welcome and introductions

The Information Technology Technical Management Subcommittee (the Subcommittee), Wyoming Healthcare Commissioners (WHCC) and staff, and Michael Rodriguez IT Projects Director of John Snow, Inc. (JSI), Denver were introduced. The agenda for the day and Enrolled Act 31 -- the Act creating the Subcommittee and charging it with overseeing an electronic health records (EHR) study -- were reviewed. Dr. Smith talked about the selection of JSI as the consulting team evaluating and developing the state's objectives for the EHR study. For more information about the Wyoming Healthcare Commission and the Subcommittee, and to view Enrolled Act 31, visit www.wyominghealthcarecommission.org, under "archives," or email whcc@state.wy.us, or call (307) 473-3839.

Lori Evans, MPH, MPP, Senor Advisor for Programs in the U.S. HHS Office of the National Coordinator for Health Information Technology (ONCHIT) (handout: ONCHIT)

Ms. Evans provided a briefing on the Administration's health information technology strategy and position (http://www.hhs.gov/healthit/presidential.html). The Office was created by an April 22, 2004 Executive Order by President George W. Bush, and charged with developing an industry and federal government wide plan for the adoption of interoperable health records for the nation in 10 years. David Brailer, M.D., Ph.D, is the national coordinator (for more information about Dr. Brailer, visit www.hhs.gov/healthit/bios.html).

The Office's role (for more information, visit http://www.hhs.gov/healthit/) is to:

- direct all HHS health information technology programs,
- coordinate HHS health information technology programs with other relevant executive branch agencies (i.e. agriculture, commerce),
- coordinate outreach and consultation by executive branch agencies and public and private parties, provide comments and advice regarding specific federal health information technology programs, and

- develop, maintain and implement a strategic plan for widespread health information technology and adoption.

The Vision of the Administration is based on the following tenets:

- medical information follows the consumer so they are at the center of their care,
- consumers choose physicians and hospitals based on clinical performance results,
- clinicians have complete patient histories,
- clinicians utilize computerized patient order entry and receive electronic reminders,
- quality initiatives measure performance and drive quality-based competition,
- public health and bioterrorism surveillance are seamlessly integrated into care, and
- clinical research is accelerated and post-marketing surveillance expanded.

On July 22, 2004, a secretarial summit on health information technology was held, at which the Office unveiled a strategic format comprised of four goals and 12 strategies (for more information about the four goals, visit http://www.hhs.gov/healthit/goals.html). Included is a private sector certification commission for health information technology products which has already formed (for more information about the accreditation commission, visit www.cchit.org). This board of 13 commissioners has an ambitious goal of launching initial criteria by summer of 2005. The commission will produce a road map, a guide, to be used by the industry in the development of EHRs. The Office wants these standards and criteria to be integrated into the health records themselves. Another goal is the promotion and diffusion of electronic health records in rural and underserved areas.

Within 10 years, the vision is that there will be in place a highly secure, utility like national health information network (NHIN) that can move data where patients want it to go and prevent it from going where they don't. The federal government will provide tools and services necessary to achieve interoperable EHRs. Regional health information organizations (RHIOs) are being encouraged by HHS with seed grants to assure local control and contribution to NHIN development. Regional organizations have to be accredited and federally qualified, to be eligible for a variety of benefits from ONCHIT – including funding, and incentives for physicians to use EHRs when Medicare is involved.

Questions followed, focusing on Wyoming's position in the national process of working toward implementation of electronic health records. Ms. Evans classified the state as a "second tier" entity, behind states that have been involved in mobilization and planning process for several years but ahead of those not already coming together around the issues attached to information technology and information sharing. She advised that incremental steps be taken as opposed to a "big bang" approach. Sam Western from Gov. Dave Freudenthal's office asked what his office can do to assist. Ms. Evans said that having a key person from the Governor's Office involved form the beginning as a part of the public private collaborative is important. Someone from Gov. Freudenthal's staff will need to get ahead of state laws and have a clear understanding of any potential barriers to moving forward legally or financially with EHR implementation. Massachusetts ran into problems with that state's privacy laws and is having to mount a campaign for the policy

shift needed to remove that barrier. Funding is a big issue and being able to help with this will be critical since the federal government views EHR as a shared investment. Dr. Smith talked about already identified legal needs the Subcommittee has assessed and asked Mr. Western for his office's help.

A discussion followed regarding Wyoming physicians' experience with EHR, needs and inhibitors to use. Included was the framework of the internet and how there can be freedom within EHR for specific practitioners' needs, and guidelines for management of information in concert with overall control by government. Dr. Smith talked about how he sees Wyoming fitting into the national picture. WHCC Director Anne Ladd emphasized the importance of including ancillary providers, not just doctors and hospitals. Ms. Evans said that is why regional organizations are going to be incorporating broad representation of stakeholders because there is a lot of information in pharmacies, public health and other organizations – the role of that body is to be that multi-stakeholder trusted intermediary. Other questions pertained to privacy and how in the current heavily protected environment information can be shared – particularly historical information -- without potential risk of legal assault. Ms. Evans said the federal government also has made privacy in the process of data sharing a priority. She noted that the national individual identifier required by HIPAA won't be coming from the federal government.

Brian J. Baum, Chief Executive Officer for the Health Record Network Foundation (handout: HRN)

Mr. Baum addressed the consumer-driven EHR pilot that the Health Record Network Foundation has asked members of Congress to fund in Wyoming. The objectives would be to engage constituencies and other government agencies to help develop and disseminate consumer health records information to the public. How do we make it real for the average person? What are the right messages? Who are the early adopters? A baseline needs to be established of where is public opinion right now. With that knowledge, then, the pilot's drivers will design and launch awareness programs, and thereafter conduct follow-up surveys of market attitudes after education. Another pilot is planned at the Duke Heart Center where the HRN network will be deployed. There are a number of local area hospitals that refer into Duke for cardiac care. Patients will be given the opportunity to create an HRN record. Linkages will be made to the Duke systems. For more information, see www.fuqua.duke.edu/admin/extaff/news/health_record_july_2004.htm, or www.health-itworld.com/enews/12-28-2004_495.html,

He said that the federal government's commitment to the Executive Order issued by President Bush and Dr. Brailer's office is not secure, and the nation's access to an EHR system is in part dependent on consumer demand. He detailed how a market can be created for an EHR through a cultural shift based in education regarding managing health information. The Foundation would be the consumer portal to personal health records, including benefits information. A national "brand" needs to be established for consumer

health records which would make the Foundation's product and service commonly understood, like a utility, or the internet of healthcare.

Mr. Baum believes the Network would be self sustaining because aggregate data, de-identified, would have value and the Network would create business opportunities. How do we get there? He sees a combination of funding from the public-private environment. Large employers like General Motors interested in reducing healthcare costs to remain economically viable are expressing interest in backing HRN, Mr. Baum said.

Dr. Howard T. Willson, a physician from Thermopolis, a University of Wyoming Trustee and the medical director for the Mountain Pacific Quality Health Foundation, introduced Jan Bloom, Wyoming Project Leader, to talk about the information technology initiative they have launched in the state (for more information visit www.mpqhf.org/mpqhf_web/aboutus/).

A meeting is planned on Thursday, January 27, 2005 in Cheyenne to discuss several projects funded by the Centers for Medicaid and Medicare (CMS) and required of quality improvement organizations (QIOs) including Mountain Pacific that are working with physician offices throughout the country. The objective is to encourage physicians to implement electronic health records. There has been no indication that physicians will be required to cooperate in order to be reimbursed for care provided to Medicare patients, however.

CMS has not been involved in HRN? Dr. Willson asked. No, Baum said. Dr. Willson noted physicians in training need to be expected to learn to use electronic health records and will be exposed to their value and utility at residency programs in Cheyenne and Casper. He said Mountain Pacific is in a bind because as the federally-funded quality organization for Wyoming, they're sitting here with a mandated program and have to get it implemented despite what the Healthcare Commission is doing, HRN wants to pilot, and individual providers are buying and installing. Discussion followed regarding what happened with HEDIS and other medical information systems that have been required of providers in the past, and the conflicting messages. Mr. Baum said the idea of a national utility is key to success. He struggles to understand how more than one network can operate simultaneously.

Michael Rodriguez, John Snow, Inc. (www.jsi.com) (handout: JSI)

Mr. Rodriguez introduced the members of the JSI team working on the Wyoming electronic health record study. He reviewed the components of his report – the study, regional health information organizations, the Wyoming picture, and additional work to be done. JSI has been working to review the national picture, evaluate Wyoming's health information technology/information technology (HIT/IT), identify funding opportunities, determine stakeholder interests and build a plan for supporting Wyoming's health information technology development efforts.

Regional health information organizations (RHIOs) are springing up across the country with a variety of funding streams and have been studied by JSI to find out what can be learned from their successes and frustrations. RHIOs promote the development, implementation, and sustaining of health information technologies and business systems which in turn promotes the effective sharing of if health information which will have the ultimate goal of improving quality of care, patient safety and cost of care. The RHIO provides guidance, solicits funding, promulgates standards, provides resources and organizational structure and facilitates projects. Those that are successful have a broad stakeholder group representation, have a defined constituency, are collaborative and enabling and build on existing e-health initiatives.

Examples of Wyoming HIT/IT projects include the Wyoming Department of Health's immunization registry, WyNETTE (Wyoming Network for Telehealth, a partnership between the Wyoming Department of Health and the University of Wyoming Center for Rural Health Research and Education funded by the federal Office for the Advancement of Telehealth (call (307) 777-5511 for more information)) the common client directory system being developed by the WDH (go to http://dfsweb.state.wy.us/pdf/iris603.pdf), Mountain Pacific's DOQ-IT project (see www.doqit.org/doqit/jsp/index.jsp) and other electronic medical record initiatives and the University of Wyoming has bioinformatics research (go to http://uwadmnweb.uwyo.edu/inbre/) under way. RHIOs are evolutionary. Right now, the Subcommittee is Wyoming's early stage RHIO. Those present agreed that a RHIO should be more formally developed as a part of the Subcommittee's mandate in Enrolled Act 31.

JSI will make sure that if there are problems that other RHIOs have encountered; Wyoming can avoid those same lessons. A lengthy discussion followed regarding what a RHIO is, what Wyoming needs, what difficulties are likely to be presented, and the information technology hurdles that exist in the state. Not every RHIO – and there are hundreds of them – has been successful in getting things going or not wasting a lot of money. Wyoming will need to identify and prioritize local projects and pursue financing. Discussion followed regarding what the RHIO could be in Wyoming and the difficulties attached to consumer healthcare utilization patterns crossing several state lines. Attention was on who stakeholders would be, what questions would be pertinent, what methodology would be most effective for gathering information, and specifically use of focus groups to gather data. Those listed as stakeholders who ought not to be forgotten include:

- Rural Development Council housed in the Wyoming Department of Agriculture (Mary Randolph, (307) 777-6430, mrando@state.wy.us, www.wyomingrural.org),
- law enforcement and corrections facilities, (Department of Corrections, Rob Lampert, Director, (307) 777-7208, http://doc.state.wy.us/corrections.asp)
- privacy advocacy organizations (Protection and Advocacy, Inc., Cheyenne, (307) 632-3496, EPIC (Electronic Privacy Information Center, www.epic.org) and EFF (Electronic Frontier Foundation, www.eff.com)),
- The Arc of Wyoming (call (307) 237-9110, leave a message)),

- Wyoming State Bar (Mary Guthrie, Director, (307) 632-9061, mguthr@state.wy.us, www.wyomingbar.org),
- Fran Cadez (an attorney employed by the Wyoming Department of Health who is knowledgeable about HIPAA and is managing WyNETTE, (307) 777-5511),
- Worker's Comp Medical Commission, ((307) 777-5423 ssmith3@state.wy.us), Board of Medicine (Carole Shotwell, JD, Executive Secretary, (307) 778-7053),
- Vendors of electronic health record technology,
- Indian Health Service (Catherine Keene, Director, Wind River Service Unit, (307) 332-9416 ext. 5912, ckeene@mail.ihs.gov)
- Telecommunication infrastructure (Matt Rodosky, Subcommittee member and telecommunications council member), http://ipc.state.wy.us/telecom/#http:// http://ipc.state.wy.us/telecom/, Joe Ahern, jahern@state.wy.us, (307) 777-3696,
- Wyoming Department of Transportation, (Col. John Cox, Director, (307) 777-4375, http://dot.state.wy.us/)
- Wyoming Heritage Foundation – likely to be able to help identify larger employers in the state, besides state government, hospitals (Bill Schilling, (307) 577-8000, www.wba.vcn.com/default.htm)
- Ralph Hayes, Human Resource Manager, Employees Group Insurance, Department of Administration and Information ((307) 777-5440, rhayes@state.wy.us)
- Consumer input (focus groups, use of Department of Health or Healthcare Commission web sites? town hall meetings? targeted mailings?)

Mr. Rodriguez said that in the next few weeks, JSI will be attending Subcommittee subgroup meetings, will begin gathering information from select, key resources and will continue to mine information from other states' experience with RHIOs. The next large meeting with JSI and the Subcommittee is planned to occur in April.

Meeting adjourned at 4:55 p.m.

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