

Interim Governance Committee

MINUTES

12/17/09

10:00 A.M.

SC BUDGET & CONTROL BOARD, OFFICE
OF RESEARCH AND STATISTICS

MEETING CALLED BY	Emma Forkner, Director, DHHS
TYPE OF MEETING	Governance
FACILITATOR	Emma Forkner
NOTE TAKER	Tracy Smith, ORS
COMMITTEE MEMBERS OR DESIGNEE PRESENT	Graham Adams, Ph.D., CEO, SC Office of Rural Health John G. Black, M.D., President, SC Medical Association Wyman Bowers, Associate General Counsel, SC Medical Association Lathran Woodard, CEO, SC Primary Healthcare Association Emma Forkner, Director, SC DHHS Bobby Bowers, Director, SC Budget and Control Board, ORS Sue Veer, Board Chair, Lakelands Rural Health Network Jay Moskowitz, President and CEO, Health Sciences South Carolina Myra Wearing Cochran, Consumer C. Earl Hunter, Commissioner, SC Department of Health and Environmental Control
PRESENTERS AND OBSERVERS	Byron Roberts, Assistant General Counsel, SC DHHS Celeste Jones, Shareholder, McNair Law Firm Cheryl Bullard, Attorney, SC Department of Health and Environmental Control David Patterson, Ph.D., Chief, ORS, Health and Demographics Dierdra Singleton, Deputy Director, General Counsel, SC DHHS Guang Zhao, SC Dept. of Health and Environmental Control Kelly Jolley, Associate, McNair Law Firm Sandra Kelly, Operations Manager, ORS. Health and Demographics Stephen VanCamp, Deputy General Counsel, Budget and Control Board Tracy Smith, Privacy Officer, ORS, Health and Demographics Tricia Baker, Privacy Officer, SC Department of Health and Environmental Control

Agenda topics

OVERVIEW

EMMA FORKNER

DISCUSSION	<ul style="list-style-type: none"> • The minutes from the 11/12/09 meeting were accepted. • A vision statement and guiding principles were proposed; it was reiterated that privacy and security are key points; guiding principle should include cost effectiveness; any suggestions should be sent to Emma Forkner. • The Committee will leverage the experience of McNair Law Firm in privacy and legal issues and the Lakelands Rural Health Network which has successfully implemented a Regional Health Information Exchange and has an established Governance as well as written policies and protocols. • Discussion will address Markle Foundation's Common Framework which guides the establishment of a governance structure that is supportive and the principles and vision for HIT.

DISCUSSION	There is a misconception among the public regarding the sharing of personal health data regarding privacy, especially when it concerns sensitive information (HIV, mental health, drug and alcohol). Case studies prove to be useful in educating others about the HIE.
The main goal of the Markle Foundation’s Common Framework is to integrate the laws which protect a patient’s privacy with the ability to share personal health information via HIT.	
The ONC is developing policies for this integration, but those policies will not be ready until summer 2010; the Governance Committee can’t afford to take a ‘wait and see’ approach.	

DISCUSSION	The Connecting for Health Common Framework is specified in a set of 17 technical and policy guides. It specifies the necessary policies and technical standards for any disparate health information networks to securely share information while protecting privacy. Sue’s presentation focused on P1: The Architecture for Privacy in a Networked Health Information Environment.
<p>Key Points:</p> <ul style="list-style-type: none"> • Openness and Transparency • Purpose Specification and Minimization <ul style="list-style-type: none"> ○ The right amount, right reason, right notification. • Collection Limitation • Use Limitation <ul style="list-style-type: none"> ○ Both address individual level records v. aggregate, de-identified data • Individual Participation and Control <ul style="list-style-type: none"> ○ Opt in v. opt out, re-enroll in HIE ○ Liability that goes with a gap in information collection • Data Integrity and Quality • Security Safeguards and Controls <ul style="list-style-type: none"> ○ Accountability rests with the participating entity ○ Governance <i>*must*</i> set the rules • Accountability and Oversight <ul style="list-style-type: none"> ○ Role of the Network ○ Requirements for the participating entities • Remedies <ul style="list-style-type: none"> ○ Cannot be so onerous as to discourage participation or have providers opt-out ○ Determination for a member-in-good standing to re-enroll after breach ○ Much work to do in this area 	
<p>Lessons Learned at LRHN:</p> <ul style="list-style-type: none"> • Policy group and technical group cannot work in an isolated fashion; the two are closely intertwined and choices about one shape the other. • Develop a core set of principles/policies. <ul style="list-style-type: none"> ○ Lakelands Rural Health Network’s Core Policies: <ul style="list-style-type: none"> ▪ Network does not own nor store any data. ▪ Push all responsibilities to service level participating entity. ▪ Create a desire/incentive to participate within the legal framework. ▪ Technology is not an end in and of itself, but rather a tool for improving quality and patient safety. • Create policies first to establish who has access to health information, what uses of information are acceptable, the extent to which patients can give or withhold access to their information, and the design of privacy and security safeguards must be created in parallel with the design and deployment of the technology so that the architecture and applications support these 	

principles.

- For every one question answered, three more questions are asked!
- Model contracts for LRHN were reviewed by an independent attorney to certify the model contracts addressed essential components; saving time and money for the smaller practices.
- Other information:
- Self Regional houses the adapters.
- Providers maintain their own records.
- A de-identified database sits on the server for quality and research purposes.

SCHIEX OPERATIONS

KELLY JOLLEY AND DAVID PATTERSON

DISCUSSION	Markle Foundation's statements align closely with the vision of SCHIEx; it must be simple, low-cost, and broadly implementable.
SCHIEx operates the "Core Network Services" – Record Locator Service, terminology, audit/logs, authentication, and the connection to the NHIN. Providers and facilities purchase adapters to plug into SCHIEx (some newer EMRs can connect without an adapter). Governance sets the technical standards (and policies) that must be met in order to connect. If those standards are not met, a provider simply cannot connect.	
SCHIEx can support various scenarios for connection: RHIOs, sub-networks, individual providers, etc. The requirements for connection must be written into the technical	

LEGAL ISSUES AND BARRIERS

DIERDRA SINGLETON

DISCUSSION	Immunity. Enact legislation or in some other way insulate the Governance and the state of South Carolina from penalties, fines, etc. as a result of any breach that occurs within the Health Information Exchange.
CLIA. Reconciling CLIA (Clinical Laboratory Improvement Amendments) and HIPAA within SCHIEx. Under CLIA, only authorized persons are allowed to view lab results. Lab results are not subject to HIPAA.	
Enforcement. Many questions: How to enforce the penalties set by the Governance? Do you bar providers from participating in SCHIEx? What criteria should be in place to reinstate membership to SCHIEx? Etc.	

OPEN DISCUSSION / OTHER

DISCUSSION						
State Level HIE Consensus Project (www.slhie.org) may serve as a resource to communicate with other states about overcoming the same obstacles and barriers as the Interim Governance Committee is facing.						
A detailed environmental scan of the providers is underway to determine how many providers have EMRs. Eligible providers (both Medicaid and Medicare) are waiting on eligibility rules to come out.						
AHEC is sending a notice to all providers regarding "Readiness Preparation" for connecting to an HIE.						
SCHIEx will be moving to DSIT which will also host a 24/7 help desk; the ORS (19191 Blanding St.) will then focus on research, development, and work on the additional core features of labs, pharmacy, and immunization registry data.						
SCHIEx will be run like a public utility.						
Three working groups and the members:						
<table border="1"><thead><tr><th>Policy / Privacy</th><th>Operations</th><th>Technical</th></tr></thead><tbody><tr><td>Kelly Jolley (Chair)</td><td>Sandra Kelly (Chair)</td><td>David Patterson</td></tr></tbody></table>	Policy / Privacy	Operations	Technical	Kelly Jolley (Chair)	Sandra Kelly (Chair)	David Patterson
Policy / Privacy	Operations	Technical				
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Celeste Jones	Lathran Woodard	Guang Zhao
Sue Veer	Jay Moskowitz	
Tracy Smith	Sue Veer	
John Black, MD	Graham Adams	
Myra		
Guang Zhao		
Technical may sit in to work out issues simultaneously.		

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Review the Vision and Guiding Principles; send any recommendations or suggestions to Emma at Forkner@scdhhs.gov		
Next meeting: January 21, 2010 @ 10:00 a.m.		