

APPROVED MINUTES
SOUTH DAKOTA e HEALTH COLLABORATIVE
BOARD MEETING
May 15, 2009

Minutes of the South Dakota eHealth Collaborative meeting held on Friday, May 15, 2009, at DDN locations in Pierre, Sioux Falls and Rapid City.

Members present are:

Rapid City Site-

Bill Stoeckmann-Regional Health proxy for Dick Latuchie
Also present-Lance Jahnig-Dakota State University

Sioux Falls Site-

Holly Arends-SD Dept of Human Services
Jacque Cole-Dakota Care
Mark East-SD State Medical Association
Scott Graff-Community Healthcare Association of the Dakotas
Sarah Jennings-AARP proxy for Sam Wilson
Dennis Kaufman-Good Samaritan Society
Linda Maas-SD Health Information Management Association
Also present-Surenda Sarnikar-Dakota State University and Amit Deokar,
Dakota State University.

Pierre Site-

Nancy Beaumont-SD Foundation for Medical Care
Arlyn Broekhuis-Sanford Health
Patti Brooks-Avera Queen of Peace Health Services proxy for Jim Veline
Rebekah Cradduck-SD Assoc. of Healthcare Organizations
Gary Goeden-SD Bureau of Information & Telecommunication
Randy Moses - SD Division of Insurance
Gayle Varty-St. Mary's Healthcare Center
Revi Warne-SD Department of Social Services
Also present-Dennis Hofer, Sanford Health; Emily Ward, Bureau of Finance & Management; Amit Deokar, Dakota State University; Kevin DeWald, SD Dept of Health; Sarah Zinter-SD Dept of Health; Dan Friedrich-Dakota State University; Dorine Bennett-Dakota State University; and Joyce Havlik-Dakota State University;

Members not present: Laurie Gill, SD Dept of Health and Jim Vachal, Brown Clinic.

Kevin DeWald welcomed everyone and delivered opening remarks.

Dan gave an update of FCC Broad band Ad-Hoc report two models were discussed.

Iowa-dark fiber solution, they own, connecting hospitals with money from Rural Health Care Pilot Program; appealing approach.

South Dakota-dim fiber solution, carrier owns, state is anchor tenant; works well, K-12 is an example.

Points of discussion: which option is better; good to own. Arlyn thinks Iowa method is better but we don't have the numbers; political pressure with Iowa method, Iowa's system is debt free; Iowa and South Dakota can connect as is; wireless does not have enough band width. Wire more secure; DDN has good coverage to schools in South Dakota. Broadband in same locations as DDN, Reed Network(Rural Economic Development) was shown-really fast.

Next steps:

1. Geolocate sites.
2. Identifying services needed to provide across network and frequency of need.
3. Determine levels of redundancy.
4. Estimate acceptable level of growth on the network.
5. Who will manage network (probably ehealth Collaborative) Define Administrative body that will manage network.
6. Decide scope and document. (Important to plan accurately.)

Issues of costs and connectivity between hospitals and clinics discussed. Dim fiber more expensive annual cost, rolled up it ends up being a wash. Maintenance issues part of costs. Ownership and upgrades continue other things may supersede fiber optics. Leasing maybe most cost effective. Suggestion how to proceed let committee continue and make recommendations based on stimulus. Define scope and direct comments to Dan or anyone on the workgroup. Continue and update at next meeting; work on geolocations to report; street address, telephone prefix. Service development piece. (CAHIT will work on)

Technical Advisory Ad Hoc report by Surendra.

Plan on HIE:

1. ID data elements to be exchanged.
2. 4 data types; data in use, data stored, data in motion, and data disposed.
3. C-CHIT certified authentications connectivity, acceptable formats, limit scope to meet Federal Standards. Communication between bordering states.

Report: DOH is looking at vendors for RLS. Suggested by e-health Collaborative member to slow their search down so it can be compatible with what EHC is doing. Kevin explained because of budget constraints, it needs to be done now. Kevin explained the RLS would be like another provider system. Discussion followed. Kevin will discuss concerns of E-health with Doneen. Dan will share information with EHC; he will not make recommendations to the EHC. Kevin will share RFI.

Dorine provided HISPC, IA updates. Dorine reported the activities of the seven HISPC groups. Groups working to disseminate the information of groups for others to use. Also presented definitions of the Education Outreach Advisory Group, which will be distributed and voted on at the next meeting. Discussion followed regarding education. When to begin, costs involved, consensus on answering questions, planning process. Mark East presented concerns about distributing information and the follow through. Discussion followed on what educational programs should be researched. Education Outreach Advisory Committee will make recommendations at the next EHC meeting.

Dan presented the South Dakota, Iowa New Jersey and Guam exchange of immunization data. The project was about being able to have a sharing agreement between states. The agreement was endorsed by federal agencies and can be used when states want to share health information. AIRA endorsed our template.

Kevin asked the group to disband the Privacy/Security Advisory Committee and have those members disperse to other Advisory Committees. Dennis Kaufman and Gary Goeden move to Technical Advisory Group, Scott Graff goes to the Educational Outreach Advisory Group, and Revi Warne to the Legal/Legislative Committee.

Randy Moses made a motion to change the By-laws by disbanding the Privacy/Security Advisory Committee and have those members disperse to other Advisory Committees, Dennis Kaufman and Gary Goeden move to Technical Advisory Group, Scott Graff goes to the Educational Outreach Advisory Group, and Revi Warne to the Legal/Legislative Committee. seconded by Rebekah Craddock. Motion carried.

Need members for Finance Committee.

Joyce reported description of Policy/Governance Advisory Committee. Will be distributed for a vote at the next meeting.

- *Definition 1: The primary role of the Policy/Governance Advisory Committee is to provide the framework and structure through recommendations and policy formulation for all SD eHealth Collaborative activity.*
- *As part of that role, the Committee will act as a liaison between other SD eHealth Collaborative committees to consider alternate means to advance the adoption of electronic information technology, identify opportunities for partnerships, and incorporate national standards for health information exchange.*
- *In addition, the Policy/Governance Advisory Committee will work to promote a focus on quality improvement, standardization of strategies, and cost containment with a high regard to privacy and security issues.*
- *Definition 2: The primary role of the Policy/Governance Advisory Committee is to provide the framework and structure through recommendations and policy formulation for all SD eHealth Collaborative activity.*
- *As part of that role, the Committee will act as a liaison between other SD eHealth Collaborative committees to determine the effectiveness of policies aimed at accelerating adoption of EHRs, identify opportunities for partnerships, and incorporate national standards for health information exchange.*
In addition, the Policy/Governance Advisory Committee seek to identify and disseminate principles and best practices to guide developing state-level health information exchange organizations in the areas governance, accountability, practices and financial sustainability. Assess variations in privacy and security related organizational-level business policies and state laws that affect health information exchange..

Dorine reported description of Policy/Governance Advisory Committee.

- *The primary role of the Education/Outreach Advisory Committee is to provide direction in the development of projects that focus on consumer and provider education and outreach efforts related to the use of electronic health records and health information exchange. As part of that role, the Committee will work to increase awareness of electronic health records and health information exchange, including the risks and benefits. The committee's work will address the different needs of urban and rural populations, varying literacy levels, and people with special health concerns. In addition, the Advisory Committee will work with professional healthcare associations, societies, and educational organizations that represent or serve providers to engage them in the use of electronic health records and raise their interest in electronic health information exchange.*

Surenda reported description of Technical Advisory Group.

- *The primary role of the Technical Advisory Committee is to provide leadership and make recommendations on the technical issues and requirements related to health information technology efforts in South Dakota.*

As a part of that role, the committee will work with health care providers, health care systems, and consumers among others to identify key issues and requirements from a technical standpoint which will be necessary for implementing an electronic health information exchange and related efforts in South Dakota.

Kevin reported description of Legal/Legislative Advisory Group.

"The primary role of the Legal/Legislation Advisory Committee is to research and advise the S.D. eHealth Collaborative concerning legal issues, including patient consent and security issues; and recommend legislative proposals."

Kevin talked about proposal for USD and SDSU research or making training videos for practitioners.

Stimulus update-Kevin reported doesn't know yet what we will get.

CMS update-Kevin reported 95 applicants in South Dakota. Phase 1 begins June 1st, 2009 and Phase II has been discontinued. Kick off meeting was well attended. Payments will come over 5 year payment.

CAHIT updates from Dan .

Develop and maintain the website changes proactive to get information out to people; keep information current

Surenda commented on the surveys to gather specific needs to query providers to see what doing regarding EMR; how EHC can help. EHC will review before sending out discussion. Survey meant to enhance previous SDEHR survey-what help do they need.

Research existing products; Dan will attend DOH vendor demonstrations

WIKI update-please use

Develop and implement EHR preparedness model after survey results

Develop and implement risk assessment model that is HIPAA compliant-Secured Banking Systems

Develop training program for providers implement EHR

Identify technical issues

Conduct pilot HIE.

Dan also reported plans for usability testing for EHR products.

Brainstorming/Marketing comments from Kevin.

Rebekah volunteered her PR person to get word out about what the EHC is and what they will be doing.

Major systems can help to get word out..

Sarah and Kevin can work on a recommendation as well.

Seek state legislators and invite to see what EHC is about.

Also National State rep.

Recommendations to improve electronic meeting get docs and ppts sent to members.

Meeting dates for September on the EHC web site.

Motion by Randy Moses, seconded by Jackie Cole to adjourn the meeting. Motion carried unanimously.