

**HISPC Ad Hoc Working Group Meeting  
August 10, 2006**

Participants: Charlie Hasse, Stephanie Jursek, Dennis Swartzlander, Philip Powers, Ayeshia Ellington, Rick Sites, Rick Moore, Mary Crimmins, Socrates Tuch, Nancy Gillette

Phone: Margie White, John DeBruyne, Bonnie Hollopeter

Dennis Swartzlander, acting chair called the meeting to order, everyone introduced themselves. The minutes were accepted as written.

Stephanie reported that RTI has not received OMB clearance to date. There was a webex conference on the updated assessment tool and that RTI will require a narrative report for the interim assessment of variations report. There have also been variations on the scenarios written by RTI. The Variations Working Group (VWG) has reviewed scenarios 1- 18 reviewed VWG and the Legal Working Group (LWG) has been conducting a very specific review.

Dennis opened discussion of the scenario review. Charlie suggested that one barrier is that insurability for mental health and substance abuse have very limited benefits. This is compounded by greater limitations for pre-existing conditions for chemical dependency. The group also discusses advanced directives and guardianship issues. Nancy suggested that Hospice has done a lot of work regarding legislation about end of life documents. Margie agreed to forward a link to that information to Ayeshia.

The topical area meetings were discussed including the draft agenda and facilitators guide. Ayeshia has research briefs for meetings 1-7 and asked for help with others. Dennis addressed a concern that health plans have not been involved in these meetings. Staff assured him that there has been wide distribution of this information, and Stephanie agreed to follow up with the plans to be sure that they are included.

Dennis introduced the State RHIO discussion. Mary gave a brief overview of the conference and the “homework” she had done using the AHIMA forms. She stipulated that the information that she had provided on market characteristics was her opinion only and should simply provide a basis for discussion.

Comments included the provincialism in our state and suggested that it will be an uphill battle with a likely 10 year project time line. Implementation will be most problematic. The Favorable factors include the two operating RHIOs in Cincinnati and Dayton, the developing NEORHIO and the momentum in Columbus and Franklin County.

What a statewide organization might do included setting an interoperability council or standard or monitoring consensus. Stakeholders have very different agendas and consensus will be difficult. How does the state coordinate the emerging RHIOs, how do their scopes differ, regional interoperability would be consolidated more easily. There

are different conversations about value for small physician offices and large systems, but expressing and quantifying all of those values is important. Promulgating standards is important as in the case of Utah. The competition in both organizations and among communities seeking the competitive edge is going to be the issue. One way might be to develop a consortium of the 6 RHIOs and provide incentives with state dollars to support basic functionalities. The behavioral health system now models that from a payer source.

Another model to be looked at is that ODH now gets standardize birth data, but it was a major undertaking, getting birth hospitals to buy in and the privacy and confidentiality issues played heavily. Charlie thought it would be great if this was consumer driven with technology like RFID there is a whole universe of options.

The discussion on privacy and security acknowledge that a lot of younger people believe that privacy is gone but they are willing to exchange that for good care. The public saw Katrina and the medication history solution. Most consumers don't know how accessible their information currently is and one example cited was the public health laws.

In terms of what a statewide organization might do, Nancy suggested that medication history would be extremely valuable and that OSMA has strong interest in enforcing a standards based eligibility inquiry, as well as standardizing the form of the patient insurance card. With the advent of high deductible plans providers need to know how to assess patient responsibility for payment and formulary benefit packages. Lab data exchange is also a big win with providers. Stephanie suggested a survey to determine what an Ohio statewide RHIO would do. The group tabled that and wants to continue the statewide discussion at the next meeting.

Dennis introduced topic of education and October meeting. Rick Moore provided the report that 2 days are reserved at Qwest, one day for focus and another for in depth discussion. Discussion topics might include HISPC, OHISP and RHIO efforts. Holt Anderson has agreed to keynote from North Carolina.

The discussion then returned to RHIOs and what a statewide RHIO might do in facilitating exchange, barriers, education and the economic development side of the benefits. We need to connect all of the pieces and educate the public.

Margie agreed to chair the next meeting and the group will begin discussion of the plan for Regional meetings.