<h1 style="text-align:center">Utah Digital Health Service Commission Meeting</h1>

<p style="text-align:center">Thursday January 4, 2018, 10:00 a.m. – 12:00 p.m.
Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah</p>

<h1 style="text-align:center">Minutes</h1>

Members Present: Mark Hiatt (Chair), Todd Bailey, Henry Gardner, Craig Herzog, Tammy Richards, Teresa Rivera, Randall Rupper, Sarah Woolsey

Members Absent: Andrew Croshaw, Preston Marx, Mark Dalley,

Staff Members: Kailah Davis (UDOH), Jeff Duncan (UDOH), Humaira Lewon (UDOH), Jingran Wen (UDOH),Wu Xu (UDOH)

Guests: Navina Forsythe (UDOH, Matt Hoffman (UHIN), Sheila Walsh-McDonald (UDOH), Jon Reid (UDOH), Scott Munson (UDOH), Brett Cross (UDOH), Peter Taillac (UDOH), Deepthi Rajeev (HealthInsight), Jenny Robertson (Salt Lake County), Sally Aerts (UDOH), Jack Meersman (Gold Cross Amburlance), Marissa Sowards (UDOH) and Carl Grafe (UDOH)

Welcome and Introduction:

Mark Hiatt welcomed everyone and had everyone introduce themselves. The commissioner self-introduction for the meeting was Jeff Duncan and he gave a brief introduction of himself and his background. He spent 6 years in the Navy, grew up in Roy, went to the University of Utah and recently went back and got his PhD in biomedical informatics. November Meeting Minutes were up for approval. Teresa asked for a minor change on the first sentence of page 4, "us" needs to be edited to "is". The minutes were motioned by Teresa Rivera for approval and seconded by Sarah Woolsey and unanimously approved. Teresa asked for a document related to the previous follow up discussion with action items and more.

Public Meeting Act Training:

Marissa Sowards discussed the law called the Open and Public Meetings Act and it requires every year that committees get reminded of the requirements of the act. She went over a quick refresher and overview of what the act requires.

State HIT Plan Measures:

Sarah Woolsey said the Office of the National Coordinator has an HIT plan and we have modeled ours after that. We have four areas we want to address and she discussed them in her PowerPoint. They are advance the health and wellbeing of individuals and communities through person centered and self-managed health, strengthen healthcare delivery transformation, enhance Utah's interoperable health IT infrastructure, and support innovation and applied research to implement statewide health IT initiatives. Each goal's measures were discussed.

Legislative Updates:

Wu Xu shared some legislative updates. She discussed that in the last commission meeting there were some things discussed such as adding one seat to represent behavioral health. We talked with Representative Robert Spendlove and he will sponsor this Bill. She asked the commission if they want to increase the number for a quorum from 6 to 7 with 13 members and they said 7 to go with the majority.

Mark Hiatt asked if there is a motion that we expand the number needed for a quorum from 6 to 7, contingent upon legislative approval of the expansion of the membership of this commission from 12 to 13.
The **motion** was moved, seconded, and unanimously approved.

Administrative Rule for cHIE and ThSisU:

Jeff Duncan discussed that 2 or 3 meetings ago he discussed and distributed a draft Administrative Rule and it was the rule that currently governs the cHIE standards and we added some information about standards used to govern identity transaction. We put that on hold that meeting and it hasn't happened yet so we are still in the same spot. He discussed next steps.

Challenges with Emergency Medicine Service (EMS) information Exchange:

Introduction of the Topic and Presenters:

Teresa oversaw assembling a panel for this meeting's discussion and she briefly introduced the topic and presenters.

Panel Discussion:

Peter Taillac began the discussion, he is the EMS Medical Director and discussed EMS PCR adoption and general HIE issues. He discussed that during an emergency when EMS arrives at the scene, they have no knowledge of that patient's medical status, they are operating with their eyes and ears closed from a medical information standpoint. He discussed the issues and challenges that come with this. EMS should be able to look at the patient's medical records and see what the patient's medical history is. He wants everyone to know EMS is a vital and important part of the emergency medical system and that the record they generate and information they need is just as important as the hospital. We need to figure out ways to connect EMS to the patient's larger medical record.

Jack Meersman with Gold Cross Ambulance discussed EMS use of HIE information. He said I must give credit to ESO which is our electronic health record provider and there are 3 main ones in Utah which is ESO, Imagetrend, and Zoll. He briefly discussed them. Said they joined up with the cHIE to provide outcomes. We are working with ESO to figure out how we can measure crews that are accessing outcomes and seeing them without us. He shared some examples of EMS crews that sometimes have a wrong diagnosis. We are only submitting the cHIE when we transport a patient and our transport volume is about 38-42% of 80,000 calls in a year, the other ones we don't transport. We have the data but physicians don't know how many times EMS saw that patient. Discussed what things moving forward can look like. The question is what data do EMS personnel need to know?

Sally Aerts is with the DOH Fall Prevention Project and discussed EMS identification of fall risk. She gave a brief overview and background of the issue of older adult falls an EMT's going out repeatedly to help them up but not transport them and that information doesn't really get out. This is the perfect opportunity to do prevention work. Jenny Robertson, an epidemiologist with Salt Lake County, shared some data relating to supporting fall prevention and opportunities for intervention. Sally shared that the goal of the group is to get general awareness out to healthcare providers and individuals on what they can do to reduce falls and how family members can help their loved ones. Also we want to get the data out there and uploaded into the cHIE so that it can be used.

Scott Munson and Brett Cross discussed using HIE in emergency preparedness. Brett is a paramedic and shared a little from that perspective. Scott shared a little about the meetings they have been having and how they presented this concept to local health departments' emergency response coordinators and they are all very excited for it. We want to figure out what we can provide them as far as identified data for planning efforts. We have been trying to figure out how we want to go about doing the training, do we want to have a certain number of users, and more. He gave a brief overview of what they have been working on.

Deepthi Rajeev and Matt Hoffman discussed ePOLST Initiative. Deepthi mentioned the POLST Paradigm which is endorsed in 22 States, it translates patients EOL care wishes into medical orders. She went over the paper POLST form and some of its disadvantages along with the ePOLST pilot in Utah. Matt went over some proposed architecture of how ePOSLT will be shared. They have had conversation with the University of Utah and Intermountain of how we can integrate their ePOLST registries with the ePOLST registries at cHIE at UHIN. She also went over a proposed timeline.

Summary of Recommendations or Actions:

Teresa gave a quick summary and thanked all the presenters. She had 5 topics to quickly go through. One is she heard from Peter that we really need to connect the EMS to the medical communities. It is technically available but is cost a barrier? There is more research to be done on that. We need to also share that non- transport data which will be helpful in the care of the patient. Also, when we are looking at fall prevention that is critical. Formalizing cHIE access in the master disaster plan is a critical piece, there is a suggestion that maybe scripts can also be a piece of that, our experience is it can be costly but you never know until you ask for the new price. Controlled substance is also an important piece of this and immunization database. Lastly, we need the POLST shared and not siloed. In this electronic age we need to get away from the paper on the fridge to using the digitized records and there is a whole project getting funding through our 90-10 funding through CMS that will give us that opportunity.

Wrap Up and Next Steps:

Mark thanked Teresa and all the penalists. He shared that they are seeking topics from commissioners for future meetings. Sarah distributed a graphic CancelRx initiative and went over a few things, asking if we can get together from the provider side and pharmacy side and CancelRx is something the DHSC can talk about and gather energy around. Security and privacy of health data is a good topic that Henry suggested. Teresa said hearing more on behavioral health would be good with the new commissioner. Mark also suggested digital health facilitation of personalized medicine as a topic. Mark asked people to email ideas to him or Humaira.
 The meeting is adjourned.