

Utah Digital Health Service Commission Meeting

Thursday May 3, 2018, 10:00 a.m. – 12:00 p.m.

Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Pending Minutes

Members Present: Mark Hiatt (Chair)(online), Todd Bailey, Mark Dalley (online), Henry Gardner (online), Peter Hannan, Teresa Rivera, Randall Rupper, Sarah Woolsey

Members Absent: Andrew Croshaw, Tammy Richards, Craig Herzog, Preston Marx

Staff Members: Kailah Davis (UDOH), Humaira Lewon (UDOH), Wu Xu (UDOH)

Guests: Marc Babitz (UDOH), Jon Reid (UDOH), Iona Thraen (UDOH), Alan Pruhs (AUCH), Courtney Dinkins (online) (AUCH), Sheila Walsh-McDonald (UDOH), Clyde M. Stauffer (Volunteer Care Clinic), Russell Frandsen (Legislative Fiscal Analyst), and Marissa Sowards (UDOH)

Welcome and Introduction:

Teresa Rivera welcomed everyone and there were brief introductions. The March meeting minutes were motioned for approval. One addition was suggested under the Utah Pharmaceutical Association to add a statement that Surescripts noted that any associated pharmacy fees are currently waived for one year. The minutes were motioned for approval with that change and seconded by Randall Rupper and approved.

H.B. 394 Health Information Exchange Amendment:

Randall Rupper discussed H.B. 394. During a previous commission meeting, the issue came up that some providers had noticed that when the initial legislation went through over 10 years ago for electronic health data exchange in Utah, there were liability protections for providers who share data into the cHIE. There aren't really any liability protections for providers who use data from the cHIE. We supported the notion that there should be a bill passed that provides that kind of liability protection for providers who use data from the cHIE. The intent of the legislation was to say that a provider in good faith that pulls down data from the cHIE and uses it for decision-making and something went wrong and then they would have protected by civil liability for using that data.

Legal Advice on EMS Data Exchange:

Marissa Sowards said at the March meeting, the commission requested a legal opinion on sharing EMS data from EMS providers to the local health departments and other social service agencies. The specific use case for that is shared fall EMS run case information and she said Wu and a few other DOH attorneys round-tabled the issue and talked through some of it.

From a HIPAA perspective, only covered entities are subject to HIPAA so the question is are these EMS agencies/providers, do they qualify as healthcare providers as defined under HIPAA and then HIPAA can place restrictions on data exchange. The EMS agencies/providers are HIPAA covered entities. The EMS providers exchange EMS data with UHIN/CHIE is under the HIPAA restrictions. She discussed EMS data exchange further with social service agencies. There is no clear guideline or policy in place yet. There was some discussion on policy recommendation and Teresa asked Jon Reid for a subgroup to come up with a little more detail and present it at the next meeting and we can move forward then.

Introduction of the Topic and Presenters:

Todd Bailey introduced the presenters as experts in their field as well as their topics. They help coordinate care for those who are underserved. These experts help us that provide care do our best at it.

Panel Discussion:

Overview of Safety Net Clinics' Digital Health Services and Challenges:

Alan Pruhs shared some slides on Community Health Centers and is from the association of Utah Community Health and their role is to provide training and technical assistance to the community health centers in the state of Utah and expand access of care in high need areas across the state.

He gave an overview of what the Health Centers are. The Health Center Program is a 53-year-old federal grant program and he shared some of the history behind it and the different types. He went over the core health center requirements. The Health Center Program today is by far the largest system of primary and preventive health care in the country. He mentioned health centers' digital needs. Connections were discussed such as USIIS and UHIN.

Volunteer Clinics:

Clyde Stauffer represents the volunteer care clinic in Provo. He shared a brief history and they serve the "uninsured poor" in the Utah Valley area on a completely volunteer basis and started in 2004. They are an acute care facility to assist in the relief of short-term illnesses on a walk in basis and are not equipped to provide care for chronic illnesses or major trauma.

He mentioned clinic usage; they currently see an average of approximately 3,000 patients per year. He went over volunteer requirements such as time commitment and the clinic has MDs, PAs, CNMs, and NPs. There are quite a bit of people that like to volunteer and they use both retired and still practicing medical professionals. He touched on clinic highs and lows.

There are challenges like language barriers with patients that don't speak English or know the workings of the US medical system. There are difficulties getting enough medical professionals on any given night. There are so many positives such as serving a population that has very little access to medical care and as a service conduit for working and retired health care professionals. Some of the solutions to the

challenges were addressed such as implementation of an Electronic Medical/Health Record System and increasing the service pool of the medical professionals and students.

Health Clinics of Utah:

Dr. Babitz talked on behalf of Jake Fitisemanu who was unable to attend. He said State clinics are very unique because of their creation and he shared a brief background history. There are 3 medical clinics right now, in Ogden, Salt Lake, and Provo.

cHIE Connections for Safety Net Clinics:

Teresa said she touched on how many were connected before. The community decided that any free clinic has access to the cHIE for free, all of those services are for free. Safety net providers have a very low discounted rate at the lowest level of fees.

Summary of Recommendations or Actions:

The commissioners shared some input. One comment was made that they can't rely on a volunteer that comes in sometimes, need someone permanent that would come in and be there for a long length of time. Another comment was made about the resources to facilitate the connection of the health information.

Tele Mental Health:

Iona Thraen gave a quick follow up, there were 23 applications to the project; there was a \$100,000 funding. The top 5 applications were reviewed by all 5 of the reviewers and then were awarded to Tele Mental Health: a promising approach to reducing perinatal depression in Utah's rural communities.

ONC Draft Trusted Exchange Framework:

Teresa explained the Trusted Exchange Framework Common Agreement: When you talk about Meaningful Use it comes along from ONC and ONC also pushes a national initiative for sharing information with the hope that a common agreement will promote more interoperability. We are still waiting for comments to still come in and as they do I will bring it back to the committee.

Digital Health Service Commission Since 2000:

Wu Xu put together a great history of the Utah Digital Health Service Commission's timeline and milestones from 1993-2018. She shared the highlights on a slide. Wu announced that today would be her last meeting with the commission. The commission has made a huge difference in the Digital Health Service domain in the state of Utah. The commission congratulated Wu for all her hard work and efforts.

Teresa thanked everyone and meeting adjourned.