



## Volunteer eHealth Initiative



## ***SW Tennessee's experience in Using the Connecting for Health Framework Model Contract***

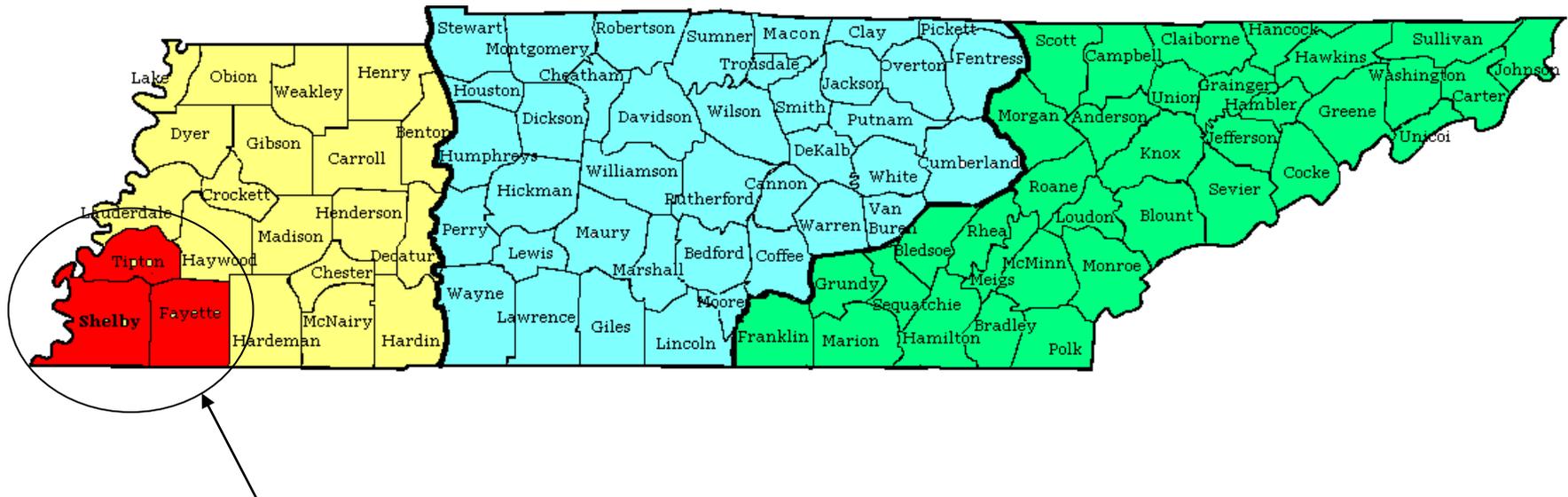
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*This presentation has not been approved by the Agency for Healthcare Research and Quality*

# Where are we talking about?



*All parties recognize that health care is regional and that a significant number of individuals seeking care in Tennessee are residents of one of the 8 bordering states*

*Note – There are other regional initiatives and state-wide HIT initiatives funded by HHS, AHRQ and HRSA in the state*



# Project Summary

## Funding Sources

September 21, 2004, Tennessee received a 5 year contract/grant from Agency for Healthcare Research and Quality (AHRQ) - total award is \$4.8 million

State of Tennessee provided additional funds in the amount of \$7.2 million for the same 5 year period

MidSouth eHealth Alliance will receive additional funding from the state to fund operations (e.g. Executive Director and local support staff)

## Vanderbilt's Role

“Donated” the use of its technology for the project

Serves the functions of Project Management Office and Health Information Service Provider

Responsible for compliance with the AHRQ contract

Also supports as requested other HIT activities across the state at a planning level

## Initial Participating Organizations

- Baptist Memorial Health Care Corporation – 4 facilities
- Christ Community Health – (3 primary care clinics)
- Methodist - Le Bonheur Children's Hospital
- Methodist University Hospital
- The Regional Medical Center (The MED)
- Saint Francis Hospital & St. Francis Bartlett
- St. Jude Children's Research Hospital
- Shelby County/Health Loop Clinics (11 primary care clinics)
- UT Medical Group (200+ clinicians)
- Memphis Managed Care-TLC (MCO)



# Project Summary

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- **Planning August 2004 – January 2005**
  - Governor initiated planning effort in August 2004 to explore the effect of HIT on healthcare in Tennessee
  - September 2004 awarded AHRQ Contract to be a State Regional Demonstration (SRD) project
  - Planning effort re-focused primarily in the demonstration area of Shelby, Fayette and Tipton counties
- **Detail Design and Implementation February 2005 – present**
  - Memorandum of Understanding and Business Associate Agreements were signed to get started
  - Data feeds through secure VPN connection
  - Test data started June 2005 and switch to production data August 2005
  - October 1, 2005 demonstrated the ability to exchange 25% of core data elements. System was not in use.
  - Initial use is scheduled for May 16<sup>th</sup> in a limited test setting of one emergency department at one of the sites



# Organization and Governance

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- The MidSouth eHealth Alliance (MSeHA) – Organization responsible for the operations of a RHIO in the three counties
  - Board was formed in February 2005
  - Incorporated in August 2005
  - Granted not-for-profit status in March 2006
  - Plan to hire an executive director
- Board makes all final decisions on policy
  - Current Structure: Work groups make recommendations to the board
    - *Privacy and Security*
    - *Technical*
    - *Clinical*
    - *Financial*
  - Future Structure: Management Committee will be formed in June 2006 – initial membership will be the Privacy and Security Work Group



# Privacy and Security – Where the conflict began in our implementation

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- Technology was hard work but early on, one of the project principles was that policy would drive technology whenever possible
- In the planning effort we generated more questions than answers
  - HIPAA was the easy part
  - Never considered the legal fees in our budget
  - Did not understand the magnitude of what we were attempting
- Privacy and Security Work group chartered in June 2005 to support implementation efforts
  - Members were told it was a 6 – 8 month commitment – *Now we see no end in sight*
    - *Group has grown to approximately 25 members and meets monthly for half a day with work done via conference call and e-mail in between*
- First meeting, listed all the issues to tackle among them was the creation of a regional data exchange agreement AND everyone wanted to start there but...



# Approach to the Regional Data Exchange Agreement

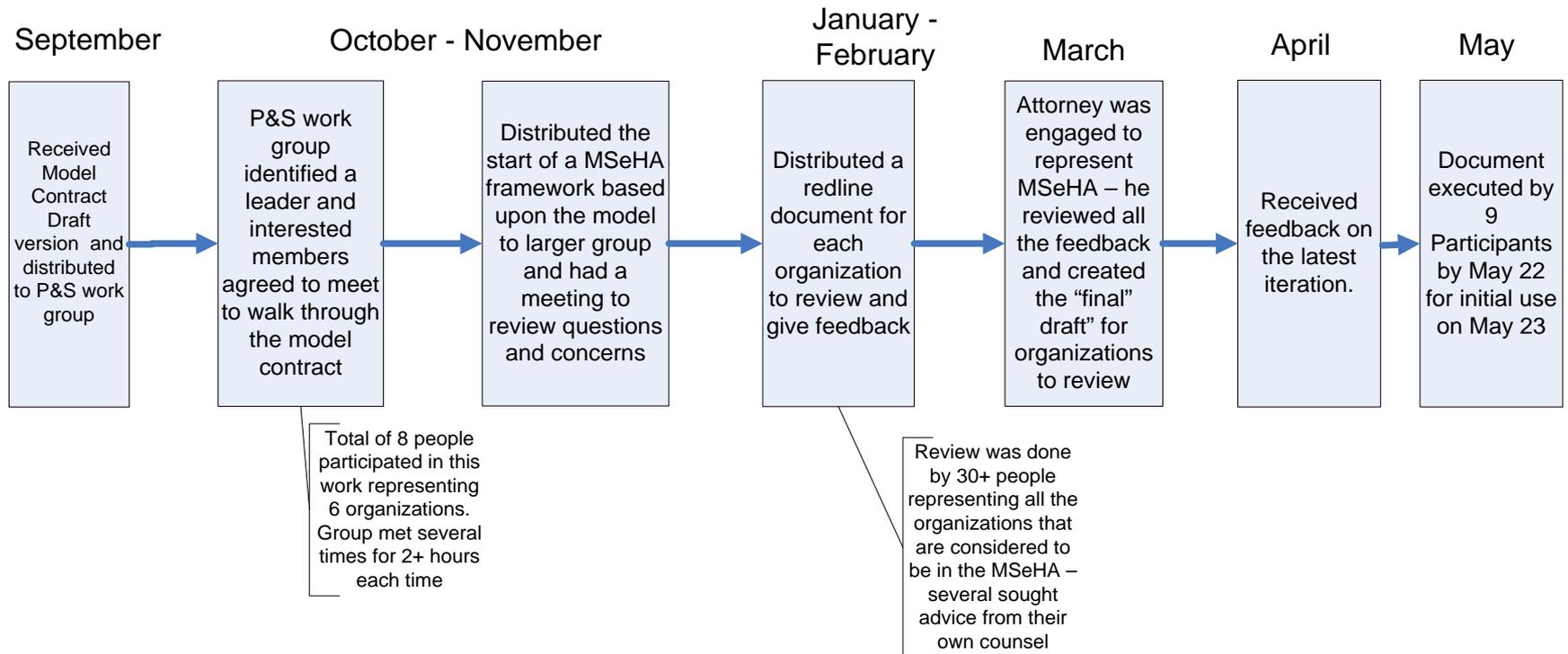
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- Mark Frisse was the co-chair of the Connecting for Health Policy for Information Sharing Sub-committee. He promised me that a model contract was in the works for a regional data sharing agreement
  - We all agreed it made sense to wait for the model
- The Privacy and Security workgroup tackled a number of issues while we waited...turns out these needed to be tackled sooner than later anyway
  - Who would have access to the MidSouth eHealth Alliance data?
  - Would we allow a patient to “opt out” of the RHIO (or “RHIO Out” as we now call it)?
  - Would we notify the patient in some way that their data was being shared?
  - What would we audit and track?
  - What policies do we need to have in place?
  - Who will write policies?
  - Etc.
- The dialogue and debate around these issues laid the foundation for an environment of trust where all views are considered viable and discussed openly



# Approach to the Regional Data Exchange Agreement

*Note: Our overall approach was to do as much work as we possibly could without incurring legal fees*



# Once the Regional Data Exchange Agreement Draft was completed we thought we could relax ...

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- **WRONG!**
- All of the attorneys requested at a minimum a draft of the policies and procedures
  - Not an unreasonable request given that the agreement makes a number of references to policies
- **Thanks goodness for the Markle Framework...**
  - We created a minimum list of policies that the agreement required
  - Used the Framework as a reference guide
  - While the agreement was being reviewed, the work group spent two full days together working through policies



# Did the Model Contract Help – You Bet It Did!

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- Model Contract gave us framework to start work from
  - It identified areas we needed to address in our agreement
  - The language didn't always flow for the members but it gave them an idea of what was intended
- It took several readings to digest the format, terms, etc.
  - Initially, wrestled with the terms and definitions
  - Model forced MSeHA board and work group to discuss all parties assumptions
- We kept most of the construct although made a few deliberate changes
  - Example: We have reference the license agreement but the MSeHA will sign a separate license agreement with Vanderbilt for software access
- The model did about 50 – 60 percent of the work for us by giving us the framework and example language in many cases from which to work
  - It supported our goal/approach of engaging counsel later in the process



# Our challenges

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- **Achieving agreement between all parties**
  - The model raises questions that only the community working through the agreement will be able to answer – *it doesn't have all the answers*
  - It is an educational process that requires deep understanding of the issues and the positions of all involved
  - Getting 9+ attorneys to agree on one single document is never easy
    - *The framework once understood actually facilitated the agreement much quicker than anyone dared to believe was possible*
- **Time**
  - This was our last milestone to bringing the system up in a live environment
  - All of the organizations have donated a significant amount of resource time to work on this agreement (and the policies and procedures that will support the agreement)
- **Money**
  - Never predicted the amount of legal fees we would incur
  - Consciously bring the lawyers in only after we have discussed the areas of conflict and come to a common conclusion/decision



## Next Steps

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- Document what we actually did using the Markle Model Contract and Framework as a benchmark
  - Policies were written for initial use in the Emergency Department to keep focus and get the policies done; however, they need to be reviewed in a more methodical manner with a larger scope of use in mind.
- Have already identified a large set of Participant policies that need to be reviewed by each Participant before bringing the system live in the next organization
- Identify and bring up the next emergency department in the region

