Using the Connecting for Health Framework Model Contract

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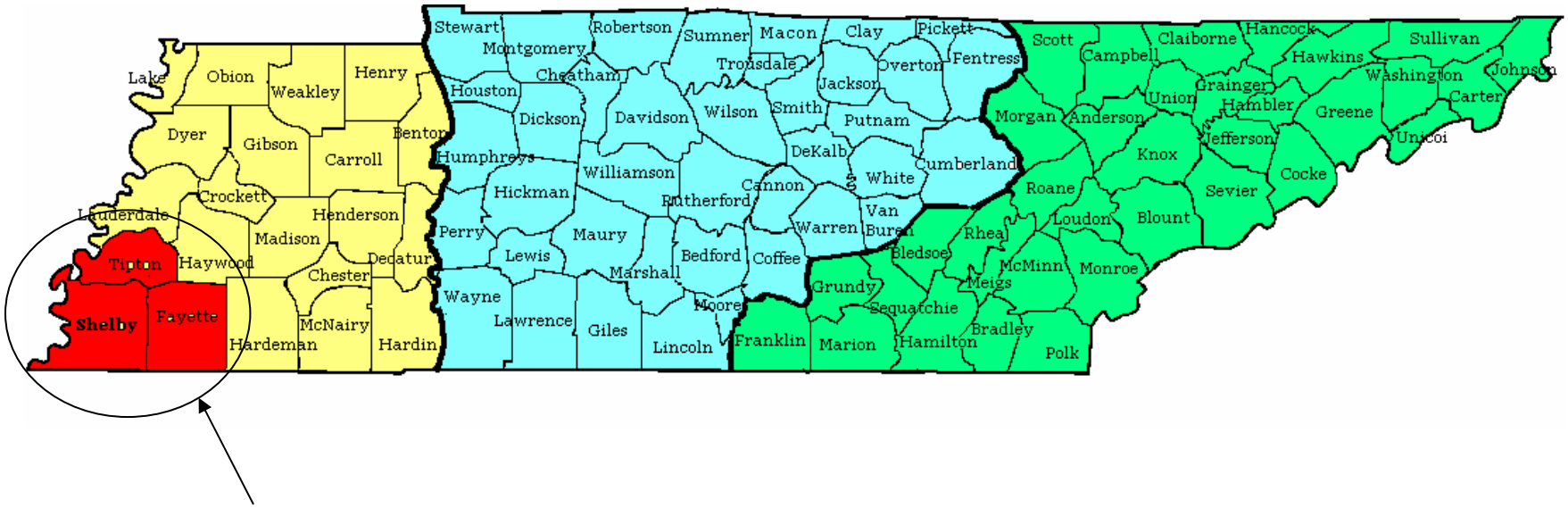
We Have An Operational Data Exchange



15 hospitals, clinics, and plans are contributing to the data exchange; it is being used in two emergency departments on a pilot basis.

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)

Privacy and Security – Where the conflict began in our implementation

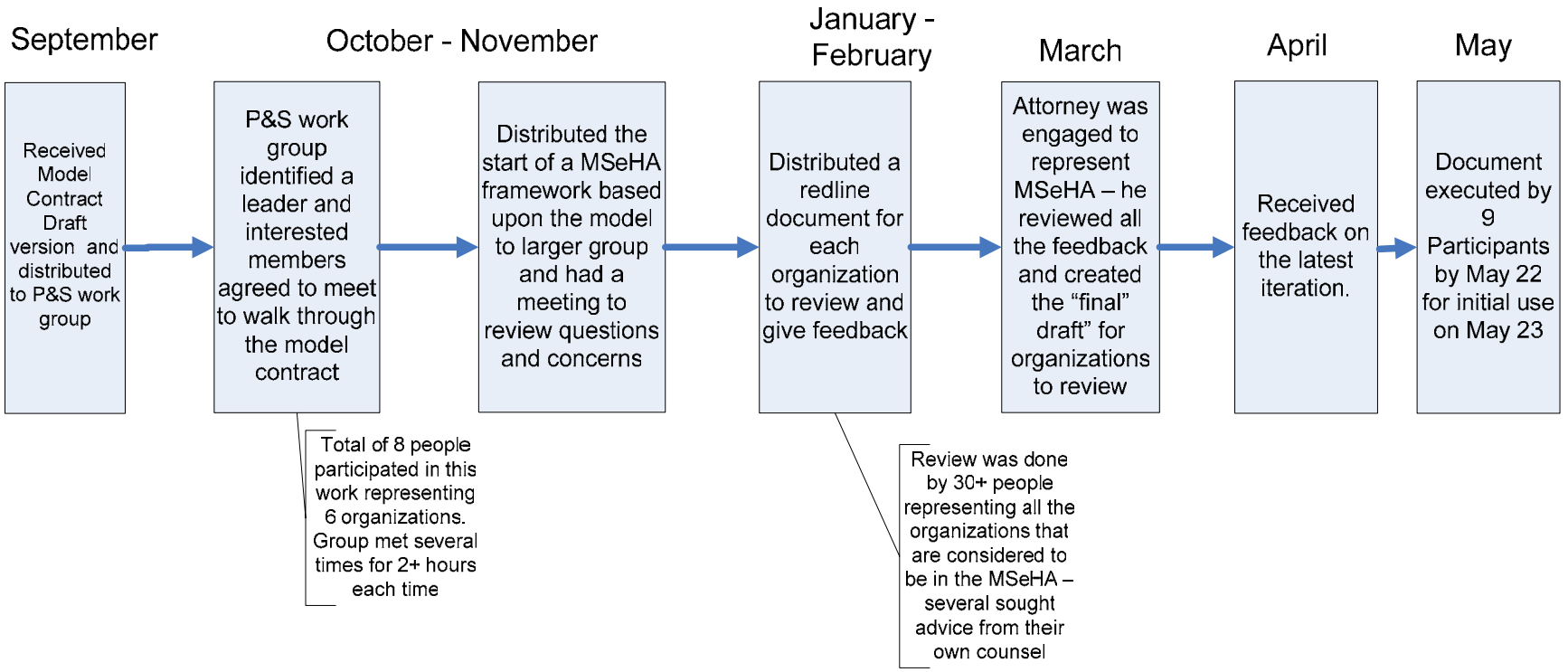
- Technology was hard work but early on, one of the project principles was that policy would drive technology whenever possible
- In the planning effort we generated more questions than answers
  - HIPAA was the easy part
  - Never considered the legal fees in our budget
  - Did not understand the magnitude of what we were attempting
- Privacy and Security Work group charted 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

- 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



Did the Model Contract Help – You Bet It Did!

- 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 discussion 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

- 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