I. MEMBERS IN ATTENDANCE:

<table>
<thead>
<tr>
<th>Banner, Fred</th>
<th>Dolan, Linda</th>
<th>Rees, Jeff</th>
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<td>Cambron, Janice</td>
<td>Fusco, Bob</td>
<td>Ruben, Tom</td>
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<td>Capasso, Claudia</td>
<td>Grites, Tom</td>
<td>Sharrott, Larry</td>
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<td>Chang, Stephen</td>
<td>Hollander, Mal</td>
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<td>Cirelly, Dr. Francine</td>
<td>Posner, Izzy</td>
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II. TOPIC: TECHNICAL SUBCOMMITTEE UPDATE

DISCUSSION:
The Technical Subcommittee has met twice since the broader RHIO group last convened. Key issues covered included:

- Discussions of a variety of types of information exchanges.
- A strong consensus that a federated model for the RHIO is more doable in Atlantic County.
- An exploration of multiple technologies for facilitating the RHIO development (which includes the utilization of Cloverleaf, a search engine for connectivity).
- The need to demonstrate the “value” to recruit all physicians.
- Exploring the integration of electronic health records with bill generation, which might reduce costs.
- A view of current models that seem to be operational. There was mention of a Brigantine physician who is an active user of one of these tools.

The Technical Committee will meet and will continue to research best practices.

III. TOPIC: GOVERNANCE SUBCOMMITTEE REPORT

DISCUSSION:
Larry Sharrott, Ken Atlee and Tom Ruben met in Mt. Laurel to review Governance concerns. They prepared a draft document, is appended to these minutes, which describes some of their key recommendations. Some of these duplicate the conclusions reached by the Technical Subcommittee. Key Governance recommendations include the following:
A. The Atlantic County RHIO’s catchment area should initially include Atlantic County, Southern Ocean and Northern Cape May Counties.

B. Atlantic County’s RHIO should be a federated model, which serves to facilitate the availability of all medical records/data in the healthcare system rather than trying to “store” all medical data in a central repository. This is a less expensive and cumbersome model than others offered.

C. The Governance Committee recommends that if a RHIO is established, that it be a separately incorporated 501 (3) C. It also recommends that the RHIO Steering Committee postpone separate incorporation, modeling and business development decisions until key questions related to information technology are addressed.

D. Physician education and recruitment are clear barriers that should be prioritized focus of RHIO Committee efforts in the upcoming year.

E. The Governance Committee anticipates that the annual costs of staffing and operating an Atlantic County RHIO will be approximately, roughly $500,000. We recommend the exploration of development and sustaining models that include but are not limited to grant for startup, the integration of medical records with billing activities with concomitant transaction fees and outreach to other potential stakeholders/funders.

The RHIO Steering Committee discussed many of the issues related to these suggestions. Key considerations included:

- The identification of physician champions, finding physicians already utilizing electronic medical records to help with recruitment.
- A re-stating of the importance of physician recruitment.
- A discussion that a New Jersey Department of Health seems to be exploring RHIO options; Larry Sharrott emphasized that given the different constituencies in the State, that the New Jersey Hospital Association’s state efforts will probably move slowly. He will e-mail information to Tom when he gets an updated status.
- The specialist needs for somewhat “idiosyncratic” specialized templates for electronic medical records.
- Estimates that the use of a utility model where there is a physician subscription fee rather than the purchase and maintenance of software will at this time run approximately $500 per prescriber per month.
- An estimate that if physicians purchase software that the cost of software acquisition is $30,000 per prescriber with a 15 to 18% maintenance charge each year.
- The utilization of KALAS which is a mechanism for pulling data from medical records. Both Fred and Larry know key players in this arena.
F. **UTILITY MODEL:**
At the conclusion of this discussion, the Steering Committee agreed that a utility model would be preferable in this environment. Again, this would be a model where no one entity holds the data but community practitioners interact with an entity that makes this community electronic health record data available to participants. The group also recognized that there is a possibility of having more than one utility provider operating in this area.

Mal Hollander raised a concern shared by many physician practices about the loss of ownership of medical records through web-based operations, and changes in vendors, and buyouts potentially leave the practitioner high and dry.

1. **UTILIZATION OF APPROVED PROVIDER:**
The Federal government has tested many of the Utility providers’ products and has found approximately twenty-five that meet their standards. The group agreed that finding a Federally approved vendor would be critical.

**TASKS:**
Tom was asked to contact someone who operates a utility kind of model so that the group can be educated in November.

**IV. TOPIC: TECHNICAL COMMITTEE UPDATE**
**DISCUSSION:**
One of the co-chairs and participants in the committee reported that State Medicaid had finally provided authorization for their two staff members on the RHIO to take a more active role. Mal and Francine reported that they would be convening its Physician Recruitment Committee after the RHIO Committee as a whole explores the utility and federated models. They feel that it is critical that they have a clearer sense of the “product or process” that they will be presenting to physicians in this community prior to initiating recruitment/education activities.

Dr. Ira Stein’s role as well as the unknown Brigantine physician’s status as potential champions will also be explored by this committee.

The committee identified two potential dates which are November 3rd or November 10th early in the day for training. Group members estimate that this session will probably last a few hours.

Respectfully submitted,
Thomas Ruben