Minutes

**Massachusetts Health Information Technology Council
And Advisory Committee Meeting**

April 30, 2012
3:30 – 5:00 p.m.

One Ashburton Place, 21st Floor Conference Room 3
Boston

Minutes
Massachusetts Health Information Technology Council
And Advisory Committee Meeting

April 30, 2012

<u>Attendees:</u>

Council Members:	JudyAnn Bigby, MD – (*Chair*) *Secretary of Health and Human Services*
	Deborah Adair – *Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*
	Meg Aranow – *Aranow Consulting*
	Karen Bell, MD – *Chair of the Certification Commission for Health Information Technology (CCHIT)* (Telephone)
	James Ermilio – *Special Council to Secretary Gregory Bialecki, representing EOHED*
	Lisa Fenichel, MPH – *E-Health Consumer Advocate*
	Abigail Moncrieff, JD – *Peter Paul Career Development Professor and Associate Professor of Law, Boston University School of Law*

<u>HIE-HIT Advisory Committee:</u>

John Halamka, Co-Chair
Manu Tandon, Co-Chair
Nicolaos Athienites
Rita Battles
Peter Bristol (TP)
Kathleen Donaher (TP)
Steven Fox
Larry Garber
Gillian Haney
Wendy Mariner (TP)
Keith Maxwell
John Poikonen (TP)

(TP) participated by telephone

<u>MTC:</u>	Pamela Goldberg
	Judy Silvia
	Matt Schemmel
	Tarsha Weaver
	Marie Fell-Remmers

Donna Nehme
Mike Noonan (MeHI Consultant)

Other: David Smith – *Massachusetts Hospital Association*
             Deb Schiel – *EOHHS/MassHealth*
             Foster Kerrison – *Royal College of Surgeons of Edinburgh*
             Christina Moran – *Massachusetts eHealth Collaborative*
             Micky Tripathi – *Massachusetts eHealth Collaborative*
             Helene Solomon – *Solomon McCown & Company*
             Bert Ng – *Joint Commission, Healthcare Financing*
             Mark Belanger – *Massachusetts eHealth Collaborative (MAeHC)*
             Peter P. Garcia – *Leading Age Massachusetts*
             Carla Marcinowski – *Consultant*
             Scott McCoy - *Verizon*

The forty second meeting of the Massachusetts Health Information Technology Council was held on April 30, 2012, at One Ashburton Place, 21st Floor, Conference Room 3, Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:37 p.m.

I.   Approval of the March 19, 2012 Meeting Minutes:

After motions were made, seconded, and approved with no abstentions, it was agreed to accept the draft minutes as the official minutes of the March 19, 2012 meeting.

HIE-HIT Advisory Committee Meeting notes:
*Please refer to Slide Presentation "Health IT Council and Advisory Committee Meeting" April 30, 2012.

II. MAeHC Proposals (see slides 3-6)

The motion was made, seconded and approved with one abstention (recorded at conclusion of the meeting). Approved Motion as follows:

Motion to Delegate Authority

"The Health Information Technology ("HIT") Council does hereby recommend that the Procurement Committee of the Massachusetts Technology Park Corporation ("Mass Tech Collaborative") Board of Directors delegate authority to the Mass Tech Collaborative's Chief Executive Officer ("CEO") to execute one or more amendments to the agreement between the Mass Tech Collaborative and the Massachusetts eHealth Collaborative ("MAeHC") for additional services to be provided by MAeHC, at

an aggregate additional expenditure of funds that shall not exceed $323,000, to support the implementation of a Health Information Exchange and related activities, as presented; provided that the total amount of funding authorized during Fiscal Year 2012 for services to be provided by MAeHC to support the Health Information Exchange shall not exceed $598,000 and further, shall not result in an overage in the overall Fiscal Year 2012 budget for the Health Information Exchange. The services authorized to be performed by MAeHC may include subject matter expert services and/or an electronic health records assessment. The Mass Tech Collaborative CEO shall obtain the prior written approval of the Secretary of Health and Human Services prior to taking any final action authorized pursuant to this delegation of authority."

III. HIE Strategic and Operational Plan (SOP) Update

- MeHI has been in regular conversations with ONC, expect approval will come through this week, and then we will start moving forward.

IV. REC and Medicaid Updates (see slides 8-14)

The Regional Extension Center Scorecard was reviewed and a brief update of the REC was given.

MA Medicaid EHR Incentive Payment Program (see slides 11-14)
  - A brief overview was given of how providers are using the incentive

Question: What does the milestone represent?

Answer: Milestone 1 is the execution of the agreement with the Implementation and Optimization Organization (IOO), Milestone 2 is having an EHR, and Milestone 3 is achieving Meaningful Use

V. Request for Responses (RFR) Update (slides 15-17)

- All responses were received on April 12th, currently a project management team (PMT) is working through a systematic approach to evaluate the responses
- Recommendation on a vendor will likely come in the next month, with a vendor working on the ground in June.
- Go-Live dates may change based on the customizations vs. out-of-the-box functionality that will be used, but this will not be known until the vendor has been selected and has begun the design phase

VI. Workgroup Updates (see slides 19-24)

- Held a cross-WG roundtable on April 20th to level-set with all of the workgroups regarding where we are and to make sure all the details were understood by each workgroup chair
- Recommendations were put forward by the Provider WG regarding a list of documents that are considered priority (refer to slide 20)

Question: Why are reportable labs to Public Health not listed under the priority list?

Answer: Reportable labs are required and therefore assumed. However, the list is focused on high priority items for provider to provider communication, and not those items that are required for reporting to other entities

Question: What makes it difficult to place an advance directive in an EHR?

Answer: Not a technological difficulty, but rather a policy issue. How to validate content, how is it represented in electronic form, where should the documents reside, etc. Currently there is no structured standard that describes patient preferences for advance directives.

- Recommendations were put forward from the Finance WG regarding some general finance principles for the HIE (refer to slide 21)
    - Should be able to define the costs and cover them evenly while understanding that these costs may vary. Not trying to build margin in from the beginning but to create a value-added service.
    - Finance WG will be focusing how to assure that dollars that are collected by EOHHS will be used to manage and administer the HIE and not something else within EOHHS. This is a critical issue for many people to be sure that the money is used as expected.
    - Some physicians feel that they should not have to pay a fee and the groups will need to find a way of engaging the community (ex. good for safety, for the patients, for analytics etc.)
    - Will need to discuss other customers beyond the traditional actors, such as consumers, researchers, health plans, etc.

- Feedback was provided after the first cross-WG roundtable and is being used as part of the development and planning for the next cross-WG meeting on May 31st.

Request to change vote from approval to abstention recorded.

No further questions or comments.

Meeting adjoined at 4:48 p.m.

April 30, 2012 PowerPoint Presentation attached.