MINUTES

Massachusetts Health Information Technology Council Meeting
February 24, 2010
10:00 – 11:30 am

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

MINUTES
MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

February 24, 2010

Attendees:

Council Members	JudyAnn Bigby, MD - *(Chair) Secretary of Health and Human Services*
	(Jay Gonzalez - *Secretary of Administration and Finance)***
	Represented by: Marcie Desmond
	(Terry Dougherty – *Director of Medicaid)***
	Represented by: Philip Poley
	Deborah Adair - *Director of Health Information Services / Privacy Officer at Massachusetts General Hospital*
	Karen Bell, MD - *Senior Vice President of HIT Service at Masspro*
	Lisa Fenichel, M.P.H. - *E-Health Consumer Advocate*
	Meg Aranow - *VP & Chief Information Officer, Boston Medical Center*

Other	David Martin (EOHHS)
	Deb Schiel (EOHHS – Office of Medicaid)
	Bert Ng (Healthcare Finance Committee)
	Miriam Drapkin (Division of Health Care Finance and Policy)
	Jessica Long (Conference of Boston Teaching Hospitals)
	Carol Dresser (Hallmark Health System)
	Henry Och (Lowell Community Health Center)
	Karen Welsh
	Foster Kerrison
	Monica Cunningham
	Kevin Schwartz (Concordant)
	Luanne Kimler (Arcadia Solutions)
	Brian Gildea (Arcadia Solutions)
	Jan Roce (ML Strategies)
	Bob Strong (Pro Caseo, Inc)
	Chris Mackenzie (Intrepid Wind)

MTC Staff	Mitchell Adams
	Dr. Richard Shoup
	Judy Silvia
	Glen Comiso
	Bethany Gilboard
	Carole Rodenstein
	Barbara-Jo Thompson

The twentieth meeting of the Massachusetts Health Information Technology Council was held on February 24th, 2010, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 10:04 a.m.

AGENDA ITEMS

I. Approval of January 27th Minutes

After motions made and seconded, it was unanimously agreed to accept the draft minutes with minor edits, as the official minutes of the January 27th meeting. Secretary Bigby suggested and all agreed that future minutes will not attribute comments made by council members and that any information discussed will be presented in a bullet format.

A Power point presentation was utilized to facilitate the discussion. (Incorporated as part of the minutes)

II. Update on REC and HIE Grants

Dr. Shoup presented an update on the REC and HIE Grants and explained that we have received them and have a lot of work to do.

*   There was a minor adjustment. They have reduced year one and two and there is more of a match requirement in year three and four.
*   Funds would go through MeHI for incentive payments for the first two years.
*   No differentiation in subsidy for a provider on paper or using an Electronic Health Record.
*   Incentive payments to REC would be $5000 per priority provider
*   The REC operational plan is due on March 19
*   The REC Project Manager starts Monday, March 1.
*   We can begin enrolling providers once ONC has approved the enrollment agreement between priority provider and REC.
*   In the enrollment agreement would be a
    o   Brief description of the REC.
    o   Provider would have to select IOO.
    o   Agree to assessment, timing, and to commit to work with REC.
    o   Waiting for ONC to provide the explicit demographic criteria needed on the form.
*   Information will be provided to the Council prior to the start of the process
*   RFQ for the IOOs will be released in the next few days
*   The REC will need to approve a certification that the provider satisfies meaningful use.
*   A provider can use REC services even if they are not subsidized
*   There will be a certification in place which will leverage services to all providers in commonwealth
*   An advantage of signing up with the REC is the incentive payments (they get the money) if they meet requirements
*   To reduce cost of implementations, we will ask IOOs for a $4500 option. The basic idea is, "If you have only $4500, what level of implementation would that provide, what would the REC provide" What are the other options?

- Once an RFQ is released we will have a better understanding of what the IOOS can and are willing to provide
- Enrollment triggers payment, therefore contracts can be available now, but are not necessarily in the operational plan as it will not have an impact on the contracts. A lot of information is NOT necessary to start the process.
- There will be a readiness evaluation to get the maximum dollar flow.
- There is currently a communication strategy in the works to inform providers of the requirements of Chapter 305
- Some providers will sign up prior to identifying the IOOs. IOOs have indicated their preference would be for the REC to identify providers to start the process
- To have equitable distribution, underserved areas are the focus which will require transparency.
- There will be released RFQs for banks, for IOOS, and for EHR vendors.

MeHI will be traveling to Washington DC for 3 days for a REC Kick off.

- For the HIE there must be interstate planning.
- Medicaid involved in process.
- Will include a clear governance structure, and how we align with National network.
- There are technical architecture requirements and a tight time line
- Through consultants and workgroups we will be able to determine the HIE architecture by end of August. It is a tight timeline but we are well on our way.

III. Overview of Public Comment on the State's HIT Plan

The Council will receive the comments in word or excel if they wish to read them.

Key Themes that were captured from the comments and we will use them to modify plan.
1. Majority of reviews positive with general suggestions for improvements
2. Need to harmonize all quality reporting across the state
3. Not enough credit given to historical efforts primarily in private sector with statement about need to leverage current capabilities
4. Governance questions and potential concerns if Ad Hoc Workgroup structure is not effective
5. Expand key stakeholders to include home health, PT/s, local Health Departments, behavioral health, etc.
6. Opportunities to add more detail regarding REC model
7. Further address and add detail regarding HIE sustainability
8. Need to address additional privacy and security issues
9. Workforce development critical component for success of plan
10. Suggestions regarding structure and formatting of plan

The Council then had a conversation around the public comments. The following are the main points from that dialogue:

- Important that coordination of reporting requirements occur across state and federal government agencies be done by state or the strain on providers will be enormous
- There were a lot of comments, a lot of information and a lot about coordination.
- There is a serious concern in the private sector they are not engaged, and wish to be. A function of the Ad Hoc workgroups is to address this concern.
- This plan is high level and its intent is to get input from the private sector and the workgroups can do that, not just how they are structured, but also need advice on other issues as well.
- We do not want multiple entities defining quality measures. What are the best ways that we are leveraging current capabilities in the public and the private sector? What are the principles that we need to define quality?
- The private sector work that has been done, everything needs to be leveraged, and be transparent.
- We need to be transparent as we are spending public money – there is a big difference in what they do in the private sector and the transparency we need with this group.
- The absence of certain providers (behavioral health, home care etc) is because the state and the federal funds will not support these providers. It is not a reason to not involve the providers, but it is an explanation.
- We are not real clear on priorities. If we think 5 years out, we are going to get past the first two years, we need to figure out our next set of priorities but they will change over time.
- Maybe the Plan should mention the long term principles
- Make financing options available through the REC
- We need to marry with what ONC requires. They are using Salesforce.com. Maybe we can leverage and make it available throughout the state.
- There are Medicare and Medicaid funds, (both in Chapter 305), available for certain activities, which explain what the priorities would be. We need to be clear, based on HITECH and Chapter 305 about what providers should focus on and why. This will help the gap areas. Here is what 305 says, this is Medicaid, this is Medicare, this is medical home – this is what we have funds for and what we don't have funds for.
- Re-emphasize that consent should not be the only piece.
- Even though we are not getting funds in that area, we will need to address workforce development priorities. We won't be training but we need immediate, future and long term training, not to develop curriculum. An idea would be to get everyone in the room again to discuss
- It is a good plan to actively engage the private sector but we may need to make adjustments.
- The Council recommends posting all public comments on the website.

Dr. Shoup added some thoughts after the Council's discussion:
- Ad hoc workgroups will inform the plan. We can't do it without them.
- We build on what exists, leverage what we have, have a hybrid structure with a centralized reporting capability.
- The RFP for the HIE will be a culmination of a 6 month planning process. We need to competitively bid.

- In 2015 the state will be Chapter 305 compliant. That is the focus and mandate and also a requirement with federal funds. The Beacon grant will address some of these areas. At least two of our applications included it.
- Maybe an e-newsletter could be available with all that is going on. And maybe, more info, in the communication plan we have talked about twitter, facebook you can identify gaps – we will get up an update on the communication plan.
- Under the topic of sustainability, we need to add that NEHEN has been sustained since 1998.
- We did not get the workforce development grant that was also applied for, it appears only community colleges received that grant.

IV. Ad Hoc Workgroups

Since there was limited time to discuss the workgroups, it was recommended that the Council review. If there is an area not addressed or more changes are needed, get those comments to MeHI this week. There is a big focus on HIE and we really need this Ad Hoc workgroup to get started.

V. Overview of HIT National Conference to be hosted in Massachusetts

MOTION ITEM: Council to vote on expenditures of funds for HIT National Conference

Secretary Bigby explained that the Governor would like to host a National HIT Conference in April. It is the Governor's intent to highlight what the private sector has accomplished in this state. We want to make sure other states know we have a lot of talent here that can be exported if necessary. To emphasize we are at an important crossroads with an opportunity to converge with the efforts that have been done in the private sector.

Dr. Shoup added that since we don't have the proper level of expertise to organize a conference of this magnitude we have proposed an agenda and to hire Massachusetts Health Data Consortium to do the work.

The plan is to invite other states and other countries. We are hoping to have Secretary Sebelius and have requested President Obama or Vice President Biden. And we also hope to get Dr. Blumenthal.

The event would include some breakout sessions to discuss issues that we are all addressing at this point.

MHDC has been in business since 1978, and it is good at this. They have offered significantly discounted fees. Therefore we are proposing to the Council for a grant for $200,000. The hope is that it will not cost us anything as we wish to get support from vendors and paying attendees. We should receive confirmation of the headliner speakers in the next 48 hours. Governor Patrick submitted a request in person over the weekend.

Seven weeks is not a lot of time so we are moving quickly. There are a lot of things going on as we speak. We hope to get 40 vendors that would have booths to defray cost.

Ms. Aranow read the formal motion (below)

Massachusetts Health Information Technology Council - MOTION
The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby authorize the expenditure of funds from the E-Health Institute Fund in an amount not to exceed $200,000 to support the planning, management and implementation of a national Health Information Technology Conference ("HIT Conference') to be hosted by Governor Deval Patrick; provided that not more than $30,000 may be expended to the Massachusetts Health Data Consortium ("MHDC") to provide services to support the planning and management of the HIT Conference; provided further that all good faith efforts shall be made by the parties involved with planning and managing the HIT Conference to maximize opportunities to generate revenues to offset expenses related to the HIT Conference. The Council recommends that the Board of Directors of the Massachusetts Technology Park Corporation approve the HIT Conference planning grant, as provided herein.

After motion read and seconded, it was unanimously agreed to authorize the funds.

VI.   Overview of MeHI 2010 Budget
MOTION ITEM: Council to vote on approval of MeHI 2010 Budget (Tabled)

Dr. Shoup explained that additional work needs to be done on the budget therefore that agenda item will move to the next Council meeting.

VII.   Other

With no other business to discuss, the meeting adjourned at 11:35