

**APPROVED MINUTES**

**Massachusetts Health Information Technology Council  
Meeting  
April 15, 2009  
9:00 – 10:30 am**

**Matta Conference Room  
One Ashburton Place  
Boston, Massachusetts**

## DRAFT MINUTES

### MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

April 15, 2009

Attendees:

Council Members	JudyAnn Bigby, MD - ( <i>Chair</i> ) <i>Secretary of Health and Human Services</i> (Leslie Kirwan - <i>Secretary of Administration and Finance</i> )** Represented by: Glen Shor Tom Dehner - <i>Director of Medicaid</i> Karen Bell, MD - <i>Senior Vice President of HIT Service at Masspro</i> Lisa Fenichel, M.P.H. - <i>E-Health Consumer Advocate at Health Care For All of Massachusetts</i>
Other	David Martin (EOHHS) Jenny Nathans – Healthcare Financing Committee Robert Strong – President, ProCaseo
MTC Staff	Mitch Adams Glen Comiso Bethany Gilboard Judy Silva Barbara-Jo Thompson David O'Brien

The fifth meeting of the Massachusetts Health Information Technology Council was held on April 15, 2009, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 9:06 a.m.

## **AGENDA ITEMS**

### **I. Review and Approve Minutes for 2/26, 3/11, 3/30**

After motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the February 26, March 11 and March 30 meetings.

### **II. RFI Update**

Secretary Bigby asked Mitchell Adams to give a status update on the RFI.

Mr. Adams reiterated the need for this RFI. The idea is to create a stable of qualified consultants to draw from for planning. He added that there is Federal Stimulus money to qualify and apply for, and this group of consultants will aide us as we go forward.

Ten firms have submitted questions and we have posted those questions and our responses on the internet. He further explained that proposals are due on April 22. The goal is to synthesize the proposals to determine how many are qualified and who we can enter into an agreement with. The goal is to have 5 – 7 qualified proposals to bring to the next Council meeting which is scheduled for May 6. By that time we hope to have identified one or two to work with in May and June.

Mr. Adams continued and stated that the review process will entail a group that has been selected to review all the submitted proposals. That group consists of the MTC staff, Terry Dougherty, Dave Szabo and Jim Daniel. He then asked the Council if they had anyone to add to the list. This group will work to get a plan together for the next Council meeting.

### **III. Broadband eHealth update**

Secretary Bigby asked Mr. Adams to give an update on Broadband. Mr. Adams stated that it is a great confluence of two undertakings. EHealth cannot survive without broadband. The Broad Band Institute and the eHealth Institute are both located within MTC. Recently both the Broadband Institute and the eHealth team met with representatives of the Department of Public Health.

Currently Donna Baron is serving as tentative director. The time frame for the Broadband Institute over the next 6 months includes mapping to determine where broadband needs to be. Physicians' offices and all providers need to be plotted into that map.

Currently the two groups have scheduled regular meetings on a monthly basis. One thing the Broadband Institute has learned is that the data they compile needs assessment. They have gone through communities learning who has broadband and who does not. Where you don't have broadband, there is only superficial data. A town might say, "Yes we have

broadband.” But through further research they have learned that it might actually mean only one house has broadband.

Dr. Bell stated that there was about \$48M available through the FCC’s program to extend broadband to every community nationwide.

Mr. Adams explained that Massachusetts is ahead of the game compared to other states. Currently the Broadband Institute is funded with \$40 million of Bonding Authority, and will also receive Federal Stimulus money.

Mr. Dehner asked if DPH has data available that we can use. Mr. Adams responded yes, it is our understanding that they have the data but also sounds like they know where to get the data. In the recent meeting we asked if they could provide zip codes of all physicians. Their response was yes.

Ms Fenichel and Mr. Dehner both asked if this list would include all providers.

Secretary Bigby asked Mr. Adams how MBI (Massachusetts Broadband Institute) is going to prioritize areas of expanding broadband. Mr. Adams explained that priority is in the process. The plan was to review the most underserved areas in the state. Now it is a whole new game as resources have increased substantially.

Ms. Fenichel asked how it interacts with a community. Do they have an opinion? Is there governance? Is there a function on that? Mr. Adams explained that he doesn’t know how they begin to engage a community or how they plan to do that.

Judy Silvia added that Stan McGee, EOHE and Sharon Gillett, D.T.C. were very much in the loop with the communities, and involved in the process in Washington, D.C.

Secretary Bigby asked if there were any other questions. Hearing none, she moved on to the next agenda item.

#### IV. Debrief on hearings of 4/13 and 4/14

Secretary Bigby asked for a discussion regarding the hearings on Monday and Tuesday. She stated that on Monday we had a good showing of the Council and a good showing in Holyoke. She was very impressed with testimony on Monday, and asked the Council for their comments.

Dr. Bell stated she felt it was a good opportunity and people came to listen as well as to speak. The part particularly helpful was that we heard from diverse points of view that we can interpret in a broad way. It will be beneficial to pull in all these different ideas.

Ms Fenichel was impressed with an older physician who stated, “Tons of information is not informing.” She was also impressed with the last speaker who talked about the importance of integration at the onset.

Mr. Dehner then gave an overview of the Holyoke hearing. There were 8 presenters and about 30 people attended. He thought it was well attended. Mr. Dehner further stated that Dave Delano testified regarding the experiences of N. Adams. Mr. Delano's information was very good and useful and hopes that the Council will hear from all three of the sites a different level of information. He said that in terms of its utility the EMR and HIE is like watching grass grow, the more data you get the more useful it becomes.

He also mentioned that there was a doctor from Cooley that was good. Also the CIO of Berkshire Medical Center was there and presented good information.

Mr. Dehner further stated that, Jay Brienes from Holyoke was there and he was good. He spoke about the need for data. Data from mental health providers, sharing records, not just doctors making medical decisions. He spoke about case managers on site, which both have a need for consolidated medical data and have important inputs to electronic data. That goes to a broader healthcare system in a broader way.

Mr. Adams and Mr. Dehner commented in regards to Mr. Delano's testimony, the critical nature of community engagement and leadership. The implementation support – you have to walk the doctors through it. Mr. Delano made a good point in the discussion of “meaningful use”. It is not just about using the system, but it is the type of data that you can input and then extrapolate.

Mr. Dehner pointed out that he didn't know if it was true debate or a different angle but Dr. Blackman spoke of searchable data, the importance of text and notes as opposed to just templates. He cited an example, of a person with a left ankle sprain is different than an Olympic skater with a sprain. The ability to input this level of detail is so important and current systems do not afford this type of flexibility.

Glen Shor mentioned the work of the Payment Reform Commission and the topics that they are tackling. Specifically, he mentioned how our current payment system is procedure driven rather than outcome based. The ability to get data from an EHR will help to support the efforts currently underway to reform the payment system.

Dr Bell commented about topics not discussed, such as, the process to get to interoperability. How do you get to a system? This is an involved process: how and what gets prioritized to make HIE happen? We heard a lot about interoperability, but not a lot about how to prioritize and build the system.

Secretary Bigby also commented on the fact that no one spoke of the how to do it, but only the need to do it. EMR is a means not and end. What about the Newburyport experience, 90% using, has anything changed? Is it better, we can't say. Why is this? We need to go to the next level. We need standards to measure quality. It changes the way we think of it, and the way we change our plan. And what resources we use. I hope our consultant will assist in this area. We have resources how do we prioritize and make sure providers are ready to get reimbursements. But we also have to have a plan for an HIE. We have to show they are “meaningful use” users.

The Secretary further stated that: “If I could put a poster out, I would tell Physicians; don’t do anything until we know the standards.” Dr. Blumenthal recommended that physicians wait and not jump until we do have standards.

What about the plight of pediatricians who don’t see Medicaid patients? Community health centers need different things in an EMR than physicians do in private practice EMR. The needs are different in clinical use, vs. public use. How do we balance need, with resources, with priorities. Administrative burdens on providers is something we should try to address. Added administrative burden could lead to non-adoption.

Mr. Dehner added one other thing: “Now” vs. “Wait”. Mickey Tripathi testified as well. He came down solidly in the “Do something now” camp. It is a concern.

Dr. Blackman from Berkshire medical center spoke about the need to share complete data and not partial data. It is very dangerous to allow patients to determine which part of the medical record they will share with other providers. This needs to be carefully addressed. Secretary Bigby asked for an example.

Mr. Dehner pointed out an example: If a patient has HIV, you have to know that. But they might not wish to share it. The secretary added, also like substance abuse, you will need to know.

Mr. Adams acknowledged that most of the individuals testifying recognized that, the stimulus dollars will not be enough, we need more. We need the providers to be enticed to come in, and then we can leverage their money to match.

Secretary Bigby agreed. And added it is not responsible to take public money when there are other providers with funds.

Mr. Dehner then explained another thing; a hard question going forward, that was represented by Sisters of Providence, and their system. It is an acute hospital, behavioral health hospital, visiting nurses, long term care facility, and three communities. As we look state wide, we are going to expose the different ways that delivery systems provide care and relate to one another. It is not just about Partners. There are the other systems and each has many parts, including rehab and long term care.

Secretary Bigby explained that there are other resources. The stimulus does not cover long-term care and rehab.

Mr. Dehner asked, is that right? What about 305? Secretary Bigby explained, it doesn’t explicitly say that. The most difficult, most high cost, are not physicians and hospitals but the other parts of the health care system and there is a need to integrate that care.

Dr. Bell then pointed out that brings us again to the topic of interoperability. Certified systems, will have interoperability standards built in. Hospitals will be able to send data to nursing homes

using systems certified in 2010., The problem we have as a state: how do we have the discussion on HIE priorities and timelines?

Secretary Bigby added that hospitals and physicians have resources. Nursing homes are left out.

Ms. Fenichel asked if Mr. Delano mentioned information flow. Has he mentioned the problems? Secretary Bigby replied that they do not have broadband. Ms. Fenichel responded. "That could have something to do with it."

Ms Fenichel went on to state that, in regards to the richness of data, even in the paper world, patients are reluctant at times to give information that makes them uncomfortable; and with the ease of electronic transmission, privacy concerns are heightened. Surveys show, however that most people want providers to have information. It is non-providers that they don't want to have their data. Many patients practice privacy protective behavior to ensure that their information does not get in the wrong hands: they go out of network; they lie, or they don't seek care as a result.

Secretary Bigby then thanked the Council for their attendance and participation in the hearings. She went on to explain that moving forward your participation is greatly appreciated.

#### V. Status of invitees to May Council meeting

Mr. Adams invited John Glaser, John Halamka and Ray Campbell to attend the May 6<sup>th</sup> Council meeting to provide insight and lessons learned. Unfortunately John Glaser is scheduled in DC and cannot participate. John Halamka can call in and Ray can be here in person.

Secretary Bigby explained to Mr. Adams, that she would like John Glaser and John Halamka at a different time when they can attend in person. Mr. Adams agreed. So on May 6<sup>th</sup> we would see Ray in person and others will be scheduled at a later date.

Dr. Bell asked if anyone would wish to hear from Dr. Mark Leavitt, the CEO of the Certification Commission for HIT.

Mr. Adams asked Dr. Bell to facilitate that meeting with him.

#### VI. Website Presentation

Judy Silvia and Glen Comiso showed an example of a mock website for MeHI, which gave the look and feel of the future website. On it, were examples of the things we would like to add materials from the hearings, testimonies, etc.

The discussion provided the following feedback in regards to the website:

What the Council would like to include:

- ◆ Information from the Hearings / written Testimony
- ◆ Linked to HHS and other important sites
- ◆ Council Minutes
- ◆ Photos from the hearings
- ◆ Transcripts from hearings
- ◆ FAQ about HIE
- ◆ EHealth 101 (for folks that don't know anything about the subculture)
- ◆ Glossary of terms \*\*\*\*
- ◆ Nehit.org
- ◆ A contact mailbox

Questions:

- ◆ Where would folks find it?
- ◆ Other language capability (there are state rules, we need to comply with)
- ◆ Accessible for disabilities?
- ◆ About page – what would it be?

Formatting suggestions:

- ◆ Current pictures emphasize academic hospitals. Please add communities, and other areas. (It is going to be for everyone not just hi-tech care)
- ◆ Currently it looks dense. We need bullets, and clicks to other info, then layers to dig deeper
- ◆ Bullets of upcoming events on the side (Next Council meeting, hearings, etc)

Please remove:

- ◆ Information on Dr. Koh

## VII. Other

Secretary Bigby asked if there were any final question. Ms. Fenichel asked, “What do we mean regarding the Boston Hearing having a public health focus? How is that different from other hearings?”

Secretary Bigby explained that she would like to hear about the special needs for public health providers. It will focus attention on public health care, which is different than healthcare to promote health.

Meeting adjourned 10:02