MINUTES

Massachusetts Health Information Technology Council Meeting

June 22, 2010

1:30 – 4:30 pm

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

MINUTES
MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

June 22, 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*
Meg Aranow - *VP & Chief Information Officer, Boston Medical Center*
Karen Bell, MD - *Chair of the Certification Commission for Health Information Technology (CCHIT®)*
Lisa Fenichel, M.P.H. - *E-Health Consumer Advocate*

Co-Chairs for Ad Hoc Workgroups:

Regional Extension Center (REC)/Electronic Health Records (EHR)
- Micky Tripathi, CEO, Massachusetts eHealth Collaborative

Health Information Exchange (HIE)
- John Halamka, MD, BIDMC, Harvard University and NEHEN

Privacy and Security
- Dave Szabo, Esq. Edwards, Angell & Palmer

Consumer Engagement
- Georgia Simpson May, Office of Health Equity
- Martha Hayward, Executive Director, Partnership for Healthcare Excellence

Clinical Quality and Public Health (CQPH)
- Jim Daniel, CIO, Department Public Health
- Barbara Rabson, CEO, Massachusetts Health Quality Partnership

Workforce Development
- Ray Campbell, Executive Director, Massachusetts Health Data Consortium

Other

David Martin (EOHHS)
Caitlin Eisenberg (EOHHS)
Deb Schiel (MassHealth)
Claudia Boldman (CoMA ITD)
Bert Ng (Healthcare Finance Committee)
Adam Delmolino (Massachusetts Hospital Association)

Jessica Long (Conference of Boston Teaching Hospitals)
Katie Annas (Eastern Massachusetts Healthcare Initiative)
Michael Levinger (the HIT Association)
Kathleen Donaher (Regis College)
Farhiys Mohammed (Regis College)
Carol Dresser (Hallmark Health)
Loryllyn Allan (Lahey Clinic)
Nicholas Herold (Herlold Consulting)
Kevin Schwartz (Concordant)
Bob Strong (Pro Caseo, Inc)

MTC Staff

Mitchell Adams
Dr. Richard Shoup
Judy Silvia
Bethany Gilboard
Glen Comiso
Carole Rodenstein
Kris Cyr
Angelia Lewis
Matt Schemmel
Lisa Erlandson
Marybeth Dixon
Alka Singh
Courtney MacFarlane
Randi Zegman
Barbara-Jo Thompson

The twenty-fourth meeting of the Massachusetts Health Information Technology Council was held on June 22nd, 2010, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 1:36 pm.

I. Approval of May 3rd Minutes

After a brief discussion that all formal motions should be reflected in the minutes, motions were made and seconded. It was unanimously agreed to accept the draft minutes as the official minutes of the May 3rd meeting.

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II. Ad Hoc Workgroup Co-Chairs Presentations

Secretary Bigby stated that the Council is fortunate to have a group of people today to report back on the work of the ad hoc workgroups and how they interact with one another.

Dr. Shoup gave a preview of the order of presentations, listed the names and affiliations of each of the Co-chairs, and then walked through a slide that shows the process being followed for all of the workgroups. The focus is to get all providers to achieve meaningful use by 2011.

Micky Tripathi of the Massachusetts eHealth Collaborative started with an overview of the Regional Extension Center (REC)/Electronic Health Records (EHR) ad hoc workgroup.

- There is a thought process in how the workgroups interact. Electronic Health records across the state and the nation
- Environmental scan is quick and dirty. There is value to have a capability to monitor on an ongoing basis.
- Other places have done surveys we wish to piggy back on. Blue Cross has assisted to find who has this information.
- Have decided on three subgroups. Fundamental key to success is communication.
- High level interdependencies regarding policy.

The next group to present was the Health Information Exchange (HIE) Ad Hoc Workgroup. John Halamka, of Beth Israel Deaconess Medical Center, Harvard University and NEHEN and Phil Poley, COO of MassHealth explained that the overall approach is to look at what is the HIT strategic plan for the state, what is the state of it today, what are the obstacles and how to standardize transaction by transaction. Concurrent with meaningful use is the entity profile, what is the technical standard, what is the foot print; we have information on large integrated networks. We are doing a gap analysis and looking at proposed HIE service offerings, and looking at meaningful use transactions. Massachusetts is a Network of networks.

The HIE is a constellation of things. Some are centralized and some are decentralized. Going from most central to least we need to develop a standard of policy objectives together. We looked to see what are the services that are needed in the near term and recognize that they may not be necessary in 2015 and beyond.

For example let's say that Meg gave permission to send her medical record to Rick (Dr. Rick). She would need a method and need secure infrastructure. She won't use facebook or twitter. Next we need to learn "Who is Rick", and how do we have him prove his identity and credentials. Should we have 5 public health depositories? No, that doesn't make sense. We need a central place for all immunization,

but we have different delivery systems so we need to determine which are the 5 or 6 different kinds of items we need to provide in 2011.

Next the Privacy and Security Ad Hoc workgroup discussion was led by David Szabo, of Edwards, Angell & Palmer. He began by explaining that they organized the larger group into subgroups. Initially everyone wanted to sign up for consent. We understand we need to deliver recommendations to the Council for the HIE so that is our first interdependency. Some components are consent policies and forms. What standards can we ask people to live up to? We can't expect BIDMC and local physician in a practice to live up to the same standards. They need to be scalable. We received input from a stakeholder with an example of receiving wrong information; another stakeholder mentioned an example of how medical records were sent to an auto body shop. Policy enforcement needs to be broken down.

The Office of the National Coordinator (ONC) requires consent and opt in and opt out is required by Chapter 305. What does this mean? There is nothing in the law that gives the State HIE a monopoly. If a provider wishes to do her own thing, we cannot restrict that. We are doing a lot to recognize the confidentially laws. The group has asked Micky Tripathi to talk to group help them to define some of the consent models.

It would be trivial to build security requirements that no small practice could meet. What if someone makes a mistake? Do we turn them in, kick them out? We need to find a way to enforce these policies. We will make recommendations to the Council about how to enforce.

Georgia Simpson May of the Office of Health Equity and Martha Hayward, Executive Director, Partnership for Healthcare Excellence talked to the Council about Consumer Engagement. They began by explaining this is all on behalf of the residents of Massachusetts. The Consumer ad how workgroup makes sure the citizens (patients) are able to receive this. As you listened to Mr. Szabo, you learned that trust is all important - best practices. We are very excited in the Commonwealth of Massachusetts. In Consumer Engagement we recognize our big thing is messaging, both in the larger atmosphere or various smaller groups. (We refer to the public as pre-patients)
Our goal is to produce simple tools. However; we do not know what they are at this point. We were thinking of incentives to sign on. If we provide incentives to providers, then we should think about providing incentives to patients.

- Interlocking continuum to the proper group in the proper tone at the proper time
- complete review of the landscape
- breadth of experience for the Commonwealth of Massachusetts.
- Reviewing what consumer engagement is, focus groups
- Interdependencies for example with the privacy and security group we need to build a trustworthy program then message that to our residents. How is the message from the REC going to be seen through the lens of the providers and consumers?

Jim Daniel, CIO, Department Public Health and Barbara Rabson, CEO, Massachusetts Health Quality Partnership spoke about Clinical Quality and Public Health (CQPH)

Clinical Quality = Public Health and Public Health = Clinical Quality. On the public health side we focused initially on the three Meaningful Use categories pulled out for 2011, basically reporting what exists and determine where there is overlap.

Definitely have interdependencies to all of the workgroups for example consent management is required for us to provide information across providers.

The complicated pieces fall under Barbra's areas. We feel there really are two areas so we broke it out to the two and will come together for overlap.

We are going to focus beyond Clinical Quality. Our focus should be more comprehensive. There is other data that needs to be considered including performance measurement.

Clear interdependencies with all the groups should be identified and coordinated.

The topic of Workforce Development was addressed by Ray Campbell, the Executive Director of the Massachusetts Health Data Consortium. Mr. Campbell began by thanking and acknowledging Secretary Bigby, Mitchell Adams and Dr. Rick Shoup regarding the workgroup organization. He knew all the stakeholders wanted to be involved. This has developed into a great plan.

The Group has broken out into three subgroups. They have met collectively and in these sub groups to determine the current workforce in the state and quickly learned there is not a one size fits all – there are training and workforce development needs across the spectrum. The good news is Massachusetts has rich workforce and training institutions. There is some funding available but not a lot. We need a portfolio of activities, not a one size fits all. We want to help the Secretary prioritize. We need a workforce that is educated.

There are interdependencies through all groups.

After the Co-chairs gave their presentations to the Council members, Secretary Bigby thanked them for their brief and concise informative presentations. She repeated and added to Mr. Campbell's comments stating that it gets bigger as we work on it.

Next was a brief Q&A between the Co-chairs and the Council members.

Question: What kind of investigation is being done regarding what other states are doing and other lessons learned?

Response:

- The Consumer Group is looking nationally in the aligned forces.
- The HIE Group is working with New England States, and also are working nationally
- P&S's Research Workgroup is investigating other states and their approaches; It has only scratched the surface. There is an (insert your state policies here) mentality.

- CQPH mentioned that CDC runs a very good group with reporting and what the HL7 should look like they have received a lot of good feedback that Massachusetts is ahead of the game
- Workforce has a lot to learn but is plugged in with the community college level. At the recent Governor's HIT conference we learned a lot but Massachusetts is a head of the curve.
- REC / EHR we have a vast group that has activity across the state.
- As HIT coordinator we send a blast out to all the other HIT coordinators with specific requests, or questions from the Ad Hoc Workgroups to see what is being done throughout the country.

Question: There is so much work being done so far, but have you coordinated across the groups? Is there a time line?

Response: yes, right now the focus of the workgroups is to feed the HIE operational plan which needs to be submitted to the ONC in August. To date in the program management office we have heard from all the workgroups and we frequently receive status updates.

Question: Is it time for us to put together a financial plan, because this looks like money is no object also, is there a sustainability goal.

Response: Yes, we have a straw man approach we are vetting through MTC and we will bring that to the council

Question: Do we have the right skill set available for that discussion?

Response: The process has been to identify what do we need finances for and what do we need to govern. What will it cost and who will pay? But, a next set of conversations includes looking at "this is what we think about sustainability."

Question: Some of the proposals will require funding, is it fair to assume that the HIE will fund (for example the surveys)?

Response: We have funding through both grants and through Medicaid. ONC has contracted with marketing firms for messaging they are making available to us. In the mean time, we have funds in the budget for focus groups.

Question: Recommendations are in conjunction with the HIT strategic plan. What pieces are being discussed and are these groups aware? Have they read the plan?

Response: That was our starting point, but for example, the role of the consumer will continue. The strategic plan was the start and now we go to the operational plan. Yes, they were discussed and copies of the HIT Strategic Plan were distributed to all.

Question for CQPH: We heard how you divided up. I wonder how local public health departments are integrated in your group. For example $250M for infrastructure in Public Health and strengthening local public health

Response: That is an excellent question and it has come up in the workgroup discussions on many occasions. Wouldn't it be nice if we sent the information to one place – as in the HIE. But it gets complicated as Boston has different requirements and regulations about anyone seen in a Boston hospital. We need to have one reporting mechanism that will be both local and state.

Question: what do the co-chairs need from the Council?

Response:

- The workgroups are going to host public meetings, and they will need Council members support. It will be open to the public. When the dates and venues are set, it would be nice if Council members would be available to participate.
- Once we have a list of high priorities it would wonderful to have more eyes on the work. As we get involved in the work we may overlook the big picture. We appreciate input from the Council.

Secretary again thanked all the co-chairs for all their hard work and willingness to share the results with the Council. The Co-chairs left, and Secretary Bigby turned it over to Dr. Shoup to discuss the HIE and the strategic plan.

III. HIE Strategic & Operational Planning Update & Submission – Motion to Approve

The goal today is to get Council approval to submit a proposal to ONC. They have stated they want to see a draft in order to begin the review process. It is to ensure that we begin on the same page and stay on the same page so it is beneficial to start an iterative process

- ONC first review is an important step in submitting a more complete draft in July following review and approval by HIT Council and MTC Board.
- Most of the requirements of the HIE Strategic Plan were included in the statewide Health IT Strategic Plan approved in April 2010 so most sections are nearly complete.
- Planning process for informing the HIE Operational Plan is underway but need additional content, vetting and refinement before reviewing with the HIT Council.
- At future HIT Council meeting MeHI will ask for final review and approval of the HIE Strategic and Operational Plans

Question: who are the stakeholders?

Response: Everyone

There is something that everyone needs like a Master Patient Index. We need to include all stakeholders early which will help drive participation. The basic foundations, what do we need and once they are in place, what do we need to build on?

Comment: meaningful use at this time has consumer issues and some language is very broad.

Potential HIE Services

- The HIE group prioritized the services in terms of meeting Meaningful Use requirements and in the context of services viewed as most valuable to stakeholders.
- The HIE group will also identify current capabilities, gaps in functional and geographic capabilities and recommend a strategy to fill the gaps.
- Other workgroups will be asked to review the proposed services and provide feedback to the HIE Workgroup and MeHI staff.
- The HIE group identified whether the service would:
  - Be centrally delivered as a single service
  - Whether that service would be delivered by one or more "distributed" service providers
  - Take the hybrid form as a combination of centralized and distributed aspects or hybrid delivery mechanism.

On Friday, June 25th or Monday, June 28th, MeHI will submit to the ONC based on Council recommendations a draft. It will be non-binding. They have stated they will not hold on to a concept and you can change your mind.

Comment: we have not seen anything.

Response: that is true you have not; however, in the appendix there is examples of what MeHI is working on.

Other states are different. Massachusetts approach is that we are a network of networks. Other states are not approaching it that way.

Our project officer will provide written feedback on an ongoing basis. Then MeHI will make modifications

June 25:	Submit partial draft that excludes specific Governance, Business and Technical Operations and Finance
July 2 - July 16:	Receive ONC feedback and modify plan
	Internally review options for Governance, Business and Technical Operations and Finance

Mid-July:	HIT Council approval of all plan elements including Governance, Business and Technical Operations and Finance
	MTC Board approval of all plan elements including Governance, Business and Technical Operations and Finance
July 19:	Incorporate Governance, Business and Technical Operations and Finance into HIE Plan and submit to ONC
July 23 - August 6:	Receive ONC feedback and modify plan
	Finalize ONC-approved plan
Mid-August:	HIT Council approval of final plan
	MTC board approval of final plan
	Submit Final HIE Plan to ONC

Comment: If you have a time line and a clear process of getting there, but once you start this I am uncomfortable to vote on something that I have not seen, but realize it is the beginning of something.

Question: so MeHI could give them something and they could rip it up? Response: yes. However, we have spoken to our Project Officer and asked, what if ONC approves of the direction we are going, then MeHI decides after it is submitted, to change. Would there be a problem, and we learned there would NOT. We are not tied into our drafts. We can make amendments as we proceed in the process.

We have seen other plans from other states, they are diverse. Any insight we get from the approvals from the final plan is just useful information. But the more feedback we can get from the federal guidance along the way is helpful.

Question: I am very uncomfortable to vote, but if it is a back and forth with the Project officer from ONC why does the Council even need to vote? Is it necessary?

Response: It was to inform the Council where the MeHI Project Office is and what we are doing.

Question: do you mean MeHI plans to have all the governance and everything decided by August?

Response: by going through this process we will know where we are and this will trigger the remaining $10 Million. This is a very tight timeline. We want to be sure that ONC is not surprised or that the plan gets rejected.

It was then suggested by Council to withdraw this motion and have the Ad hoc groups continue in the work we have empowered to do. Or, we could change language of the motion.

We don’t feel comfortable going forward without Council input and approval.

Secretary Bigby clarified that MeHI is trying to get guidance on where they are going.

She suggested amending the motion by deleting "as presented". The new motion reads as follows:

MOTION 1: HIE Plan

> The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby recommend that the Board of Directors of the Massachusetts Technology Park Corporation submit to the Office of the National Coordinator a non-binding, preliminary, partial draft of a Strategic and Operational Plan for the Health Information Exchange ("HIE Plan"), provided that the HIE Plan shall not contain recommendations related to (1) a governance structure for the HIE; and (2) a financial sustainability model for the HIE.
>
> The amended motion was made and seconded and Council approved unanimously to encourage MeHI to submit a draft plan to ONC. It was also agreed that the final plan submitted to ONC will go to the Council for review.

IV. MeHI FY2011 Budget – Motion to Approve

- Unique collaboration with Medicaid – not like it anywhere else in the country
- Will budget for another Conference in Spring of 2011
- Medicaid is hiring MeHI – if you are a Medicaid eligible provider, as part of our interagency agreement. They have hired us to look at the best path for them. This will be available to hospitals as well. It is $600,000 now and phase II will be about $800,000.

Question: this will sit in the MeHI budget as an offset amount?

Response: yes it is a pass through

Dr. Shoup mentioned that the Massachusetts Technology Collaborative (MTC) board moved to reserve eHealth funds. This was not a disbursement and the MTC board could not do so without the HIT Council acting first. This was a message from the MTC board that they are concerned with the business model and the matching fund requirements. MTC is the legally responsible party to ONC for the funds. We need the reserve to be there.

Comment: It would be helpful to see exactly how this business model will work. There are people paying and people doing the work, using online tools vs. face-to-face, need to know the right vendors are doing the correct job. If nothing else it has to be successful. We need to be clear we are serving physicians in underserved areas and where they are in the process.

Response: It is an operational discussion.

Request: Please bring a presentation back to the council on how this will all work.

Secretary Bigby asked if there are any other budget questions.

Question: Can we delay a vote on the budget until there is a presentation to the Council on the business model.

Response: By doing so, we can't hire people to do the work; we therefore cannot sign up doctors.

Comment: Then we should move forward with the vote, but would like to have a better understanding of the full process.

Marybeth Dixon of MTC sat with Council members and went line by line through the budget.

MOTION 2: MeHI Fiscal Year 2011 Budget

> The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby approve the Fiscal Year 2011 budget for the Massachusetts e-Health Institute (the "MeHI Budget"), as presented. The Council recommends that the Board of Directors of the Massachusetts Technology Park Corporation approve the MeHI Budget and its constituent elements, as reviewed and approved by the Council.

Motion was made and seconded. The Budget was approved.

Secretary Bigby, "Let the minutes reflect that Meg Aranow has left the room when the discussion began regarding the IOOs." (3:28 pm)

Debbie Adair also departed at this point.

V. IOO/EHR Recommended Vendor – Motion to Approve

Dr. Shoup walked through slides regarding IOOs. He emphasized we are NOT selecting a vendor for the provider. We are not securing services.

This is a service offered to providers through the REC.

Read through requirements for both IOOs and EHR vendors

Carole showed the packet that was sent to all the reviewers, which included both IOOs and EHRs

Question: De we have a variety of vendors that can address the needs, ex. Server model, ASP, Opensource, etc.

Response: We included all that responded.

Phil Poley commented that as a reviewer, he reacted to threshold criteria. Can you demonstrate an ability to do what is required.

Dr. Shoup commented that New York went with 5 vendors for the state and Vermont went with just one.

Comment: An IOO should have competencies in multiple areas; the language should be in the contracts with the IOO and the EHR contract that it is the EHR vendor that has the responsibility for installation and implementation.

Response: Yes, and standardized processes with a way to audit that processes.

Question: Are there split personalities with the IOO and the EHR and their own product?

Response: More like multiple personalities. We have some that were very specific that they will only install their own product. We are not prescriptive in the order of the process.

Secretary Bigby asked The Council if there were any additional questions regarding the process. She went on to explain, there are no relationships developed yet. The vote is to give MeHI the authority to go forward with the 22 and 17 respondents. There is a formal motion in your packet.

Dr. Shoup pointed out that in the packet are some of the contractual terms for both of the IOOs and the EHRs.

Matt Schemmel, Associate Council for MTC, added that MeHI has provided the agreements to all the respondents, and have received great feedback. We are 99% complete in the process.

Question: Is it implicit that these contractual terms can be changed? On the EHR vendors they must stay current with ARRA standards, NOT meaningful use criteria. Well defined basket of services. On the IOO's number 2, certified IOOs national certification is not relevant here it is that they have ARRA certification.

Response: Yes, we can incorporate your changes and will be in touch with you to assure you are happy with the changes. Certification is based on federal ARRA standards.

MOTION 3: IOO/EHR Vendors

The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby take the following actions to support the operation of the Massachusetts e-Health Institute ("MeHI") and the Regional Extension Center ("REC"):

1. Approve a standard form of agreement for Certified Implementation Optimization Organizations ("Certified IOOs") that substantially comports with the summary of material terms and conditions, as presented (the "Certified IOO Contract").

2. Approve a standard form of agreement for Preferred Electronic Health Records Vendors ("Preferred EHR Vendors") that substantially comports with summary of material terms and conditions, as presented (the "Preferred EHR Vendor Contract").
3. Approve a list of twenty-two organizations, as listed and presented, that have completed four of the five steps necessary to become a Certified IOO.
4. Approve a list of a seventeen organizations, as listed and presented, that have completed four of the five steps necessary to become a Preferred EHR Vendor.
5. Recommend that the Board of Directors of the Massachusetts Technology Park Corporation (i) enter into a Certified IOO Contract with each of the twenty-two organizations listed in Paragraph #3 of this motion; and (ii) enter into a Preferred EHR Vendor Contract with each of the seventeen organizations listed in Paragraph #4 of this motion.
6. No such organization shall become a Certified IOO or a Preferred EHR Vendor until such time as that organization has executed the Certified IOO Contract or the Preferred EHR Vendor Contract, respectively.
7. Request that the Corporation maintain and periodically update the list of Certified IOOs and Preferred EHR Vendors.

The Council takes the actions specified herein in full satisfaction of the requirements of Section 6D(e) of Chapter 40J of the Massachusetts General Laws.

Motion was made and seconded. It was unanimously approved to move forward with the recommended vendors.

Meg Aranow returned to the room at 3:54 pm.

VI. Medicaid ISA Update

Interagency Services Agreement with MassHealth

- MeHI has been working with Massachusetts Medicaid (MassHealth) to execute an Interagency Services Agreement (ISA) to provide specific planning services in support of MassHealth's Statewide Medicaid Health Information Plan (SMHP).
- The ISA opportunity includes the potential for a 10 year partnership between MeHI and MassHealth. The activities related to the ISA fall into three categories and time periods:
  - Complete four deliverables by June 15, 2010
  - Additional planning efforts to support Medicaid Eligible Providers
  - Ongoing operations to support Medicaid Eligible Providers through 2021

- The proposed planning activities and subsequent operational efforts are synergistic with both the REC and HIE since they involve Medicaid Eligible Providers (EPs) who will ultimately receive some level of services through the REC and will need to access the proposed statewide HIE.
- MeHI has provided planning support necessary to identify and manage a process for ensuring that Medicaid Eligible Providers (EPs) under the HITECH Act are eligible to receive incentive payments. The first four deliverables in the planning process were required by June 15, 2010 and the deadline was met. The specific deliverables were:
  - Marketing Plan
  - Communications Plan
  - Provider Survey
  - Requirements for Eligibility Wizard
- The primary planning activities for MeHI included in the ISA relate to supporting the portion of the SMHP that will focus on creating and administering the Electronic Health Record (EHR) Provider Incentive Payment Program for Medicaid EPs, which must be supported by the states.
- The SMHP planning process will include the process for administering the incentive program and the implications for support of the overall Health Information Exchange (HIE) model being created for the Commonwealth by the Massachusetts e-Health Institute (MeHI).
- MeHI will seek approval of ISA at July meeting.

VII. Banking / Loan Program Update

Bank Financing for Providers to Support EHRs

- One of the services to be offered by MeHI through the REC is the identification and selection of financing packages that stress a strong customer service orientation, streamlined approval processes and attractive interest rates and features for the benefit of Providers who choose to participate in the REC.
- Loans can be used by providers to cover the costs of acquisition, installation and implementation of EHRs.
- Selection process included RFI issued on 4/13/10 and Request for Preferred Terms (RFPT) on June 9, 2010.
- Responses due by June 28, 2010 with decision expected in July.
- Selection criteria included:

  - Demonstrated ability to meet or exceed certain threshold criteria
  - Successfully completed due diligence process which included reference checks, verification of financial stability and conformation of and commitment to preferred terms.
  - Confirmation that most attractive terms and conditions are available to providers
- Threshold criteria include:
  - A commitment to finance the installation, implementation and training of EHRs
  - A commitment to provide REC-affiliated providers who meet or exceed Respondent's credit profile risk analysis with terms with most favored terms
  - Allow interest only payments and deferral of commencement of principal payments for a period of al least 12 months from closing of the loan
  - A commitment to an expedited Provider credit review process, loan approval decision and closing
  - Staff person(s) who are conversant in all aspects of Provider EHR Loans that will have the time necessary to render the effective services
  - A commitment to the development and use of a common loan application form that providers can access via the Financing Program link on the MeHI website, can be completed and submitted online and used by any Preferred Lender
  - Evidence that current experience in providing and servicing Provider EHR Loans, or, if not currently providing
- MeHI will seek approval to contract with the selected financial institutions at July meeting.

Comment: I thought this was going to be lighter conversation; this is more prescriptive than I thought would have happened.

Response: We started light, but as we went down the path, we learned that more was needed and banks seemed favorable to it.

Question: Will this help community health centers?

Response: What a great segue. We have some ideas that can bridge that gap that exists for providers that need a bit more help, community hospitals, etc.

VIII. Updates

Dr. Shoup gave a quick overview of future Council discussions

- Detailed discussion of Marketing and Communication plans
- Financial recommendations for supporting the gap that exists between current funds and needed funds
  - Ambulatory providers not covered under HITECH
  - Hospitals
  - Other provider types
  - Chapter 305 reporting compliance
- Operational dashboard report supporting all MeHI programs

IX. Other

Secretary Bigby thanked everyone. What we heard today, is that the Council wants to go back and review the REC business model that was introduced at the last council meeting.

Question: What will we be reviewing?

Response: IOO contracts, REC business plan, HIE plan and anything that would affect our ability to sign up providers.

Question: Is there any more plans to help with the online tool (ONTRAK)

Response: The MTC budget has a line item for an online collaboration plan.

Kris Cyr added that the Council will still see ONTRAK for the New England states collaboration.

With no other items to discuss, the meeting adjourned 4:08 pm.