MINUTES

Massachusetts Health Information Technology Council Meeting
Meeting
July 26, 2010
2:00 – 3:30 pm

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

MINUTES
MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

July 26, 2010

<u>Attendees:</u>
Council Members   JudyAnn Bigby, MD - *(Chair) Secretary of Health and Human Services*
Terry Dougherty - *Director of Medicaid*
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*

Other   David Martin (EOHHS)
Philip Poley (MassHealth)
Deb Schiel (MassHealth)
Claudia Boldman (CoMA ITD)
Bert Ng (Healthcare Finance Committee)
Young Joo (Ma DHCFP)
Jessica Long (Conference of Boston Teaching Hospitals)
Kathleen Donaher (Regis College)
Farhiys Mohammed (Regis College)
Liz Alessi (Regis College)
Loryllyn Allan (Lahey Clinic)
Monica Cunningham (Independent)
Harris Feldman (Rasky Baerlein)
Brian Gildea (Arcadia Solutions)

MTC Staff   Mitchell Adams
Dr. Richard Shoup
Judy Silvia
Bethany Gilboard
Carole Rodenstein
Kris Cyr
Angelia Lewis
Barbara-Jo Thompson

The twenty-fifth meeting of the Massachusetts Health Information Technology Council was held on July 26th, 2010, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 2:04 pm.

I. Approval of June 22nd Minutes

After a quick review of the slightly edited version of the minutes, motions were made and seconded. It was unanimously agreed to accept the draft minutes as the official minutes of the June 22nd meeting.

II. REC Communications & Outreach Update

After a quick walk through of the day's agenda, Dr. Shoup gave a review of the REC Communications plan. He started with a slide of the REC website. Currently, links from MeHI homepage to REC specific information; also links to ONC and CMS Final Rules.

- Developing a temporary REC website, until marketing firm provides input on the design and development.

- The REC Outreach team has scheduled 8 Educational Summits throughout the Commonwealth. Some physicians have agreed to participate and will discuss their experiences. The Objectives of the Summits include:

    - Learn about the American Recovery & Reinvestment Act (ARRA)

    - Learn about the Massachusetts Regional Extension Center (REC) and how it will work with you throughout the process

    - Understand how Chapter 305 intersects with Meaningful Use

    - Learn about the Meaningful Use measures and how to earn financial incentives from CMS

    - Learn how a small physician practice successfully transitioned from paper to an EHR

- Marketing Slicks in design and development phase. The aim is to convey clean message, emphasizing basic services and direct assistance support. Currently working on the following:

    - Regional Extension Center – Things you should Know

    - Meaningful Use – Things you should Know

- Four-page Meaningful Use details

- The Massachusetts Health Data Consortium and the Massachusetts eHealth Institute will be hosting this year's HealthMart'10 Conference & Trade Show on October 5th at the DCU Center in Worcester.

    - Program will feature five rounds of breakout sessions, with five presentation choices in each round - a total of 25 different breakout presentations that addresses Medicare and Medicaid payments for meeting the "meaningful use" criteria.

        - Clinically re-engineering your practice

        - Physician champion roundtable

        - Facilitated session for practice administrators

    - This conference and trade show will bring together physicians, practice administrators, office managers, and other healthcare professionals with electronic health record and other healthcare product vendors

Secretary Bigby asked Dr. Shoup to go back and discuss the REC summits. She then specifically asked who the audience would be. Other Council members asked about the HIE Public meeting Scheduled for August 1st, and what exactly is occurring and about consumer focused education.

RESPONSE

- Hard copies of Marketing, Communication and Wizard Plans are available for the Council Members to review.

- About 1000 stakeholders, anyone who is going to have any relationship with physicians have been invited to the summits. We continue to reach out and all the co-sponsors are pushing out to their members as well.

- The Consumer Ad Hoc workgroup is working on consumer focus groups and education.

- We have 5 physician leaders in areas to speak about their experiences. Our partners see this as value added to their constituency.

- We have to get 2500 signed up in two years, but the REC will live on.

- There are 20-25 physicians who have volunteered to be a support group to be able to talk to peers.

- We expect about 1000 providers will come from CHC and about 500 already have EHR's. As we go out it is possible we will see that numbers will shift.

- We are working together with MassHealth.

- Marketing and Communication Plan efforts with MassHealth.

    - Marketing and Communication Plans are complete (hard copies are available for review).

    - Waiting for authorization to proceed with implementation of plans.

    - Have added links on MeHI home page to CMS site, and will include those links in development of the REC home page.

Survey will be updated to reflect meaningful use final rules.

Wizard specifications will be reviewed and any necessary adjustments made to reflect meaningful use final rules.

Education summits will address the Medicaid and Medicare incentive payment programs, to ensure the providers have a clear understanding of each

- Council members asked what the Survey is surveying and who developed it.

RESPONSE

- We mostly look at readiness: For example, do you use technology, what products do you use, why haven't you adopted.

- We contracted with a firm to assist.

- ONC has drafts available and we will wait to see what the other states have done.

III. Update on the Medicaid EHR Provider Incentive Payment Program

Phil Poley gave a brief update on MassHealth including the accomplishments to date

- Medicaid contracted with MeHI to help

- Approval of the P-APD

- Mass Health and MeHI act in concert. We have a bi-weekly meeting that involves MassHealth, EOHSS, and MeHI. Coordinate activities.

- Getting the word out regarding the Medicaid incentive plan.

- No reason to have a different set of communication, so we agreed to have it all tightly knit together in one vocabulary.

- We are trying to leverage what the federal government is willing to support.

- Spoke of Wizard and all that it has available. It is a piece of infrastructure that could build on for implementation in the future. This is something we can use.

QUESTION

- What is the framework for that tool?

RESPONSE

- The idea of how the provider interacts to "ah ha" this is what we need.

- The idea behind is we are trying to lead interested folks to ever increasing specificity. And what they need to reach meaningful use, to drive them to this tool and similar things on the MeHI website. To learn – "hey you qualify for incentive payments." We make sure this supports the Chapter 305 goals.

- It is a decision support tool.

QUESTION

- Is there a support person?

RESPONSE

- Yes, a call center that will work in conjunction with MassHealth.

QUESTION

- Is this the place that all the providers can access tools to assess their practice?

RESPONSE

- It is a readiness tool. It is front end, as they click they will see all the features.

QUESTION

- So you must sign up to get access?

RESPONSE

- It hasn't been developed yet, still working through specific details.

- Medicaid Director has received recommendation for a vendor to enter into implementation.

- The vendor is helping Medicaid in developing eligibility and complying with federal reporting requirements.

- This vendor will help develop the plan to implement the tools.

- We are working with other states that use HP as their MIS vendor. To develop generic functionality to help Medicaid agency comply with Federal requirements. It is advantageous to us, for the state has to come up with the 10%

- This has CMS interest and support and helps us to be out ahead of the game.

QUESTION

- Are there two processes in place? One for hospitals and one for providers?

RESPONSE

- Yes, there will be two processes in place.

COMMENT

- A number of hospitals have already booked vendors.

- We have an organized hospital group in our state.

- We have a formalized contract to work together with MeHI, and now we are moving to phase two of those activities, leverage REC activities to foster both organizations, what does the rule mean to us and the outreach summits. It is finalizing our State HIT Plan. This slide gives detail of what that plan is to do for us.

- After the vendor completed the plan, then CMS will get 90 % of administrative costs.

IV. Meaningful use final rule

- Eligible professionals must meet 15 core + 5 menu options and eligible hospitals must meet 14 core + 5 menu options

- There is a movement away from the all or nothing approach.

   Major Changes

- There is also a "menu" of 10 additional requirements (pick 5 of 10, including one population/public health measure)

- Move away from an all or nothing approach

- Thresholds for use reduced

- Administrative requirements delayed to Stage 2

- Decision Support requirements reduced

- Reduced Quality Metrics

- 6 for EPs – 3 core* + 3 menu

- 15 measures for hospitals

- Recording advanced directives and providing patient educational materials added to "menu" for hospitals

Core Set Eligible Professionals

- Use computerized order entry for medication orders.

- Implement drug-drug, drug-allergy checks.

- Generate and transmit permissible prescriptions electronically.

- Record demographics.

- Maintain an up-to-date problem list of current and active diagnoses.

- Maintain active medication list.

- Maintain active medication allergy list.

- Record and chart changes in vital signs.

- Record smoking status for patients 13 years old or older.

- Implement one clinical decision support rule.

- Report ambulatory quality measures to CMS or the States.

- Provide patients with an electronic copy of their health information upon request.

- Provide clinical summaries to patients for each office visit.

- Capability to exchange key clinical information electronically among providers and patient authorized entities.

- Protect electronic health information (privacy & security)

Core Set Hospitals

- Use computerized order entry for medication orders.

- Implement drug-drug, drug-allergy checks.

- Record demographics.

- Maintain an up-to-date problem list of current and active diagnoses.

- Maintain active medication list.

- Maintain active medication allergy list.

- Record and chart changes in vital signs.

- Record smoking status for patients 13 years old or older.

- Implement one clinical decision support rule.

- Report ambulatory quality measures to CMS or the States.

- Provide patients with an electronic copy of their health information upon request.

- Provide patients with electronic copy of discharge instruction at time of discharge, upon request.

- Capability to exchange key clinical information electronically among providers and patient authorized entities.

- Protect electronic health information (privacy & security)

- Menu set (you can select 5 out of 10 of these choices).

- There is a very tight timeline given the requirements.

- Clinical quality measurements for specialists eliminated in Stage 1.

- Critical Access Hospitals (CAH) are included in the definition of acute care hospital for the purpose of Medicaid incentive program eligibility.

- Reporting by attestation required in 2011, electronic reporting to CMS required in 2012

COMMENT

- There is always a fairly large gap between abstract and the devil in the details. There are three "certifying" organizations but CCHIT was the only one that has submitted an applications.

- If there are roughly 70 vendors that have done preliminary testing but it is going to be touch and go at the onset.

- MeHI is going to spend the next two days deep diving into Meaningful Use at the REC meeting.

V. HIE Strategic & Operational Planning Update

- Positive feedback.

- Now that we have the rules for meaningful use, we can develop the plan. We can spend time to get recommendations from the ad hoc workgroups about the future state and what they suggest regarding governance and sustainability.

- What we heard and confirmed from ONC is that we do not have to have a final governance and sustainability plan in place, but more of a goal of where we are heading. As is state, MeHI is governed by the HIT council, and the MTC board with advice from ad hoc groups. What we heard was what we were expecting.

- This is going to be a network of networks approach – around meaningful use and bridge gap of current state vs future state.

- Time to develop RFPs. Move forward with clearly defined process in order to get additional funding. We must have Strategic Plan approved, to get $3 Million then additional milestones to accomplish in order to receive more funding.

QUESTION

- What was the first million for?

RESPONSE

- It was for Planning, we are not hiring a consulting company so it can be used for developing the plan.

- We need to demonstrate that we have made progress over the 5 domains.

- There are criteria for each milestone. It is demonstrating progress along the domains.

- We have guidance about what additional information we need to provide

- Kris Cyr (HIE Project Manager, MeHI) added information from Surescripts and what we are doing. 97% have signed up, but don't know how many actually use it.

- We need to show what we need to know to get to 100%

- Discussion around Surescripts. They are it – they are the hub

- We heard Surescripts is working on a regional hub but we are looking into it.

- There is a lot going on and we are getting the percentages that we need to approve.

- MeHI would like to meet with individual council members to walk through the plan. Rather than have you read through the whole document again.

Next Steps and Timeline

July 22	Received ONC feedback
July 27 - August 13	Receive ONC feedback, modifications in process
	Submit 2nd draft to ONC
August 2-23	Meet with Health IT Council members to review elements of plan and receive input
August 25	Health IT Council approval of final plan components
	MTC Board approval of final plan components
	Submit Final HIE Plan to ONC

- We may not have a governance and sustainability model, but we will have an idea of options.

QUESTION

- So you will have projected timelines in there and proposed models?

RESPONSE

- Yes, we have 3 or 4 options of both sustainability and governance.

QUESTION

- So the feedback from ONC is only in those two areas?

RESPONSE

- It was a bit more broad. We need to update so the two agree and need numbers to get to 100 %

- It is similar to our approach to meaningful use with the HIT plan, and we will get more feedback in the next few weeks

- We are not submitting any RFP before we submit something to ONC on Aug 13, or before meeting with the individual council members to get input.

QUESTION

- Could you review what we expect from the HIE Ad Hoc Workgroup?

RESPONSE

- We had a template to look at the environmental scan, and the meaningful use criteria, and then we add this additional data and readiness data. We have asked for specific data elements.   If we have a network of network approach what will that look like and what are some options for governance and what will it look like.

- From ONC perspective they want a high level of governance

QUESTION

- What would be helpful is to hear what the Council would want the role of the Ad Hoc workgroup to have beyond the ONC requirements. What would a governance body need to do, and what financing options exist? If ONC says, we just want a brief overview, that is great but what does the HIT Council want?

VI. Financing Program Update

Background

- The ability to support financial options is critical to the success of the providers' meeting Meaningful Use standards and ultimately the success of the Regional Extension Center.

- Many providers will not have funds necessary to purchase software and implementation services and have expressed interest in a loan program.

- One of the services to be provided by MeHI through the REC is the identification and selection of financing packages that stress a strong customer service orientation, streamlined approvals processes and attractive interest rates and features for the benefit of providers who choose to participate in the REC.

- The creation of a Financing Program will enable them to more easily take out a loan to supply the required funding. All transactions are directly between the Lender and the provider

- Making it easier for the providers to leverage the available funds

The Process

- MeHI collaborated with the Massachusetts Bankers Association to solicit their feedback and to ensure that the banks were notified of the opportunity.

- On April 13, 2010, MeHI issued a Request for Information (RFI) to seek information from banks intended to facilitate the development of attractive and streamlined financing packages that banks may be willing to offer to Massachusetts-based Providers to cover the costs of hardware, software and installation/training and ongoing update and support services associated with the implementation of EHRs. MeHI received and reviewed multiple responses to the RFI.

- On May 24, 2010, MeHI convened a publicly-noticed discussion session to explore and discuss the kinds of specific terms, conditions and preferred features (e.g., preferred interest rates, dedicated staffing, streamlined credit approvals, deferred payments of principle, geographic coverage area) that banks may be willing to offer.

- As a result of the suggestions and positive feedback received at the Discussion Session, MeHI issued a Request for Preferred Terms (RFPT) on June 9, 2010 in order to identify and select proposals that meet or exceed certain threshold criteria

Threshold Criteria

- 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, commitment to do so as part of the Financing Program

- We received a single response. They met or exceeded the criteria.

- Other lenders could support regions but not the whole state. We will re-open the solicitation process.

- So we will have at least one.

QUESTION

- What is the MeHI role? Do people have you to fall back on?

RESPONSE

- We have CRMs to facilitate communications

- We take the customer component very seriously.

- Once the provider enters into a loan agreement then that is between the provider and the bank.

QUESTION

- This is for providers, but what about the hospitals?

RESPONSE

- The money is more like a car loan. A hospital's needs are different. They would need larger funds

- A lot of vendors are providing zero financing for equipment.

- And it is a REC service

- HIFA does financing for hospitals

QUESTION

- What about providers that are not going through the REC? Is there a fee for just that portion?

RESPONSE

- This is a REC service. They can pay the modest REC fee.

MOTION

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 authorize the Corporation to execute an agreement with Webster Bank that substantially comports with the summary of threshold criteria, as presented, to be qualified as a Preferred Lender

- After formal motion was read and seconded, it was unanimously agreed to move forward with Webster Bank as a preferred lender.

VII. Other

- Council members were reminded that at the next council meeting, there will be a vote on the HIE Plan. MeHI will meet with Council members individually prior to the meeting to work through and questions or feedback they may have. Dr. Shoup mentioned that there are hard copies of the documents available for Council to review.

- As not all council members are available for the August meeting there was a brief discussion regarding rescheduling the meeting. It was agreed that MeHI would look into the options and let Council members know straightaway.

- Meeting ended 3:12 pm.