DRAFT MINUTES

Massachusetts Health Information Technology Council Meeting

October 18, 2010
3:30 – 5:00 pm

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

DRAFT MINUTES
MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

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Attendees:

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 and 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 Health Information Exchange Workgroup:
John Halamka, MD, BIDMC, Harvard University and NEHEN
Manu Tandon, Executive Office, Health and Human Services

Other Bert NG (House Committee on Health Care Finance)
Karen Walsh (CMS)
Jessica Long (COBTH)
Deb Schiel (EOHHS)
James Daniel (DPH/EHS)
Kimberly Haddad (Senate Committee on Health Care Finance)

MTC:

Mitchell Adams
Dr. Richard Shoup
Chris Kealey
Judy Silvia
Bethany Gilboard
Carole Rodenstein
Elizabeth Elfman

The twenty-eighth meeting of the Massachusetts Health Information Technology Council was held on October 18, 2010, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:35 pm.

I. Approval of the September 22nd minutes

Secretary Bigby called for the approval of minutes

Dr. Bell indicated that her comments were incorrectly recorded (page 19 of draft minutes)

After motions were made and seconded, it was agreed to accept the draft minutes, with Dr. Bell's corrections incorporated as the official minutes of the September 22nd meeting.

I.   Coordination between MassHealth and MEHI
  a. Presented by Dr. Shoup and Deb Schiel

Dr. Shoup reminded the Council that MassHealth must develop a state Medicaid HIT plan
- Some will receive services from the REC side and the HIE

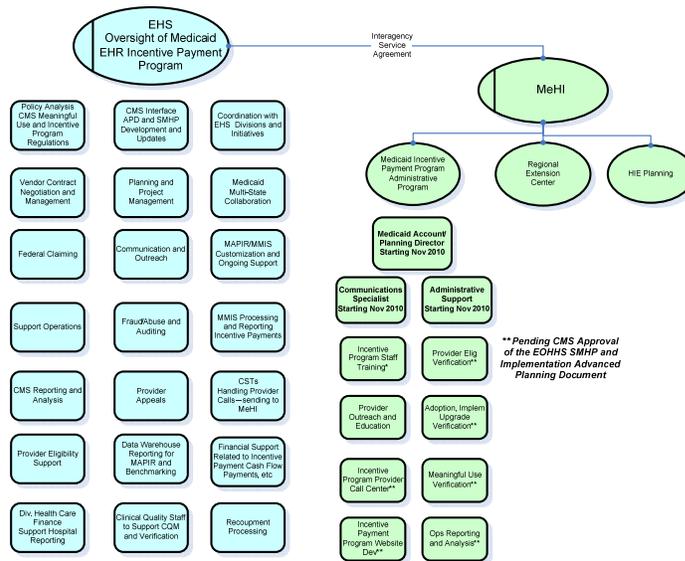Question: Will that include the overlapping services?
Answer: Yes

Next phase begins in November, MassHealth will hire a consultant
- MeHI will hire staff, on-going support and management of plan
- Provide support services for MassHealth providers

Template on the functions of incentive payment program
- Working on multi-state system to help (MAPIR) – feed into MIS system/claim system
- Include dealing with CMS very closely
- Coordinate with other divisions, better contracting, better planning
- Will have customer service reps, provider eligibility, financial support, division and healthcare financing, quality insurance – MAY CHANGE, needs CMS approval
- Unique content – MEHI already has training
  o Hire people to help develop this effort
  o MEHI will train staff, help with eligibility, create small phone banks
  o Give the okay on a payment system
- Seamless system

The slide presented was as follows:

EHS Oversight of Medicaid EHR Incentive Payment Program

Interagency Service Agreement

MeHI

Policy Analysis CMS Meaningful Use and Incentive Program Regulations

CMS Interface APD and SMHP Development and Updates

Coordination with EHS Divisions and Initiatives

Medicaid Incentive Payment Program Administrative Program

Regional Extension Center

HIE Planning

Vendor Contract Negotiation and Management

Planning and Project Management

Medicaid Multi-State Collaboration

Medicaid Account/ Planning Director Starting Nov 2010

Federal Claiming

Communication and Outreach

MAPIR/MMIS Customization and Ongoing Support

Communications Specialist Starting Nov 2010

Administrative Support Starting Nov 2010

Support Operations

Fraud/Abuse and Auditing

MMIS Processing and Reporting Incentive Payments

Incentive Program Staff Training*

Provider Elig Verification**

**Pending CMS Approval of the EOHHS SMHP and Implementation Advanced Planning Document

CMS Reporting and Analysis

Provider Appeals

CSTs Handling Provider Calls—sending to MeHI

Provider Outreach and Education

Adoption, Implem Upgrade Verification**

Provider Eligibility Support

Data Warehouse Reporting for MAPIR and Benchmarking

Financial Support Related to Incentive Payment Cash Flow Payments, etc

Incentive Program Provider Call Center**

Meaningful Use Verification**

Div. Health Care Finance Support Hospital Reporting

Clinical Quality Staff to Support CQM and Verification

Recoupment Processing

Incentive Payment Program Website Dev**

Ops Reporting and Analysis**

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Question: Are you essentially building on what is already there, are you helping those who don't understand the system?
Answer: This is the population we are going after, but it is for all of MA providers.

Question: Some providers will be unable to pay anything at all
Answer: We do have a plan for people who can't afford to pay to join the REC. It is built into the business model

We are getting out there to the unaffiliated providers. We can't assume everyone understands it

Make sure that the providers are meeting the requirements of Chapter 305
• Business model – should always go back and revisit the business model

Question: What is the IOOs role in this process?
Answer: Same as their role with the REC, once a provider has signed up – if the IOO can't answer a question, then they can push the calls to MEHI/REC.

Question: I need a distinction made between the REC and the Medicaid incentive plan
Answer: The answer is that we are providing support for all providers, Medicaid/Medicare providers are the same providers. We must leverage communications. A lot of it is education, verification

Question: The call center is to confirm or deny eligibility
• The Call center will answer any questions they may have.

Question: Every state has an MIS?
Answer: No, there are 56 MIS systems

Working on Phase 2 – once get okay then can start on next steps
- Release 1 of planning process
- Release 2 including operational support for eligible providers
- June/July will start paying incentives

Question: What is APD?
Answer: APD = advanced planning document

Budget from November to March, will expand our capabilities, room for development and data security consulting because we will have access to provider information. Important that we have a consultant that helps deal with all the private information

Question: Do we understand this is a planning piece, what we are being asked to vote on is approval of the planning phase?
Answer: Yes

MOTION:
The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby request that the Massachusetts Technology Park Corporation, acting on behalf of the Massachusetts eHealth Institute, execute an agreement with the Executive Office of Health and Human Services for planning and related services that shall support the development of the Massachusetts Medicaid EHR Incentive Payment Program by the State's Medicaid Office ("MassHealth"), as presented. The Council recommends that the Board of Directors of the Massachusetts Technology Park Corporation approve the same.

Motion was unanimously approved.

II.   Health Information Exchange Vision
        a. Presented by John Halamka and Manu Tandon
We start in 2010 that 1/10 prescriptions are electronic
- Need to integrate everyone, technology exists but not everyone is engaged
- At least half of the providers have not adopted

Secretary stated that she talked to doctors and they said "EMRs are great, but they don't talk to each other or the hospitals, so who is going to get us out of this mess?"

2011 vision = an electronic health record to send from point A to point B and to help summarize
- Push data around Commonwealth
- Every provider should be capable to send information to every other provider
- Eliminate fax machines and guesswork – payer should be notified of referral and summary of patient should be sent to a specialist

2013 = Deal with unconscious/patient in an emergency room
- Be able to notify doctors and get information on a patient

2015 = cognitive systems
Meaningful Use does not describe how summary gets to a patient

Google and Microsoft are committed to creating a secure e-mail address and website for patients to send records to

Not enough to send the summaries – need to accompany them by educational materials

Emergency Department
- Currently, the state of emergency is guesswork
- Hope in the future to get information
- Achieve by connecting everyone's work (see slide 20)
    - Can't get rid of the work that groups have been utilizing for decades, utilize HIE's already in existence

Governance = Need a governance structure that encourages private investment – want a public-private connection because the value they achieve is aligned with healthcare information exchange

Comment: Governance and sustainability are connected – HIE will provide huge benefits and sustainability needs to be addressed that recognizes providers use and the value benefiting all stakeholders.

Not a lot of functioning HIE's in the country – most are being sustained through various means. A third party could help us look at these options (slide 21)
- All about accruing value and how it is sustained
- Pay attention to synergy between HIE and REC

Comment: There are sustainable HIE networks – Massachusetts and Indiana, for example
- Not a lot known, imperfect science – no one has the answer
- Have been a lot of reports about what has already occurred – this will be an ideal project to give to our workgroups (not primary research, but what has happened)
- Pull in a more robust workgroup from HIE to look at sustainability

Question: Timeline on governance options?
Answer: A report/sense of the options by the end of the year
Question: Is that enough time? What is the end date for governance to function?
Answer: If we had a recommendation by the end of the year, we need to go through the procurement process. End of quarter one would possibly allow governance to be in place, which is aggressive

Comment: This was imposed on us by ONC, have to have HIE transactions flowing by March 2011 – moving as fast as possible is important

Question: What about the other state HIT coordinators?
Answer: We share information on a regular basis

Comment: We have this wonderful array of subgroups. We know where we want to go, but what does it take to sustain it and what is the model to do that and what will it cost?
Answer: interim step is to do a readiness assessment

III. Communications Plan Update
Slides 25 and 26

Comment: Not just multicultural/multilingual also literacy – EHR can provide education

IV. Regional Extension Center Update

- Comment: The communication plan is heavily directed to providers, not consumers in the first phase. Primary focus is to reach out to providers, consumer outreach in next phase

Question: Are there any council members that are interested in the review of marketing firms?
- Dr. Karen Bell and Lisa Fenichel volunteered

Question: What languages are you doing?
Answer: We believe 13 languages? Haven't started the process but will focus on those currently supported by MassHealth for their patient populations.

After January we will focus on the consumer evaluation (after successfully signing up 2500 providers)
- could use 2 firms
- February/March will include outreach efforts – consumer focus groups

Questions: will providers be given information to give their patients?
Answer: Yes, we are still working on the content

With no other items to discuss, the meeting adjourned at 5:04