

## **Minutes**

### **Massachusetts Health Information Technology Council Meeting**

August 15, 2011

3:30 – 5:00 p.m.

One Financial Center, 38<sup>th</sup> Floor  
Boston, Massachusetts

**Minutes**  
**Massachusetts Health Information Technology Council**

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Attendees:

Council Members: JudyAnn Bigby, MD – *(Chair) Secretary of Health and Human Services*  
Deborah Adair – *Director of Health Information Services/Privacy Officer, 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)*  
Julian Harris, MD – *Director of Medicaid, Commonwealth of Massachusetts*  
John Letchford – *Chief Information Officer, Commonwealth of Massachusetts*

HIE-HIT Advisory Committee:

John Halamka  
Nicolaos Athienites  
Rita Battles (TP)  
David Bates (TP)  
Peter Bristol  
Kathleen Donaher  
Steven Fox (TP)  
Larry Garber  
Ellen Janos  
Naomi Prendergast  
Janet Rico  
Geoff Wilkinson  
Wendy Mariner  
John Merantza (TP)  
Daniel Mumbauer (TP)  
John Poikonen (TP)  
Barbara Popper (TP)  
Deborah Stevens (TP)  
Andrei Soran

(TP) – participated by telephone

MTC: Rick Shoup  
Judy Silvia  
Carole Rodenstein  
Bethany Gilboard  
Donna Nehme

Other: Claudia Boldman, *Administration and Finance*  
David Smith – *Massachusetts Hospital Association*  
Adam Delmolino – *Massachusetts Hospital Association*  
David Martin – *Health & Human Services*  
Venkat Jegadeesan – *Executive Office, Health & Human Services*  
Melanie Lower – *Solomon McCown*  
Helene Solomon – *Solomon McCown*  
Bert Ng – *House Healthcare Financing Committee*  
Christina Moran – *Massachusetts eHealth Collaborative*  
Peg Doherty – *Home Health Foundation*  
Beth Marsden – *ICA Informatics*  
Mark Steck – *ICA Informatics*  
Tim Andrews – *Booz Allen Hamilton*  
Micky Tripathi – *Massachusetts eHealth Collaborative*

The thirty sixth meeting of the Massachusetts Health Information Technology Council was held on August 15, 2011 at One Financial Center, 38A, Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:40 p.m.

**I. Approval of the July 18, 2011 Meeting Minutes:**

After motions were made, seconded, and approved with no abstentions, it was agreed to accept the draft minutes as the official minutes of the July 18, 2011 meeting.

**Items involving Advisory Committee Participation**

**II. Marketing and Communications Plan Update**

A Preliminary Communications Plan Update was presented by Helene Solomon, Solomon McCown & Company (See attached presentation)

Marketing and Communications Plan Comments:

- The roles and responsibilities of the various parties will be challenging for the Communication Plan to address.
- How does HIE services get communicated?
- Developing a messaging hierarchy that builds on all the work presented in the Plan.
- Soft launch in late fall at the State House.

**Question:** From a consumer's view, how do you plan to reach out to consumers to calm their concerns?

**Answer:** We are proactively seeking to address consumer concerns in advance by utilizing all forms of media including grass roots organizations, businesses, etc. and include message testing using a wide variety of all available messaging vehicles.

**Question:** Soft launch to what audience?

**Answer:** Doctors, consumers, policy makers, and providers. This is an opportunity to re-set the table in an assertive way.

**Question:** What kind of education and talking points will be given to providers?

**Answer:** Tools will be developed for providers with common vernacular to all providers and consumers vetted.

**Comment:** The tools should not be owned by one group or another, but should have a common language that providers can understand.

### **III. State Health Plan and MeHI Roadmap: presented by Rick Shoup**

#### **Overview**

Vision – as a result of health care reform and statewide deployment and adoption of Health IT, MA will be able to demonstrate measureable improvements in health care costs, quality, safety, and efficiency.

Outcomes – improved quality of care, increased safety and efficiency

Measures of success – effective patient/provider collaboration to better manage the patient's health, reduce medical errors, and decrease in healthcare costs.

**Comment:** No central location of medical records. A query of behavioral health information they must obtain consent prior to reviewing.

The Secretary commented that the Federal government has explicit rules on this matter and we must adhere to those policies.

**Comment:** Concerns from consumers are that clinicians are more interested in the information on their computer screen than they are with obtaining information from their patients.

### **Definition of Goals and Objectives**

Goals – describe future expected outcomes or states, provide programmatic direction, and focus on ends rather than means.

### **Commonwealth's Goals and Objectives:**

**Goal 1** – Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of certified EHRs.

**Goal 2** – Demonstrably improve the quality and safety of health care across all providers, through Health IT that enables better coordinated care, provides useful evidence-based decision support applications, and can report data elements to support quality measurement.

**Goal 3** – Slow the growth of health care spending through efficiencies realized through the use of Health IT.

**Goal 4** – Improve the health of the Commonwealth's population through public health programs, research and quality improvement efforts, enabled through an efficient, accurate, reliable and secure health information exchange processes.

## **IV. Roles and Responsibilities: presented by John Halamka, MD**

### **Background**

- Essential that the roles and responsibilities among the Health IT Council, the HIE-HIT Advisory Group, the Massachusetts eHealth Institute (MeHI), the Massachusetts Technology Collaborative (MTC), and contracted Subject Matter Expert (SME) are clearly defined to ensure effective and efficient use of all available resources.
- Role clarity will serve as a basis for both the MeHI budget presentation in September and the annual update of the state's Health IT Strategic Plan due by the end of the year.
- Document developed for your review and comment that describes the five entities involved, their roles and responsibilities, and why they are engaged in the activities listed. Can be used as an education/information vehicle for all interested parties.

With a mission to foster economic development through technology and the named recipient of all Health IT related federal and state funds, the Corporation has fiduciary responsibility for MeHI and the E-Health Institute Fund, the latter of which hold funds allocated through the state and federal Health IT programs.

Per Chapter 305 (regulatory and statutory requirement), MTC:

- Appoints the Director of the eHealth Institute as an employee of the Corporation
- Approves MeHI budgets and plans following action by the Health IT Council
- Is the contracting entity for Health IT related procurements
- Provides shared corporate services to MeHI (office space, IT support, legal, finance, human resources, etc.)

Established within MTC per Chapter 305, the Institute's primary role is to facilitate the development of the Health IT. This is to be accomplished by focusing on "core" activities (as clearly defined in legislation or contractual agreements) within the Institute and contracting out other activities. Responsibilities vary, depending on program and funding source:

**Chapter 40J, Massachusetts General Laws**

- Preparation of Health IT Plan and updates
- Preparation of budgets for implementing the Health IT Plan
- Issuance of RFPs for Implementation Organizations (IOs)
- Develop (in consultation with the Council) mechanisms for funding Health IT (widespread EHRs and HIE), including a grant program to assist providers with the cost of Health IT technologies, using funds available in the eHealth Fund (this assumed that MeHI would receive \$ 25M per year from 2008-2015).
- Oversee reporting from grant (see above) recipients
- Maximize available Federal Financial Participation (FFP) funding in collaboration with MassHealth
- MeHI designated the State HIE provides funds from Federal funding to systems integrators who are actually providing the services.

**Federal and State Funded Grants and Agreements**

- Regional Extension Center -- Provide Core Functions as described in agreement with Office of National Coordinator (ONC) and contracted for Direct Services.
- State Health Information Exchange Cooperative Agreement Program – Provide Core functions per agreement with ONC. Contracted for technologies and other services.
- Medicaid Health IT Plan -- Provide core services per MassHealth and contract for technologies and other services.

**Medicaid Incentive Program**

- MassHealth contracted with MeHI to provide services
- Provide outreach and training to eligible providers.
- Determine Eligibility and Verification for Medicaid Incentive Program payments for 10 years.

**Other**

- Interface with and be accountable to government agencies as necessary
- Assure coordination of other American Recovery and Reinvestment Act (ARRA) programs in Massachusetts; i.e., broadband, and workforce
- Facilitate high-level coordination across public and private sector stakeholders

The Mass Health IT Council was created by Chapter 305 to consult, advise and oversee the Institute's activities with respect to dissemination of Health IT across the Commonwealth and state-administered Health IT and HIE activities. Council is chaired by the Secretary of Executive Office of Health and Human Services.

Council responsibilities per Chapter 305 include engagement in development and approval of:

- Budgets
- Contracts

- Grants to providers in the Commonwealth (as per Chapter 305) assuming adequate funding
- The annual Health IT plans

Health IT Council members will also be actively engaged in the five workgroups described under HIE-HIT Advisory Group.

**HIE-HIT Advisory Committee:**

A multi-stakeholder governance body responsible for making recommendations to the Council and MeHI regarding the steps necessary to create a functioning, self sustaining Health IT infrastructure in the Commonwealth. The HIT-HIE Advisory Committee will ultimately become an independent free standing body as the statewide HIE becomes self sustaining.

The HIT-HIE Advisory Group will be initially informed by the following five workgroups which will build on work to date, review all options and issues in specified areas, and identify opportunities to overcome barriers to success

- Privacy and Security
- Technology and Infrastructure – decides standards and technical architecture, etc.
- Business model and sustainability for Health IT infrastructure
- Consumer and public outreach, education, and engagement
- Provider adoption

Responsibilities include the following:

- Recommendations to the Health IT Council which as to approve
- Development of the overall Health IT Roadmap
- Priority setting with respect to Health IT activities
- Development of Health IT related metrics and monitoring activities
- Recommendations for procurements and budgets
- Identification of requirements for RFPs
- Member participation on workgroups and proposal review panels

**Roles and Responsibilities: MA eHealth Collaborative (MeHI)/Mass Health Data Consortium (MHDC) - SME**

Partnering organizations contracted by MeHI/MTC after an RFP process to provide subject matter expertise and support services to the HIT-HIE Advisory Committee as it develops and makes its recommendations to the Council and the MeHI. Key responsibilities include:

**Support to the HIT-HIE Advisory Committee**

- Logistics of each meeting
- Research and provide additional information, as required, regarding activities in other part of the country
- Support and provide information for the development of Committee recommendations

### **Support to the Workgroups**

- With Committee and Council members, develop charge statements for each of the five Workgroups outlined above and identify participants.
- Logistics for each Workgroup meeting with date-certain deliverables and regular updates to the full Committee and the Council.
- Collate input of each workgroup and work with Committee to develop a recommended roadmap of milestones and deliverables that will be necessary to achieve the overall goal.
- Assist in the development and review of HIE technical standards (e.g., Implementation guides) as requested.

### **Support to MeHI**

- Provide technical and industry information as requested
- Write specifications for RFP procurements per Health IT infrastructure roadmap and Advisory Committee recommendations after approval by Council
- Provide input for any tools and surveys to various stakeholders, as required
- Prepare Committee related presentations for the Council and review with the Secretary, EOHHS and the MeHI
- Provide support for the update of the Health IT Strategic Plan and HIE Strategic and Operational Plans for the Commonwealth

### **Next Steps and Timeline**

- Massachusetts eHealth Collaborative and the Massachusetts Data Consortium (MHDC) expected to sign contract and begin work immediately
- SME will coordinate with HIE-HIT Advisory Committee and MeHI to develop a schedule and timeline for convening, organizing and facilitating the HIE Advisory Committee meetings by August 19.
- Late August – Development of charges for five workgroups, selection of membership, and convening of meetings after Labor Day.
- September – Completion of initial priorities/budgets and development of RFPs for HISP services
- September Health IT Council – MeHI to present FY12 budget
- December, 2011 – MeHI to complete annual update of State Health IT Plan with input from Health IT Council, HIE-HIT Advisory Committee and SME

**Comment:** As you work on charges for workgroups, there should be cross pollination among the groups.

**Response:** That is possible. There will be meetings of the co -chairs of each workgroup for cross pollination.

**Suggestion:** Have 1 or 2 people who overlap workgroups, and have previous work done by ad hoc workgroups distributed to all workgroups instead of reinventing the wheel.



The Secretary commented: The HIT Council has authority to approve budget, contracts, and plans. The Advisory Committee makes recommendations to the Council which fulfills the obligation under Chapter 305. There is a statutory change included in the Governor's Health Care Reform Bill which would change that.

The Secretary thanked John Halamka, Karen Bell, Manu Tandon, and Richard Shoup for their help in moving forward with the state plan and roadmap.

The Secretary asked for people to sign up to participate on workgroups and to seek nominations.

No further questions or comments.

Meeting adjourned at 5:05 p.m.

Presentation attached.

# **Getting to 2014: Perceptions of the eHealth Campaign Now**

## **A Preliminary Communications Plan Update**

Presented on August 15, 2011

**SOLOMON**McCOWN&

## Agenda

- Understanding the Vision, Listening to Reactions
- Audit Interview Process
- Tying Perceptions Back to the Strategic Plan
- Next Steps: Achieving the Vision for 2014

## Understanding the Vision, Listening to Reactions

- Take the temperature
- Identify symmetry and challenges
- Mind the gap
- Communicate

## Uncovering Perceptions

- 25 participants (14 complete, 4 scheduled)
  - MeHI Staff
  - Administration & Elected Officials
  - Providers
  - Payers
  - Health Data Consortium
  - Health Care Policy Organization
  - Consumer Organizations/Advocates
  - Business Leaders
  - Medical Associations
- Developed interview questions
- Schedule and conduct interviews
- Analyze and distill message content from participants

## They Can See Clearly Now: The Vision is Clear

- e-Health community is on board
- Vision of a not-so-distant 2014 shared by all
- We have a match. Perceptions align with MeHI's goals & strategies
- Importance of public/private partnership
- Role of the consumer

## Where's the Gap? It's Not the Who But the How

- Confusion about how MeHI will implement HIE
- Clarify the roadmap
- Define MeHI's collaboration with other groups
- What's the "value add" for MeHI?

*"I don't know the specific charge of MeHI. There is an opportunity for an organization like this to be a tremendous resource."* –**Health Care Policy Organization**

*"MeHI should be a convener – the glue – a third party that brings people together."* – **Health Care Policy Organization**

## Mission Possible: Bringing Public and Private Together

- Collaboration message hasn't reached broader HC community
- Pound the pavement: expand channels to solicit expertise and buy-in
- Good news: strategic plan builds in governance flexibility

*"There is a huge need for there to be more integration with the private sector – the lack of information that providers have in regard to their initiatives." – Administration*

*"Historically, it's been embarrassing the distance the public side has been keeping from private expertise." – Provider*



## Poised, Ready and Willing to Act

- Shared understanding of value, awaiting coordinated push
- Create hierarchy for topline and audience specific messaging
- Package and deliver messages

*"Reaching out to the business community is something they should be doing... Messaging helps if it fits into a cost containment strategy. It's not just about global payments; there are a series of factors needed."*

**– Business Leader**

*"If you give us the message, we'll get it out." - Payer*

## Giving Patients the Power

- Where is the consumer?
- Strategic plan should address long-term value and touchpoints
- Package messages about “real people” from credible, “trusted sources”

*“If you get the message out there, consumers will listen to their doctors.” – Payer*

*“I think there’s a need to develop case studies or family stories and walk consumers through real life scenarios and do a “what if.” – Consumer Advocate*

## Next Steps: Achieving the Vision of 2014

- Continue to analyze audit results in context of Strategic Plan
- Distill the message
- Package the message
- Create a strategic communications plan
- Hold soft launch State House event