Minutes

Massachusetts Health Information Technology Council Meeting

March 23, 2011
3:30 – 5:00 p.m.

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

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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*
Lisa Fenichel, MPH – *E-Health Consumer Advocate*
Abigail Moncrieff, JD – *Peter Paul Career Development Professor and Associate Professor of Law, Boston University School of Law*

Guest Speaker: John Della Volpe, SocialSphere, Inc.

MTC:

Rick Shoup
Carole Rodenstein
Judy Silvia
Bethany Gilboard
Donna Nehme

Other:

David Martin – *Health & Human Services*
David Smith – *Massachusetts Hospital Association*
Bert Ng – *House Healthcare Financing Committee*
Claudia Boldman, *Administration and Finance*
Lorillyn Allan - *Lahey Clinic*
Karen Walsh – *Centers for Medicare & Medicaid*
Manu Tandon, *Executive Office, Health and Human Services*
Katie Annas – *Eastern Massachusetts Healthcare Initiative*
Adam Delmolino – *Massachusetts Hospital Association*

The thirty second meeting of the Massachusetts Health Information Technology Council was held on March 23, 2011 at One Ashburton Place, Matta Conference Room Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:30 p.m.

Secretary Bigby introduced new Council member Abigail Moncrieff and welcomed her to the Council. Each member introduced themselves.

I. Approval of the February 24, 2011 minutes:

The Secretary made the motion to approve the minutes. After motions were made, and seconded minutes were approved with one abstention from Abigail Moncrieff.

II. Provider Survey Results: Presented by John Della Volpe, SocialSphere, Inc.

Highlights of the presentation:

Survey of Massachusetts Healthcare Providers on EHR (Electronic Health Records)

1. SocialSphere, Inc. completed an internet-based interview among physicians, dentists and their staff on issues related to adoption of Electronic Health Record (EHR) systems in Massachusetts during the period of September 15 and October 8, 2010. The numbers surveyed via internet were 1,493 (1,400 physicians/93 dentists).
2. The survey invitation was emailed to approximately 21,500 providers (20,000 physicians and 1,500 dentists). The online survey average completion time was 7-10 minutes.
3. Prior to launch, SocialSphere conducted a beta test of the survey in late June, 2010, inviting seven doctors to test the EHR survey. Based on this feedback, minor revisions to one of the questions and to the survey's termination page were made.
4. Within the final sample of physicians, 96% of the respondents were MDs, 3% were office manager or practice administrator.
5. More than a half of respondents were specialty practice physicians, 21% primary care. Internist and pediatricians topped the list of specialty physicians.
6. Most Boston large providers already utilizing some type of EHR technology.
7. Lab results, medication lists and internal notes top the list of most used EHR elements.

Key Findings:

1. Significant majority – more than three in four qualified physicians currently use computers to look up patient information. Qualified dentists were less likely to use this technology. Nearly 9-in-10 doctors use computers regularly to look up patient information. Use of computers most prevalent in Boston and surrounding areas.

Question: Define what computer use means?

Answer: The question that was asked on the survey is: During a typical day in which you are providing patient care, how often do you use a computer to look up patient's medical information? The percent of who said always by region is 88% Suffolk county, 78% Essex county, 71% Middlesex county, 69% Worcester county, 64$ Western Mass, and 61% SE/Cape/Islands.

2. Physicians and dentists who currently use EHR systems are extremely satisfied overall with their systems.
3. The market for new adoptions of EHR among physicians is relatively small. Based on the survey 86% already have or are adopting EHR, 10% have plans to adopt in next few years, and among dentists, 42% have no plans to adopt at this time.
4. Most significant roadblocks to adoption of an EHR system are ROI related and lack of information.
5. EHR incentives – less than half of doctors and fewer dentists knew about incentive program, greater interests in applying from doctors. Half said they will apply this year and the other half were not sure.
    a. Lack of definitive information top the list for reasons why providers may not pursue Incentive Program. Some of the barriers were:
        - Don't believe meet eligibility (22% dr./24% dentists)
        - Don't understand incentive program (18% dr./28% dentists)
        - Will not meet volume threshold (18% dr./16% dentists)
        - Requirement of incentive program too difficult (8% dr./14% dentists)
        - Will not meet meaningful use (7% dr./10% dentists)
        - Do not plan to adopt EHR (4% dr./14% dentists)
6. Direct mail, using independent verifiers is considered the most effective method of communicating information on EHR incentives.

    Survey question: Can you please mark in rank order (one being the most important reason) the three most important ways to inform a physician's or dentist's practice about the availability of EHR incentive funds? Top 3 results:

Info from professional organizations	(69% doctors/76% dentists)
Direct mail brochures	(61% doctors/64% dentists)
Email from payersof plans (not the incentive)	(62% doctors/53% dentists)
New stories in clinical publications	(22% doctors/26% dentists)
Phone outreach from payers	(21% doctors/27% dentists)
Ads in clinical publications	(18% doctors/23% dentists)
Ads on clinical websites	(11% doctors/7% dentists)
Ads on TV, radio, newspapers	(5% doctors/4% dentists)
Info from patients	(3% doctors/4% dentists)

Question: 1. Email from payers, what does this mean? 2. What do we do to reach the people who are not engaged to get them involved?

Answer: 1. An example would be email from BCBSMA (Blue Cross Blue Shield of MA). 2. On-line surveys are the most unobtrusive method to use.

Question: How many physicians surveyed were hospital based ambulatory?

Answer: Not sure, will find out information and provide back to Council.

Comment: Definition of EHR is not very clear, and people can interpret it different ways.

Question: Explain who the independent verifiers are?

Answer: These are the professional societies, and other interest related groups.

Comment: It will take a lot of ads to make the communications to providers more effective, most providers trust information from people they respect more than from the mass media.

One way to get better information is after targeting groups, do another survey and compare the results.

III. 2011 Governor's Regional Health IT Conference

Governor Patrick will host a regional conference on health information technology (HIT), titled "Improving Healthcare and the Economy," May 9-10 at the Worcester DCU Center. This venue was selected because of its location in the central part of the state and it provides ample free parking for potentially 400-500 attendees. The invitees include the northeastern part of the US (Maine to northern part of Pennsylvania).

Massachusetts Health Data Consortium (MHDC) is coordinating and managing the conference. The rates for paying attendees are:

- For profit attendees $550
- Government/FT Student/ Discounted/Unemployed $200
- Non-profit attendee $375

Question: Can the Ad Hoc Workgroups be invited for free as a way to show appreciation for all the volunteer time and work they have given to the Council?

Answer: We will look into them attending free, or another option might be to offer the reduced rate.

The purpose of the conference is to highlight MA's position as a leader in HIT, showcase MA's HIT companies, share best practices with other states and vice versa, highlight creation of new jobs in the Commonwealth as a result of federal stimulus funding, and conduct interactive workshops on 8 critical health IT and health information exchange topics.

Potential benefits from having this conference are to attract HIT companies to locate to MA, create opportunities for MA companies to export their services to other states, and educate stakeholders on benefits and opportunities of HIT programs.

The first day of the conference will include keynote speakers, a panel on "the impact of Health IT on Clinicians, Patients and the Economy," and a networking reception. The second day will have three rounds of workshops and a network luncheon and conclude at 2:30 pm.

Comment: Please be sure to capture the results of the sessions held and publish them, provide some additional planning or follow up if necessary.

The Secretary asked that during the planning process we pay attention to the themes that are relevant to our State plan and Medicaid Plan such as secondary use of personal health data, claim database, payer, and vulnerable patients.

Comment: Think of how to include some way for people to reconnect after the conference, and provide some type of evaluation so we will have data for future conferences on what worked and what did not work.

Comment: It seems that there is almost nothing addressing the concerns and perspectives of consumers and patients.

Question: How are the people being informed?

Answer: Mostly through email blasts, for example to IOO (Implementation Optimization Organization)/EHR vendors and various media advertisements.

The next steps of the Governor's Conference process are:

- Secure confirmation of keynote speakers and remaining panelists
- Continue outreach to invitees and exhibitors
  - Invites to northeastern state REC and HIE grantees
  - Promotion via national organizations (HIMSS-Healthcare Information and Management Systems, NGA-National Governor's Association, MGMA-Medical Group Management Association, AMA-American Medical Association, etc.)
  - Registration opened March 15 – weekly email blasts from MHDC beginning March 29
- Continue media and marketing efforts
  - Website
  - Materials
  - Press release

Suggestion: Utilize local media networks from the Visiting Nurses Association (VNA).

IV. Workforce Development Update

Over the past two months we have developed a proposal for specific near-term action to include:

- Goal – to have initial activities in place by the summer
- Held individual meetings with members of the Ad Hoc Workgroup and others to review the Group's previous recommendations and discuss the most important and cost effective possible near-term actions.

Findings:

1. The working group was a good experience for the participants
2. Working group members remain interested in MeHI's workforce development efforts, are willing to help, and are flexible.
3. More of the new jobs in health IT will be with the vendors and IOOs rather than with health care providers.

Question: Are these jobs requiring new skills and what are the new job numbers?

Answer: Examples of new jobs are clinical/practice consultants, practice work flow management redesign specialists, and project managers.

4. There is a significant workforce development need related to existing healthcare employees.
5. Bristol Community College needs and expects MeHI's help with promoting its ONC-funded program and placing students in internships with IOOs and EHR vendors.
6. There is considerable interest in having a state-wide HIT job board.
7. Working group members do not think that focus on curriculum development is necessary over the next few months.

Recommended Actions for Next 6 Months

1. Establish and host a statewide job board on the MeHI website
    - Work with employers to list all HIT jobs in the State
    - Include internships
    - Make it possible for job and intern candidates to post resumes, and for prospective employers to review them
    - Have it up and running by summer
2. Hold a jobs conference and career fair in the Fall
    - Working with MHDC

Suggestion: Post conference and/or fair on monster.com, careerbuilder.com, and other job search websites.

3. Provide information on the MeHI website about all community college and university health IT training programs in the state
    - Also disseminate this information in other ways
    - Give special attention to publicizing Bristol Community College's ONC-funded program

Suggestion: Mention at IOO/EHR vendor meetings held every three months.

4. The REC will work with the IOOs and EHR vendors to help place Bristol Community College graduates in internships.
    - About 17 in the first class and 25 in the second

Question: What are the timelines for the internship for the Bristol Community College initiatives?

Answer: We don't know at this time.

5. Explore whether incentives should be provided for colleges and/or community colleges to offer short workshops or courses for incumbent staff in hospitals, medical centers, and physician practices with emphasis on those parts of the state without existing programs.
6. Look into funding possibilities for other longer-term efforts. No HIT component as of yet, want to help change.

V. HIE and REC Update

MeHI has received three ONC grant awards for a Statewide Health Information Exchange (HIE):

- Statewide HIE $10.6M

HIE Challenge Grants

- Improve Massachusetts Post-Acute Care Transfers (IMPACT) $1.7M
- Massachusetts Department of Public Health Network (MDPHnet) $1.7M

(Note: ONC cut everyone's grant by 15%)

HIE Procurements

- Procurements will be made for:
    - Subject Matter Expertise (SME) to support HIT-HIE Advisory Committee and HIT Council on new governance structure

The Secretary thanked Lisa, Meg, Judy and Rick for their process to solicit nominees for the selection process.

- John Halamka and Manu Tandon will serve as Co-Chairs
- 23 people were selected for committee
- The first meeting will be before or after next HIT Council meeting
- Will be in touch regarding schedule.

- System Integration to manage the proposed capabilities/services presented in HIE Strategic and Operational Plan (August 2010 on MeHI Website at www.maehi.org)

- Key operating principle is to ensure that at a minimum statewide infrastructure is in place to support all providers in meeting all 3 Stages of meaningful use

- Statewide HIE will conform to the goals and objectives defined in the Health IT Strategic Plan (April 2010) and the State HIE Strategic and Operational Plan (August 2010)

Projected Accomplishments for February 2011

- Continued to revise scope and budget due to Challenge grant award decrease of 15%
- Initiated weekly Challenge Project Team Meetings
- Received ONC feedback for the MDPHnet Challenge Project
- Developed draft HIE SME RFP (expect to be ready for review next week)
- Launched internal pilot for document management and collaborative software
- Working with HIT Council on membership of proposed HIE/HIT Advisory Committee

Projected Accomplishments for March 2011

- Submit revised budget and scope to ONC for Challenge Projects
- Receive ONC feedback for IMPACT Challenge Project
- Complete and release HIE SME RFP
- Finalize HIE Governance, including representatives from all major stakeholder groups
- Launch external pilot for document management and collaborative software

REC Update

- 2519 enrolled as of March 21, 2011

- 101%
- We think we can do another 100 – focus on small practices
- Direct incentive money – the additional 100 would put us at 2600 Priority Primary Care Providers (PPCPs) contracted with an IOO as of March 21, 2011
- Number of executed IOO/Provider contracts in March is 8
- Number of contracted PPCPs contracted with IOO vendor is 267, little over 10% of total

Question: What is the number of executed contracts you think we should have? How do we make sure IOOs are not soliciting providers on their own?

Answer: Not sure what the number should be**.** Enrollment has had a slow start, because IOO contracts between providers is new. There is one large group we are working on. We need to go back and forth often to tweak contracts, which is a value added for the providers by protecting their interests. We have very specific requirements for each milestone for the IOOs which MeHI monitors very closely.

No additional questions or comments.

Meeting adjourned 5:06 p.m.