

# **MINUTES**

**Massachusetts Health Information Technology Council  
Meeting  
February 26, 2009  
2:00 – 4:30 pm**

**Matta Conference Room  
One Ashburton Place  
Boston, Massachusetts**



## **AGENDA ITEMS**

### **I. Review and Approve Minutes for 2/19**

After motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the February 16, 2009 meeting.

### **II. Health Information Technology in the ARRA Bill (Terry Dougherty)**

Terry Dougherty presented an overview of HIT in the American Recovery and Reinvestment Act. (Attached and incorporated as part of the minutes.) He explained that many have come to refer to it as the HITECH Act

Included in the slide presentation was an example of an email Secretary Bigby had received promoting the use of Electronic Health Records. Secretary Bigby explained that she was probably one of a thousand physicians that had received this notice. She stated, "We are at an opportune time."

Mr. Dougherty continued stating that details regarding how the money would flow to providers will in part be based on "meaningful use" of an EHR (i.e., e-prescribing, etc) and the ability to connect to a Health Information Exchange to the satisfaction of the Secretary of HHS. At this point there is no precise definition of "meaningful use".

The incentive dollars are greater for those providers and hospitals that adopt in 2011. The definition of "meaningful use" will be defined during rule making and that will impact the condition of qualifying for incentive funds. If providers are not using EHRs by 2014 there will be penalties.

The program is targeted to begin in FY2011. Hospitals by October 1, 2010 and physicians by January 1, 2011. Rules will have to be in place by then. Children's' Hospitals get special attention. The office of HHS and the States must cooperate in this process.

The standards must be set in the next 90 days with a schedule of how this is to be done. The rule making process must have criteria spelled out by Dec 2009.

Regional Extension Centers: HHS is looking for agencies and entities that can provide technical assistance, and be somewhat educational. For up to 4 years they will provide up to 50% of funding for such a center. Within 90 days, the Secretary should provide a definition of these regional centers.

Mr. Dougherty also reviewed planning and implementation grants and highlighted the matching requirements, but explained that they are staggered.

In the planning and implementation, we need to recognize that there is no matching required in 2011, and the Secretary has discretion to award in 2010. Matching will start at 10% to 33 cents on the dollar. This is seed money to get it started.

HIT implications: \$2B is set up in HIRSA for community health centers, \$1.5 B for modernization. Mr. Dougherty stated that his office had discovered that out of 53 health centers in Massachusetts, 14 or 15 do not have a Health Information System and that we should focus on getting Information Technology in gateway cities. Communities should be found that say, “If we had money we would do it.” This is most likely the poorest cities.

The Council had a brief discussion and comments following Mr. Dougherty’s presentation.

Dr. Bell quoted, Rahm Emanuel, “out of chaos is opportunity” She went on to explain, It is worse than chaos, there is no Secretary at HHS, there is no ONC Director, and there have been no committees appointed. Yet the opportunity is strong for Massachusetts to be influential. She stated the need to have a discussion on how to make this happen. Secretary Bigby added that we do not want out of chaos more chaos. We in Massachusetts, even with challenges in this economy, have a great opportunity.

The Secretary further stated that we need to take this opportunity and make it happen. We need to clearly define our goals. We should find a way that Massachusetts can say to the Federal Government, “Here is a way you can do it.”

Secretary Bigby then introduced Mr. Greg Bialecki, Secretary of Housing and Economic Development. Secretary Bialecki encouraged everyone to find ways to use stimulus money for technology. He went on to say that there are hundreds of companies in Massachusetts focused on EHR, Broadband, and clean energy. How should we take advantage? eHealth is an obvious place to start, and this group is an obvious center of gravity for moving that thinking forward. Although he could not stay for the remainder of the meeting, he indicated that his staff is talking to technology companies, and if the council were interested he would be happy to arrange an advisory group of leading Health technology providers, to provide advice and comments to the council.

Mr. Adams then building upon Dr. Bell’s comments reiterated that this council’s first priority is, “How does Massachusetts fit into this. The rule making will be robust and intense. We can take advantage and influence the process.”

Secretary Bigby then commented that the council was ready to discuss the draft plan, and thanked everyone for their engaging and thoughtful questions. She explained that Mr. Adams and Mr. Comiso had not had an opportunity, to fully answer all the questions that were raised. Mr. Adams explained that the he and his staff would like to address the questions in a written format. He went on to explain that the “Plan” needs more work. And reminded everyone of the next meeting scheduled for March 11.

### **III. E-Health Institute Draft Plan (Mitchell Adams)**

Mr. Adams used a power point presentation to describe the draft plan. (a copy of which is attached and incorporated by reference)

Fundamentally we have been given starting funding for \$15M in order to execute a 6 year plan, and establish MeHI as a collaborator. Working together with the council we will oversee IO contracts and be partners in this plan.

Mr. Adams mentioned that it is good to point out that the inspiration for the vision of this plan was based upon the eHealth Collaborative model. The plan calls for \$340 M, over 6 years to fund approximately 11,000 physicians and create community HIE's in Massachusetts. The Massachusetts eHealth Collaborative Pilot communities have shown this model can work well and smoothly, but it is hard. North Adams was easy, Brockton was hard. There is a critical need for robust security and privacy – this is in both practice and perception. We must address perception. We have to brand privacy and security repeatedly through conversation. We must show we have integrity. There will be annual updates and possibly more frequent ones.

Dr. Koh asked what the community reactions from the pilots have been. Mr. Adams explained that North Adams was the easiest because all the practitioners knew each other and easily collaborated. Brockton took a long time. There was a divided community of physicians and hospitals that never “played well” together, but Brockton is moving forward albeit slow.

It is critical that systems must be interoperable to get the results we want. For a physician this is very hard at the front end. They have to give more time at work.

Mr. Dehner asked if we could balance EHR vs. HIE with what we just talked about with Federal funds.

Mr. Adams interpreted the federal grants to focus more on HIE, but could also fund EHRs. Secretary Bigby shared her perspective and stated that if we do EHR's the Feds will pay for it. If Hospitals set up now, we can capture these dollars. We need them to put up the investment dollars at the front end with hopes of pay out later. The Secretary concluded that we should assist our providers to be in a position to capture as much of the incentive dollars as possible.

Mr. Adams agreed that we need to help providers to qualify for these funds by helping them implement correctly. Mr. Mathison, BCG consultant, stated that the HIE side is a good description of how three communities have done it, but others throughout the country have done it another way. He believed that a quick read of the statute, initially defined “meaningful use” as not going beyond the HIE.

Dr. Bell commented that there are opportunities on the EHR side, but the hook is that it is a 1 to 5 match. Every dollar that the state puts in, the feds will match and there are no awards prior to 2010.

Dr. Bell further stated that we would have a data repository by community only. There is a need for a statewide data warehouse. How and when we make this happen is very important. The question of how to execute is critical. It is an important matter; the presence in the plan makes it important. People talk about the recognized risk and possible peril. Deidentification is not actual, not possible. Mr. Szabo stated that the Ying and Yang of EHR and HIE, they want the dollars to flow, but the value is when you put the two together.

Mr. Szabo further stated that we don't have a critical mass, but because of Blue Cross funding, we do have one year experience; we have gone through the process of organizing whole communities. Secretary Bigby added that from the state's perspective the value of a statewide HIE is irrefutable. We must have a plan for that.

Mr. Adams provided a brief history on the origins of the draft plan. Between August and November 2008, 75 interviews were held, we attempted 150. The plan focuses on the identification of 11,000 physicians who do not have EHRs, looking for efficiencies of scale. Implementation challenge this is very hard to do – highly disruptive, training, support, have to have a program of interoperability have to have privacy and security in place, vendor selection, summary of management plan

Mr. Szabo asked, "Based on what you have seen, do you think the collaborative would be able to suggest, 'pick one of four vendors', so that we meet interoperability standards. Mr. Adams stated that we may not have the luxury of one vendor, although that is what works best, but you have to let communities select and then build interfaces between all of them.

Secretary Bigby raised a question to the council, could we make recommendations of what the standards are for the EHR vendors that do business in Massachusetts? Can we give an approval status to a vendor as they come into the state in regards to their product as providers adopt EHR?

Mr. Adams believed that this was doable through a contract that IO's would enter into.

One of the council members asked if the plan applies to all providers or just physicians. It was explained that the plan mentions physicians as a convenience but does not exclude anyone. Mr. Adams stated that you are going to select a community based on the physician population, once a community is identified, and then the community can encourage others to be included. We can define the medical service area when we select communities. Selection of Communities is the job of this council.

Secretary Bigby asked if the other providers were included in the pilot, such as pharmacies, then added that other entities (nursing homes) need to be thought of in this plan. Mr. Dehner was seeking some clarification about providers visa a vie Medicaid. The council had a brief discussion about who is a "provider" and how they would qualify for Federal funds. Dr. Bell has indicated that the EHR technology is not there for all providers, some are universal, some are not, and they are limited. We should be careful how we prioritize communities based on the technology that is available. Mr. Adams indicated that those matters would be addressed during the community selection process.

A brief discussion was had regarding interfacing of practice management systems with the EHR. Was this part of the plan scope? Mr. Adams indicated that it was. He then moved on to discussing potential funding sources for the plan. The big health plans can be great partners since most of the value accrues to them. Physicians will also "have stakes" in the game.

Mr. Szabo asked if the funding section was subject to change due to stimulus funds. How are we to visualize the payers / employers slice? Secretary Bigby pointed out that the funding plan at a community level is very difficult. She then inquired as to what would be the sequence of putting the funding together. Mr. Adams stated that there are points in the stimulus bill for providers to implement, then the funding plan can be built knowing the funding is coming to the state.

Mr. Adams further stated that the funding plan would change year to year. The law anticipates that we look at the plan annually, but the plan might change sooner than that.

Mr. Mathison indicated that some of this plan made sense in November, prior to knowing about Federal Stimulus funds. The Federal Stimulus now engages states to want a piece of that money –and states want to be a part of a solution. We need to find a way to bring all of our stakeholders to the table. He further stated that the plan must have long term sustainability. You can't give up when the federal money runs out.

Mr. Adams continued his presentation of what would have happened in the first year – if Federal Stimulus did not exist. He continued the slide presentation, the first year of the plan IO(s) will issue an RFP(c) to communities. We are going community by community but we are on a plan to go statewide.

A question was asked by a council member regarding how money moves through the plan? Is it the IO who purchases the EHR's is it a reimbursement? Where does the money go, how does it flow, there is a lot of money here, where does it go.

Mr. Adams responded: Ideally the Implementing Organization owns the hardware and the software, or it might mean MTC owns the hardware / software and the doctors have leases (eHealth collaborative did it this way).

Ms. Adair asked where the deidentified data base will be held in reference to all of this. Mr. Adams responded that it will be later in the project.

Dr. Bell asked if the IO owns the software does the IO also own the EHR data base. Mr. Adams indicated that we have not completely defined that yet.

Dr. Koh, "I now understand the Federal side, but how does a community come together to organize? Mr. Adams explained that most organize around their local acute hospital and organized physician groups and then branch out.

Secretary Bigby – would like to address Dr. Koh's question regarding how communities interact with this council. In the MeHC model, you had three communities volunteer as a pilot, EHRs and HIE were established. How are we going to go through community by community with a goal that we wish for it to be statewide? How many communities do we realistically see at the end of this process? How can we honestly get it set up on statewide level when some communities do not have the resources that others have?

Mr. Adams indicated that he is not sure what the governance is to look like. We must collaborate going forward. Not all communities will look like N. Adams. If we don't at the outset determine a way to pay for it – it will fail.

Secretary Bigby -- What is our vision of what the governance will look like if the statute states we have to be state wide? How can we leave things up to the communities for the governance structure?

Secretary Bigby asked if the council members would like to go back to their specific questions at this time. Mr. Adams requested that he and his staff would like to provide thoughtful written responses to each council member and to be in direct contact with them. We would then propose modifications to the plan based on responses to the questions.

Dr. Bell reiterated that the Stimulus package is very clear as to what goes into a plan and we must keep that in mind and further indicated that we should not use the strategic plan on the HHS website.

Secretary Bigby concurred that the language is very clear about what we need to have in the end, but not sure every component is addressed in this particular plan. This does not mean that we need a completely new plan – but we do need to determine what pieces we want in the plan and the sequence in the plan

Mr. Adams indicated that he sees two important phases. First we need to include the questions asked and acknowledge that this plan is not the plan we wish to execute at this time. Second, Mr. Adams recommended that his staff and the secretary's staff define a dialogue about how to propose stimulus fund requirements into our plan. This plan is a very important foundation to get the work done.

Secretary Bigby commented that we need to collectively determine what needs to be in a plan, both for delivering a plan to the state, and to the federal government. What are standards and if we have a framework of a plan, it is easier to get stakeholders involved.

This plan is a good piece of work but it needs improvement. We need to develop a new plan especially now that we have Federal money.

Mr. Dehner inquired about how we can use our influence on the Federal level. Moreover, we need to educate providers to the fact that there is stimulus money available. We have a different opportunity to influence more than we thought at the start of this.

Secretary Bigby thanked everyone for their thoughtful input and moved on to the next agenda item.

#### **IV. E-Health Institute Budget (Mitchell Adams)**

Mr. Adams presented a revised MeHI budget that incorporated suggestions made by the council members. The budget shows two additional years and recognized state funding in FY09, but not beyond. The budget assumes that we will receive another 2 years of funding at \$15M from multiple sources, such as federal or others. The interest figure is just a calculation. The operating expenses are straightforward and include personnel salary and fringe benefits for the staff assigned to MeHI. The professional fees are mostly legal fees. The funds to develop the plan have already been committed and spent. We added \$200,000 as a miscellaneous line item.

Included in this budget is a special grant to the Department of Public Health. An award of \$200,000 has already been approved and transferred from the MTC budget. This line would transfer those funds back to MTC. We have included a new item for special technologies and budgeted \$400,000 as a projection. We expect that we will request it in the future. We hope to have an enormously successful Tele-ICU program. We have a chance to move the needle and improve ICU care in the commonwealth.

Mr. Adams continued, stating that the implementation contracts are the funds that would have been allocated to IO(s), if we were to go forward. We seek approval of 09 budget items with the exception of the implementation funds as that now has a big question mark.

Dr. Koh wanted to know the reaction of the legislature given that the funds have not been spent. Judy Silvia, MTC, acknowledged that the Senate and House leadership are aware of everything we are doing. They also know there will be a change with the stimulus package and the plan needs to be updated to reflect those funds and requirements.

Secretary Bigby asked about MeHI staffing and whether or not it would be sufficient to utilize existing MTC personnel. Mr. Adams indicated that MeHI is not ready to appoint a full time director. Glen Comiso is currently acting as the interim MeHI director. He would rather wait to see what the Federal stimulus funds and program will look like. Mr. Dehner requested at some point an explanation about how MTC budgets since it is different from most state agencies.

After motions made and seconded, it was unanimously agreed to approve the FY09 MeHI budget excluding the Implementation award.

#### **V. Discussion and Next Steps**

Next meeting is March 11<sup>th</sup>. Dr. Bell will call in.

#### **VI. Regular Meeting Time**

Secretary Bigby suggested that the council establish a regular meeting date and time. She indicated that her staff would send around a calendar to council members. Ms. Fenichel asked if minutes and materials would be posted on the internet. Secretary Bigby responded that all materials pertaining to the Plan and RFP are confidential and therefore would not be posted, however minutes may be posted.

The meeting was adjourned at 4:06 pm.