

MINUTES

**Massachusetts Health Information Technology Council
Meeting
July 8, 2009
4:00 – 5:30 pm**

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

AGENDA ITEMS

I. Review and Approve Minutes for June 10

After motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the June 10th meeting.

II. Supplemental Plan Overview and Consultant Selection Process

Mitchell Adams gave an update on the Consultant Selection Process. He acknowledged that staff had held individual discussions about the consultant selection process with Council members. The process began in early April with 21 proposals received. A review team of Dave Szabo, Terry Dougherty, James Daniel, Mitchell Adams and the MeHI {Massachusetts eHealth Institute} team compiled a short list. The Council approved Rick Shoup who has been working with the MeHI team since mid May. The review team was satisfied with the proposal and refined plan submitted by Deloitte Consulting. Mr. Adams stated that we would like the Council to consider the Deloitte proposal for \$600,000. This is not a contract to spend that much, but an estimate as to what time and materials could total. Nothing would be paid unless invoiced. Also included in this proposal to the Council is to retain Rick Shoup for an additional 3 months, for a total \$125,000, (this amount includes the past two months of work). The MTC {Massachusetts Technology Collaborative} Board has approved this proposal with recognition that the Council has to approve as well. In conclusion, the recommendation to the Council is to approve a Deloitte contract for three months at approximately \$600,000 and to add to Dr. Shoup's contract to now total \$125,000.

Secretary Bigby urged the Council that before a formal motion was made, to take the chance to discuss the matter together and be given the opportunity to identify questions or comments regarding individual conversations they have had with Mr. Adams and the MeHI staff.

Council members posed various questions including asking for clarification of Dr. Shoup's role should an Executive Director be hired within this three month time frame. It was explained that the process to find a director has begun, but if a director was hired, Dr. Shoup's contract would end.

After motions made and seconded, it was unanimously agreed to approve the Deloitte Consulting proposal put forth as presented.

A request was made that the Deloitte principles on this engagement come before the Council and talk about the specific issues and elements of the proposed supplemental plan to assure that the Council members are familiar and comfortable with the plan process.

An additional motion was made and seconded, and was unanimously agreed to approve the extension and additional funds to retain Dr. Shoup for an additional 3 months.

III. Estimated Costs to Achieve Meaningful Use of Certified EHRs {Electronic Health Records} in Massachusetts Hospitals

Mitchell Adams introduced Bethany Gilboard, MTC's Director of Health Technologies and a member of the MeHI team.

He went on to explain that Chapter 305 requires hospitals to implement CPOE {Computerized Physician Order Entry} and the Federal Stimulus requires hospitals to achieve "meaningful use." The key question being, "What do Massachusetts Hospitals require to qualify for these incentive funds?" Mr. Adams further explained that we have undertaken a survey to address all elements not just CPOE. It was easy because Bethany has done similar surveys in the past and has developed a positive reputation and relationship with these hospitals. What this presentation will not address is "What does MeHI do to help them get there."

Bethany Gilboard stressed that all the hospitals in this survey have been blinded and coded so hospitals cannot be identified. The documents provide a high level overview of where Massachusetts hospitals are relative to these seven applications.

The purpose of the survey was to estimate how much funding may be required for all hospitals in Massachusetts to achieve meaningful use by 2011. All 72 hospitals in the state responded. For the purposes of this survey, the seven capabilities that constituted "meaningful use" of a certified EHR were¹:

1. Computerized Physician Order Entry with Clinical Decision Support (includes drug/drug interaction alerts; drug/allergy alerts; drug/lab interaction alerts, drug/dose alerts including renal dosing)
2. Quality Reporting from the EHR (specifically on established measures from Centers for Medicare and Medicaid Services (CMS))
3. Health Information Exchange (i.e. the ability to electronically import problem lists and allergy lists from a certified EHR into the inpatient record)
4. Nursing Documentation (includes nursing assessments and documentation; use of structured text/drop down menus)
5. Physician Documentation (clinical notes by physicians; use of structured text / drop down menu)
6. Electronic Medication Reconciliation (e.g. the ability to accept information on home medications and allergies from an external source; display home medications for provider review and create inpatient orders for those medications the provider designates as continuing)
7. Electronic Medication Administration Record (includes positive electronic ID of patient, medication name, dose, time of administration, route; ability to display med alerts on the eMAR device at administration)

¹This definition was based on information outlined in the original statute. All indications as of June 16, 2009 are that all of these seven capabilities will be needed by 2013 or earlier in order to qualify for incentive payments. The June 16 proposal also includes new requirements around patient engagement and population health.

During the course of the presentation questions were asked including who at the hospital responded? (CIO's, Ms. Gilboard's contacts) Where did cost numbers come from? (Hospitals were asked very specifically.) Do most states have a dominate vendor? (Not that we are aware, but Meditech is based in Massachusetts) And is the definition of an HIE understood? (Yes, it is an ability to send and receive data) What is definition of Medication Reconciliation? (It implies they are pulling in information for an outside source and into the hospital record electronically) The Council was provided with the results of where Massachusetts hospitals stood relative to each measure. Based upon the survey results some projections were provided about possible need for assistance to achieve meaningful use. Most hospitals need help with implementation support

Dr. Bell commented that this was a good job in compiling information. She also stated that Dr. Blumenthal said he received a significant number of comments on meaningful use. She added that no other state is doing what we have done. Mr. Szabo added that it is an amazing report and he agrees we will want to update it as definitions come out.

There was a brief discussion about sharing this information with the Massachusetts Health and Education Facilities Authority (HEFA), and the possibility of putting this information out there for other constituents. Mr. Adams added that a variant of this survey was done in 2007 as a joint venture with HEFA, PWC {Price Waterhouse Cooper} and MTC to determine which institutions would need help in implementing CPOE. At that time, about 16 hospitals were in need. He will get that information to the Council members. It includes hospitals that do not need help and others that most definitely do, and still others whose financial situation has changed in 24 months.

Mr. Adams stated that he would propose for the Council's consideration, state bond money to fund this. We need to determine what is capitalizable. One time implementation costs can be capitalized, but not training. The question is which hospitals need help. As we look at several other pieces of information we are receiving, there is a desire both from the state and the federal level to prioritize providers who serve the under privileged. The regional extension centers, etc. are yet another issue.

It was suggested that this sort of survey be done with all the providers. Secretary Bigby suggested a conversation with Jim Hunt to see if they have all the information necessary to support the Community Health Centers.

There was a brief discussion in regards to workforce, collaborative efforts of best practices, working with an Implementation Organization and CPOE University.

IV. Communication Plan

(Handouts incorporated as part of the minutes)



MeHI_Communicatio
ns_Plan_7_7_09.doc



MeHI_Communicatio
ns_Matrix_7_6_09.dc

Dr. Richard (Rick) Shoup discussed the draft of the Communication plan. A brief narrative and matrix were distributed.

He expressed the key item is the message. The message is going to drive everything we do. Dr. Shoup requested the Council members send in responses to him and the MeHI staff on the draft communication plan by the end of the week.

The Council commented on components of the Plan:

- This is the 3rd year in a row that Massachusetts has led in ePrescribing
- The plan should focus more on what we are going to do, and less on how we will do it.
- One Thing MeHI could do is pull together a governing body, understanding we are leading the way and provide insight.
- Leverage technology, (Twitter, Facebook, others)
- A Frequently Asked Questions (FAQ) sheet
- Think beyond Massachusetts
- Hold more public meeting on focused topics

Dr. Shoup explained that this communication plan is a living document. He explained that he would soon be speaking at a forum and it is a good idea we have a standard power point we could speak from, insuring we have one voice and are properly getting the information out there about what the Council is doing. We need to remember this is a Communication plan with a capital C.

Dr. Bell stated that periodically she is invited to speak at events, symposiums, etc. She suggested she could defer those invitations to the Secretary.

A question was asked in regards to a single point of contact and where do direct questions. info@maehi.org or the website www.maehi.org.

Regarding the proposed process of sharing comments with Dr. Shoup, it was stated by Mr. Dehner that the Council members value seeing other Council member's comments.

Secretary Bigby proposed that they map out the agendas for the next three months of Council meetings.

Meeting adjourned at 5:30.