MINUTES

Massachusetts Health Information Technology Council Meeting
July 17, 2009
11:30 am – 12:30 pm

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

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MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

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Attendees:

Council Members	JudyAnn Bigby, MD - *(Chair) Secretary of Health and Human Services* (Leslie Kirwan - *Secretary of Administration and Finance)*** Represented by: Marcie Desmond Tom Dehner - *Director of Medicaid* Deborah Adair - *Director of Health Information Services / Privacy Officer at Massachusetts General Hospital* Karen Bell, MD - *Senior Vice President of HIT Service at Masspro* David S. Szabo - *Partner with Nutter, McClennen & Fish, LLP* Lisa Fenichel, M.P.H. - *E-Health Consumer Advocate*
Guest Presenter	Dr. John Glaser, Phd - *Partners Healthcare/Office of the National Coordinator*
Other	David Martin (EOHHS) Kimberly Haddad (Senator Richard Moore) Bert Ng (Committee on Health Care Financing) David Emer (Committee on Health Care Financing) Adam Delmolino (Mass Hospital Association) Matt McTighe (Edwards, Angell, Palmer and Dodge) James Fuccione (Home Care Alliance) Princess Caesar (Regis College) Ron Hollander (Tufts Medical) Barbara Klein (Concordant) Robert Conant (NaviNet) Diane Stone (Stone & Heinold Associates) Jerilyn Heinold (Stone & Heinold Associates) Karen Welsh (Student) Michael Levinger (The Maplewood Group)
MTC Staff	Mitch Adams Glen Comiso Bethany Gilboard Judy Silva Barbara-Jo Thompson Rick Shoup

The tenth meeting of the Massachusetts Health Information Technology Council was held on July 17, 2009, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 11:34 a.m. and thanked the Council members for coming together and making time for this special meeting of the HIT Council.

AGENDA ITEMS

I. Review and Approve Minutes for July 8th

After motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the July 8th meeting.

Secretary Bigby introduced the guest Speaker, John Glaser. He is the VP and CIO of Partners Healthcare, and the Senior Advisor to the Office of the National Coordinator. "I don't know how you do your two roles." She then explained that there will be funds in the HITECH Act, and we need to learn how to leverage those funds when possible. There are opportunities coming soon to leverage funding, but also to make sure we have a voice in Massachusetts that provides oversight.

She then directed her comments to Dr. Glaser to point out that the HIT Council had hired a firm to pull together a strategic plan. We hope to have that plan to the ONC by September.

Council members next introduced themselves.

II. Presentation by John Glaser VP & CIO Partners Healthcare, Senior Advisor, Office of the National Coordinator, "Update from Washington"

Dr. Glaser thanked the Council for changing the time of the meeting to accommodate his schedule.

He started his presentation with a very brief overview of the HITECH Act, and a preamble to meaningful use

The "Meaningful Use" definition has produced a profound shift in thinking. There is less concern about features adopted and more concern about are you using it well. For example if you have it implemented, but your e-prescribing is still low, then you need a movement to Meaningful Use. Obviously you will not get a good outcome unless adoption occurs.

At yesterday's HIT Policy Meeting, there was a presentation of the proposals of meaningful use. (to David Blumenthal) It appears he will accept in whole the presentation for meaningful use. In the presentation were statements for years 2011, 2015, etc. Consideration for revamping certification process was tabled.

Three fund activities important to states:

- Funds available for Regional Extension Centers to assist people who don't have access to talent. Make decisions to qualify for meaningful use. Funds should be available later this summer

- Money directed to states or state designated entities. The state's plan would be the basis for pursuit of these funds.

- Workforce development and education. Where are these analysts coming from, who will install? How do you mind data? Similar time frame for community colleges and higher education to facilitate. How do you do this?

Council Members began asking questions.

Have any decisions been made for a loan program? Dr. Glaser: The discussion is out there, and there is back and forth and whether states should target the loan program. But there have been no decisions yet. It won't be large amounts of money for the states as most is targeted to tribes. Fuzzy and less developed than the other funds. Dr. Glaser recommended not to "bank on it."

Mr. Dehner asked if there is a methodology for how ONC will allocate funds to states. Will it be population based? Dr. Glaser suggested that per capita might be an option. Massachusetts has two percent of the population.

Dr. Glaser indicated loans are the fuzzy portion, most robust funding will be for Regional Extension Centers.

Mr. Szabo asked in regards to coordinating work with extension centers and a state agency – how is that expected? Don't want duplicate work. How do they interact? Dr. Glaser: ONC has operational responsibility to determine uniformity. AHRQ {Agency for Healthcare Research and Quality} compile best practices, there is only funding for two years. A sustainability model for Regional Extension Centers has not been thoroughly thought through.

The state does not want to be a passive entity. There must be oversight by the states.

Dr. Bell asked "Will a state agency be precluded, or could it be a regional extension center?" Dr. Glaser: We are going to see all sorts of species going for these funds. For example, Dr. Glaser mentioned he could see Fletcher Allen in Vermont becoming a center. They have the talent. Also, there are a lot of people nervous about the time line. They think, if I join with organization X, I could get to meaningful use sooner. There is a local presence. There will be all kinds of applicants.

The state should want to see what is going to come forward.

Secretary Bigby stated that the fact that we have Chapter 305 provides a foundation of a coordinating role, and to achieve certain outcomes, oversight, giving incentives.

Mr. Adams commented that he heard that the modus operandi will depend on what is proposed? Dr. Glaser responded yes. We don't want holes in geographical areas. There won't be a monolithic status. I would suspect that there may be some that would think, "I didn't get a grant but will do it any way."

There will be people competing for the standards. We would see that particularly those with large metropolis like LA. We are going to reach broadly across the states. We may see multiple parties competing in a particular geography. Important that MeHI play a coordinating role and have oversight. There should be incentives to have Regional Extension Centers work with the state.

Ms Fenichel asked regarding the support in education, is there a consumer piece?
Dr. Glaser agreed there is a great weakness in that area – a "big hole". The consumer portion is in the definition of meaningful use, "Active engagement of consumers." There is more of an on the ground effort in this area. Maybe on a state level vs. the federal to keep people informed.

Keep in mind that the private sector will do its own thing. And the feds will step in, but the Commonwealth should look for the holes. Make sure the public health is looked after.

A question was asked as to whether Regional Extension Centers could cross state lines? Dr. Glaser: It is not clear at this point.

The states should be careful on the allocation of funds up front. It might be wise to hold on to funds for awhile to see what is needed. Don't spend all of the $15 million for the match, maybe use half.

Ms. Adair asked if there was a discussion about the standards for education.
Dr. Glaser: There is but it may be more on an advisory level, or more on the community college level. We don't need a degree program, but more of certificate program. Get them geared in the areas that are needed.

Also, the HIE will be a part of a state plan and funding should be available for fall.

Dr. Glaser referred to handouts that he distributed to the Council members. Meaningful use is an elevation of the bar. It will shift from "are you using it" over to "how well are you using it".

There will be three sets of criteria starting in 2011. There will be more focus on use and outcomes.

The HIT Policy committee's biggest challenge was they had six weeks. How do you aggressively move the health care sector while balancing the fact that adoption levels are low? It takes time. You don't want it too aggressive that it is too hard to achieve. They had a balancing act – but they did really well.

Slide 7 important. Dr. Blumenthal received 792 comments. Some addressed different concerns. Do you want us to report the measure or is there a target? We wish you to report. Some

comments include, "this is too aggressive." For 2011, CPOE was taken from 100 % to 10 %. If however, you don't reach meaningful use until 2016, you would have forfeited funds.

Mr. Dehner asked a question of actual numbers – are they real or for presentation? Dr. Glaser: they are real Medicare numbers

A Council Member asked how the funds will roll out. Payment mechanisms… is it an add-on to a claim? We will give money upfront. Centers for Medicare and Medicaid Services (CMS) have ways to collect if providers don't reach meaningful use, but it has not been nailed down.

Next Dr. Glaser directed the Council to a matrix he had handed out. This is what was presented yesterday. It is a numbing exercise, overarching goals to improve efficiency.

We need to engage patients and families in better ways.

We need to make sure a caregiver has complete information. We need evidence based order sets. What should I be trying to do in 2012? For CPOE, it talks about specifics, 10% of all orders you can achieve in any year – but you have to do it all to receive incentives.

How will it be measured? Tell us the percentage, but also quality, we need a broad set to get to a place used to reporting measures. Possibly initially all that is required is to report a result, but in 2013 – 2015, there may be a bar set to achieve.

We will work on the standards, and development over time.

This is a great starting point. Realize it is rough around the edges. We anticipate a whole lot of industry conversation and we will rely on that type of conversation.

Medicaid departments are allowed to develop their own meaningful use definition, a subset of meaningful use.

The Secretary clarified that one of the problems with Medicare and Medicaid is that they each pay or take care of completely different populations.

Dr. Bell asked if there is a time frame for Medicaid to report on quality measures. Where will they wind up? Dr. Glaser said they are working on this.

David Szabo asked if there has there been thought in regards to what has been done to coordinate CMS and private payers. Do you plan to get private payers on board for HIE?

Will there be more work to get private payers on board? Dr. Glaser: There has been an extraordinary push to get this on the table. There is a lot of conversation broadly of how to support this and some are eyeballing legislation, but it is a bit fuzzy as to what degree.

There was a lot of conversation about how to support implementation with Payers and how health reform fits in with administrative simplification. There is a push to tell providers you can no longer submit a written remittance. They need to be comfortable with this plan.

Secretary Bigby commented that the Cost and Quality Council voted to convene all the payers to discuss enhanced performance measures.

Secretary Bigby had a question about the level of reporting. “What if a specialist is in a network with other physicians and sees that a physician has missed something? We don’t want the process to encourage a move away from a system of care we are trying to strengthen.” We need to determine the long term consequences. Dr. Glaser responded, “That is a great point. If I am a neurosurgeon and I notice failure to follow up from another physician on a serious issue, what is my responsibility?”

Mr. Dehner asked how information on meaningful use is to be validated. CMS?
Dr. Glaser: The mechanics will be determined by CMS .

Lastly, Dr. Glaser briefly explained how standards have been classified.

Secretary Bigby commented that this was a great opportunity for the Council.

Meeting adjourned at 12:32 pm.