

# **MINUTES**

**Massachusetts Health Information Technology Council  
Meeting  
November 10, 2009  
3:00 – 5:00 pm**

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

**MINUTES**  
**MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL**

**November 10, 2009**

Attendees:

Council Members     JudyAnn Bigby, MD - (*Chair*) *Secretary of Health and Human Services*  
                                  (Jay Gonzalez - *Secretary of Administration and Finance*)\*\*  
                                  Represented by: Marcie Desmond  
                                  (Terry Dougherty – *Acting Director of Medicaid*)\*\*  
                                  Represented by: Philip Poley  
Deborah Adair - *Director of Health Information Services / Privacy Officer*  
                                  *at Massachusetts General Hospital*  
Lisa Fenichel, M.P.H. - *E-Health Consumer Advocate*

Other                     David Martin (EOHHS)  
                                  Deb Schiel (EOHHS – Office of Medicaid)  
                                  Bert Ng (Committee on Health Care Financing - House)  
                                  James Fuccione (Home Care Alliance)  
                                  Lorilyn Allan (Lahey Clinic)  
                                  Adam Delmolino (Massachusetts Hospital Association)  
                                  Alan McDonald (South Shore Hospital)  
                                  Henry Och (Lowell Community Health Center)  
                                  Kevin Schwartz (Concordant)  
                                  Bob Strong (Pro Caseo, Inc)  
                                  Edward Gott (Dextrys)  
                                  Gary Murad (O’Neill and Associates)  
                                  Ronald Dunlap, MD (Provident Health and Mass Medical Society)  
                                  Robert A. Griffith (Gongiulo / Rudnick)

MTC Staff             Mitchell Adams  
                                  Dr. Richard Shoup  
                                  Glen Comiso  
                                  Bethany Gilboard  
                                  Judy Silvia

The Seventeenth meeting of the Massachusetts Health Information Technology Council was held on November 10th, 2009, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Because Secretary Bigby was going to be late, David Martin asked that the Council begin without her, they agreed and the meeting started at 3pm with Dr. Shoup leading the discussion on the Grant applications. Secretary Bigby arrived at 3:10 pm.

## AGENDA ITEMS

Dr. Richard Shoup began with an update on the Regional Extension Center Application and the status of the Healthcare Information Technology Strategic plan. He explained to the Council Members that at the end of today's meeting, they will be given copies of 3 of the 5 deliverables to begin finalizing before making available for public comment.

MeHI as a program includes REC and HIE. We should hear about preliminary approval for the REC and the HIE by November 19<sup>th</sup> and December 11<sup>th</sup> respectively.

### Regional Extension Center Program Funding

Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications	Negotiations Begin	Decisions to Award
1	\$189,000,000	8-Sep-09	29-Sep-09	3-Nov-09	19-Nov-09	11-Dec-09
2	\$225,000,000	22-Dec-09	19-Jan-10	2-Mar-10	16-Mar-10	27-Apr-10
3	\$184,000,000	1-Jun-10	22-Jun-10	3-Aug-10	17-Aug-10	28-Sep-10
<b>Total Amount of Funding Available:</b>				<b>\$598,000,000</b>		
<b>Award Floor/Ceiling:</b>				<b>\$1,000,000 to \$30,000,000</b>		
<b>Approximate Number of Awards:</b>				<b>70</b>		
<b>Program Period Length:</b>				<b>Four-year project period with two budget periods</b>		

Funding will be used to support:

Core Support Funds outreach and educational activities, grants and program management, local workforce support, and participation peer-learning and knowledge transfer activities facilitated by the HITRC. (\$500,000 to \$750,000 per Regional Center per year for the first two years)

Direct Assistance Support Funds direct onsite technical assistance to providers. This will be tied to the number of providers supported through the Regional Center. Approximately \$500 million will be allocated among the successful applicants in proportion to the numbers of priority primary-care providers to receive direct technical assistance.

Ms. Adair asked about the \$10.6M, was it for REC or HIE? Dr Shoup explained that we applied for \$14.4M for the REC and \$10.6 M for the HIE.

For the REC, 100 organizations applied for Cycle 1 funding. 60 made through first review – 20 will make it through final review (for first cycle)

### Regional HIT Extension Centers

- Summary of Funding – Total \$598 Million (Average Award is estimated to be \$8.5 Million)
- Awards are anticipated to range from \$1 Million to \$30 Million

- There will be approximately 70 awards
- Award length = 4 year project – two separate two-year budgets.
- Estimated start date is January 15, 2010
- Award of 4 year cooperative agreements. Initial preliminary application due on September 8th with matching requirements as follows:
  - FY2010 = 90/10
  - FY2011 = 90/10
  - FY2012 = 10/90
  - FY2013 = 10/90
- It is expected that each Regional Center will provide federally supported individualized technical assistance to a minimum of 1,000 priority primary-care providers in the first two years of the four-year cooperative agreement project period – which must represent at least 20% of primary care providers in “region”

**REC Submission Summary**

- Commitments from 3, 400 priority providers
- Variation exists in provider implementation status and have assumed \$ 2,500 - \$ 7,500 in assistance costs for average of \$ 5,000 per provider
- Personnel assumptions include:
  - Year 1 = 3.1 FTE
  - Year 2 = 6.0 FTE
  - Year 3 = 5.55 FTE
  - Year 4 = 5.55 FTE
- 50% MeHI Director; REC Program Manager; (3) CRMs
- Percentage of MTC staff

**REC Funding Summary**

Category	Amount	Detail
Incentive Payments for priority providers	\$ 12,500,000	<ul style="list-style-type: none"> <li>• 2,500 providers x \$ 5,000 per provider for 2 years</li> <li>• 90% of incentive funding to go to IOOs</li> </ul>
Core Support	\$ 1,993,107	<ul style="list-style-type: none"> <li>• \$ 750,000 for years 1 and 2; \$ 433K in year 3 and \$ 177K in year 4</li> <li>• Staffing will reduce since majority of implementations expected in years 1 and 2</li> </ul>
<b>Total Requested</b>	<b>\$ 14,400,000</b>	<ul style="list-style-type: none"> <li>• Four year funding total requested</li> </ul>
Services Revenue - Sustainability	\$ 3,250,000	<ul style="list-style-type: none"> <li>• Expectation to sustain REC for 4 years and beyond</li> <li>• Estimate services for all MA providers</li> </ul>

Ms Adair asked about the funding process whether it would go through the providers or through the REC. Dr. Shoup responded that it would flow through the IOOs. He further explained that 90% of funding would go through the IOOs.

Ms Fenichel asked what the difference would be between going through the REC vs. a provider doing it solo? Answer: If separate from REC, then they will miss out on services and will not get direct incentives.

Dr. Shoup told the council that Bethany Gilboard did an amazing job in getting 3,400 provider commitments, and that MeHI is comfortable supporting 2500 providers.

Ms Fenichel asked for an explanation regarding the requirements for a priority provider? Dr. Shoup explained they must be in the following categories:

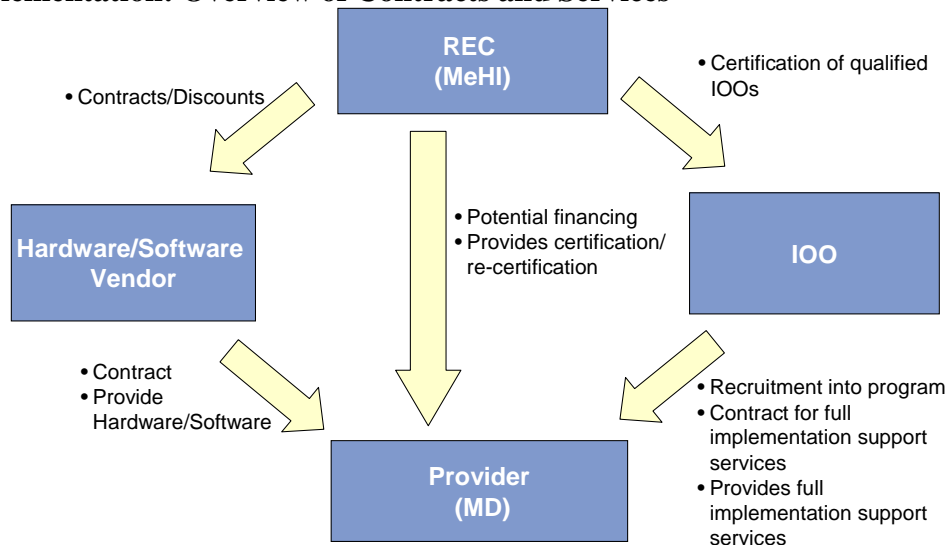
- Medicaid
- 10 or less
- Underserved communities

Ms Adair stated that we started with 2000 before and her understanding was that this had been based on money. But asked for clarity how this new number was determined? Dr. Shoup explained that originally we started with 4 potential IOOs to get to 2000. We now know we can go beyond this. This is all about the carrying capacity in terms of the number of providers we can do.

He then went on to explain that funding has different amounts depending on the implementation level:

- have EHR ~\$2500
- nothing ~\$7500
- average is ~\$5K

### EHR Implementation: Overview of Contracts and Services



Ms Adair questioned the process on how a provider would begin? Do they have a choice or will that be part of the relationship manager responsibilities?

Dr. Shoup pointed out one key thing is the need to put ad hoc working groups together. They will help with operation; and will include a lot of outreach learning, training, potential discounts, etc.

Ms Fenichel asked if the contract is between IOO and provider will there be some oversight required? The choosing will be daunting also.

The REC will help with this and the CRMs will help with this process, etc.

- some of this is TBD; not good idea to do self-attestation – 3<sup>rd</sup> party to do some of the certification

Ms Fenichel recognized that the model had changed from previous meetings and discussions. Dr. Shoup explained that it has evolved; the thought was that it would be helpful to leave contractual relationships between IOO and provider with MeHI oversight.

Secretary Bigby asked for clarification regarding how money flows to provider, not the IOO? First, Dr. Shoup pointed out that the provider gets the funds through IOO. Then Mr. Adams added that 90% of ~\$5000 goes to IOO for purpose of providing discount to provider.

Ms Adair asked for further clarification.

Mr. Adams continued that we will have structure in place. Funds go through IOOs. MeHi will receive funding in 3 tiers based on 1) contract 2) start process 3) meaningful use. To get funds in each of these tiers the provider will contract with IOO. Doctors will have skin in the game.

Ms Adair asked if the provider will be under contract with vendor and IOO? Dr. Shoup responded that if a provider already has a relationship with the vendor (bulk amount etc.) they can keep this relationship. Currently it is a bit unclear what this will look like therefore we are waiting for RFI responses.

Mr. Poley asked if it were possible for an EHR vendor to be an IOO? Answer: Absolutely

Mr. Adams stated that someone has to pay for all of this and this would be the provider.

### **Certification Program Overview**

Goals of the Certification Program include:

- Provide consistent support through the IOOs to practices which will allow them to become eligible for meaningful use incentive payments.
- Ensure the capability for linkage at the state or local level to the state HIE

### **Implementation by a Certified IOO:**

Key Concepts:

- Implementation and Optimization Organizations must be Certified to provide a service
- IOOs will perform a core set of minimally acceptable activities (or the organization has performed this core set of minimally acceptable activities in conjunction with the IOO)

and the result is an implementation that meets agreed upon criteria (including meaningful use of the system with appropriate care processes in place)

- Third party certification process to be developed

**Implementation not performed by a Certified IOO:**

Certification of the EHR implementation (with linkage to the HIE) will be required:

- If an implementation is done without involvement of a certified IOO, a third party will certify the implementation.

**Massachusetts eHealth Institute**

*Regional Extension Center Roles and Responsibilities*

**MeHI/Regional Extension Center**

- Pursuant to RFQ process, certifies IOOs for program participation to recruit providers and supply implementation services
- Pursuant to RFQ process, contracts with H/S vendors to sell products/services to providers at preferred prices
- Provides financing services to providers and integrates/coordinates Medicaid incentive payments
- Oversees certification and recertification process for providers

**IOOs**

- Recruits providers into program
- Contracts with providers for full range of implementation services
- Provides full range of implementation services thru to meaningful use

**Providers**

- Contract with IOO for full implementation package
- Contract with participating H/S vendors for provision of products and services

**Hardware/Software Vendors**

- Contracts directly with providers
- Provide products and services directly to providers pursuant to terms negotiated with MeHI/REC

**MeHI**

- Note we are now changing from RFP process to RFQ process
- role for CRMS
- IOO capable?
- Financing
- Oversee certification process

**IOO**

- IOO will find vendors to enable full suite of services

**Proposed REC Services**

<b>Services</b>	<b>Service Provider</b>
Education and provider outreach	MeHI/REC
National Learning Consortium	MeHI/REC
Vendor selection and group purchasing	MeHI/REC
Implementation and project management	IOO
Practice and workflow redesign	IOO
Functional interoperability and HIE	IOO
Services	Service Provider
Privacy and security technical assistance	IOO with requirements from MeHI/REC
Progress towards meaningful use	IOO
Local workforce development	MeHI with colleges and employers
Certification of IOOs and EHR implementation from non-contracted IOOS	MeHI/REC

Ms. Fenichel asked if there will be consumer education; more than PHRs. Answer: Yes that is part of concerted education effort

Ms Adair asked where consumer education takes place.

Answer:

- happens in one of the Ad Hoc Advisory Group
- HIE, REC

Ms Fenichel commented that this is a big part of meaningful use. Ms Adair added that educating how a patient would access a portal; giving them access to their data; etc. would be a lot of education. Ms Fenichel continued there is also a piece the provider needs to know and therefore there is a bilateral need for education.

**MeHI Strategic Plan Update**

- Final HIT Plan Recommendations – Word Document (Will have 118 page word document – word version of HIT Plan)
- Appendices – Word Document (200 page appendix)
- Master PPT Slide Deck (220 slide master deck)

- Final Recommendations Summary – PPT (50 slides)
- RFI for Statewide HIE

Dr. Shoup stated this is good information but it needs to be approved so we have proposed a process for doing this.

**MeHI Public Comment Process - Strategic HIT Plan**

Activity	Responsible Party	Due Date
Deloitte delivered draft documents to MeHI	Deloitte	10/16/2009
HIT Council received Executive Summary	MeHI	11/5/09
Meet with Council members to review Plan and incorporate comments	MeHI/Council	11/20/09
Approval to post on MeHI web site for public comment	HIT Council	11/23/09
Close public comment	MeHI and Public	12/11/09
MeHI will incorporate appropriate changes into written Strategic HIT Plan	MeHI	12/18/09
HIT Council approves Strategic Plan	HIT Council	12/22/09

Slide re: process

- Received materials on 10/16 for HIE plan – adjusted and included – draft
- Same day as REC started – due on 11/3
- Did not have time until now to engage
- Would like to post plan by 11/20
- Have groups of 3 Council members to discuss these
- Review documents offsite, offline, etc.

In referencing the materials that were given to the council members at the meeting, Ms. Fenichel asked if it was a part of the large document. Answer: Yes, it is the Executive Summary. She followed up with a question regarding the meaning of quorum, since the definition relates to the total number of members of any given group; she wanted to know if it is based on the official number or the actual. Mr. Adams and Dr. Shoup explained that if there are 4 or more council members present, that is a quorum and therefore a public meeting.

Dr Shoup continued that once the Council is comfortable with the documents, they will be posted on the website [www.maehi.org](http://www.maehi.org) for public comment.

2 pieces will be posted:

- HIT Strategic Plan
- HIE RFP

Ms Adair asked about Dr. Bell, explaining that she is out until Friday. It was explained that the MeHI staff will work with her one-on-one if necessary.

Ideally, if the document is posted on time, by December 11, we will get comments and then close the public comment period. From the comments the goal is that the appropriate changes would be made by December 18<sup>th</sup>, to present to the HIT Council and then on the 22<sup>nd</sup>, Council approval.

Secretary Bigby asked if part of this process would include a budget that would need to be approved by the Council as well. It was explained that the budget is being worked on now.

**MeHI Program Status**

Activity	Due Date
Regional Extension Center (REC) Application to Office of National Coordinator (ONC)	Complete
Implementation Optimization Organizations (IOOs)	
Distribute RFI for IOOs	Complete
Develop and Distribute RFQ for IOOs	12/2/09
Post Program Manager position on web site	11/30/09
Electronic Health Record Vendors (EHR)	
Distribute RFI for EHR Vendors	11/13/2009
Develop and Distribute RFQ for EHR Vendors	12/7/09
Establish AdHoc Work Groups	11/30/09
Establish Project Management Office	12/21/2009
Develop High Level Program Plan	12/21/2009

Ms. Adair questioned the tasking of “establish work groups.” It was her understanding there was another document where HIT Council members had to recommend members by a particular date.

Dr. Shoup explained that this has been an evolving process. Currently Judy Silvia is working on the processes for these groups and the HIT Council roles. The Ad Hoc working groups can be vendors or others.

Ms Adair followed up asking if they were shooting for end of month for these lists. Answer: Yes. At least there will be the start of a list with some names. Also, we will provide some information regarding the groups, but there cannot be a charter.

Ms Fenichel asked the definition of “ad hoc”, and added that it usually means willy nilly.

Secretary Bigby explained that what it means is that this is not a set or permanent group. Once the group has performed a task the group can be disbanded.

Secretary Bigby thanked Dr. Shoup for getting all this work done; and getting the three applications submitted. She added that this is not easy especially with the Federal Government. She also thanked Judy Silvia, Glen Comiso and Bethany Gilboard. Then she added that she looks forward to the success that will come from this.

After a brief conversation regarding the minutes of the last Council meeting, motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the October 28<sup>th</sup> meeting (with two minor edits).

Dr. Shoup distributed the HIE RFI Draft and the HIT Strategic Plan Draft to the Council.

Meeting concluded at 4:30 pm.