SustiNet Health Partnership

Health Information Technology Advisory Committee

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Health Information Technology Committee Regular Meeting
March 19, 2010
Meeting Minutes

Teleconference Participants: *Mark Boxer, Co-chair; Jeffrey Asher; Alex Hutchinson; Enrique Juncadella; Ken Lalime; Ryan O'Connell*

Office of the Healthcare Advocate: *Michael Foy Mitchell*

Absent: *Marie Smith, Co-chair; John Brady; Angelo Carraba; Pam Cucinelli; Meg Hooper; Jeffrey Kramer; Jamie Mooney; Steve O'Neill; Victor Villagra; Jody Bishop-Pullan; Steve Ruth; Alexis Fedorjaczenko*

Mark Boxer opened the teleconference by welcoming all Committee members. The minutes from the February 19, 2010 meeting were approved by all.

Mark said that he recently attended a White House discussion on the market for HIT adoption and selection. Representatives from various associations, states, and vendors participated in this brainstorming session. There was a discussion of HIT objectives and how frameworks operate. EMR's reside within provider systems, EHR's cut across provider systems and aggregate together, and HIE is the infrastructure highway on which the tools and applications can transport. Some key points that arose from the dialog were: 1. People are optimistic that the stimulus package and incentives are driving the right behaviors; 2. There is general agreement that the carrot and stick approach will drive the right direction; 3. The confusion around meaningful use is beginning to pass, and states and provider systems are more willing to move forward with implementation; 4. The processes for states to become engaged are becoming clearer. There are many models being used, but there isn't any particular one that stands out. There was agreement that web-enabled office visits could provide a solution for rural health access problems. Mark said that these sessions will be ongoing, and in future sessions he hopes to share CT's progress as it evolves.

Ken Lalime gave a presentation on HIT strategy and selection and lessons learned. To view Ken's presentation, click here .

Mark asked Ken whether propagation of an EMR light as part of an HIE is an option to drive adoption and mitigation of some of the issues discussed in his presentation, such as cost and meaningful use. Ken said that EMR light is becoming more robust due to the evolution of technologies. Some of the disease registries being used can satisfy the clinical need to provide better care for complicated patients, so EMR light is tremendous on a quality basis which hopefully will lead to cost savings. For smaller practices, the combination of e-prescribing, good disease registry programs and HIE platforms where information is readily obtainable have proven to help a practice get about 70% of the way there, which is very beneficial.

Jeff Asher said that Ken's presentation showed that 10% of physician groups have practice management systems and about 21% have EMR systems, and asked if this data was current. Ken replied that these figures indicate what practices said they would be adopting within two years. There was a recent study done by Qualidigm with current data that will be published shortly. Ken said that he feels that the 10% figure has been achieved but not the 21%. True use of EHRs is probably in the single numbers. Jeff also said that eHealth CT was unsuccessful in obtaining a stimulus grant for providing tech assistance, and asked who else could do this. Ken said that he didn't know the answer to this. He said that even without federal funding, CMS IPA is a proponent of using technology. Practices that have adopted this technology feel that it's been beneficial and has proven to save time for physicians in completing charts more quickly.

Ryan O'Connell commended Ken for his efforts, and asked if CMS IPA was planning to be a clearinghouse for information and cost negotiating. Ken said that regarding cost negotiation, it has been considered, but most companies want big numbers, and provider participation is voluntary, which limits negotiation of costs. CMS IPA is already acting as a clearinghouse, with their website providing a list of options. Ryan commented that even with a clearinghouse, the local critical mass is very important.

Alex Hutchinson said the objectives of SustiNet fit well with the direction and strategies that CMS IPA is promoting and asked where SustiNet and this Committee should be focusing in terms of promoting technology to practices. Ken said that the key is to get practices to begin using any of the electronic methods, because once that happens practices often move up the line. It is important that the SustiNet plan be easily understood. He also said that if there is an effort done statewide that physicians can adopt fairly easily, more of them will join.

Michael Mitchell reported on the March 10, 2010 SustiNet Board of Directors meeting. Jody Bishop-Pullan, Joel Cruz, Judith Fifield and Enrique Juncadella were all approved as members of this Committee. A retreat is being planned for April 14, 2010 for the Board and all SustiNet co-chairs to allow for the coordination of activities among Task Forces and

Committees. Michael also said that if healthcare reform passes, the Board has 60 days to make recommendations to the Governor and the General Assembly on how to implement new regulations that will impact CT. Nancy Wyman and Kevin Lembo will issue a statement on the impact of the Senate and Reconciliation bills. Alex asked when the clock starts on this. Michael said that the Senate bill will most likely be signed. The Reconciliation bill will be pushed through the House of Representatives, making changes to the Senate bill. SustiNet staff has already gone through the Reconciliation bill. The bills will go into effect as soon as the President signs them, but many measures will come into effect in steps over the next four years. Jeff said that he will be attending a meeting in Washington that will include 6 out of 7 members of the CT congressional delegates in addition to a national healthcare consultant. Jeff agreed to share all relevant information with this Committee. One goal he mentioned is trying to get the office of the National Coordinator to release the grant application process for funding for EHRs and capital equipment for hospitals. Michael recommended that anyone having hospital funding issues discuss them with Vicki Veltri.

Enrique gave an overview of the activities of the Market Research, Outreach and Enrollment subgroup. To view his overview, click below.
http://www.ct.gov/sustinet/lib/sustinet/committeeinformation/hit/marketing_and_outreach_subgroup_notes_03_15_10.doc

Michael said that the HIT final report is due July 1, 2010. He recommended that this Committee begin face-to-face meetings soon.

Jeff asked how this Committee's work meshes with the DPH group that's working on the HIT exchange project. Michael said that this Committee hopes to work in collaboration with DPH, and that Meg Hooper, who is a member of this Committee who also works for DPH, could provide guidance. DPH just received a 7.3 million dollar grant for the HIE. Ryan said that the breakdown of the grant is 4.4 m to HIE, 2.2 m to CT state government staff, .5 m to the Gartner Group for updates, and .2 m for an evaluation of the state Healthcare IT Plan. This is to be confirmed with Meg.

Alex asked Jeff about his comments that eHealth CT offered to dissolve its governance structure and asked him to elaborate. Jeff said that DPH will be creating a public utility to be the gatekeeper on the HIE. During the Legislative hearing process, eHealth CT offered to give DPH its 501C3 entity to use if it would help DPH's process. eHealth CT didn't say it was dissolving but it was implied.

Meeting was adjourned.

Next meeting will be 4/16/10 at noon.