

Provider HIT Visioning Session	
Date & Venue	6/03/2010 DHHS Office 442 Civic Center Drive, Augusta, ME Conference Rooms 1a and 1b
Time	1:00pm to 3:00pm

Participants Invited/Attending:

Participants	Practice/Entity	Attended
Daniel Burgess	MaineGeneral Health	X
Josh Cutler, MD	Dirigo Health	X
Lori Geiger	CBHS	X
Ralph Johnson	Franklin Memorial Hospital	X
Laurie Kane-Lewis	DFD Russell Medical Centers	X
Robert Kohl	Maine Primary Care Association	X
Kevin Lewis	Maine Primary Care Association	X
John Yindra, MD	DFD Russell Medical Centers	X
David Silsbee	Cary Medical Center	X
Steven Theborge	Dorthea Dix & Riverview State Hospitals	X
Donald Krause, MD	St. Joseph Hospital	X
Lawrence, Legutko		X
Sandra Yarmal	Pleasant Point Health Center	X
Patricia Knox-Nicola	Penobscot Nation Health Department	X
Martha Elbaum-Williamson	Muskie Institute	X
Charles Dwyer	DHHS	X
Robin Chacon	Office of MaineCare Services	X
Benjamin Laflin	Office of MaineCare Services	X
Tim Lawrence	Commissioner's Office- Audit	X
Sue MacKenzie	Commissioner's Office- Audit	X
Jim Leonard	Office of the State Coordinator	X
Rod Prior	Office of MaineCare Services	X
Dawn Gallagher	Office of MaineCare Services	X
Stefanie Nadeau	Office of MaineCare Services	X
Denise Brigham	Office of Information Technology	X
Sally Fingar	Deloitte Consulting LLP	X
Laura Lisien	Deloitte Consulting LLP	X
Scott Greer	Deloitte Consulting LLP	X
Shelly Drew, BSN	Millinocket Regional Hospital	

Participants	Practice/Entity	Attended
Catherine Bruno	Eastern Maine Healthcare Systems	
Tanya Freeman	Central Maine Healthcare	
Barry Blumenfeld	MaineHealth	
Jeff Aalberg, MD	MMC Family Medicine	
Jane Pringle, MD	Internal Medicine Clinic	
Patrice Thibodeau, MD	MMC Internal Medicine/Pediatric Clinic	
Debra Pyle	MMC Outpatient Department	
Paul Klainer		
Patrick Douglas		
Andy Cook		
Ralph Swain		
Andrea Hanson	Indian Township Health Center	
Ann Stevens	Houlton Band of Maliseet Indians Health Department	
John Ouellette	Micmac Service Unit , Indian Health Service	
Perry Ciszewski	IHS/ NAS	
Stephen Meister, MD	Maine CDC	
Terry Sandusky	OACPDS	
Diana Scully	Office of Elder Services	
Ron Welch	OAMHS	
Jay Yoe	Office of Quality Improvement	
Joan Smyrski	Office of Children's Services	
James Beougher	OCFS	
Jim Lopatosky	Associate CIO	
Cindy Hopkins	DHHS Director of Applications	
Barbara VanBurgel	OIAS	
Marya Faust	OAMHS	
Catherine Cobb	Commissioner's Office/Department of Licensing and Regulatory Services	
Guy Cousins	OSA	
Herb Downs	Commissioner's Office- Audit	
Phil Saucier	Governor's Office of Health Policy and Finance	
Russel Begin	Finance	
Geoffrey Green	Commissioner's Office- Operations	
Muriel Littlefield	Commissioner's Office	
Dora Anne Mills	Maine CDC	
David Hellmuth	Commissioner's Office- Audit	
Marc Fecteau	Commissioner's Office- Audit	
Dev Culver	Regional Extension Center	

Participants	Practice/Entity	Attended
Shaun Alfreds	HealthInfoNet	
Tony Marple	Office of MaineCare Services	
Andy Coburn	Muskie Institute	

Agenda Items:

1. Welcome and Introductions
2. Background on Health Information Technology
3. State Medicaid HIT Plan Project
4. Vision
5. EHR Incentive Program Eligibility and Meaningful Use Criteria
6. HIT Brainstorming Session
7. Wrap Up and Next Steps

Agenda Item #1: Welcome and Introductions

Introduction by Sally Fingar

This is the third session in a series of open discussions with stakeholders as the State seeks to understand the issues and challenges in developing a HIT vision, plan and roadmap. Notes will be distributed to participants to ensure an accurate reflection of comments from today's sessions.

Key topics for our discussion today are:

- Understand concerns, challenges, and recommendations with regard to developing a Health Information Technology (HIT) vision and plan.
- Understand how the State's HIT vision and plan may impact the implementation of Electronic Health Records (EHRs) within the provider community
- Review the ARRA/HITECH program including eligibility requirements, incentive payments, timing, etc.
- Discuss how the State is involved with ARRA/HITECH
- Understand hospital/practices challenges as well as the benefits of HITECH

Agenda Item #2: Background on Health Information Technology

Sally Fingar provided an overview of the State HIT project initiative

The State HIT will be the framework enabling the exchange of data via the Health Information Exchange (HIE). The goal is to develop the vision for the HIT strategy which will include the roadmap to administer incentive payments under ARRA/HITECH.

Sally briefly reviewed the funding criteria and timelines for the ARRA/HITECH incentive payments.

Question: Surveys have been directed to providers within practices. Is there a way to survey an organization versus individual providers?

- Response:
 - The decision was made to survey at the provider (site) level and not at the organizational level in part because providers are at different maturity levels with regards to their EHR

implementation. MaineCare is seeking to understand the current state of provider EHR implementations.

- The State has received surveys responses from about 450 provider sites out of 1100. Many sites have not been assessed. There are still important pockets of MaineCare providers yet to be surveyed. The State is making every effort to survey as many providers as possible. However, the deadline to complete the survey is nearing.

Question: Can providers submit surveys representing multiple sites?

- Response:
 - Yes. The State wants to capture responses from all providers, if possible. MaineCare recognizes that it needs to target high-volume providers.
 - If there are questions regarding the survey, contact Martha Elbaum-Williamson at mwilliamson@usm.maine.edu to assist with obtaining information relating to the provider survey.

Question: What has happened with regard to the various Association communications to providers on the survey?

- Response:
 - The Associations have been helpful with sending out blanket survey notices to their members. The Associations are presently finalizing a reminder to providers who have yet responded. It has been difficult for the associations to do a broadcast survey link to providers. Instead, the various Associations must send a hard copy survey to its provider base. The Associations are determining which practices have not replied. MaineCare is working in collaboration with the associations to cross check lists to ensure providers are not receiving multiple surveys.
 - About 10 hospitals have not responded. About 35% of the providers have responded to the survey. Half of these respondents have been primary care physicians.

Agenda Item #3: State Medicaid HIT Plan Project

Sally reported on the status of the HIT roadmap and plan. Once the final ARRA/HITECH Meaningful Use rules are completed and published, the 'plan' will be refreshed to accommodate any required modifications to recommendations, activities and/or timelines

Agenda Item # 4: Vision

Jim Leonard reviewed the vision for the health IT vision

- The ONC HIT Strategy framework has a number of dimensions:
 - Privacy: Privacy is a critical path in order to have a functional HIE. Behavioral Health Services is an example where the exchange patient information (e.g., drug interaction issues) is a challenging between BHS and non-BHS providers.
 - Security: Securing patient information is a top priority. The State is working to ensure that trust is established within the provider community with regard to protecting patient information.
 - Interoperability: Data standards will need to be adhered to between providers in order to make the HIE successful.
 - Adoption: The State will need to develop and communicate a plan to encourage the adoption an EHR.

- Governance: The ONC HIT Strategic Framework is evaluating to develop collaborative governance at the State, private sectors and public levels.

Jim Leonard reviewed the goals of the State HIT plan.

- Goal 1: Patient-focused Health Care. Provide the best information to our providers to assist in the delivery of quality health care for patients.
- Overall goal 2: Develop better policies and procedures to manage the care of the MaineCare population.
- The HIT vision will also focus:
 - Allowing quick and efficient access to secured patient information
 - Building the infrastructure for better patient management across the continuum of care
 - Ensuring member information is protected and secured
 - Ensuring high quality of care with the assistance of technology
- The State is developing the required infrastructure to assist providers to achieving ARRA/HITECH compliance.
- The State is also determining how to collaborate with bordering states for the exchange of relevant patient information. Areas of collaboration discussed included:
 - Examining options to leverage maternal and child health information utilizing the HIE
 - Providing electronic patient information between surrounding public health agencies
 - Ensuring the State has the right information to manage the care for foster children (e.g., up to date immunization records).

Agenda Item # 5: EHR Incentive Program Eligibility and Meaningful Use Criteria

Laura Lisien led the EHR and HITECH discussions. Key points of this discussion were:

- ARRA/HITECH is administered at the Federal level (HHS). The moneys from HITECH are not grant moneys. Rather, providers must demonstrate compliance with Meaningful Use to achieve compliance and incentive payments.
- There are no penalties for Medicaid. There are penalties, however, for failing to achieve Medicare Meaningful Use.
- CMS will likely finalize the rules around Meaningful Use by the end of June.
- The State is responsible for administering the Medicaid incentive payments for eligible hospital and eligible professionals (EH and EP). Incentives payments end 2016.
- Eligible professionals include physicians, dentists, certified nurse midwives, and physician assistants in a FQHC or a RHC. Practitioners employed by hospitals or are hospital-based are not eligible professionals.
- Only acute care and children's hospitals are eligible for Medicaid incentives. EHs may participate in both Medicare and Medicaid HITECH incentive programs. Behavioral Health and Long-Term Care facilities are excluded from the rules and are not eligible for incentive payments.
- The Medicaid volume is critical to incentive payments. For example, EPs must have a minimum of 30% patient encounters attributable to Medicaid over any a 90 day continuous day period with a most recent calendar year prior to reporting. Pediatricians may have 20% Medicaid, but will only be eligible for 2/3 incentive payment. If the Pediatrician has 30% Medicaid, the EP is eligible for the full incentive.
- Medicaid EP funding is different from Medicare. EPs can be eligible for \$63,750 in incentive payments. However, an EP cannot participate in both Medicare and Medicaid incentive programs.
- The Federal government is funding 90% of the MaineCare effort to build the HIT plan with the State funding the remaining 10%.

Agenda Item #6: HIT Brainstorming Session

Question: What do providers want from the State to help obtain Meaningful Use attestation? What technology requirements are required to implement an EHR?

- Response:
 - About 80% of the FQHS' have implemented an EHR solution. Another 10% of the FQHS' will be implemented this year.
 - ARRA/HITECH incentive payments can be used in the first year only to purchase, implement or upgrade an existing EHR.
 - One of the shortcomings is the lack of participation of the FQHSs' in the State health info net (HIN). The State has a goal to have all of the FQHS' to participate with health info net.
- Challenges to achieve Meaningful Use:
 - To achieve Meaningful Use, providers will need to capture and enter compliant data into their EHR.
 - Some providers may find it challenging to capture the type of data necessary under Meaningful Use.

Question: What is the State's role in helping providers participate in the State HIE?

- Adoption will be the key to success. The HIT plan will need to take into consideration an adoption strategy.

Question: How will the State encourage hospitals and/or physicians to share patient information?

- The State will need to develop communication strategies to gain the trust of the hospitals and providers. The State will need to develop a strong communication campaign to illustrate the benefits in engaging in the sharing of secure patient information.

Question: What services could be leverage utilizing a HIE?

- Exchanging patient lab information through the HIE could help to same time and effort.
- A challenge exists with some providers and outreach clinics which prefer lab information be directed in their office or facility and not via the HIE.

Question: How will the participation in HITECH lessen the liability for the release of information?

- The State has started a review of existing healthcare laws. The depth of release information is significant. The HIT steering committee is assessing the legal issues. Once the assessment is completed, the State will bring recommendations to the legislature.
- One area that presents a particular challenge is managing care between behavioral health services and acute care facilities. HITECH requires acute care hospitals to implement certified EHRs that have the ability to exchange patient information between entities. However, Behavioral Health Service facilities are excluded from HITECH and are excluded from the interoperable requirement. The exchange of patient information can be an issue when there are multiple entities providing care.

Question: Who has the liability for a patient opting in or out with regard to the release of information? Is it the provider or the HIN? Attendees commented that the policies around release of information are a "tangled mess".

- Providers have no relationship with a patient opting in or out for release of information. The relationship is at the HIN level and not the provider. The last patient declarative of opting in or out resides in the HIN.

Question: What do you need from Medicaid that you as a provider are not getting today? Areas discussed included:

- Providing the ability for providers to access information for the purposes of research, determining patterns of care, and evaluating cost. Participants also discussed having access to claims data available to do population analysis by disease classification, region, utilization of services, etc.
- Assisting providers with a better way to access IMPACT to avoid double entry of patient information.
- Improving the utilization of IMPACT. It is estimated that only 40% of the providers participate in the registry today. One of the reasons for low participation is IMPACT's algorithm which presents challenges for EHR systems to accept its data logic.
- Improving electronic access to immunization records. The Maine CDC may not have accurate patient immunization information. A recommendation was made for the State to utilize the HIN to store all vaccination information.
- Providing a central location for infection control and prevention information through the HIE/HIN.
- Integrating Indian Health Services data into the State systems to allow for sharing of information. IHS is developing a HL7 interface to facilitate the exchange of information.
- Assisting providers in understanding ARRA/HITECH Meaningful Use incentive payments and eligibility requirements.
- Improving access to insurance verification. Insurance verification is an administrative burden especially when additional staff hired to specifically focus on insurance verification via the phone. MaineCare is working to map insurance information to the HIN with the goal to eliminate the need to contract with external vendors and clearinghouses to conduct insurance verification.
- Reassessing physician RVU reimbursement. Attendees commented that the current RVU reimbursement does not take into consideration the amount of time needed to capture compliant data for Meaningful Use and the impact it has patient volume.

Agenda Item #7: Wrap Up

Sally Fingar concluded the visioning session with the following:

- There will be a CMS webinar available once the final HITECH Meaningful Use rules are finalized. The State will work with the Provider community to outline and review the final rule.