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|  | **SIM Data Infrastructure Subcommittee**  **Date: April 16, 2014**  **Time: 2:00-4:00pm**  **Location: MaineGeneral Health, Alfond Center for Health, Augusta** |

**Chair:** Katie Sendze, HealthInfoNet**,** [ksendze@hinfonet.org](mailto:ksendze@hinfonet.org)**, HIN Staff:** Shaun Alfreds, Gemma Cannon; Katelyn Michaud

**Member Attendance (A-Z):** Nancy Birkhimer , Barbara Crowley, Michael DeLorenzo, Bruce Donlin, Dawn Gallagher, Wayne Gregersen, , Patsy Leavitt, Margaret Longsworth, Chuck Pritchard

**Interested Parties:** Richard Chaucer, Jonathon Ives

**Members Absent:** Carrie Arseanault, Rebecca Gagnon, Karynlee Harrington, Ralph Johnson, Luke Lazure, Katherine Pelletreau, Joseph Riddick, Ann Sullivan

*Subcommittee documents available at***:** <http://www.maine.gov/dhhs/oms/sim/data-infrastructure/index.shtml>

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| **Agenda Item** | **Risk/concern discussed** | **Escalation to Steering (y/n)** |
| **Behavioral Health HIT Project** | Potential risk to achieving mental health data integration with the HIE: unclear patient consent communication/s may lead to unintentional full HIE “opt-out”. | N |
| **Agenda Item** | **Discussion Points and Decisions** | |
| **Agenda and Introductions** | * Reviewed agenda “Primary goals for the meeting” * Introduction of members for attendance | |
| **Review and Adoption of Minutes** | * Chuck suggested that the statement: “If providers participating in the HIE is a risk, which is up for debate, then just as much of a risk is those that are participating (with a contract) but are not using the tools, aka not implemented use across their organization for use” is confusing and needs clarification. Since the last meeting this risk was removed from the SIM Risk Mitigation plan. Katie will update the minutes with a brief comment about the status as of 4/16/14. * Minutes were approved and adopted with the edit by Katie. | |
| **Project Updates** | * Katie reviewed the status of HIN projects that have been presented to the DI Subcommittee thus far:   + Patient Portal-HIE Blue Button Project planning is underway with EMHS. Official launch is June 2014.   + 26 applicants for the BH HIT RFP were scored and 20 organizations were tentatively awarded. Applicants have been notified of acceptance and contracts with HIN have been distributed. Official launch of the initiative will begin on May 13th. | |
| **HIN’s SIM HIE Notification Project** | * Shaun Alfreds provided an overview of HIN’s SIM HIE Notification project. Under SIM, HIN will provide MaineCare care managers real-notifications for a sub-population of MaineCare members who targeted for intervention related to high ED and/or inpatient admissions. Medical record information from HIN’s HIE will be released to MaineCare care managers on behalf of the provider delivering care through a secure email. * HIN currently offers notifications as part of its core services to subscribers. The number of providers using notifications has increased significantly in recent months. * Shaun gave a short demonstration on how the notifications work within the HIE. * It was noted that this is the first project that allows Protected Health Information to be released from the HIE to an insurance payer (MaineCare). This is allowed by the agreement of the providers who share this data with the HIE. | |
| **Behavioral Health HIT Project (RFP)- Mental Health Data Infrastructure Discussion**   * **Current State vs.** * **Transformation** | * Katie provided an overview of HIN’s first 6 month Implementation Strategy for the BH HIT Project. Implementation Strategy includes: project plans/timelines, communication strategy, collaboration/partnerships, and staff and patient education development. HIN plans to leverage other related SIM BH initiatives to reduce the time commitment of these participating organizations (such as the ‘Health Homes’ forums/collaborative etc.). * Katie and Shaun reviewed the HIE mental health data infrastructure details and reviewed the relative Maine laws regarding health information exchange consent that were adopted in 2011. * Maine HIE consent to share information were reviewed (slides have more detail, this is a brief summary):   + Maine residents have three options for sharing behavioral/mental health (and HIV) information: **1)** patient can choose to opt-out all health information (mental and physical health), **2)** patient chooses not to “opt-in;” but gives consent for the provider to “break the glass” at that point in time, and **3)** patient chooses to “opt-in” mental health/HIV data to make this data available to all HIE provider users without having to break the glass. Dawn Gallagher commented that we are really lucky that Maine has an opt-out consent law for general medical data- in that it reduces the burden for the population to share their data across the continuum of care. Shaun stated that currently 92% of the Maine population has a record available in the HIE. * Nancy Birkhimer asked about minor consent and suggested that this is the detail that appears to be missing from the presentation today. On-going discussion is required by all parties to improve understanding on this complex nature. Shaun mentioned that perhaps the IHOC pilot working with consent of minors in the Foster Care program for the state could potentially shed some learning’s on this topic. * Margaret Longsworth shared that some case managers chaperoning intellectually impaired clients were interrupting providers reviewing HIN consent forms saying that they (the case manager) already reviewed consent forms with the client. BH providers will need to discuss and use common talking points with clients and such case managers in order to help them understand that is critical to the consent process for they themselves to engage the client at intake and discuss the HIE consent process, even if they also have discuss this. HIN agrees with this approach. * Margaret rose what is a potential risk to achieving mental health data integration with the HIE in that- if BH providers “don’t get the consent conversation right the first time” the patient/client may be confused and inadvertently “opt-out” altogether. If that is the clear choice, to opt-out, then of course this is acceptable. HIN consent patient education and a majority of the patients will opt-out completely. Margaret pointed out the importance of proper patient and provider education regarding how to address consent with patients. | |
| **Interested Parties; Public Comment** | * Richard Chaucer addressed the issues of the patient discrimination concerns related to patients with DSM/Axis diagnosis’s that are using for billing purposes. Currently HIN does not integrate the codes used for billing information in the HIE “Clinical Portal” but we do present an ongoing “active problem list” of patient diagnosis. We recognize that discrimination is a real challenge for those patients that may be diagnosed with particular mental health diagnosis codes. | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
| **March Meeting Minutes** | Katie will update the March Minutes with the comment about the risk mitigation plan |  | Katie | 4/18 |
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