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|  | **SIM Data Infrastructure Subcommittee**  **Date: November 5, 2014**  **Time: 2:00-4:00pm**  **Location: MaineGeneral**  **2nd Floor, Room B2103**  **Augusta, Maine** |

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

**Member Attendance (A-Z):** Carrie Arsenault, Nancy Birkhimer, Kristen Cowing, Bruce Donlin, Peter Flotten, Rebecca Gagnon, Luke Lazure, Raymond Taylor, Ann Sullivan, Amy Wagner, Katherine Pelletreau

**Interested Parties/Guests:** Randy Chenard (SIM Director), Mark (MDI), Andy Paradis (Lewin)

**Members Absent:** Barbara Crowley, Dawn Gallagher, Karynlee Harrington, Wayne Gregerson, Ralph Johnson, Patsy Leavitt, Margaret Longsworth, Chuck Pritchard

*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)** |
| **N/A** | None | N |
| **Agenda Item** | **Discussion Points and Decisions** | |
| **Agenda and Introductions** | * Introduction of members; new members to group today, see revised member list * There are two vacancies on the subcommittee; DHHS and Maine Health Care Association will select replacements. * Peter Flotten replaces Michael DeLorenzo from the Maine Health Management Coalition. Peter manages the Data/Claims projects at the Coalition under the SIM grant. | |
| **Review/Adoption of Minutes** | * September Meeting Minutes were approved and adopted with a few edits to names | |
| **Care Coordination Risk Mitigation** | * Katie revisited the ongoing topic; it was presented at the September meeting. Katie presented earlier in the day at the SIM Delivery System Reform subcommittee meeting about the topic as well. She shared her slides with the group (slides will also be emailed out to the DIS subcommittee) and informed the group about the discussion that occurred at the meeting. HealthInfoNet (HIN) has submitted a grant proposal for funding to convene stakeholders across the state to come together and develop a template for the “ideal” electronic shared care plan. In the meantime, what can the Data Infrastructure Subcommittee and SIM do? What work through SIM can help form shared care plans? * MaineCare asked HIN to report on the number of CCT/PCMH/HH/BHHO connected to HealthInfoNet. About 90% of those practices/teams have access to HealthInfoNet. Of those 90%, 14% have contracts but are not actively using HealthInfoNet. Most of the CCT are using HealthInfoNet’s notification subscriptions. The Community Care Team (CCT) from the Lewiston area has volunteered to test the use of HIN tools as part of improvement care coordination across systems/partners such as the local hospital, health home and behavioral health- for a small group of shared patients. * HealthInfoNet can take in a very wide variety of transcribed patient notes/documents. One provider today submits care plans to HIN (Eastern Maine Home Care). However, different terminology may be used and other providers might not be aware of these documents in HealthInfoNet. Providing care plans to HealthInfoNet may be underutilized today. Carrie Arsenault is willing to share lessons learned about utilizing HealthInfoNet notifications in EMHS Beacon sites with Katie. Katie will follow-up with Carrie. * Katie quickly reviewed the new CMS Care Coordination billing code that includes requirements for electronic care plan exchange. Katie asked to table the topic until next meeting or early next year once the code is implemented on January 1, 2015. Bruce Donlin expressed an interest in the topic due MDI’s need to meet Meaningful Use 2 measures of submitting transitions of care. More to come in 2015 when the final rule is made. (Update: final CPT code was chosen for this service: CPT code 99490). | |
| **HIN Project Updates** | * Gemma Cannon presented on the project status of HIN’s Behavioral Health Information Technology Reimbursement Initiative (BH HIT). Two behavioral health organizations (BHO) dropped out of the initiative and two new organizations were added and are currently beginning the implementation process. Nine out of the 20 organizations have completed Milestone One, which consists of developing the educational plan and confirming the test data integration capabilities between the organization’s EHR vendor and HealthInfoNet. The remaining 11 organizations are currently delayed to vendor complexities. Currently, 13 out of the 20 BHOs have received clinical portal training and are preparing to “go-live” with view-only access to HealthInfoNet by the end of the year. The remaining organizations all have trainings scheduled with HIN’s Clinical Nurse Educator. * Katie gave a brief overview of the HealthInfoNet Blue Button (BB) project with Eastern Maine Health System (EMHS). The project go-live with the 3 pilot practices is slated for January 7th. HIN and EMHS are currently writing and editing draft patient and provider talking points about the project. From January through April, HIN will be collecting information from patient who download their Continuity of Care Document (CCD) about their experience with the readability of the document, the downloading process, and what they may use the document for. Bruce Donlin asked how HIN plans do capture patient feedback. HIN is planning to utilize a pop-survey, a longer emailed survey, and patient advisory council forums. Katie will send the final drafts of the survey questions to the DIS committee members for review after the first of the year. * Due to time constraints, Katie only gave a brief update of the MaineCare PHI Notification project with the decision to dive deeper into the topic in January-February 2015. Luke Lazure suggested that we invite Tracy to a future meeting to discuss her team workflow and experience with the project and implementation of the project. | |
| **Committee Engagement Feedback and Discussion** | * Katie asked the group how to better engage the group in discussion and what meeting frequency and format works to best ensure everyone gets the most out of each meeting. * Raymond feels that he doesn’t get much out of conference calls and felt that he got a lot out of today’s meeting. He recommends more in-person meetings. * Luke recommends asking people directly involved in specific projects to come and present on the projects during meetings. He thinks Tracy Emerson, the MaineCare Care Management team manager, to come to a future meeting to present on the HealthInfoNet PHI Notification project. * After discussion, it was decided that in 2015 Katie will continue to schedule monthly in-person meetings with the right to cancel meeting with at least one week’s notice if not enough project work has been completed or topics are not ready for discussion. * Randy suggests adding risk mitigation as possible meeting topics and discussions. | |
| **Interested Parties; Public Comment** | * None | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
| **Guest Speakers** | Katie will invite Tracy Emerson to speak at a future DIS meeting about the MaineCare PHI Notifications Project | Active | Katie | 12/31 |
| **2015 Meeting Schedule** | Katie will send out the monthly meeting invites for 2015 | Done | Katie | 12/1 |
| **Care Coordination** | Carrie Arsenault is willing to share lessons learned about utilizing HealthInfoNet notifications in EMHS Beacon sites with Katie. Katie will follow-up with Carrie. | Active | Katie | 1/7/15 |