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|  | **SIM Data Infrastructure Subcommittee**  **Date: September 3, 2014**  **Time: 2:00-4:00pm**  **Location: Webinar** |

**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, Bruce Donlin, Margaret Longsworth, Chuck Pritchard, Kathleen Pelletreau, Carrie Arsenault, Rebecca Gagnon, Raymond Taylor,

**Interested Parties/Guests:** Lisa Tuttle & Lise Tancrede (Delivery System Reform Subcommittee/Maine Quality Counts), Amy Wager (evaluation), David Hanig (evaluation), Lyndsey Sanborn (MHMC), Kristen Cowing (MaineCare)

**Members Absent:** Patsy Leavitt, Michael DeLorenzo, Barbara Crowley, Ralph Johnson, Dawn Gallagher, Luke Lazure, Karynlee Harrington, Wayne Gregerson, Joseph Riddick

*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** | * Reviewed agenda briefly * Introduction of members for attendance | |
| **Review and Adoption of Minutes** | * June Meeting Minutes were approved and adopted | |
| **Project Updates** | * **HIN Behavioral Health Information Technology Reimbursement Initiative**   + Katie gave an update of the status of the project and where the BH organizations are in meeting the milestone process. BH orgs are currently working on their consent education plans and working with HIN’s Technical Team and the EHR vendor to build the technical infrastructure to meet milestone one deadlines. Most orgs will not meet the technical/data integration capabilities deadline on 9/30/14 due to lack of vendor capabilities and slow adoption of new technology. HIN predicts most will meet me deadline around November. All orgs should meet the 9/30 educational plan deadline.   + Ann Sullivan asked about the consent process of Mental Health and HIV in HIN’s Clinical Portal as it is very confusing. Shaun Alfreds reviewed the State of Maine laws regarding the sharing of MH/HIV information and what the current “opt-in” consent process is.   + Milestone 3 of the initiative revolves around quality measurement. HIN is planning to utilize the BH PTE workgroup managed by the Maine Health Management Coalition as a platform to discuss this topic further. * **Blue Button – Patient Portal Project with Eastern Maine Health System**   + Katie gave an update of the project. The project is moving forward in the pre-pilot phase. HIN has met with two of the three practice pilot sites (Husson Internal Medicine and EMMC Family Medicine of Brewer) to introduce the project. The technology has been built and is in testing. HIN plans to pilot with three practice sites this fall. * **MaineCare PHI Notifications Project**   + HIN has completed the testing of technology phase with MaineCare’s Care Management Team led by Tracy Emerson. HIN is functional with delivering secure PHI emails to MaineCare using event ADT messages, Discharge documents, and daily summaries of ED/Inpatient events. HIN has received positive feedback from Tracy’s team, but there is some differences between data (diagnosis) seen between HealthInfoNet and what MaineCare receives in the daily census from hospitals. HIN obtains final information/data from hospitals about 3-5 days post discharge, while hospitals may be giving preliminary diagnosis data to MaineCare in the daily census. More research is needed to confirm this.   + HIN will meet with MaineCare on 9/25/14 leadership discuss the testing results of the project and the implementation options available to them. There is an acknowledged variance between the original intent of the project to focus on high cost/high risk members and the current focus of the MC ED project, ED diversion from non-acute needs to primary care. HIN is able to provide the services testing based on risk models however more implementation planning must occur prior to moving forward. | |
| **SIM Risk Mitigation (Randy Chenard)** | * Randy reviewed the SIM Risk mitigation documents and Governance role and responsibility of risk mitigation. | |
| **SIM Risk #6:** Behavioral Health EHR vendor constraints | * Katie presented Risk #6, “Behavioral Health vendor constraints and impact to the HIT reimbursement initiative”. HIN has encountered development constraints from most of the vendors in the project. There are currently 8 vendors involved in the project. HIN is not concerned that this risk will turn into an active “issue”. Although constraints have caused a delay in the milestone deadline goal for the first milestone due 9/30/14, the buffer of time in the following milestone gives everyone time to get caught up. HIN expects the orgs. to get caught up for the following milestone. Milestone 1 is delayed for most by 1-3 months. | |
| **SIM Risk #21 – Care Coordination Fragmentation-** Looking for technical solutions from the Data Subcommittee | * Lisa Tuttle from Maine Quality Counts joined the meeting to provide an overview of the risk that was raised as a SIM risk during a Delivery System Reform Sub-Committee meeting. Lisa shared her documents of the risk as shared with the Steering Committee. * HIN has done some research to see what options they may have to help mitigate this risk. This topic has been raised nationally as an issue by HIN and others. * Currently providers who have access to HIN are not allowed to enter data into the portal for security reasons. HIN is currently seeking out grant funding to explore the possibility of developing a “shared care plan” that stakeholders would convene to set standards for providers of care entering information directly into the HIN Portal. There is currently no funding to pursue this project. If funding is secured it would take significant time to plan, test, and implement these concepts. There is no immediate HIN solution on the table. * Lisa requested for IT solutions beyond HIN. The committee did not have current solutions or experiences of their own to offer, the consensus seems to be that the technical tools (EMR’s etc.) that we use do not solve this concern. The concerns are shared by the IT/Data experts and do not have a solution- per the scope of this group and discussion. | |
| **Interested Parties; Public Comment** | * None | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
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