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|  | **SIM Data Infrastructure Subcommittee**  **Date: November 14, 2013**  **Time: 3:00-5:00pm**  **Location: MaineGeneral Health, Alfond Center for Health, Augusta & Beacon EMHS Brewer Office** |

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

**Member Attendance (A-Z):** Carrie Arseanault , Nancy Birkhimer , Michael DeLorenzo, Bruce Donlin, Dana Duncan, Rebecca Gagnon, Dawn Gallagher, Wayne Gregersen, Karynlee Harrington, Ralph Johnson, Luke Lazure, Patsy Leavitt, Margaret Longsworth, Katherine Pelletreau, Chuck Pritchard, Joseph Riddick, Ann Sullivan,

**Ad Hoc Attendance:** Michelle Probert & Kitty Purington (MaineCare), Emilie van Eeghen (MaineGeneral Health), Lynn Duby (Crisis and Counseling), Amy Cotton & Lori Wright (EMHS)

**Interested Parties:** Chris Muffett, Bill Sullivan, Mike Miller, Lydia Richard

**Members Absent:** Barbara Crowley, Holly Harmon

*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)** |
| **HIN’s Behavioral Health RFP** | * Add more specific details to quality measurement milestone in RFP, require one minimum measure for milestone 3 to make the ask specific but not unrealistic * Weight the dollars more heavily on the QI milestone or else there may not be enough “incentive” to meet this last requirement, given that this may be the most complex of the RFP milestone activities * Need to align the quality milestone with other SIM BH quality projects (HH and MHMC PTE BH workgroup) * Consider the request for grantees to participate in quality measure discussions related under SIM, or else will the measure work be meaningful? * Consider impact of focusing the RFP requirements towards larger vs. smaller organizations, consider a mix of organization scope and size * Concerns that the BH community is given less time to “transform” in the area of HIT than its partners in the Primary Care arena. Adopting EHR’s, using them for quality reporting etc. takes years to transform care and culture of the service, and BH needs time for the journey to do it well. The group acknowledged this and discussed the scope of this RFP being for potentially the more advanced group of BH organizations, however there is commitment from HIN and MaineCare to find ways to support organizations that have the will to reform, but do not fit within the scope of specific SIM projects. | N |
| **Patient Portal Blue Button Pilot** | * Without competitive criteria/scoring how will HIN choose only one pilot? Recommendation to make the process competitive in some way. * Concern about the HIN HIE data that the patient will download from their Patient Portal will interface directly with the provider’s EMR data- HIN clarified that this is not the intent of this project. The data will not interface; it will only be available in the standard CCD (Continuity of Care document) by way of a downloadable PDF document. The provider portal becomes the means of “connection” for the patient to download their data from HIN’s HIE. * It was noted that there will be a need to communicate with the providers that participate in HIN’s HIE portal that this pilot is occurring so that as patient’s have questions about their data they are viewing within the pilot organization there are no surprises about the project taking place. HIN could not agree more and will follow through on this point. | N |
| **Agenda Item** | **Discussion Points and Decisions** | |
| **Welcome, Agenda overview, Consent agenda items** | * 10/31 minutes were adopted as is, will be posted | |
| **Follow up questions around subcommittee structures and “charge” documents from last meeting?** | * No follow up questions were asked regarding SIM governance, Charge, or other core documents presented at the 10/31 meeting. | |
| **HIN’s Behavioral Health RFP** | * Note concerns/risks noted above. * Shaun reviewed the major concepts of the RFP noting the test of advancing Health Information Technology in the Behavioral Health sector under the Affordable Care Act activities. The focus of the advancement is on the interoperability of clinical/administrative data from EMR’s in behavioral health settings for the purpose of care coordination and quality measurement. * There is a limited budget of 1.4 million for this RFP, spread across 20 organizations, $70,000 each. HIN estimates this touches about 1/3 of the general behavioral health organizations across the state of Maine. * Michelle Probert from MaineCare noted the relationship and alignment between MC’s Health Home initiatives and this project. * Parking lot issues reminded of: sharing and consent processes for minors, mental health, and HIV data. * Use specific language in the organizations targeted section of the RFP, note that substance abuse services is not part of the scope of Health Homes * Question on if the health information exchange milestone is required between providers directly or only via HIN’s HIE clinical portal? Answer- only through HIN’s HIE portal. However, the concept of having data interoperable allows the technical foundation to enable discrete data sharing with like organizations as capacity is build, meaning the interoperability using HL7 standards is a replicable infrastructure. HL7 information: <http://www.hl7.org/about/index.cfm?ref=nav> | |
| **Patient Portal Blue Button Pilot** | * Note concerns/risks noted above. * Shaun reviewed the history of HIN’s journey to provide patients with direct access to their summary of care record, from the HIE, beginning in 2008. The goal for HIN is to support the provider community as they roll out their Patient Portals to meet Meaningful Use goals. * The scope of the project is tied to the national Veterans Affairs electronic code standards in providing patients with their Continuity of Care Document (CCD) <http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/PersonalHealthRecords/aboutccd.html> * The VA work is also known as the blue button standard/project. For more information: <http://va.gov/bluebutton/> * There is a need for consumers to be able to download all of their statewide record, including their notes, any and all documents available in the HIE. The question was asked if their project included notes or a concept at the VA known as “open notes”. Answer- this is not part of the scope of this project. This is the first step and the standard is to use the format of the standard CCD- C32 standards, which is to present data within these 17 categories, based on what is available in the HIE. <http://www.corepointhealth.com/resource-center/hl7-resources/ccd> * Consider a health literacy working group related to this project with provider experts as well (Patsy is interested) * This project is what the state of healthcare requires, it is the current state of internet use, electronic living and helps move us forward in this cultural context. * Will patients be able to self-report health data in this project? Answer: no, again this is a process of downloading a summary document from the data available in the HIE that is provided by provider organizations across the state of Maine only at this time. * Patients having access to their information:   + Is necessary, trust patient’s understanding of their own data and health   + Concern over having access to “too much”- noted that patients do have access to all of their data today under law, this allows a new process for accessing the same data already available   + It was noted that what the Primary Care association has seen in their work with Patient Portals is that it is the patient’s with strong relationships with their PCP’s that are most active in using their provider’s Portal. * Katherine asked if there was any “claims data” being included in the document being provided to patients under this project. Answer: no, this is not within the current scope of the project. HIN does not have cost data within the clinical HIE portal at this time. It is a good point to understand this difference and the implications of such. | |
| **Next subcommittee agenda items- input** | * Katie reviewed the plan for future meetings to incorporate presentations and discussions related to the other SIM subcommittees, Mike DeLorenzo representing the MHMC and Payment reform subcommittee and Chuck Pritchard from MQC representing Delivery System Reform, will be joined by their SIM project colleagues as the work unfolds. * Katie has requested that in addition to the SIM partner members of the group, that the members from the State/DHHS be thinking about their related data infrastructure projects and work for the purpose of bringing that work forward for alignment, understanding, and input as appropriate within this subcommittee. | |
| **Public Comment** | * No public comment | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
| **Patient Portal Blue Button Pilot** | Incorporate concerns/risks identified into HIN’s PHR project process and content, distribute materials to the subcommittee for review for 12/4 meeting. | On track | Katie/ Shaun | 12/1 |
| **HIN’s Behavioral Health RFP** | Incorporate concerns/risks identified into HIN’s BH RFP process and content, distribute materials to the subcommittee for review for 12/4 meeting. | On track | Katie/  Shaun | 12/1 |

**Outstanding Actions**

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| **Reference** | | **Action Items** | **Status** | **Who** | **Due By** |
| **Membership List** | Update Subcommittee member list and send out | Done 12/13 | Katie | 12/1 |