

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Meeting Notes

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| CLIENT: | State of Idaho | MEETING DATE: | August 22, 2013 |
| SUBJECT: | Health Information Technology | LOCATION: | Conference Room 10A |
| ATTENDEES: | Present: Scott Carrell, Tina Voves, Ed Fischer, Michael Gaul, Joe Skeen, Rick Turner, Zack Hodges, Michael Farley, Platt Thompson, Kathy Turner Facilitators: Andrew Wilson, Jack Peters Absent: John Kee, Yvonne Ketchum, Scott Smith, Peggy Evans, Tim Heinz Facilitators: Andrew Wilson, Jack Peters | DISTRIBUTION: | |

Decision Items

- Reviewed conceptual concepts documentation for Health Information Technology (HIT) Work Group.
- Reviewed project timeline and near term milestones.

Follow-Up Items

- Team to provide input on the five HIT recommendations. Feedback is due to Andrew and Jack by Noon Friday.
- Next in-person meeting: September 12, 1–5 pm.

Notes

- Introductions.
- Scott reviewed Dr. Epperly's request for five HIT recommendations. He indicated the Steering Committee (SC) meets next week to review what we come up with.

- House-keeping items: September deadline date has been delayed by two months by the Centers for Medicare and Medicaid Services. This tracks well with the project and fee market review that the Idaho Health Data Exchange (IHDE) is undertaking. Also, Dr. Epperly synthesized the work group items into a couple visuals. The group reviewed the visuals depicting Idaho's seven network regions and region composition. Feedback on the diagram included a request to change the term "network", which is a terrible term given the confusion about networks in multiple areas.
- Reviewed core concepts document and "Future State" diagram. Rick Turner indicated the diagram is missing "Self Service Data" – divide data marts for driving data extracts (Andrew). The majority of the meeting was spent reviewing and revising these documents. The final version will be used as the basis for input to the documentation requested by Dr. Epperly.
- Task before us is to determine costs for each component piece. How do we get cost information and is it valid enough for the model? We don't have to answer who is going to pay for it.
- Scott has a five year sustainability plan that shows the development of the income stream.
- The Office of the National Coordinator for Health Information Technology (ONC) presented two states' (Delaware and Minnesota) patient-centered medical home (PCMH) solutions. Task: Circulate page 21 showing Minnesota's four rings. Andrew to send to Ed and our group; Ed to distribute to the SC and other work groups. Key point is patient engagement – will require provider education and outreach.
- Question regarding who will manage the PCMH program (will it be the State since many member/patients are Medicaid? Or will it be outside the government?).
- Sustainability of IHDE without the grant – is this possible and should we talk about that right now? And has it been successful? Response: The real question is what additional tasks have to be added and then what is the sustainability for that solution? Minnesota also indicated that getting provider's electronic health records-adoption rates up – they directed three million towards that effort.
- Distribute ONC presentation and SC Idaho State Network (n, N) diagrams to group.
- Additions to the HIT diagram: Statewide quality database to support data for measurement reporting. See "Development of a centralized, statewide database to support the intake, analysis and reporting of statewide performance measures" from the SC presentations document last week. Slide for reporting – add another box "population/quality measure

database". Add sub box for "quality measures"; above that, "population health management", and add narrative to the PowerPoint.