



# Health Information Technology Workgroup Meeting

## Meeting Minutes:

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**SUBJECT:** HIT Workgroup September Minutes      **DATE:** September 15, 2016

**ATTENDEES:** Linda Rowe, Denette Dresback, Sheila Pugatch, Kathy Turner, MD, Scott Carrell, Michael Ide, Cynthia York, Michael Farley, Janica Hardin      **LOCATION:** 450 W State Street, 10<sup>th</sup> Floor, Room 10A, Boise

**Teleconference:** Rick Turner, MD, Meg Hall, Chanda Sundara, Amy Osborne, Kevin Martin, Casey Moyer, Shelly Bewick, Stephen Garwick

**Members Absent:** Tina Voves, Lance Hatfield, Peter Sorensen, Tom Barrieau, Cale Coyle, Tom Rosenthal, Michael Gaul, Paul Castronova, Cathy Libby, Marc Chasin, MD, Brad Ericson, Tim Gordon, Jim Johnston, Richard Rainey, MD, Gregg Shibata, Ashutosh Tripathi

**IDHW Staff** Burke Jensen, Cynthia York, Alexa Wilson, Michael Thomas

**Office of the Attorney General:** N/A

**STATUS:** Draft 9/15/2016

## Summary of Motions/Decisions:

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**Motion:**  
Linda Rowe moved to accept the minutes from the July 21, 2016 Health Information Technology (HIT) Workgroup Meeting.

**Outcome:**

Denette Dresback seconded the motion.

Motion Carried.

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## Agenda Topics:

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### **Welcome, Roll Call, Agenda Review, Approval of Meeting Minutes** – *Janica Hardin, HIT Workgroup Co-Chair*

- Janica Hardin welcomed the workgroup, completed the roll and provided a brief overview of the agenda.
- Ms. Hardin called for an approval of the June meeting minutes.

### **Vendor Updates**

#### ❖ **Idaho Health Data Exchange (IHDE)** – *Scott Carrell, IHDE*

- Connections Update – Scott Carrell provided the group with an update on project activity.
  - A connection with Primary Health was established and results have begun to filter in.
  - IHDE has created a spreadsheet with the readiness status of each of the Cohort 1 clinics and Mr. Carrell described its structure for the workgroup. The purpose of this spreadsheet is to identify which clinics are currently connected to IHDE, waiting to connect, those potentially unable to connect and the causes of the delays
  - EHR challenges – Mr. Carrell described some of the challenges with the various EHRs and causes of delays.
  - Instead of two sprints of clinic builds, with the first sprint ending in September and the second ending in December, now the timelines for both sprints are being combined and are projected to end mid-January.
  - Only 7 clinics (4 clinic organizations) will be connected by October 31<sup>st</sup>. The other clinics are progressing slower than anticipated.
- This delay from IHDE will negatively impact the timeline for clinics receiving their clinical quality measure (CQM) reports. Several clinics will not be able to view their CQM reports until after the start of the new grant year.

#### ❖ **HealthTech Solutions (HTS)** – *Amy Osborne, HealthTech Solutions*

- Analytics Update – Amy Osborne provided an update on the work being done in the data analytics area of the SHIP project.
  - Ms. Osborne discussed down-stream effects of the connection delays with clinics and the impacts to the data analytics. Some clinics will not have access to their CQM reports until next grant year
  - HealthTech has been working with SHIP on ways to mitigate project timelines. For example, they are moving forward with configuring all four measures at once, versus developing one measure at a time, for Year 1. In addition, unit testing for all four measures has been completed.
  - HealthTech is moving forward with producing the measures, and doing everything they can without patient data.
  - So far, HealthTech Solutions has received 35 CCD patient files from the proof of concept effort. They have requested from IHDE to obtain additional clinic CCD files. The importance of this is to bring to light any data gaps currently existing without having to wait for the actual connection..
  - There are a several outstanding items that can also impact the timeline. HealthTech, SHIP Operations and IHDE are meeting regularly to resolve these questions.
    - The file structure for the attribution file has not been finalized.
    - There are some clinics using the E-Clinical Works EMR that may need to report CQM data via a flat file. The flat file structure for those clinics hasn't been finalized yet.
    - HealthTech will need to receive an extract of the IHDE database on A1C percent lab values. This process also needs to be mapped out.
- Contract Amendment – HealthTech has been working with SHIP on an amendment to their contract that will ensure the scope of work reflects the changes that have occurred since bidding on the project.

### **HIT Project Manager Update** – *Burke Jensen, SHIP Operations*

- Burke Jensen provided an update other Health IT areas of the project.

- In previous HIT meetings, a flowchart was presented portraying the process that a clinic would go through in reporting on clinical quality measures. Mr. Jensen presented the latest version of this flowchart to the workgroup.
- Members of the SHIP team as well as members of the HIT Workgroup attended the Office of the National Coordinator for Health Information Technology (ONC) Technical Assistance Convening for SIM states in Washington, D.C. recently. The purpose of this conference was to work through some of the challenges related to Health IT that all states are facing.
  - One identified value from the conference was identifying the use of a data governance group as a best practice for states. The SHIP Operations team will be preparing a Technical Assistance request to help define the structure and membership of this group in Idaho.
  - Another value from the conference was gaining the validation that this project is headed in the right direction.

**Vendor Meeting Update – Janica Hardin, HIT Workgroup Co-Chair**

- All of the SHIP vendors met in August to discuss their roles and responsibilities, as well as discuss major project tasks and goals. One important discussion coming out of the meeting pointed to the need for a data governance body – and this meeting preceded the ONC TA convening which further substantiated this need. This data governance body in Idaho could include representatives from our HIT Workgroup, the CQM Workgroup, clinics, health systems and payers.

**HIT Workgroup Membership Review – Janica Hardin, HIT Workgroup Co-Chair**

- Ms. Hardin noted that in performing a HIT membership review, and in the potential of creating a new data governance group, there will also be a room for creating efficiencies and filling gaps.

**Wrap Up and Next Steps – Janica Hardin**

- Ms. Hardin, Mr. Jensen, and the rest of the SHIP team will continue to work on updating the HIT membership list with suggestions submitted to the Office of Healthcare Policy Initiatives inbox.

There being no further business Chairman adjourned the meeting at **4:42pm**