



# Health Information Technology Workgroup Meeting

## Meeting Minutes:

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<b>SUBJECT:</b>	HIT Workgroup July Minutes	<b>DATE:</b>	July 21, 2016
<b>ATTENDEES:</b>	Scott Carrell, Brad Erickson, Michael Farley, Janica Hardin, Sheila Pugatch, Tom Rosenthal, Linda Rowe, Chanda Sundara, Dr. Rick Turner	<b>LOCATION:</b>	450 W State Street, 10 <sup>th</sup> Floor, Room 10A, Boise
<b>Teleconference:</b>	Marty Glen, Kevin Martin, Wanda Neviasser, Amy Osborne, Kathy Turner, Ashish Virmani, Tina Voves		
<b>Members Absent:</b>	Paul Castronova, Dr. Marc Chasin, Cale Coyle, Denette Dresback, Dr. Peggy Evans, Michael Gaul, Tim Gordon, Lance Hatfield, Michael Ide, Jim Johnston, Cathy Libby, Dr. Richard Rainey, Gregg Shibata, Dr. Scott Smith, Ashutosh Tripathi		
<b>IDHW Staff</b>	Kym Schreiber, Alexa Wilson, Cynthia York		
<b>Office of the Attorney General:</b>	N/A		
<b>STATUS:</b>	Draft 9/14/2016		

## Summary of Motions/Decisions:

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**Motion:**  
Dr. Rick Turner moved to accept the minutes of the June 16, 2016  
Health Information Technology (HIT) Workgroup.

Michael Farley seconded the motion.

**Outcome:**

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

### **Vendor Updates**

#### ❖ **IHDE Connections** – *Scott Carrell, IHDE*

- Scott Carrell provided an update on current progress with the Idaho Health Data Exchange (IHDE). Readiness assessments with a majority of the 55 Cohort 1 SHIP clinics have been conducted, of those clinics, 64% (35) are ready for connection to IHDE, 31% (9) are on hold for various reasons such as participation agreement questions, EMR vendor issues, vetting through transition issues, etc., and 5% (3) are on hold for specific reasons that are being worked through.
- IHDE is keeping SHIP informed of the readiness status of all SHIP Cohort 1 clinics.
- The timeline for clinic EMR connection implementation is as follows:
  - The first sprint of clinics connections will be implemented July through September.
  - The second sprint is slated for October through December.
- IHDE has done considerable work with Orion to refine their onboarding materials in the hopes of making the implementation process run smoothly.
- Kick-off calls with Adams County, Family Health Center, and Family Health Services (all of whom are Nextgen clinics) have taken place. The purpose of these calls is to define the timeline for implementation, discuss the project phases; planning and development, to testing and validating, to go-live production. Meeting on a regular basis is discussed, making sure the appropriate players are present at the meetings, and keeping a strict schedule, are also discussed at the kick-off meetings.
- In terms of types of connections, IHDE will be incorporating some traditional HL-7 connections as well as adding a CCD (continuity of care documents) connection. The CCD is the mechanism being used to pass information to HealthTech Solutions.
- The group also discussed specific requirements for the connections, including whether or not a clinic can produce a historical CCD and the need to have an IHDE database extraction to capture all A1C lab values.
- Lastly, IHDE will be pursuing a direct contract with NextGate, the EMPI vendor, so IHDE can share the EMPI number with HealthTech Solutions. (The current EMPI service license is between Orion and NextGate and limits the sharing of the EMPI number.)

#### ❖ **HealthTech Solutions** – *Amy Osborne, HealthTech Solutions*

- HealthTech provided an update on the work being done in the data analytics area of the SHIP project.
  - An analytics infrastructure has been created for the project.
  - Four environments have been established for the analytics system: production, training, development and test.
  - A measure engine was created and has undergone recent changes including:
    - Calculating the measure at the holistic patient level versus at the clinic level as originally proposed in the RFP.
    - Updates have been made to attribution.
    - Diabetes A1C and BMI are currently in unit testing.
    - Currently configuring Tobacco Use Measure.
  - Reports Development:
    - Base Universes for reporting are being developed in the Business Objects environment.
    - Report Templates have been developed.
    - Unit testing of the Clinic-Universe is in progress.
  - Proof of Concept files from Clinics:
    - 4 clinics have sent some sample data files, although not all of them were CCD documents.
    - 1 CCDA-CCD was received from an Athena EMR.

- Operational Preparations:
  - Installed JIRA, an issue tracking software, for test and defect tracking.
  - Working with Idaho SHIP on finalizing the training plan.
  - Installed Help Desk Management software and acquired the 1-800 number.

#### **HIT Updates**

- ❖ **Data Element Mapping Subcommittee Update** – *Chanda Sundara, Data Element Mapping Subcommittee Co-Chair*
  - Chanda Sundara gave an update on discussions/decisions surrounding the remaining measures for the Year 2 and Year 3 of the SHIP project.
    - Since the last HIT workgroup meeting, the Clinical Quality Measures (CQM) Workgroup met and discussed the first three CQMs for Year 2: Childhood Immunization, Clinical Depression Screening, and Non-Malignant Opioid Use. The remaining measures for Year 2 and Year 3 were discussed as well to determine if they are still in alignment with improving care in Idaho.
    - Ms. Sundara noted that during the last Data Element Mapping Subcommittee meeting the remaining measures were discussed. Due to time constraints, they were not able to provide HIT recommendations for all of the CQMs and will continue their discussions at the next meeting.
- ❖ **Use-Cases Subcommittee Update** – *Janica Hardin, HIT Workgroup Co-Chair*
  - Ms. Hardin gave a synthesis of the Use-Case Subcommittee meetings on July 11 and 12.
    - The July 11 meeting was for clinical staff and focused on two user roles: a population health coach and a provider/administrator. During the meeting, attendees provided direction on how these clinic users would like to use the HealthTech analytics tool.
    - The July 12 meeting was for regional and state users, the state evaluation team, and the SHIP team, who focused on use-cases with aggregated and/or de-identified data.
    - Matt Clark with KMP/Verinovum facilitated the meeting with assistance from Jason Buckner, HealthBridge. They both have extensive knowledge and experience with health information exchanges (HIEs). A summary report of the Use Case meetings will be created.
- ❖ **Patient Attribution Methodology** – *Janica Hardin, HIT Workgroup Co-Chair*
  - Ms. Hardin noted that patient attribution methodology refers to the concept of linking a patient to provider to clinic. The current proposed plan is to request a flat file from each of the clinics to gather the needed attribution data.
  - Ms. Hardin added that this will be a topic discussed at the upcoming Data Element Mapping Subcommittee meeting, and will be brought back to the HIT workgroup with further clarification on details.

#### **Cohort 2 Application Process** – *Kym Schreiber, SHIP Operations*

- Kym Schreiber presented the questions related to Health Information Technology that will be included as part of the SHIP Cohort 2 applications. She led a discussion to obtain feedback and suggestions from the group on how best to revise the current questions and make necessary additions.
  - One suggestion made by a workgroup member is to include a section in the application that explains what an EHR is and why the clinic is being asked about it.

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

- Ms. Hardin discussed revising the HIT Workgroup Membership. She will be sending out an email with a request for the members to make suggestions on individuals to add, remove, etc. She would also like for members to relay their intent to either continue their membership on the workgroup, or their desire to be replaced, and if so, their recommendation for their replacement.
  - Some suggestions made at the meeting included:
    - Clinics from Cohort 1 that have already gained experience in this area.
    - Representation from different regions.
    - Incorporating representation from the various payers. Cynthia York, Administrator for the Office of Healthcare Policy Initiatives, noted that the Multi-Payer Workgroup will be reconvening in August and she will bring this suggestion to the workgroup members for their consideration. Ms. York expressed her gratitude to the current members for their expertise and participation.

**Wrap Up and Future Agenda Items** – *Janica Hardin, HIT Workgroup Co-Chair*

- It was an expressed interest by workgroup members to have a learning session in an effort to ensure all those involved in HIT have the same understanding of definitions/concepts, etc.
- Ms. Hardin thanked the group members for joining and concluded the meeting.

There being no further business Ms. Hardin adjourned the meeting at **4:35pm**