

## State HIE/HIT Planning Session Notes August 3, 2009

Present: Jenny Witham, NDDHS IT Director  
Lisa Feldner, NDITD State CIO  
Darrin Meschke, NDDHS, Lead IT Coordinator  
Chad Peterson, North Region Healthcare Alliance  
Ken Gilles, Innovis CIO  
John Miller, Medcenter One CIO  
Alan O'Neil, Jamestown Hospital CFO  
Doug Kjos, QIO, Program Analyst  
Mark Waind, Altru Health System CIO  
Craig Hewitt, Merit Care CIO  
Alex Todorovic, Altru Health Systems, Clinical App. Manager  
Todd Bortke, St. Alexius CIO  
Michael Gratz, BCBSND CIO  
Kimber Wraalstad, NWIA/Presentation Med. Center, CEO  
Laurie Peters, Northland Healthcare Alliance, Network HIM Director  
Lynette Dickson, Center for Rural Health, Program Director

Absent: John Rice, MD, BCBSND, Medical Director  
Jim Green, CHI, Regional CIO

1. Welcome/Introductions
2. History of HIE Work Group Activities to Date:
  - Craig Hewitt and Chad Peterson brought the group up to date with the activities.  
(See <http://ruralhealth.und.edu/projects/sorh/workgroups/hie.php>)
3. HIE Frameworks
  - Discussion was held regarding the ONC HIT Work Plan and some information was presented on other state models.
4. Standards Work Group Report (Chair-Alex Toorovic, Altru)
  - Alex reviewed the workgroup members and activities to date (see presentation)
5. ND HIE
  - The Steering Committee is in the process of being transitioned to the North Dakota Health Information Technology Advisory Committee. Currently the membership list is not fully available and the current chair of the committee is Lisa Feldner. The state position for an HIT Coordinator is in process, there are 24 applicants to date.
  - Much discussion was held regarding the State versus the Federal funds available for HIT and the various sources for these monies. The state loan guidance will be developed by the ND HIT Advisory Committee.

- 6. General:
  - a) There is full commitment and support from all meeting participants for moving forward in the area of health information exchange.
  - b) everyone was encouraged to keep the lines of communication open and share with this group what individual organizations are currently in process of working on
  - c) everyone was encouraged to read the National Strategic Plan
  - d) State needs to develop a plan to do the right thing NOT to follow the money
  - e) a business plan must be developed by the State
  - f) time is of the essence, must get moving on the "fast track"
  
- NeHII presentation—see slides
  - a) in production 3/30/09
  - b) Stakeholders to include: Employers
  - c) currently working on a CAH pricing structure
  - d) EMRLite—misnomer, actually fully functional EMR and seeking CCHIT certification—just not billing capabilities.
  - e) have done work for clients that have facilities in different states, but to date have not worked with other states in providing this.
  - f) not sure if providers can use EMRLite/e-prescribing to qualify for their meaningful use
  - g) decision will need to be made regarding opt in vs. opt out.
  - h) currently takes approximately 8 weeks for get a system up and running
  - i) managed services model—virtual office
  
- Next steps:
  - a) It was the consensus of the group that due to time constraints for the outputs and the availability of committee time, outside assistance should be sought to get the process moving. Bass and Associates will get a proposal to Lisa and Lynette for what they can assist the state with
  - b) the established work groups should continue their work
  - c) The key steps to move forward:
    1. Look at the current stakeholder group to identify gaps
    2. Develop Business Plan
    3. Develop state e-health plan