

Facilitator: Lynette Dickson

Note taker: Kylie Nissen

Attendees:

Present

- Lynette Dickson, Center for Rural Health
- Kylie Nissen, Center for Rural Health
- Mark Grove, Great Plains Clinic
- Laurie Peters, ND Health Information Management Association
- Dana Halvorson, Senator Conrad's Office
- Doug Kjos, ND Health Care Review
- Art Bakke, ND ITD/Information Security
- Jeff Swank, ND ITD – filling in for Jenny Witham
- Chip Thomas, ND Health Care Association
- Bruce Levi, ND Medical Association
- Craig Hewitt, Meritcare
- Nancy Willis, St. Alexius
- Kimber Wraalstad, Presentation Medical Center

Called in – not able to attend

- Cathy Houle, MD West River Health System
- Ray Gruby, Gruby Technologies
- Janis Cheney, AARP
- Mary Wakefield, Center for Rural Health
- Lisa Feldner, ND State CIO
- Darrell Vanyo, Blue Cross Blue Shield

Not Present

- Terry Dwelle, ND Department of Health
- Chad Peterson, Northwood Deaconess Health Center
- Tami Wahl, Governor's Office
- Jenny Witham, Dept of Human Services

Minutes

Agenda August Minutes

Presenter: Lynette

Discussion:

Approved as is.

Agenda Workgroup Updates & Next Steps

Presenter: Committee Chairs

Discussion:

Communication/Education – They will have their next meeting on Monday. Nothing to report at this time.

Policy/Legislation – This group has a call coming up; nothing to report at this time. Chip Thomas (ND

Healthcare Association) has replaced Karen Haskins on this work group and Bruce Levi (ND Medical Association) has replaced Dave Peske.

Funding/Resources – They have been reviewing grant programs in (6-8) other states to use as a model. DRAFT legislation was developed for presentation to the Steering Committee, in order to have a document to review/revise. They suggest we schedule a face-to-face meeting with all that are available to discuss and finalize a plan for the 2009 legislative session.

HIE – No one available on this call to report. Will meet September 18th.

Privacy/Security – Not meeting at this time.

Action items	Person responsible	Deadline
✓		

Agenda item: Presentation to IT Interim Committee	Presenter: Nancy & Lynette
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Discussion:

Senator Larry Robinson invited the HIT Steering Committee to present at the IT Interim Committee meeting August 27th. The presentation went very well, but not all of the committee members were there due to harvest. There were many from ITD representatives in attendance. Lynette, Nancy, and Todd presented on behalf of the HIT Steering Committee. Lynette’s portion of the presentation is available on the HIT Steering Committee website (http://ruralhealth.und.edu/projects/sorh/pdf/082708_steering_committee_overview.pdf). Todd presented the information (overview of St. A’s system) and a demonstration of the EMR showing what a physician would be able to see when using an EMR. A St. Alexius physician Dr. Frye, a child and adolescent psychiatrist, participated and told those in attendance that had their hospital not had an electronic medical record system he would have thought twice about coming back to North Dakota to practice. The preliminary results of the hospital survey were not released at this meeting; they will be used for our next presentation to this Interim group on (tentative date) October 6th. One legislator asked what we will be asking for from the legislators. It was explained to them that we have been gathering information through surveys and workgroups and are currently preparing on a proposed legislation.

October 6th is the tentative date for the next IT Interim Committee meeting – **need to have our request from legislature finalized by that time.**

September 18th – The HIT Steering Committee has been invited to present at the Long Term Care Interim committee. We will share the background of the HIT committee, that was used at the IT Interim meeting; LTC Interim Committee also requested information on tele-mental health/tele-psychiatry. St. Alexius has been doing this for 10 years tele-mental health; Craig will provide info on Meritcare’s tele-health sites and what they are doing specifically in tele-mental health. We would like to get information from each of the 4 quadrants of the state to report on what they are doing regarding tele-mental health.

All rural HIT hospitals, other the two IHS hospitals, have returned the surveys, all but one (MedCenter One) urban hospital has completed the survey. Lynette stated that all hospitals were contacted multiple times via phone and email.

Action items	Person responsible	Deadline
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✓ Contact MedCenter One with regard to completing the HIT survey.

Nancy

Agenda item: Conference/Webinar Update

Presenter:

Discussion:

Western States HIT Alliance Meeting – Rapid City SD
September, 15-16 www.westhealthit.com

Laurie was able to participate in the webinar presentation “State Health IT Funding” webinar that Lynette sent a notice out about. This was a very valuable webinar and could be useful as we develop our legislative request. The presentation is on the HIT Steering Committee website at http://ruralhealth.und.edu/projects/sorh/files/state_financing_webinar.pdf.

NDHA will hold their annual meeting - Kimber will share information about the HIT Steering Committee. She will use the presentation that Lynette recently put together for the IT Interim Committee mtg. NDMA Board meeting is September 18th and Bruce will distribute information to them (needs about 20 copies of the handouts).

NOTE All are encouraged to continue to share the information/update on activities of the HIT Steering Committee to the organizations/facilities they represent. This above mentioned presentation is available for all to use.

Action items	Person responsible	Deadline
✓ Handouts for NDMA meeting (20) – contact Lynette	Bruce	Sept. 17
✓ Handouts for NDHA meeting (60) – contact Lynette	Kimber	Sept. 24-25
✓ Handouts for LTC Committee meeting (20) – contact Lynette	Sheila Sandness	Sept 18

Agenda item: Legislative Request 2009

Presenter:

Discussion:

It was suggested that we review the results from the survey. The preliminary results were shared with the HIE Work Group in August. It is necessary to get together face to face to brainstorm about what the end goal(s) are and what approach should be for supporting the adoption of HIT in ND. NDHA and/or LTC annual meetings are coming up soon so this might be a good time to meet in Bismarck. We will use Meeting Wizard to inquire about availability. Everyone from the Steering Committee will be invited and others, from the work groups will also be included in the invite.

Thoughts on the DRAFT HIT grant documents distributed to all Steering Committee members. The genesis for this proposed HIT grant program comes from the 2 months of work from the members of the Funding and Resource workgroup. This work group reviewed HIT grant programs from eight states (KY, MN, MI, NY, AZ, CA, WA,FL). Using items from the grant programs that were reviewed, this work group recommends to NOT simply fund EMRs. The Steering Committee needs to determine what is the end goal? *Remembering that our long term **Vision** is to implement a statewide HIT/HIE infrastructure and our **Mission** is to facilitate the adoption and use of health IT and exchange to improve quality, patient safety and overall efficiency of healthcare and public health services in ND.* (Example: Do we want to have 75% of ND Healthcare facilities implement EMR by 2015? How is a health care facility defined?

Question – Is the HIE work group working on recommendations? Can they ‘crunch’ the numbers to determine an estimate of cost to facilitate the adoption of technology/EHRs by 2015? Darrell and Chad were not on the call.

Two approaches that we could suggest: 1) mandate implementation by a certain time (like MN did) or 2) Use the Federal requirements (2015) as the floor and add additional parameters. There was concern raised with a mandate without any funds to support the mandate.

It was suggested at this meeting, as at the June meeting, that we begin working within regions with those who already have the technology. Informal discussions have involved asking for money to support hospitals with capital and potentially HIT implementation.

Montana Example: Bozeman hospital and local small clinics sat down with technology representatives, the hospital paid for 80% of it and purchased Community Health Solutions that allows those with HL7 compatible systems to share the information between facilities. The start of this is in preparing a Master Patient Index.

The concerns with a grant program is that after a few years the legislation may not think that the grants need to be funded anymore, to help keep this from happening it might be helpful to establish a two-pronged approach for funding support (e.g. tax credit to providers when they purchase certain types of IT - Wisconsin has done this). The mandates will direct people to move faster in implementation only if there are funds to support this. Bruce and Chip will discuss this further when we reconvene.

Question - Should this proposed legislation be recommended through the IT Interim Committee, or is it more beneficial to ask certain legislators (Senators Larry Robinson and Judy Lee) to sponsor or go through the Gov. budget? This question was posed to Ryan and Tami Wahl in the spring and it was recommended that we pursue the route of proposing on our own again with committee and/or legislator sponsorship.

Problem with going through the Governor's budget is that ITD has so many projects themselves that they are trying to include. At all four committee meetings where we provided testimony, during the 2007 legislative session, it was asked why this legislation was not in the Governor's budget. At this time it may be too late to get it into the Governor's budget. Talk with Tami about possibly sitting down to talk with the Governor (Chip and Nancy will discuss this further). Possibly put into the OAR budget, but it is probably too late to do this.

Questions to be asked: If we decide to propose a HIT Grant Program, who will administer the grants (Dept. of Health, ITD)? Examples: in MN grants are administered by the MN State Office of Rural Health; many other states administer through the Department of Health.

Action items	Person responsible	Deadline
✓ Distribute preliminary results from the survey.	Lynette	
✓ Send out Meeting Wizard with options for face to face mtg.	Kylie	10/5

Agenda Other

Presenter:

Discussion:

Dana reported that the Capital is in recess this week and will be back in session next week. Getting the ball rolling on the Steering Committee's legislative recommendations is critical at this point in time.

Next Conference Call
Thursday, October 2, 2008
3:00-4:00 CST