

ND HIT Steering Committee

November 6, 2008

3:00-4:00 pm

Conference Call

Facilitator: Lynette Dickson

Note taker: Kylie Nissen

Attendees:

Present

Lynette Dickson, Center for Rural Health
Kylie Nissen, Center for Rural Health
Dana Halvorson, Senator Conrad's Office
Jeff Swank, ND ITD
Tami Wahl, Governor's Office
Art Bakke, ND ITD/Information Security
Craig Hewitt, MeritCare
Mary Wakefield, Center for Rural Health
Lisa Feldner, ND State CIO

Called in – not able to attend

Terry Dwelle, ND Department of Health
Barb Groutt, ND Healthcare Review
Janis Cheney, AARP
Nancy Willis, St. Alexius
Bruce Levi, ND Medical Association

Not Present

Cathy Houle, MD, West River Health System
Ray Gruby, Gruby Technologies
Darrell Vanyo, Blue Cross Blue Shield
Mark Grove, Great Plains Clinic
Laurie Peters, ND Health Information Management Association
Doug Kjos, ND Health Care Review
Chip Thomas, ND Health Care Association
Kimber Wraalstad, Presentation Medical Center
Chad Peterson, Northwood Deaconess Health Center
Jenny Witham, Dept of Human Services

Minutes

Agenda item: Work Group Updates/Next Steps

Presenter: Chairs/Co-Chairs

Discussion:

Legislation/Policy – Federal - Congress is currently in recess. They will resume November 17th through the 19th for those new to Congress. The economy is still the number one issue.

State- Nancy Willis, Chair of the HIT Leg/policy work group met October 28th with Lt. Gov. Dalrymple. Notes from this meeting are on the website.

Communication/Education – When we had our meeting with the Interim Committee those in attendance were able to see a working EMR at St. Alexius and they said this was eye-opening and informative. We decided to develop an HIT 101 demo for other legislators. We have asked for any suggestions from Senator Judy Lee on how best to reach the legislators with a HIT 101 or demonstration. Senator Lee does not recommend holding it in December, during the pre-session meetings.

Funding/Resources – Lynette sent out the updated version of the overview of the grant program, that was first reviewed at October 2nd meeting. Please review and let Lynette know if you have any suggestions for further revision. It was quickly prepared so that Nancy could present it to the Lt. Governor. Notes of Nancy’s meeting with Lt. Gov Dalrymple were sent out last week. Tami What was also in attendance at the meeting along with **Lori and Pam** from O & B, and Chip Thomas, NDHA and Dean from NDMA. The information from this meeting will be shared by Tami and Lt Gov. with Governor Hoeven.

The question still remains, if approved, who would administer the grant program? When Bruce Levi and Lynette met with Terry Dwelle and Arvy Smith (10/14.) Terry asked if the Center might be interested in administering a grant program? A draft budget was created (Draft Distribution Document) and emailed out based on what the Center for Rural Health would charge if they were contracted to administer a program. Lynette also asked Arvy (10/23) if she would calculate the staff costs if the NDDoH administered such a program. Now that the elections are over we will meet with Senator Lee with regard to how to proceed.

HIE – This group will be **asked to 1) create some kind of a visual about where we are and where we would like to be.** This visual will be used to present to the legislators and others. This group will also be asked to **2) calculate an estimated cost, using the survey results, to estimate what it would cost to get ND facilities up to speed by 2015,** this info will also be useful for presentations to legislators.

The state of Nebraska is leading the connection of all the state facilities using health information exchange and interoperability. There was a group (Axolotl) who talked to Jamestown physicians and Craig Hewitt told them that they should present to the HIT Steering Committee. Craig will contact them and have them get in touch with Lynette to set-up a webinar for us. This company also has experience working with legislatures. Axolotl is based out of San Jose, California and are willing to come up and visit. They have the background of working at the state level. We can inquire if they have national guidelines that are out so that this could be used across state lines. Craig will get permission from Axolotl to share the slide presentation. He will also ask them to contact Lynette to set up a meeting. November 20th is the HIE’s next call, and the next HIT meeting is Dec 4th in case one of those dates work. The meeting will be open to steering and stakeholder members.

Privacy/Security – Not meeting at this time.

Workgroups to consider adding:

Standards Workgroup – In Minnesota this group looks at national standards and decides if they should adopt as state standards or modify. We did agree, in June that we should set up a Standards work group? Who should be on this group? Lynette will find out who is on the MN Standards group and the Axolotl group may have suggestions on this.

Provider Workgroup - This group provides input to the statewide committee. Craig (Meritcare) has a CMIO that he could put on this group if it is established.

Action items	Person responsible	Deadline
✓ Contact Axolotl about sharing slides and contacting Lynette	Craig Hewitt	
✓ Set up a meeting with Axolotl	Lynette	

Agenda item: **HIT/HIE Conference/Workshops/Resources** **Presenter:** Lynette

Discussion:

a.) Lynette is attending a State Level HIE Forum in Chicago. She will bring back information to share with this group.

All the documents below (except the article adjacent to letter c.) are posted on HIT website – Additional Resources section http://ruralhealth.und.edu/projects/sorh/hit_resources.php

b.) Policy Brief (October 2008)

EHR Adoption: Rural Providers' Decision Making Process

This brief report findings of a study that examined the decision-making process that small rural physician clinics and hospitals use as they investigate and select an electronic health record (EHR) system. Policy makers can use the study findings to understand the challenges that rural health care providers may face in the process of adopting EHRs and to develop incentives that promote the use of health information technology in rural America.

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c.) Medicare pushes for increase in adoption of e-prescribing

Although Medicare has given physicians a pay incentive to use e-prescribing starting in January 2009, all signs point to a lack of interest, reports [American Medical News](#). The Centers for Medicare and Medicaid Services (CMS) hosted 1,400 people for its National E-prescribing Conference two weeks ago, hoping to reach out to physicians. However, attendees included small numbers of physicians not utilizing the technology already.

CMS is offering a 2% bonus to doctors who e-prescribe medications for their patients. That incentive drops to 1% in 2011, and 0.5% in 2013. Additionally, in 2012, any physicians not complying with CMS' mandate to use e-prescribing will be penalized 1% of their reimbursement, and that number increases to 1.5% in 2013 and to 2% after 2014. Only 6% of physicians currently use the technology, the article says.

To read the article, click <http://www.ama-assn.org/amednews/2008/11/03/gvl21103.htm>

d.) Issue Brief -- How Health IT Can Improve Quality of Care

Some health policy analysts believe that the main advantage of health information technology lies in its potential for improving health care quality and reducing disparities -- whether it saves money or not.

A new Alliance issue brief, funded by the Robert Wood Johnson Foundation, explores the quality improvement aspects of health IT, and some barriers to its wider adoption. Titled "Health Information Technology: More Than the Money," this four-page publication includes a list of experts with contact information and recommended websites.

Written by Alliance health policy associate Deanna Okrent. To download, click here

<http://www.allhealth.org/publications/Health_information_technology/Health_Information_Technology_More_Than_the_Money_86.pdf>

or go to

www.allhealth.org/publications/Health_information_technology/Health_Information_Technology_More_Than_the_Money_86.pdf

<http://www.allhealth.org/publications/Health_information_technology/Health_Information_Technology_More_Than_the_Money_86.pdf>

The issue brief is based on a briefing earlier this year cosponsored by the Alliance and the Robert Wood Johnson Foundation. To download the webcast, transcript, podcast and resource materials from that briefing, go to www.allhealth.org/briefing_detail.asp?bi=131

<http://www.allhealth.org/briefing_detail.asp?bi=131>.

e.) Telemedicine in Rural America

New Directions in Health Care: The Commonwealth Fund Podcast.

In North Dakota, a trip to the doctor can involve "a lot of windshield time," explains Mary Wakefield, director of the Center for Rural Health at the University of North Dakota. In this episode, Sandy Hausman looks at how telemedicine--where health care is delivered by computer--is making it easier for people in rural areas to get the care and medication that they need.

Listen here: http://s3.amazonaws.com/cmwf/Rural_Healthcare_Innovation.mp3

f.) EHR Law issues – Lorman Education contacted Lynette asking if anyone would be interesting at presenting at their EHR workshop in April 14, 2008 Fargo. No one from this group showed interest.

g) National Governors Association Meeting – Senator Judy Lee and Tami Wahl attended this meeting and found it very interesting. There are many states ahead of us, and a few not as far along as we are.

Action items	Person responsible	Deadline
✓ Send meetings/resources/etc. to Lynette	Everyone	Ongoing

Agenda item: HIT/HIE Funding Opportunities **Presenter:** Lynette

Discussion:

ARHQ grants are listed on RAC website.
http://www.raconline.org/funding/funding_sponsor_details.php?org=Agency%20for%20Healthcare%20Research%20and%20Quality

Action items	Person responsible	Deadline
✓		

Agenda item: Other **Presenter:**

Discussion:

Looking for provider champions (rural and urban) who are willing to be interviewed for a video to be created with HRSA, ORPH grant funds. It will be used locally for grant purposes and for this committee for education on how we are using HIT to improve care. Have a potential patient with cancer in mind from Jamestown that will be asked to represent the consumer. This will be shared with the federal grant office – a provider video and a consumer video that are used to provide education and do not have any vendor specific information. Will include EMR and possibly some Telepharmacy and telemedicine. Joe Burdick from MeritCare Home Health Agency would have some consumers that might be willing to be interviewed regarding telemedicine for the videos. The videos would not feature any particular health system, community. It will be a simple instructional video for all to use.

Next steps for introducing legislation: The Legislative/ Policy group will meet with Senator Lee and Senator Robertson to ask them how to proceed.

Action items	Person responsible	Deadline
✓ Send names of provider/physician champions to Lynette	Craig Hewitt	

Next Conference Call
Thursday, December 4, 2008
3:00 – 4:00 pm CST
