

# ND HIT Steering Committee

January 5, 2009

3:00-4:00 pm

Conference Call

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**Facilitator:** Lynette Dickson

**Note taker:** Kylie Nissen

**Attendees:**

*Present*

Lynette Dickson, Center for Rural Health  
Kylie Nissen, Center for Rural Health  
Chad Peterson, Northwood Deaconess Health Center  
Janis Cheney, AARP  
Barb Groutt, ND Health Care Review  
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  
Darin Meschke, ND Health Department  
Craig Hewitt, Meritcare  
Nancy Willis and Todd Bortke, St. Alexius  
Kimber Wraalstad, Presentation Medical Center  
Bruce Levi, ND Medical Association  
Jenny Witham, Dept of Human Services

*Called in – not able to attend*

Cathy Houle, MD West River Health System  
Darryll Vanyo, BCBSND  
Mary Wakefield, Center for Rural Health

*Not Present*

Ray Gruby, Gruby Technologies  
Lisa Feldner, ND State CIO  
Mark Grove, Great Plains Clinic  
Chip Thomas, ND Health Care Association  
Terry Dwelle, ND Department of Health  
Tami Wahl, Governor's Office

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## Minutes

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**Agenda item:** HIT Legislation

**Presenter:** Lynette

**Discussion:**

The draft legislation was updated after talking to Senators Lee and Robinson. The legislation is requesting appropriation for the following: 1) the establishment of an HIT Office and 2) providing staff support to the Office e.g. HIT Officer/Director (title TBD) to work as a liaison and grant administrator with a Project Assistant. The HIT Officer/Director would report directly to the State Health Officer. Both senators felt that it should be housed in the Health Department, as in many other states. Nancy sent the information to the Senators for their recommendation as to whether this should be included in the legislation. The legislation also requests 3) changing the name of the ND HIT Steering Committee (maintaining same membership) to the ND HIT Advisory Group which would serve the ND HIT Office; 4) grant program. Total funds being requested is \$5-

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6 million over the biennium each year. The 2007 SB2303, has been revised and sent to Lee and Robinson to use as a starting point for Leg. Council. This was also sent to Steering Committee members 1/5/08. More information will most likely be requested by the legislators. Much of the anticipated information has been prepared and is ready or close to ready to share. Lynette emailed Sen. Holmberg, (Appropriations Committee), he responded and understand the benefits and challenges of HIT, and also what other states are doing and also sent a graph depicting benefits and challenges. Nancy emailed Rep. Svedjen, since he is a voting member of NGA, State Alliance on eHealth, she has not heard back from him at this point. Bruce Levi will follow up with him. (Reminder: Mike Mullen is on the Privacy/Security Task Force for NGA, State e Health Alliance)The National Conference of State Legislators (NCSL) and NGA State Alliance have both issued reports which emphasize the need for States to take part in the facilitation and acceleration of the implementation of technology in health care. The information is informative and a reality check on how far behind ND is with regard to this topic.

The following documents can be found on the website at [http://ruralhealth.und.edu/projects/sorh/hit\\_planning.php](http://ruralhealth.und.edu/projects/sorh/hit_planning.php)

**National Conference of State Legislatures:** Health Information Technology 2007 and 2008 State Legislation – this is a very informative document

**HIMSS; Enabling Healthcare Reform Using Information Technology** (Dec. 2008) – makes recommendations for the new administration

**State Alliance for e-Health** (National Governor’s Association); Accelerating Progress: Using HIT and HIE to Improve Care

**Discussion on proposed legislation:**

Craig Hewitt – suggested we make certain to stress that fundamental to all of this is to agree on and use standards of health information exchange endorsed at the state (TBD) and federal levels. The HIT Office that is being proposed through this bill should be responsible for coordinating the effort to establish state standards for HIE, using federal standards as a model, such as Mn and other states are doing. Adherence to these standards should be a requirement for receiving any state funding. It is written in the proposed request that CCHIT approval is required, which follows federal HITSP standards. However, our state has NOT developed standards.

Jenny Witham – mentioned that the State CIO has the authority to require state agencies to comply with technology standards so we should make certain that the past statute (2007) be amended to include CIO(Lisa Feldner) along with State Health Officer(Terry Dwelle) and Director-DHS, Carol Olson.

It was suggested that we ask Senator Lee and Robinson if the name of the member organizations listed on the original bill need to be included again in this bill? We don’t want the legislation written so that an entire new committee is created.

**The following questions will be asked of each Steering Committee member once the bill is finalized.**

- 1) Have you informed constituents of the, organization/facility/agency you represent, about the proposed legislation?
- 2) What if ANY questions/suggestions/objections, etc. do you, or the organization/facility you represent, have with regard to the proposed legislation?
- 3) Will you and the organization/facility you represent, support this legislation as proposed?  
If no, please be prepared to provide clarification.
- 4) Are you, or someone from the organization/facility you represent, willing and/or able to provide testimony in support of the proposed legislation?

All persons participating on the call were asked if they had any comments/concerns/objections/need for clarification with the “concept” as discussed today and written in the handout? ALL participants on the call agreed with the concept, suggestions were discussed and recorded.

Action items	Person responsible	Deadline
✓ Email questions to those not on the call, when we have a revised Draft of the Bill.	Lynette	
✓ Answer questions 1-4 via email to Lynette.	Members not on the call	

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**Agenda item:** HIT Demonstration Day – January 13, 2009 –  
Memorial Hall, Capitol – Bismarck

**Presenter:** Laurie

**Discussion:**

HIT 101 Demo will be next Tuesday, January 13, 2009 from 7:30am-4:30pm in Memorial Hall at the Capitol. The demos/information will be set-up in a booth style – 3 topics (EMR, teleradiology, telepharmacy). Handouts = HIT facts sheet, HIT definitions, legislative request (this to be cleared/signed by Sen. Lee and Robinson before distribution), EMR Map. Food will be available. This will be sponsored by SORH grant and BCBSND.

Volunteers are needed to help greet, steer folks to the booths, answer questions. etc. Laurie and Kylie will be there all day. Ann Rathke (telepharmacy), Alan Okerson(EMR), will also be bringing a nurse and possibly a physician, and St. Alexius will be sharing information on teleradiology and Nancy will also be at the St. A's health fair booth all day.

**Volunteers**-thank you

Jenny Witham volunteered to help in the morning at 7:00-8:30 and over the possibly over lunch hour. Kimber may be able to attend in the late afternoon depending on when her meeting ends in Minot (she will notify Laurie). *If you are able to attend, please notify Laurie ASAP(email and cell is 701-721-3179)*

Lynette sent the handouts that will be used to the Steering Committee. Nancy thinks that the LTC facilities that responded should be included on the map, even if we only had 52% response. If someone asks where a particular facility is, they did not respond to the survey. CRH will do this prior to the HIT 101 Demo if there is time to make the changes. Send ANY comments/suggestions to Lynette by noon Wednesday, Jan 7<sup>th</sup>.

**Action items**

**Person responsible**

**Deadline**

✓ Review handouts

All Steering Committee

1/7 - noon

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**Agenda item:** Other

**Presenter:**

**Discussion:**

Follow-up from the last meeting -

- 1) Minutes from last meeting – edited to say that the HIT steering committee was NOT included in the Governor's budget.
  - 2) Standards Work Group – February-March, Lynette and Laurie will look at who/how to develop a
  - 3) Chad volunteered to look at the HIT survey results and develop a “ballpark” figure on cost for implementation of an EMR. Pricing estimate for smaller (CAH/Community) hospital: \$850,000 to \$1.2M...this is assuming there is no current relationship between the vendor and the hospital For a clinic setting, typical range is between \$15K and \$25K per physician.
  - 4) There is a place now on the HIT website for **HIT Tools/Resources**. We have added the information provided to CAHs for policy development by Laurie Peters.
  - 5) CRH surveyed the ND colleges/universities to see what, if anything is included on Health IT in their Computer Science and Information Systems curriculum. This information will be shared with Dana upon request.
  - 6) Axolotl Webinar - demonstration/webinar was held December 17<sup>th</sup> All steering committee and stakeholders were invited. This is the HIE vendor being used by several states (Nebraska, Idaho, Utah) as a state HIE. About 5 people participated. There were a lot of questions asked. Chad felt that this group is worth looking into further. There will be a presentation in Jamestown next month; Craig will be attending. He will share with the Jamestown group that this is an example of what the HIT Steering
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Committee has been exploring and recommend they communicate and work with the HIE work group.

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Next Conference Call

Thursday, January 15, 2009

3:00 – 4:00 pm CST

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