



Darryl Vanyo provided background on what led to the establishment of the Steering Committee and some of the activities we have been involved with to date.

Clarification was made that this committee was not at the behest of Senator Conrad, but was stimulated from the HIT Summit when the question was raised - What are we going to do next? A neutral convener was solicited. The NDHCR declined as they didn't feel they had the staff time available. The CRH volunteered to take the responsibility of coordinating the effort. No particular objective/agenda was in mind at that point.

The committee started out with just the sponsors of the conference (NDHA, NDMA, BCBSND, NDHCR, Gruby Technologies). The committee worked together via conference calls to plan and coordinate a full day meeting, August 9<sup>th</sup> in Bismarck, with funds (\$9,000) provided by the CRH. David Ginsberg (consultant) presented a morning of information on what is going on across the country with regard to HIT and the second half of the day was used for brainstorming. One of the main things that came out of the brainstorming was to keep the committee and the efforts on HIT going and educate ourselves on what's going on and lessons learned from other states. We also decided to start small and keep moving forward with or without administrative support. After studying a number of other state HIT initiatives we invited additional members to the Steering Committee so that the group was representative but manageable. The additional attendees from the Aug 9<sup>th</sup> meeting were categorized as the Stakeholder Group with intention of involving them in the future in sub – committees work.

**Discussion:**

November we met in person at NDHA and came up with Vision and Mission statements, 5 immediate goals and expectations of committee and stakeholder group members.

Darrel Vanyo stated that the idea of a Bill was when Senator Lee contacted him, shared her interest in HIT and requested information. We sent the Mn eHealth Initiative information along with the Washington State HIT Report. Senator Ray Holmberg also contacted Mary Wakefield, expressed his interest in HIT and forwarded the Washington HIT Report, which he and Rep. Price received after attending a meeting. Senator Lee drafted a Bill based on input from the HIT Steering Committee members. We decided to request support for the committee which would support administration and some travel – the people that were invited to represent ND and attend conferences thus far have paid their own way (approx. \$3,500); funds for contractual agreements to develop a state roadmap; conduct an environmental scan and potentially coordinate another HIT Summit.

The propose grant program is a 'modest' grant program for health care facilities, using the BCBSND grant program as a proven model. A number of states have much larger rural HIT grant programs such as Mn (1.5 million) and Arizona ( 1.3 million). The committee did not want to look greedy with the surplus and decided to request the modest amount of \$500,000

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Chip Thomas - concerns/questions on committee and SB 2303:

1. Who is this committee accountable to?

Terry Dwelle – HIT was identified in the newly developed ND Strategic map, nothing in specific in legislation that talks about who this committee will report to, however it has been discussed a number of times that the work of this committee will have a close linkage to and will inform the ND Vision and Strategy group which Chip is a part of. It is unnecessary to create another group to address HIT.

2. Interoperability outside of the current status in terms of IT-

Committee members - The Bill states to 'promote' interoperability it is not the intent of the committee to mandate or regulate interoperability. Most facilities aren't even close to interoperability. The committee intends to look at -- What HIT the state currently has and what it needs, this is what a number of other states have done. Funding requested in the Bill will be used to support the committee's efforts moving forward. We discussed in November forming subcommittees, as other states have also done, one of which could address privacy and security issues, and would review state and federal standards for interoperability. The committee members are well aware that federal standards haven't been set. The intent is to get the wheels turning with a concerted effort to work ahead of the game.

Grant Program –

The intent of the grant program was to provide a funding opportunity for health care facilities, more than likely small rural, who are struggling to build their own HIT systems.

Dwelle – example low hanging fruit – For Example, some of the hospital systems want to link with the Immunization Registry of the state. NDIIS will be available by late this month, the ability of the small funding the grants would provide could help facilities link to things like this.

Thomas – Your idea is a first come first serve basis?

Dwelle – It is not the intent to mandate, we need to look into what is out there and what can be done.

Grove – We have an EMR and we want to show people what is out there and not just what is already in ND. Not all facilities have the funds to go out and research what's available – this way, through the committee's work and/or through the proposed grant program, the information could be made available to them without leaving ND. NDIIS is a great place to start.

Thomas - In terms of where we (NDHA) are on this, the Board has decided that this is **not a priority** for this legislative session. We don't see where the HIT Steering Committee would fit. They have asked the question "Where is this (HIT Steering Committee) going?" The CEOs on the Board are directing their own IT within their own facilities and prefer to continue to do so and don't see a need to support this Bill. The priority is Medicaid and reimbursement. Medicaid is about 25% short of covering costs.

Chip was asked if he has seen the proposed budget and budget narrative for SB2303 which might serve to better explain what the funds are being requested for. He had not. These along with all documents have been circulated to all committee members. Chip will ask Karen for a copy – if he is unable to get it from her then he can contact Lynette and she will email one to him

Thomas - Just because someone accepts an invitation to sit on a committee doesn't mean they will agree with the committee. The hospitals want to keep their decisions on systems internal.

Dickson – First, it has not even been discussed or is it been the intent of the committee to make decisions on systems for the hospitals and secondly, I agree that being on a committee doesn't mean you would agree with everything. It would be completely unrealistic to expect the members of this committee or any other to agree 100%, however, all 18 HIT Steering Committee members have been given the opportunity on conference calls, in person meetings and via email to comment, ask questions and offer suggestions/concerns. The issue is that the concerns/questions that have been raised by NDHA at the Senate hearings and presented to the NDHA Board members were never raised with in the committee.

All members have been and will continue to be given the opportunity to share any and all concerns/suggestions in order to work the bugs out internally, if at all possible. The intent of the committee should be to work collectively and openly with each other.

Chip was thanked for taking the time to participate, asked if there was some clarification provided.

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He agreed that *some* items were clarified.

Darryl requested that Lynette send Chip Thomas all the information that the committee has received (budget, fact sheets, etc.)

**Action items**

✓ Email HIT Committee documents to Chip

**Person responsible**

Lynette

**Deadline**

ASAP

**Agenda item:** House Human Services Committee Hearing  
Tuesday, March 6 10:00am

**Presenter:** Lynette

**Discussion:**

Will keep a similar mix of people together for the testimony to provide a consistent message.

Testifying on Tuesday: Craig Hewitt, Lynette Dickson, Doug Kjos, Ray Gruby (?)

Will tweak previous testimony for this hearing and we will meet prior to the appropriations hearing if it gets that far.

It was suggested that Doug should testify as the Chairman is from Minot and would welcome him to the podium.

Craig Hewitt will again testify.

Ray Gruby was not on the call at this time, Lynette will check with him to see if he is available/interested in doing it again.

Items to emphasize/clarify:

Grant funding would be for pilot programs for all healthcare facilities.

Kjos - will use his previous testimony and provide an example or two of how small grants could be used to expand their systems and be used to leverage other sources of funding.

Dickson - is working on a one-page flyer – intent of the bill and what the group has done to date.

Dwelle suggested –It might be worth while if someone from the state-wide health vision and strategy group could discuss at the hearing that they are looking to the HIT Committee for answers. (Go through Melissa Olson of Healthy ND to contact these members).

Peske - Lee and Price are supporting the bill and you can't get any stronger support than that.

Lisa Feldner had to leave the conference call before their was time to report if she could testify on the governor's behalf or not.

Next Steps:

It was recommended that members of ND Vision and Strategy Group should have further discussion with Chip to clarify how they will utilize the work of this HIT Committee.

It was suggested that Lynette contact CEOs to find out what their knowledge of the HIT Committee is and what they believe/perceive the intent of the committee is. Lynette suggested that it is more appropriate for Chad Peterson, representing small rural facilities, and Craig Hewitt, representing tertiary facilities should be asked to do this as they are in the best position to better inform the hospitals about what this committee is doing. Other Committee Members agreed that this is a good idea.

Action items	Person responsible	Deadline
✓ Complete fact sheet	Lynette	March 5
✓ Contact Ray Gruby with regard to testimony	Lynette	March 5
✓ Contact members of the ND Vision and Strategy Group should have further discussion with Chip to clarify how they will utilize the work of this HIT Committee.	no one assigned	
✓ Contact Chad and Craig with regard to connecting with CEOs. (Chad is not available until March 12 <sup>th</sup> .)	Lynette	

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**Other Information**

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**Resources:**