

ND HIT Steering Committee

March 19, 2007

1:00-5:00 CST

Facilitator:	Lynette Dickson	Type of meeting:	In-person
		Note taker:	Kylie Behm
Attendees:	Lynette Dickson, Center for Rural Health Kylie Behm, Center for Rural Health Doug Kjos, ND Health Care Review Mark Grove, Great Plains Clinic Dave Peske, ND Medical Association Lori Peters, ND Health Information Management Association Chad Pederson, Northwood Deaconess Health Center Janis Chaney, AARP Dave Remillard, ND Health Care Review Darrin Meschke, ND Department of Health Terry Dwelle, ND Department of Health Lisa Feldner, ND State CIO Darrel Vanyo, Blue Cross Blue Shield Ray Gruby, Gruby Technologies Craig Hewitt, Meritcare		
	<hr/> Guests - Julie Nelson, Utah Health Information Network Dan Ulmer, Blue Cross Blue Shield ND		
	<hr/> Not Present- Julie Withum, Dept of Human Services Karen Haskins, ND Health Care Association Aaron Garman, MD, Coal Country CHC, Beulah Lindsey Henjum, Senator Conrad's Office		

Minutes

Agenda item:	Presentation: Utah Health Information Network	Presenter:	Julie Nelson, UHIN Marketing Director
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Julie Nelson presented on the Utah Health Information Network (UHIN). Julie can be contacted at jnelson@uhin.com. The slides are available online at www.uhin.com.

Answers to questions posed to Julie:

Discussion:

- UHIN is a separate non-profit organization, not a governmental entity. But, the governor assisted with start up.
- Started with a staff of two, but now twelve. \$50,000 seed money from the state for a standards manager (had for 3 years), as of 2005 the program is completely self-sufficient based on pricing list.
- The UHIN network was similar to the BTWAN in ND which was based on a bioterrorism grant of \$150,000 for one year.
- To date health dept doesn't have real-time access but they are involved (Not a direct connect between disease control and the state department).
- There is some provider to provider interaction over the network – currently a pilot program.
- At first it was very difficult to get 100% of hospitals and 90% of providers on board, initially only 13%. A lot of this was based on not everyone having a computer and access to the Internet. The 'provider community' was very good about talking to each other (i.e. paid in 3 days instead of 90 days). Took about 3 years to reach such high percentages of involvement.
- The provider community has an annual fee (paying 25% of cost) – no click charges. Payer organizations (just state and local payers – national payers are free) have a per-click charge (paying 75% of cost). They found that providers don't want a click charge every month.
- Master Patient Index – can exchange discharge summary, lab reports, pre-op notes, etc. instead of the whole tree on the Master Patient index.
- The state has set UHIN as the Standards Designation Organization (SDO). Their standards are available.
- Transactions cross state border

Agenda item:	Utah Governor's Invitation - HIT Round Table	Presenter:	Terry Dwelle
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Discussion: Terry Dwelle, shared an invitation that Governor Hoeven received from Utah's Governor Jon Huntsman inviting him to send representatives from ND to participate in a multi-state collaboration on HIT in the HHS Region VIII (Colorado, North Dakota, Wyoming, South Dakota, Montana and Utah). This is to participate in a Round Table to share information face to face regarding HIT efforts in each state on Friday, May 11, 2007 in Salt Lake City. Any one available and interested in attending must cover their own travel costs.

Attending: State CIO, Lisa Feldner; Darrin Meschke - ND Dept. of Health; Jenny Withum - Dept of Human Services; QIO- Doug Kjos; Meritcare, Craig Hewitt; Center for Rural Health, Lynette Dickson (?)

Action items	Person	Deadline
✓ Committee members who would like to attend should notify Lynette.		April 10, 2007

Agenda item:	Update - Senate Bill 2303	Presenter:	Dan Ulmer Dave Peske
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Discussion:

Once the House Human services committee removed the appropriations and kept the language in for the committee work as well as the HIT grant program the ND Department of Health couldn't administer without funding, therefore they needed to add a fiscal note. It was voted DO Not Pass 88 – 3.

It was agreed that this committee will continue regardless of what legislation passes or doesn't pass.

It was also discussed/agreed that all members need to communicate a consistent message with regard to who is on the committee, vision, mission, what the intent of the committee is and what it is NOT. The misinformation circulated was detrimental to the success of this Bill.

It was also noted that Senator Judy Lee remains supportive of this moving forward.

T Dwelle noted that the ND Vision and Strategy group was developed with HIT as one of the areas of focus and they are looking to this group to inform them. The State Health Department will work hard to keep this group going in whatever way possible – there isn't much funding but will provide what is available.

Next steps: Should we move ahead with out the official recognition of the committee? If this is the way to proceed, are there antitrust issues that need to be addressed? or Should this be attached to on another bill without money? After much discussion, the following options were presented.

Option A: NDMA drafted a sentence or two about the HIT Committee that could go in House Bill 1404. There was some concern that this Bill may not get past the Governor. Concerns were also raised that putting it in 1404 might skew the intent of the Committee as strictly Medicaid focus.

Option B: Use the language from the original bill that describes the formation of a committee and attach to HB 1021 (State IT Bill) which was on schedule to be heard at 5:00 that day (March 19).

Through much discussion, the committee agreed to Option B. Questions were voiced whether or not NDHA will have any concerns with this, Chip Thomas was contacted and agreed that this

Action items	Person	Deadline
✓ Add the agreed upon language from SB2303, with regard to the formation of a state HIT Committee, as part of the state Information Technology Bill 1021	Lisa Feldner	March 19, 2007 5 pm

Agenda item:	Regularly Scheduled Conference Calls	Presenter:	Lynette
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Discussion: This request has been included in a number of emails. All members in attendance are asked to complete the form and turn in by the end of this meeting.

Action items	Person	Deadline
✓ Submit any current days of conflict to Kylie.	All Committee Members	March 19, 2007

Agenda item:	Review of Previously Developed Committee Information Next Steps	Presenter:	Lynette
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Discussion:

Vision, mission, and goals were included in orange folder to members. Folders will also be mailed to those not in attendance.

Stake holder Group List – All were asked to review the current list and identify any gaps representation in the Steering Committee or the Stakeholders. Leave Steering Committee as is. Add the Nurses Association and a legal person to the Stakeholders. Report any additional groups/people to add to the Stakeholder Group to Lynette.

Member Expectations – This were originally distributed and approved in December, 2006. Upon review, the following changes will be made:
Expectations of ND HIT Steering Committee – remove line 1 and add line 3.
Expectations of ND HIT Stakeholder Group - add line 3.

Committee Members are all encouraged to make copies of the documents that were included in the folder and distribute as a means of educating. If any of these documents are wanted electronically contact Lynette. They will also be listed on the website.

The ND Statewide Vision and Strategy Summary was also included.

Next Steps

1) Develop Workgroups/Subcommittees

It was agreed that these workgroups will be chaired or co-chaired by steering committee members.

Suggested groups:

- **Health Information Exchange Workgroup**–
 - Work with the state Immunization Registry (Coordinate with schools and link to the NDIIS. It was suggested to contact Kim Senn with the ND Dept. of Health to be part of the Stakeholder Group/subcommittee);
 - Transactions – Provider Choice – Coming off of NDIIS and may be something that we can support (this has to happen within 6 months).
 - Lisa Feldner
 - Technical group
 - PHR –
- **Legal Workgroup** – privacy and security focus
- **Communication/Education Workgroup** – Includes payer, provider, consumer
 - ND HIMA is currently working on a program to provide education with regard to Personal Health Records. Laurie Peters suggested we work with them as a place to start. Initiative will start soon – designed to hit every community. They will include why it's important, what to include on a PHR, suggested format, etc. It was suggested that we possibly start by implementing a web portal across a secure Internet gateway. Start with immunization and then possibly medications, allergies, most recent clinical information, etc.
- **Finance** – local, state, federal public and private funding opportunities
- **Federal and State Legislation**
 - Extend to the Federal government system (VA). It was suggested that we invite policy experts to participate.

2) Steering Committee members should select a workgroup that they would like to chair or co-chair.

3) All members are asked to look within their own organization to see what funding resources they can bring to the table to support the efforts of the HIT Steering committee.

4) The committee will look in to engaging a facilitator (dependent on resources available), to assist with developing a strategic plan for this committee and potentially a state HIT Roadmap. Suggestions: Tim Fallon(Dept. of Health has used his services); ND Consensus Council (AARP has used her services. Rose Stoller, Executive Director 224-0588); David Ginsberg, eHealth Initiative

Action items	Person	Deadline
✓ Identify any gaps on Stakeholder group member list and submit names and contact info to Lynette.	All committee members send to Lynette	By next conference call
✓ Resend links to Arizona, Washington, Minnesota and the AHIMA Workbook	Lynette	With minutes
✓ Resend link for Ginsberg Meeting Synopsis from August 2006 HIT Stakeholder meeting	Lynette	With minutes
