

ND HIT Steering Committee

Facilitator: Lynette Dickson

Note taker: Kylie Nissen

Attendees: *Steering Committee Members

Present

- *Lynette Dickson, Center for Rural Health
- Kylie Nissen, Center for Rural Health
- *Craig Hewitt, Meritcare
- *Darrell Vanyo, Blue Cross Blue Shield
- Mike Gratz, Blue Cross Blue Shield (will be Darrell's replacement upon retirement)
- *Janis Cheney, AARP
- *Chad Peterson, Northwood Deaconess Health Center
- *Barb Groutt, ND Health Care Review, Inc.
- *Jenny Witham, Dept of Human Services
- *Lisa Feldner, ND State CIO
- Art Bakke, ND ITD/Information Security
- *Nancy Willis, St. Alexius

Called in – not able to attend

- *Kimber Wraalstad, Presentation Medical Center
- *Laurie Peters, ND Health Information Management Association
- *Cathy Houle, MD West River Health System
- *Doug Kjos, ND Health Care Review

Not Present

- *Ray Gruby, Gruby Technologies
- *Mark Grove, Great Plains Clinic
- *Dana Halvorson, Senator Conrad's Office
- Jeff Swank, ND ITD
- *Chip Thomas, ND Health Care Association
- *Bruce Levi, ND Medical Association
- *Terry Dwelle, ND Department of Health
- *Tami Wahl, Governor's Office

Minutes

Agenda Item: SB 2332 Update/Discussion

Presenter:

Discussion:

Current Status of the Bill

The Bill was on the House schedule for today but the House adjourned before it was addressed. Passed 20-3 in the House Appropriations meeting (Tuesday late afternoon). Robin Weizc spoke about the Bill and how the funds needs to be available immediately. He did a very good job expressing how critically important it is for the state to invest in health IT (e.g. the recent flood and evacuation of patients from Fargo nursing facilities and Meritcare). Questions raised by legislators – What figures were used to identify the total cost to connect the state? And why we weren't asking for more since there is a 10:1

match and the projection is potentially \$48-\$50 million?

Note: Federal funds would need to be applied for prior to the next session to access the 10:1 match.

Discussion/comments:

- 1) Concern was raised with regard what the process was for determining the content/intent of the amendment? (For example requesting \$2 million; \$250,000 for the HIT office; size of the committee (nine) etc.)
- 2) The Steering Committee explored a number of state programs and used that information to strategically plan the legislative request and the funding associated with it. This was done prior to the stimulus package so changes were needed to access these funds.
- 3) If it is the intent that every dollar spent/ requested (\$2 million) will be used for the 10:1 match, there is a gap in the need for immediate funding assistance - providers will be on the losing end.
- 4) NDHA and NDMA work with Rep. Robin Weizc is much appreciated and was successful in keeping the Bill alive and will hopefully get to Conference Committee, however the Steering Committee was not involved/consulted and were only informed on what the amendment would include on the conference call report(4/1/09) – all were instructed to not contact legislators, at this is point, and leave it to Chip and Bruce to do.
- 5) Who has weighed in on the change of limiting the number on the steering committee?
- 6) In the amendment, funds are to 'defray the cost of a HIT office', no mention of hiring a director, etc. Revised bill doesn't sound like we are looking for a state-wide director for the HIT Office, we don't want it to seem like the Health Department will take on the HIT Office without personnel.
- 7) Senator Lee said that the Conference Committee will address the suggestions that the Steering Committee makes.
- 8) Craig recently attended the HIMMS conference and it was re-emphasized that states who are 'ready' will be 'not ready'. There is no guarantee that ND will be able to quality for the matching funds from the stimulus funds because there has not yet a state-wide plan for HIT plan. We can do this, using the work and discussions from past HIT and HIE meetings. However, this needs to be done sooner than later so we are in the best position to compete. There are many states that have already invested in their health IT infrastructure, through grants, loans and have had HIT offices, etc. so they are well ahead of us.

Discussion points:

HIT Office/Committee

- A. The current HIT Steering Committee will be transitioned to an Advisory Committee – what detail (structure/functions and roles/size, etc.) is necessary to include within the Bill and what can be left to the digression of the current Steering Committee and the state agencies directly involved (DOH, ITD, DHH) following the Legislative Session.

The consensus of the committee members present is to not include a number and leave it to the digression of the current Steering Committee and the Governor. How was the number 9 derived? The Steering Committee put thought and work in to the representation on the committee. This was base on the state level HIE (SLHIE)project guide, funded by Office of the National Coordinator on HIT.

The structure, function, size, and roles should be determined by the Steering Committee – which would transition into an Advisory Committee.

- B. What is the necessary amount of funding needed to establish the state office of HIT; what is the necessary/optimum staffing capacity needed to support the statewide activities in this area?

Committee wants to explicitly state that the dollars are for hiring a director with the appropriate skills/background and a (project coordinator/assistant), along with additional operating expenses. The original \$273,000 was for the biennium. This amount was a quickly developed and wasn't sufficient to support the need. Lynette will discuss with DOH/ITD about what the top dollar could be paid for a position such as this in ND.

C. What state agency is the best fit for the Health IT office?

Dr. Dwelle and Lisa have said that the HIT Office can be housed at either ITD or Health Department, they both defer to the recommendations of the Steering Committee – the Health Department doesn't have additional available FTEs, but ITD has a vacant Director FTE available. ITD has experience with 2-3 positions that work with and receive direction and from a Board/Advisory Committee that has decision making authority which can be used as a working model. The committee members on the call that having it housed in ITD may provide an advantage since they have an open FTE and working models that they already are using; also if federal funds come to ND – OMB would want the funds run through ITD and would be more effective to have HIT office in the same department. DOH remains vital to these efforts and will remain involved in the operations, input, committee selection, etc. since this is health and IT.

State investment to maximize the federal funds that will be available

- A. Should a portion of state funds (grants or no or low interest loans) be requested for immediate (2009) assistance with EHR implementation? So that ND hospitals and physicians that are ready now, can be in the best possible position to maximize the Medicare incentives which begin FY2011.
- B. If the projected statewide cost of adopting EHR and HIE is approximately \$48 million, and there is a one time opportunity for a federal 10:1 match in FY 2011? What is the most (> \$2million) that can be requested of the state in order to access as much federal funding as possible to solidly support building the health IT infrastructure and state level HIE for the future?

(Note: the match will decrease significantly in 7:1 in 2012 and 3:1 in 2013)

There are many things that need to be addressed that aren't specifically covered by the match. Need to clarify to the legislators that if we don't get the \$20 million – at this point we aren't at the base level of requirements to get the matching funds. Judy Lee is very open to hearing from the Committee as a whole with regard to recommendations going forward. We need to work with the legislators who will be named on the Conference Committee. Need to have ideas of things to ask for, such as loan programs, grant programs, etc. Make recommendations and share with all steering committee member. Keeping in mind the turn-around time is often very quick. If time permits, we need to include names of all those involved.

There is also federal match of 5 to 1 for a state loan program available 2010.

It was suggested to split section 3 of the amendment– one for loans and one for grants; what dollar amount?

Disadvantage to provider s if they wait until the stimulus funds are available, this is when the Medicare incentives begin. Also, the later they sign-up with a vendor to start implementation, the lower on the vendor's list ND facilities will be.

Providing loans to non-profits...edit that language because it could be restrictive. What is the definition of a provider?

Capital funds was included in the bill's language when Chip reported on the video/teleconference last week. However, those on the call last week felt very strongly that this should not be included because it would not be eligible for matching funds. He did take this suggestion into consideration.

HIT Steering Committee input in the process going forward

- A. Realizing this process will be on a fast track – With hope that the Bill is referred to a Conference Committee, how will/can all members of the Steering Committee (and stakeholders, as needed) contribute to the discussion/decisions of what should be included or not included in the Bill so that maximizes state investment with federal funds and best meets the needs for our state health care system as a whole?

The Steering Committee's consensus is to have Lynette create a rough draft of recommendations and send it out to the committee. The committee members needs to send feedback to Lynette ASAP so that a final version can be finalized and shared with Judy Lee , she wants to hear from the Committee.

- B. What is the most effective/efficient way to communicate (provide support, background information, etc.) between members in the field and members at the Capital (NDMA, NDHA, AARP, ND Heart Assoc., ND Pharm. Assoc., etc.)?

It is the Committee members' responsibility to provide feedback to the Chair so that the Committee's decisions can be conveyed to members and eventually to the legislators.

Testimony isn't taken during the conference committees but the meetings are open so members/stakeholders can be there to answer questions if asked. It is important to know when these meeting are so that the appropriate people can be on-hand.

The Committee wants to be sure that NDHA and NDMA is aware of what was discussed on this call so we can support their efforts and make certain that what is communicated to legislators reflects the committee as a whole.

TASK: Lynette will create a rough draft of what we might recommend and send it out to the committee. The committee needs to send feedback to Lynette ASAP.

TASK: Nancy Willis will connect with Chip Thomas and share the Committee's concerns.

Other

THANK you to Alex Todorovic, Manager of Clinical Applications, Altru Information Services Department who has enthusiastically volunteered to Chair the much needed Standards Work Group and is in the process of coordinating the first meeting.

Dr. Cathy Houle suggested that a Clinical work group be established (8-10 members), which was recommended at the June 2008 meeting. It was suggested that Dr. Houle work with NDMA to develop this work group. (Dr. McDonough, MedCenter One has expressed interest in the HIT efforts, he may be interested in serving.)

Next Conference Call

Thursday, May 14, 2009

3:00 – 4:00 pm CST
