

**COMMUNICATIONS/EDUCATION WORKGROUP MINUTES**  
*North Dakota HIT Steering Committee*

**Monday, January 7, 2008, 2 p.m.**

**Committee Members in Attendance**

Laurie Peters, Chair, Communications Workgroup, HIT Steering Committee

Lynette Dickson, UND Center for Rural Health

Karen Robinson, Fargo VA Medical Center

Karen Larson, Community Healthcare Association of the Dakotas

Lyle Halvorson, AARP-ND

Geneal Roth, North Dakota Health Care Review, Inc.

Laurie shared key points from the HIT Steering Committee meeting in August 2007 in Bismarck including the objectives for the Communications/Education Workgroup. Objectives for this workgroup are as follows:

- Develop literature for legislators to provide a clear understanding of the purpose of the HIT Steering Committee and its function in North Dakota (specifically helping them understand what the Committee is and what it is not)
- Establish paths of communication and literature to inform consumers in both rural and urban areas regarding the personal benefits of HIT and the status of HIT in North Dakota
- Develop information for various state associations to disseminate to their membership
- Develop messages to inform health care providers as to the current status of HIE/HIT in North Dakota

Laurie stated the first issue to address is how to communicate with these different groups of people. No one on the initial committee had marketing skills so each member was asked to go back to their organizations and recruit a staff member to serve on the Communications/Education workgroup. The NDHIT Communication/Education Work Group discussed a variety of modes of information dissemination including e-mail, websites, brochures, fact sheets, etc.

Several points to provide for consumers could include: how HIT can help your health care provider take better care of you; security issues; how HIT can help provide better information for other health care providers who see you. A key issue with consumers appears to be misconceptions and ideas about billing/financial information versus clinical information. The delineation of these two types of information need to be clarified for them.

The second issue that needs to be addressed is how the Steering Committee and its workgroups will pay for any activity.

The plan is to start with members of legislature and State Associations to provide them correct and current information so that those consumers with which they have contact would be receiving valid information.

A one-page fact sheet was provided for legislators at the last session and could be expanded upon to include statistics, necessity, federal mandates, patient safety, quality of care, cost/benefit analysis other states' data, issues in rural health care regarding the cost of HIT, etc.

Lynette explained the course of the last HIT initiative in the North Dakota Legislature. A budget of \$500,000 was proposed--\$420,000 for HIT grant program using the model of BCBS and \$80,000 for operation of the Steering Committee. The legislation failed so as of yet no public funds are available for the operation of the Committee. The Center for Rural Health has been donating staff time for Committee activities as have other members of the Steering Committee.

Dakota Medical Foundation was recommended as a resource for HIT grant funding.

Laurie indicated further clarification was needed on the following issues:

- Budget/Funding—in kind contributions or allocated dollars from workgroup members
  - A plan and budget needs to be established by this workgroup to determine what we need to do and what it will cost (there may be some dollars and in-kind contributions given by workgroup members)
  - For the next meeting, Laurie will outline key tasks from the August 2007 Steering Committee meeting on information pieces needed for the various target areas to help start planning a budget to propose to the Budget/Funding Workgroup. Laurie will e-mail to the Communications/Education Workgroup members for their input.
- Tasks--What will be developed and what information will be included in the various information pieces (e.g., brochure, fact sheet, etc.); the information will need to be gathered by the workgroup members
- Lynette indicated that the HIT Steering Committee has been appointed by the Governor as the voice for HIT in the state. Lynette will be meeting with Tammy Wahl and Ryan from the state on January 8 to clarify the role of the Steering Committee. She will attempt to get clarification as to the authority of the Steering Committee. Because of the appointment by the Governor, communication between his office and the Steering Committee is crucial.

Lynette indicated that individuals on the Steering Committee are responsible for communicating activities back to their own agencies. At the last legislative session, legislators and associations were provided with a Steering Committee member list, what the Committee has done, and a fact sheet about HIT.

Laurie indicated that all the material created thus far has the Center for Rural Health logo. She questioned whether the HIT Steering Committee could develop its own logo. Lynette will pursue clarification.

Laurie will solicit assistance with tasks this workgroup needs to perform in a cover letter with these minutes.

Laurie asked that when workgroup members are unable to attend a call to please review the meeting information and offer input prior to the meeting.

Lyle suggested that when we get to the point of designing a logo and laying out brochures, etc., that we may be able to tap into the graphic design students at Minnesota State Technical College through Carolyn Gaarder who is a member of this workgroup.

There being no further business to come before the workgroup, the meeting was adjourned at 2:40 p.m.

The next Communications/Education Workgroup conference call will be held on Monday, February 4, 2008, 2 p.m. Conference call access instructions can be located at: <http://ruralhealth.und.edu/projects/sorh/workgroups/communication.php>

Respectfully submitted,

Geneal Roth  
North Dakota Health Care Review, Inc.