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## **HIT Advisory Committee Meeting Minutes**

August 10<sup>th</sup>, 2016

### **Attendees:**

- \*Chair - Lynette Dickson, Center for Rural Health
- \*Barb Groutt, Quality Health Associates of North Dakota
- \*Darin Meschke, Dept. of Health
- \*Sharon German, Sanford Health
- \*Neil Frame, Metro Area Ambulance
- \*Jenny Witham, Dept. of Human Services
- \*Courtney Koebele, ND Medical Association
- \*Shelly Peterson, Long Term Care Association
- \*Mark Waind, Altru Health Systems
- \*Jerry Jurena, ND Hospital Association
- \*Mike Ressler, Information Technology Department
- \*Troy Aswege, BCBSND
- Mike Mullen, Special Attorney General
- Tina Gagner, RN, ITD
- Eric Hieb, ITD
- Sheldon Wolf, HIT Director – ITD
- George Beckett, CedarBridge Group
- Alicia Baumann, Administrative Assistant

### **Not Present:**

- \*Vice Chair - Dan Kelly, McKenzie County Healthcare Systems
- \*Lisa Feldner, NDUS
- \*Matt Shahan, West River Health System
- \*Lisa Clute/Laurie, First District Health
- \*Lyle Halvorson, AARP
- \*Senator Lee, ND Legislature
- \*Representative Robin Weisz, ND Legislature

*\*denotes appointed HIT Advisory Committee members or their designee*

- 1) **Approval of Agenda**
- 2) **Consent Agenda**
  - a. July 22<sup>nd</sup>, 2016 Meeting Minutes. No changes requested. Moved by Courtney Koebele to approve. Second by Jerry Jurena. Motion passed unanimously.
- 3) **NDHIN Update**
  - a. The NDHIN one week metrics for the NDHIN included 637 log-ins with 644 patient records accessed. More providers are utilizing the system each month and as they are looking for information they are seeing some gaps. The medical documents (clinical) are what providers are looking for the most. When patients go from one provider group to another providers want to see the other provider's documentation to ensure they are treating the patient consistently between the different organizations. We will continue to work with providers and tackle the technical challenges to obtain this information.
  - b. There are currently 861,000 unique individual patient records about 14 million rhapsody transactions a week. Transactions are increasing as more and more providers come on board. There are about 50 clinics/hospitals interfaces that are close to being completed over the next 4-5 months.
  - c. Within the DSM we have about 550 web accounts that are set-up. For the last week, there were 18 web based messages sent and 863 XDR messages sent thru the system.
  - d. The NDHIN has 1,609 active users, broken down into level 1 (Physicians): 710 level 2 (Nurses): 603 level 3: 182 and level 4: 113 users with the remainder privacy officers and administrators.
- 4) **NDHIN Business Plan Development – Update**
  - a. Discussion was held regarding the environmental scan documents. There were a couple of questions regarding pharmacy. Any other comments should be sent to Sheldon.
  - b. The best practices/promising practices brief is currently being worked on by CedarBridge. Sheldon has reviewed a draft and sent it back to CedarBridge with comments and suggested changes. Once it is complete, it will be shared with HITAC. George Beckett with the CedarBridge Group indicated that the brief will be a live document and they will continue to build on it over time and as things change. He indicated that there are several areas where the NDHIN is doing best practices today and there are other areas of the health information exchange that are really just being developed so there is no best practice.
  - c. George is currently working on the return on investment report and tying the information that he learned from the environmental scan into the report. George and Sheldon are making their way around the state to hit the large hospitals to discuss the future state of the NDHIN and the return on investment calculator. George indicated that they are still on schedule to have everything



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completed by October and November. He indicated that by the end of the month of August, they will have submitted the ROI and the Future State Study. This will include a five year budget to get to the future state and the ROI. In September, the CedarBridge Group will have submitted the majority of the documents except the business plan and they will be looking for the approval on the documents (ROI, Future State and budget). The business plan is due in October.

d. Discussion was held regarding CMS funding. CMS has funds available at a 90/10 rate with further fair share cost allocations (preliminary estimate is 85/15). George indicated that before DHS can apply for the funding major stakeholder must approve the plan, the forms, and participation commitments.

e. The overall scope of the project includes onboarding Long Term Care, Optometrist, Dentists, Behavioral Care, rolling out into the Amadeus platform, and credentialing.

f. As for the ROI, CedarBridge Group is building an ROI tool for NDHIN to share with participants so they can calculate their own ROI. We have seen positive feedback from those that have seen the documents thus far and have received some good suggestions as well. We will continue reviewing this plan and meeting with stakeholders for the next 2-3 weeks.

g. Right now the pricing structure wouldn't change too much. Subscription fees would remain similar for the next 5 year horizon especially with the CMS funding. 46 million dollars over the next 5 year in IT investment and would result in an estimated match around 7 million. The fees will remain similar and if they do go up they will not be significant. Within the next 5 years, we will be able to really grow the HIE with that 46 million dollars. However, fees may increase with increased service offerings such as credentialing, case management etc.

h. Please send any suggestions/feedback to George and Sheldon to ensure that any and all ideas are brought to light and incorporated.

## 5) **HPD Workgroup Update**

a. We are at a point where stakeholders are uploading their provider's directories to the NDHIN provider directory file. Once that is complete, we will create the aggregate and download files.

b. Testing has been ongoing with Direct Secure Messaging thru XDR services. An issue has been identified when an XDR client sends to a non-XDR client (web-client), the embedded XML file (the CCD). The process converts the file to preserve metadata in the attachment during the SMTP transport. The receiving web client is not recognizing the converted payload resulting in a file that cannot be read. The process being used by the NDHIN follows the Direct Trust exchange rules. Most HISPs are able to negotiate this issue with system settings. The conversion does not happen with the XDR to XDR or web client to web client transactions. As this is identified we are working with the other HISPs to resolve this issue. In some cases it is resolved by the receiving provider adjusting system settings on their end.

**6) Medicaid Update**

- a. The EHR Medicaid Incentive Program has finished receiving provider attestations in June and are working on getting the payments out to providers. Medicaid hopes be finished with payments by September.
- b. 2016 is the last year for eligible providers to begin participation in the Medicaid EHR incentive program.

**7) Other Business**

- a. No additional business

**8) Meeting Adjourned at 2:45pm**