

APPROVED MINUTES
SOUTH DAKOTA e HEALTH COLLABORATIVE
BOARD MEETING
July 13, 2009

Minutes of the South Dakota eHealth Collaborative meeting held on Monday, July 13, 2009, at DDN locations in Pierre, Sioux Falls, Rapid City, Parkston and Watertown.

Members present are:

Rapid City Site-

Bill Stoeckmann-Regional Health proxy for Dick Latuchie

Sioux Falls Site-

Holly Arends-SD Dept of Human Services

Jacque Cole-Dakota Care

Mark East-SD State Medical Association

Sam Wilson-AARP

Dennis Kaufman-Good Samaritan Society

Nancy Beaumont-SDFMC

Arlyn Broekhuis-Sanford Health

Mary DeVany-GPTRAC

Rachael Sherard-Avera Health

Dimitri Melius-Avera Health

Deb Fischer-Clements

Dan VanRoekdel

Surenda Sarnikar-Dakota State/CAHIT

Pierre Site-

Patti Brooks-Avera Health filing in for Jim Veline

Gary Goeden-SD Bureau of Information & Telecommunication

Randy Moses - SD Division of Insurance

Gayle Varty-St. Mary's Healthcare Center

Revi Warne-SD Department of Social Services

Lynn Beck-SD DENR

Lisa Kilawee-Avera Health

Jim Burkett-Avera Health

Monty Gloe-SD BIT

Jim Edman-BIT

Bill Rath-SD BIT

Laurie Gill-DOH

Kevin DeWald-DOH

Parkston Site-

Linda Maas-Avera Benedict

Madison Site-

Dan Friedrich, Dorine Bennett, Joyce Havlik, Rick Puetz, Lance Jahnig, Corey Heidelberg and Dianne Halverson –Dakota State University/CAHIT

Members not present: Jim Vachal,Brown Clinic; Rebekah Cradduck, SD Association of Healthcare Organizations; and Scott Graff, Community Healthcare Association of the Dakotas.

Kevin DeWald welcomed everyone and delivered opening remarks.

Kevin called the meeting to order.

Kevin asked if there were any additions or corrections to the March 18 and 19th minutes. Motion by Randy Moses to approve the March 18 & 19th, 2009 meeting, seconded by Laurie Gill. Motion carried unanimously.

Kevin asked if there were any additions or corrections to the May 15th minutes. Motion by Randy Moses to approve the May 15, 2009 meeting, seconded by Gayle Varty. Motion carried unanimously.

Kevin provided updates regarding HITECH Funding.

- 35 states
- SD is further along we have our Roadmap, working on our Strategic Plan
- HIE-Platform may have changes
- Debate about meaningful use definitions
- National Governors Meeting in Minneapolis August 13th.

Broadband funding opens July 13th.

October 8th SD HIT Summit in Pierre at the AmericInn.

Laurie Gill, DOH discussed the Record Locator Project conducted through the Department of Health.

Arlyn Broekhuis, Sanford Health asked about the status of the Interface Project.

Advisory Group updates

Legal and Legislature-Rick Puetz reported that no tasks have been assigned to their group at this time.

Policy Governance-Joyce Havlik

- Identified research tasks
 1. Adopt standardized, unique patient identifying numbers.
 2. Establish access limitations to those practitioners needing to provide emergent and urgent care and organizations.
 3. Authorize a state Master Patient Index (MPI) and data sharing (a data exchange) (this also includes the legal committee)
 4. Providing support for patients' ability to opt-in/opt-out of the system
 - a. Opting-in/opting-out could be at the system level or the provider level
 5. Providing access control (this also includes the technical committee)
 - a. Different levels of access
- Some considerations:
 1. Task #1:
 - Instance of MPI contamination
 - Data accountability
 - Data sharing agreements

2. Task #4:

- Patient signs an opt in/out consent/authorization; how to obtain
- Responding HIE's reply to Requesting HIE would be "no health information to return" even though there may be health information

Education and Outreach-Dorine Bennett

In April 2009, the Education and Outreach Advisory Committee (EOAC) met to discuss the HISPC Extension Period challenges. There were concerns expressed by the group:

- South Dakota may have unique or different educational needs in relation to electronic health records and health information exchange that are not addressed by the existing materials prepared by the Consumer Education and Engagement (CEE) Collaborative and the Provider Education Toolkit (PET) Collaborative. The committee stated that an environmental scan would provide more state-specific information to guide preparation and distribution of educational materials to providers and consumers.
- The state is not prepared with funding or materials for an extensive educational and outreach campaign at this time, and lack of follow-up or continued efforts after initial distribution may be detrimental.
- There was discussion of the definition of "provider" and the intended audience of the Provider Education Toolkit (www.secure4health.com).

Following the initial meeting, additional face-to-face meetings and email correspondence were used to move ahead in meeting the challenges.

Two challenges identified were Consumer and Providers Educational Materials. A kick-off meeting for the providers have been held.

CEE materials have been revised to reflect the SD eHealth Collaborative look.

Three groups were identified for the consumer challenge. These groups will have selected materials disseminated to them to provide feedback to be used for planning larger education/outreach efforts.

- Persons with disabilities
- State employees this group related to hearth health or diabetes.
- Human Resource Managers group

Feedback and Lessons Learned

The HISPC Extension Period challenges were very beneficial to South Dakota as they stimulated conversations and helped in developing future plans. We intend to continue with the work that was started in this short time, making effective use of the materials that have been provided and creating new materials as necessary.

The feedback gathered from the actions taken in response to the challenges will serve as a form of environmental scanning. We will have a much better understanding of the educational needs following these focus group reviews, presentations, and distribution of materials to consumers and healthcare

workers. In addition, the Center for the Advancement of Health Information Technology (CAHIT) has created a provider survey that will be distributed throughout the state in the near future and some of the information gathered through that will also give us a better understanding of educational needs.

In 2008 workgroups of the SD eHealth Collaborative worked on developing a comprehensive roadmap for health information technology in the state. Specific goals, strategies, tactics, and actions steps related to education and outreach to consumers and providers were identified. The staff of CAHIT is constructing a crosswalk document showing where the materials from the HISPC projects will fit in with our plans and may be used to contribute to our activities.

Technical –Surrenda Sarnikar reported that the HIE planning consistent with last meeting.

Randy Moses made a motion to change the By-laws by disbanding the Privacy/Security Advisory Committee and have those members disperse to other Advisory Committees, Dennis Kaufman and Gary Goeden move to Technical Advisory Group, Scott Graff goes to the Educational Outreach Advisory Group, and Revi Warne to the Legal/Legislative Committee seconded by Jacque Cole. Motion carried unanimously.

Dan presented a **Broadband initiative Program.**

- Run by the Department of Agriculture
- Distributes funds to competitively chosen awardees
- Broadband is defined as 768 kb/s downstream and 200 kb/s upstream
- Recovery Act requires that 75% of a funded area be in a rural area that lacks sufficient access to high speed broadband service to facilitate economic development

Middle Mile project-up to \$800 million is available for loans or loan/grant combinations

- Any infrastructure project that does not predominantly provide broadband service to the end user or to the end-user devices
- May include interoffice transport, backhaul, internet connectivity, or special access.

Last Mile project-\$1.2 billion available \$400 million remote area projects and \$800 million non-remote area projects.

- Non-remote project
Broadband service to the end user or end-user devices in a service area available for BIP funding
- Remote Area Project
Broadband service to the end user or end-user devices in a remote area available for BIP funding

Priorities for funding

- Recovery act mandates that priority be give to projects which:
 1. Give end users a choice of providers;
 2. Serve the highest proportion of rural residents that lack access to broadband service;
 3. Are projects of current or former RUS borrowers (Title II borrowers); and
 4. Are fully funded and ready to start once funding is received.

Broadband Technology Opportunities Program

Falls under section 6001 of the Recovery Act

1. To provide access, improve access, and to provide education, awareness, training, equipment to support community anchor institutions, agencies, and organizations serving vulnerable populations (low income, unemployed, aged)
2. To improve access to, and use of, broadband service by public safety agencies
3. To stimulate the demand for broadband, economic growth, and job creation

BTOP Funding

- \$4.7 billion set aside
 - \$250 million designated for Sustainable Broadband Adoption Grants
 - First round of funding up to \$150 million
 - \$1.2 billion will be awarded to Broadband Infrastructure projects

* Applicants are required to provide matching funds at a minimum of 20% towards total project cost for either sustainable or infrastructure

Timeline For BIP and BTOP

- Applications were released on July 7th, 2009
- Applicants requesting less than \$1 million may forego the electronic filing requirement
- Electronic submission deadline 5:00 pm ET on August 14th, 2009 for first round funding
- The second and third NOFAs will be issued in 2010 with all funds awarded by September 30, 2010.

Addressed technologies

- Core Routing and switching
- Wireless Infrastructure
- Network Security ☺
- Storage Solutions

Community Health Center Grants

- Five separate programs
 1. Capital Improvement Program (\$850 million) **Deadline passed**
 2. Health Information Technology Systems/Networks Grants (\$124 million)
 3. Facility Investment program (\$515 million)
 4. New Access Point Grants **Deadline Passed**
 5. IDS grants by states **TBA**
 6. Over the next two years, \$2 billion from the ARRA will be be invest in Federally Qualified Health Centers (FQHC) and Health Care controlled networks (HCCNS) to support renovations, repairs, investments in health information technology, and critically needed health care services

Facility Investment

- Facility Investment is a grant to fund major facility investments in health centers, including construction, repair, renovation, and equipment purchases.
- Application for Facility Investment is due August 6th, 2009
- Floor of \$750,000 and ceiling of \$12 million per project

Increased Demand for Community Health Care Service grants by State (IDS)

- Funding to Strengthen the HIT infrastructure programs by the Department of Health and Human Services and the HIT Extension program available on the Fall of 2009
- Information such as submission dates and timelines for funding are not available at the moment

Addressed Technologies

- Collaboration Solutions
- Communication Solutions
- Core Infrastructure
- Telemedicine Solutions
- Wireless Solutions
- Network Security
- EHR maintenance, storage, and access

Other grants....

Five separate grant programs (\$750 million total)

1. State Labor Market Information Improvement Grants
2. Energy Training Partnership Grants
3. Pathways Out of Poverty Grants
4. State Sector Training Grants
5. Green Capacity Building Grants

Discussion followed on:

What would be the content?

When we would be applying?

Who would be applying for funding?

Funding for equipment?

Application from private sector and how it relates to E-health?

What is the end product?

State wide exchange?

Record Locator Services.

Full Exchange of information.

Tele Medicine Exchange.

Hub-Net funding to rural clinics.

Need a clear picture from carriers in the state and tie in with it.

Arlyn Broekhuis suggested that the HealthCare Systems apply for funding. Motion by Jacque Cole to have the Health Care Systems draft a proposal to move forward with Broadband funding. Seconded by Laurie Gill. Motion carried unanimously.

Jim Veline, Arlyn Broekhuis and Dick Latuchie will keep Dan Friedrich in the loop on the proposal.

Patti Brooks addressed the timelines. A Draft by August 7th send to the members; comments returned by August 11th before close of business.

Surenda displayed the survey and provided the following explanation. Survey requires approximately 25 minutes to complete.

Provider information

- Objective: Baseline information and database of providers
- Info Collected
 - Type: Hospital/Ambulatory/LTC/Speciality/Etc.
 - Location
 - Capacity and Number Served
 - Contact Person

Levels of Adoption

- Objective 1: Measure progress and compare with previous years and national averages
- Objective 2: Identify current capabilities of different providers to help in HIE planning
- Info Collected
 - Labs, CPOE, EMR, CDSS, ePrescribing, etc.
 - HIMSS Scale of adoption

Challenges Faced/Facing

- Objective: Identify challenges being faced by adopters to anticipate needs of those that haven't yet adopted and identify CAHIT effort priorities and needs
- Info Collected
 - Financial
 - Technical
 - Usability
 - Training
 - Workflow
 - Adoption
 - Organizational

Implementation Approaches

- Objective: Identify different implementation approaches, correlate with success and develop best practices
- Info Collected
 - Level of Physician Involvement
 - Hosted/System/Stand Alone/Open Source etc.
 - Process

Implementation Success

- Objective: Study impact of various factors on implementation success. Develop best practices
- Info Collected
 - Satisfaction
 - Level of Adoption
 - Financial
 - Quality and Outcomes

Intention to Adopt

- Yes/No
- If Yes
 - Time frame

Barriers

- Objective: Identify barriers to adoption
- Info Collected
 - Financial
 - Organizational
 - Technical
- Barrier list generated from aggregate list of barriers from SDHERA, ONC, NeJM, JAMIA Articles

Facilitators/Needs

- Objective: Identify needs of non-adoptees to implement EMR.
- Needs info collected
 - Apply for Grants
 - Technical availability
 - Services
 - Workforce
 - Training Needs
 - Evidence of benefits
 - Connectivity
 - Legal/Policy Initiatives
- In addition to free form, use aggregated list of facilitators/needs from relevant articles

Adoption Drivers

- Objective: Identify primary driver of EMR adoption and tie this with needs
- Info collected
 - Quality
 - Productivity
 - Business Env
 - Mandated

Readiness

- Objective: Assess readiness of organization for EMR adoption to help develop CAHIT services that will address the readiness gaps
- Info Collected
 - Organizational Culture / Attitude
 - Technical Infrastructure
 - Computers, Connectivity, Workforce
 - Financial

Timelines include July 17th mailed by CAHIT with a cover letter; July 24th weekly updates on the progress of survey; July 31st final draft and August 3rd final report. Discussion followed with responses could be emailed or faxed back to CAHIT. Mary Derby maybe adding a couple of questions and Dan will

keep the Collaborative informed. Surveys will be sent to the main health systems and they will forward to their clinics.

Dan discussed the Regional Extension Center-one for each state crossover with our four bordering states due to our medical trading areas.

HITEC-SD

- HITEC-SD has seven operational objectives:
- Provide specialized expertise in organization development, legal issues, privacy and security, economic and financing issues, and evaluation
- Create an implementation model for EHR applications (technical side)
- Create an implementation model for EHR applications (administrative side)
- Establish a comprehensive training program for model implementation
- Create a statewide network for onsite technical assistance (implementation and support)
- Create a statewide network for communication and information dissemination
- Create a business plan for sustainability

Arlyn inquired about experience in workflow changes and Dan said we would partner with someone maybe USD-Mary Derby.

Dan discussed a 4th system concept-independents healthcare systems limit the number of providers; Community EHR buy-in; web base, connect to state health system and CHIT certified.

Arlyn mentioned center should provide assistance to providers not specific to users.

Independent providers are not required to use EHR, have one available for their use, provide implementation and assistance and resources to be implemented.

Regional center could provide a list of preferred vendors, preferred EHR's, trouble shooting guides and a help desk, assist with the merge to a system.

Dan presented the **Strategic Plan**.

Executive summary

1. Outlines long-term goals
2. Details the specific strategies
3. Programmatic goals
4. Clear path between a present condition and a vision for the future.
5. Documented objectives
6. Feedback loop

Current Situation

1. Outlines long-term goals
2. Details the specific strategies
3. Programmatic goals
4. Clear path between a present condition and a vision for the future.
5. Documented objectives
6. Feedback loop

Who are we?

Our profile and our partners.

Where are we now?

Assessment of the existing situation.

Inventory of existing infrastructure

Strength

1. Coordination across Organization
2. HISPC
3. 85% covered
4. K-12 Connectivity model
5. Network infrastructure
6. EHR Demo

Additional Strengths we have our defined scope and strong support from the state.

Weaknesses

1. Privacy
2. Small Providers
3. Lack of IT expertise
4. Lack of dollars
5. Lack of legislation / political support
6. Lack of awareness

Additional weaknesses lack of time, scarcity of resources, continuity, and physical miles between locations.

Opportunity

1. Collaboration with other states (disease tracking).
2. One time cost.
3. Create the right legislation.
4. Improve patient care/ safety.
5. Fast care and reduced cost
6. Mutually beneficial sharing/ HISPC

Threats

1. Geographic size
2. ID theft
3. Broadband
4. Competitive environment
5. Provider resistance
6. Financial stability economy
7. States that have systems dictate what we do... !

Visions and Goals.

1. Educate SD customers about what EHR mean to them on a personal level and how their health care can improve as a result.
2. Communicate to health care providers how broader use of EHR can make their practices and institution more time and cost efficient and improve the care they provide to patients.
3. To communicate with to employees and insurers/ payers the value of an EHR network can improve the quality of healthcare and increase employee productivity while realizing the cost saving in healthcare delivery.

Privacy and Security

- Healthcare privacy and security is an extremely important topic in the deployment of HIT and development of HIE. There is existing national legislation such as HIPAA and CFR 42 Part 2, as

well as state legislation that currently governs multiple aspects of privacy and security. Entities such as the U.S. Department of Health and Human Services, the U.S. Centers for Disease Control, and the National Governors Association are all working to address the implications of privacy and security in the era of electronic health information as well as to create recommendations for policy makers.

Action Plan

- **Guiding principles**

1. Provide secure patient access to their own health records.
2. Respect privacy as a core value.
3. Facilitate excellence in the individual and collective practice of medicine.
4. Interconnect all providers of health care for SD residents.
5. Harmonize with regional, State and Federal health information exchange initiatives.
6. Evolve with technology standards and needs.
7. Contribute to more efficient and effective use of health care resources.

- **Areas of planning and action**

1. Collaboration, communication and outreach
2. Organizational, legal and policy development
3. Business planning
4. Technical infrastructure development

- **Monitoring**

1. Oversight and review authority for plan content.
2. Measurements of performance.
3. Review progress.

Early fall timeframe for any legislature to be recommend.

Dan will have the facilitators meet with their groups within the month.

Motion by Jacque Cole, seconded by Arlyn Broekhuis to approve the following description of the Legal/Legislative Committee. *“The primary role of the Legal/Legislation Advisory Committee is to research and advise the S.D. eHealth Collaborative concerning legal issues, including patient consent and security issues; and recommend legislative proposals.”* Motion carried unanimously.

Motion by Lynn Beck , seconded by Arlyn Broekhuis to approve the following description of the Education/Outreach Committee. *“The primary role of the Education/Outreach Advisory Committee is to provide direction in the development of projects that focus on consumer and provider education and outreach efforts related to the use of electronic health records and health information exchange. As part of that role, the Committee will work to increase awareness of electronic health records and health information exchange, including the risks and benefits. The committee’s work will address the different needs of urban and rural populations, varying literacy levels, and people with special health concerns. In addition, the Advisory Committee will work with professional healthcare associations, societies, and educational organizations that represent or serve providers to engage them in the use of electronic health records and raise their interest in electronic health information exchange.”* Motion carried unanimously.

Motion by Lynn Beck , seconded by Randy Moses to approve the following description of the Technical Committee. *“The primary role of the Technical Advisory Committee is to provide leadership and make recommendations on the technical issues and requirements related to health information technology efforts in South Dakota. As a part of that role, the committee will work with health care providers, health care systems, and*

consumers among others to identify key issues and requirements from a technical standpoint which will be necessary for implementing an electronic health information exchange and related efforts in South Dakota". Motion carried unanimously.

Jacque Cole suggested that the By Laws changes could be voted on via email but discussion followed and it was noted that organizations needed time to evaluate changes.

Kevin will email the description of the Policy/Governance Advisory Committee to the member for review before the September meeting.

The primary role of the Policy/Governance Advisory Committee is to provide the framework and structure through recommendations and policy formulation for all SD eHealth Collaborative activity.

As part of that role, the Policy/Governance Advisory Committee will act as a liaison between other SD eHealth Collaborative committees to determine the effectiveness of policies aimed at accelerating adoption of EHRs, identify opportunities for partnerships, and incorporate national standards for health information exchange.

In addition, the Policy/Governance Advisory Committee will work to promote a focus on quality improvement, standardization of strategies, and cost containment with a high regard to privacy and security issues.

Another DDN meeting maybe needed before the September meeting in Chamberlain.

Motion by Randy Moses, seconded by Gary Goeden to adjourn the meeting. Motion carried unanimously.