Utah Digital Health Service Commission Meeting

Thursday March 1, 2012 10:00 a.m. – 12:00 p.m
Utah Department of Health, 288 North 1460 West, Rm 114, Salt Lake City, Utah

Minutes

Members Present: Henry Gardner, Doug Hasbrouck, Deb LaMarche, Mark Munger (Vice Chair), Marc Probst, and Jan Root
Via Phone: Mark Fotheringham (UMA), Russell Frandsen (Legislative Fiscal Analyst), Dan Hull (UAHC/UHPCO), Sheri Loin (Salt Lake Community College), and Dennis Moser (Commissioner)
Members Absent: Scott Barlow, Natalie Gochnour, Brad LeBaron (Chair), Chet Loftis and Nancy Staggers
Staff Members: Wu Xu, Francesca Lanier and Humaira Shah (UDOH, OPHI)
Guests: Wyatt Packer (HealthInsight), Robert Rolfs (UDOH), Courtney Dinkins (AUCH), Aimy Sawaya (AUCH), Charlene Frail-McGeever (UDOH), Barry Nangle (UDOH), Anna Dillingham, Patty Conner (Governor's Office), Norman Thurston (Governor's Office)

Introduction and Commissioners' Update:
Mark Munger filled in for Brad LeBaron who was unable to attend. He asked for a motion for the January minutes and they were approved. Doug Hasbrouck gave an update on where the process of the Governor's Health Plan was. Jan Root mentioned that UHIN cHIE's electronic consent is up.

e-Health Related Legislation Updates:
Barry Nangle talked about five pieces of legislation: 1) HB 19 State Issued Identification numbers. It attempts to phase out social security numbers and other 9 digit numbers as identifiers. 2) HB 25 Patient Identity Validation adds to the UDOH's authority to adopt methods in accordance with providers, insurers and public health entities to verify the identity of individuals they serve. 3) HB 46 Electronic Personal Medical Records provides procedures for Medicaid, CHIP and PEHP members to opt out of the cHIE rather than opt into it. 4) HB 144 Health System Reform Amendments allows the Utah Health Insurance Exchange to use the All Payers Claim Database to do risk adjusting. 5) HB 122 E-Prescribing Amendments postpones the effective date of mandated e-prescribing to July 1, 2013.

Work with Dept. of Work Force Services:
Henry Gardner reported that Jan and himself met with Kristin Cox at the Department of Workforce Services (DWS) for cHIE. DWS has an electronic method of contacting business people. Kristin was very positive about participating and being a part of it. Their objective was to identify the key stakeholders that can actually reach the employers. Henry and Jan also met with George Myers at Zions Bank. They need to have some compelling message for the employers before they go to the employees. The method of getting to the employers and employee is a challenge. Health insurance brokers have an impact on employers and the brokers have an association of 2000 people, and they are going in front of all the employers and they know all the right people to contact so that's a benefit of knowing them.

Henry asked whether we need to form a subcommittee or group brining in some key stakeholders and sit down and explain what we are trying to do and have them come up with a plan and execute it. Doug asked that we are an advisory board if we take an action role, would that create a liability?

Mark encouraged Henry to work with Jan to identify these key employer stackholders and meet with them to move these people forward. Mark also updated the Commission that he and Jan met with Vivian Lee, the senior vice president of Health Sciences at the University of Utah, and after a brief meeting she was on board with the cHIE. They are also going to BYU as well.

Meaningful Use Stage 2 NPRM and Potential Impact:
Marc Probst suggested at the ONC Policy Committee that we should focus on data exchange and making it meaningful. He met with Farzad Mostashari, the National HIT Coordinator, and explained to him what had been done and Marc feels it's very positive. He didn't see a huge shift with Meaningful Use Stage 2 other than emphasizing some things, taking the bar that was set in Stage 1 and raising it and getting more value out of the functions that are put in place. Wyatt Packer discussed slides in the packet and informed the Commission that HealthInsight would coordinate Utah's public comments on this NPRM. Char Frail-McGeever covered the Medicaid adjustments.

Utah HIT Governance Consortium and Digital Health Service Commission (DHSC):
Bob Rolfs is the current Chair of the HIT Governance Consortium. He began with the background of the Consortium: A couple of years ago, Dr. Sundwall and other people set up the HIT governance consortium having a representative group and having created a governance process. This has put us in a good place to be successful with and move forward with the various HITECH grants. He wondered if there is a value to having an ongoing group that provides both strategic directions to the state and as a mix of entities working together to provide a coordination mechanism. When he talked with the HIT Governance Consortium members, one of the questions was what role would the DHSC plays in that. He thought the DHSC was well commissioned to play part of the role, but needed a little change in the way the commission works to play the full role.

Doug shared his thought for consolidating meetings between these two committees so that the number of meetings would be reduced as well as the number of reports at the meetings. Bob said if there is support for the consolidation concept he would try to come back with a more specific proposal on how to do it. He suggested there would be a bit of a difference in the level of discussions that we have to reconcile. Doug asked if anybody was opposed to considering a proposal to mesh some of the work together. The commission agreed that it's a good idea.

HIT/HIE Security and Privacy Education and Prevention:
Mark Munger mentioned everyone working hard in the standpoint of getting EHRs moving forward. He said there will be two large organizations getting on board for e-prescribing soon. The issue we're going to start facing is security and privacy. Since 2008, the University of Utah has experienced four security events that we have had to report to Health and Human Services. These are theft of a backup tape, theft of two laptops and loss of a portable USB drive. This is a significant issue, and I think we need to be really promoting the issue of security and privacy. The University implemented a policy that if you have PHI (Protected Health Information) on anything that is portable, it has to be encrypted. They were getting some push back from faculty members and others but for the most part they are doing this. They have implemented at least down to the department. The HIPAA rule is actually individual; it's not a department issue. Mark suggested the Commission to invite HIT security experts and attorneys to discuss security and privacy issues in a future meeting. Jan commented that there are some legal issues when talking about security. One is patient privacy issues. There are also the IT security issues, as well as legal stuff.

Utah Health Insurance Exchange (HIX):
Patty Conner gave an update on current statistics of HIX and said their focus had been on small business. As of March 1st there were 247 employer groups and almost at 6,000 covert lives on the insurance exchange, those are the employees of those employers and their dependants. One of the metrics that they track is what are the employer contributions toward the healthcare plan. The average for contribution is around $502, which has gone up this month meaning employers are contributing more money to the cost of the healthcare for the employees. Approximately 28% of the people they are covering today did not have health insurance coverage prior. They need to get the message out to the rest of the population that don't currently have insurance to get to the broker and get on the exchange. Their objective is trying to make employees accountable for their own healthcare. Today they have roughly 192 plans on the exchange. On average, each employee sees somewhere around 80 plans that they're eligible for and they filter down to the plans that meet their needs. When they are comparing plans, they will see somewhere between 8-12 plans. These are across 3 insurance carriers so they'll get a variety and start to filter down to their provider and their costs.

Norman Thurston started to say that from a policy perspective, affordable care has some tall orders for them to be done by the end of this year, with a huge amount of uncertainly. They will seriously look into planning and developing a broad based plan that can work no matter what.

Meeting adjourned.