

Utah Digital Health Commission Meeting
Thursday July 2, 2009, 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: Scott Barlow, Joseph Cramer (Chair), Natalie Gochnour, Deb LaMarche, Chet Loftis, Marc Probst, Jan Root, and Nancy Staggers

Via Telephone: Brad LeBaron (Vice Chair) and Dennis Moser

Members Absent: Rulon Barlow and Mark Munger

Staff Members: Humaira Shah and Wu Xu (UDOH, Office of Public Health Informatics)

Guests: Jessica Christopher (Office of Senator Bennett), Sharon Donnelly (HealthInsight), Barry Nangle (UDOH) and Bette Vierra (AUCH)

Introduction:

Dr. Joseph Cramer, the Commission Chair, called the meeting to order. The minutes of the May 7, 2009 meeting were approved unanimously.

Progress Report on the EMR Adoption:

Sharon Donnelly talked about how HealthInsight continued to work with 24 clinics that were on the project from the 2007-2008 funding year. She mentioned that the Department of Health requested them to target PCP clinics with specialties of internal medicine, family medicine, OB/GYN, and pediatrics. She gave a description of their services like assessment of the current practice management, workflow analysis, vendor selection with helping each practice identify its needs. Then she mentioned the clinics that didn't choose or implement a vendor, the reasons were financial constraints, doctor disagreement and past failures. She talked about how EMR can add values to doctors, such as tracking immunization and inappropriate medication use among the elderly, which Utah does worse than Nevada. In the Medicaid population, almost 17.4% has some sort of potentially inappropriate prescription use. She discussed a list of clinics and what was their status of adoption.

HIT Governance Consortium Update and the DHSC's Role in HIE:

Barry Nangle gave an update on the HIT Governance Consortium. He shared the letter in which Governor Huntsman designated Dr. Sundwall as the State Health IT Coordinator. Governor also recognized the governance body – the Consortium. This letter was important to show funding agencies that we are organized around HIT and have standards in Utah. The Consortium vision statement showed that Utah had established ways of getting to consensus. These documents show that we have capabilities and coordination in Utah.

Sharon said that HealthInsight ends up getting grants that other QIO's don't get because we often have all of the right players on board. It [collaboration] makes a huge difference when applying for grants. Sharon suggested that Utah develops a state HIT plan that is where her Regional Extension grant fits into. Jan Root supported and added when ONC publishes how to apply for their funds, people who are interested in applying for the funds can place their applications in the statewide context.

Deb LaMarche said that the Governor's Office of Economic Development had been packed with similar telecommunications responsibilities for infrastructure-development opportunities. She loved the fact that Utah is so coordinated organizationally.

Nancy Stagers asked whether the purpose of the Consortium is to prioritize. Jan Root said there were some discussions about that word prioritization and one of the issues that she had heard from other states is that some states have been setting health goals. Joe added that the other way you can use priority is in the sense of saying this is what is happening as a whole, and where do you fit in that and to the extent that different people can prioritize based on what everyone else is doing so it becomes more coordinated.

Jan said that one of the major goals of bringing up an HIE is to reduce cost. There are some global priorities that we could set as a state and we could work towards. Wu Xu asked whether the Commission could propose some outcome indicators. For example, appropriate medication use or chronic disease management as outcomes of using HIE.

Joe proposed to have a conversation on this but wasn't sure that the Commission was prepared to say what focuses should be. Marc Probst wondered if we are the right kind of committee to make this kind of recommendation. He said our recommendation may be to give a focus but not a purpose; there are better organizations around health care reform that have a lot better information than we have. Joe agreed with Marc saying we could endorse the health goals but we are not the body or the individuals to make that decision.

Natalie Gochmour is on the HealthInsight Board. That board had requested Sharon and other staffers to create a statewide dashboard for ten health care measures at the end of July. Natalie agreed to share the results from the HealthInsight Board's discussion with the Commission at the next meeting.

HHS ONC HIT Policy Committee: A Member's Perspective

Marc Probst shared his membership experience with the federal Department of Health and Human Services Office of National Coordinator for HIT Policy Committee. He said that the committee members were very bright people. He was impressed with the leadership of ONC. The first time they met they were subdivided into three workgroups: meaningful use, certification, and adoption of health information exchange. There would be incremental requirements to achieve meaningful use. He co-chairs the certification workgroup.

Joe congratulated Marc on his and Stan Huff's national appointment with the ONC Standards Committee. Marc contributed these two national appointments to Utah's overall advances in HIT. He felt fortunate to have a role in a major health care organization and that it's within Utah. He added that the University of Utah and its medical informatics program is also a key for Utah's advanced position in HIT; that's where Dr. Huff comes from and he reflects a lot of learning from Reed Gardner, the funding chair of the Biomedical Informatics Department and other faculty.

Utah Statewide e-Health Online Planning:

Wu Xu presented the Wiki Workspace for the statewide e-health online planning. It is an internal secure tool at <http://health.utah.gov/phaccess>. The login module uses the state master directory. All Commissioners were granted access to this planning tool. She talked about the outline of the plan (section, domain, and community). Different individuals take the lead on different sections. She invited input from the Commission.

Jan wondered in terms of e-health community planning, if the business community should have a voice in all of this. Natalie Gochnour said that their business leaders always tell them that health reform is a top priority. However, they are all busy and can't meet often. She mentioned they worked really hard to have a strategy in what they thought major priorities in health care reform were. She couldn't help but think a big part of the business leadership that the governor could help them with. Jan added that we are going to have a new governor and we have Representative Clark as well. There has been tons of work on the new legislature. A lot of the things the legislature proposed rested on the foundation of being able to exchange information through EMR. She wondered if it might be an opportunity to put a line in the plan that the legislature was engaged in.

Scott Barlow said he was trying to get the general employer community involved but they have so many things that can be overwhelming. He added that they make the training element more of a success sharing element. Key success is of certain employers in terms of how they have dealt with some of these issues and learned from one another.

Nancy asked to clarify the scope of the training section. Deb said that if training was regarding workforce training then they needed something on workforce development. It would be important for UMEC (Utah Medical Education Council) to have something to talk about development and trends in the workforce. Sharon brought up that Nevada was looking at certification programs and existing training programs and how they could wrap them up. She added that HREC is partnering with the University or community colleges to try to ramp up some training opportunities so that they have more network administrators in the field. Joe added that the other piece was the Governor's Office of Economic Development who may know how many network administrators are needed and give us some business perspectives.

Joe advised the commission to participate and access the online planning site. Staff will incorporate the Commission's suggestion into planning.

HIT and HIE Dialogue:

Jessica Christopher said Senator Bennett for the last three years had been focused on helping health care reform in general practices. Sen. Bennett met with Intermountain Healthcare and other health care providers throughout the state and talked about his Healthy American Act. Quality is a major focus on the health care reform. From the senator's perspective the largest cost control out there is quality. The better health care we have translates to fewer tests and fewer medical services and eventually a drop in medical care expenses. She recalled that one bill about

healthcare quality in the Congress had 190 amendments including demonstration projects. The senator wants to help the state by getting quality and best practices out to the state. She added that she could be a resource on the local level to get information back to the senator and would like to come to future meetings.

Joe mentioned Linda Gibbons who is the contact individual for Senator Hatch's office. We would like to invite staff members from Senator Hatch's office as well.

Other Business:

Natalie said that in the Salt Lake Chamber they have partnered with Meeting One to host a significant Utah health forum on November 4th. They were doing this under the blessings of Governor Huntsman and Speaker Clark. It's focused on health reform and there will be breakout sessions in transparencies and health sessions on wellness.

Jan said the National Health Information Network (NHIN) hasn't had a good business case. It's important for health reasons but it's extremely challenging and expensive. Approximately 20 different federal agencies are lining up behind NHIN and there is a push to the HIEs being involved in the NHIN. Nancy said she thought that if they don't have strong national initiatives to provider unique identifiers then she didn't see a good business case. Jan said she didn't see the feds moving away from the regional exchange; the RHIOs will be more and more linked with the NHIN.

Meeting Evaluation and Next Steps:

Joe thanked everyone for their devotion to their work. Meeting adjourned.