

HealthInfoNet
Stakeholder Process
First Meeting – Summary Report

(Approved by stakeholders on June 24, 2008)

Friday, May 30, 2008, Dirigo Health Agency and Maine Quality Forum, 211
Water Street, Augusta, Maine

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About the Meeting

Attendance

Stakeholders

Betsy Bieman (speaker phone), Maine Technology Institute
Doug Carr, Rite Aid, Perkins Thompson
Beth Bodoritz, Finance Authority of Maine
Dan Coffey, HealthInfoNet Board
Catherine McGuire, Muskie School of Public Service
Rick Erb, Maine Health Care Association
Jack Ginty, Maine Osteopathic Association
Nancy Kelleher, AARP
Kala Ladenheim, Maine Center for Public Health
Robert Lenna, Maine Health & Higher Education Authority
Kevin Lewis, Maine Primary Care Association
Tony Marple, MaineCare
Jim McGregor, Maine Merchants Association
Khalil Nuri, Pharma
Kristine Ossenfort, Maine Chamber of Commerce
Katherine Pelletreau, Maine Association of Health Plans
Kathy Plante, Maine Department of Corrections Health Services
Rod Prior, Mainecare
Ann Robinson, Pharma
Gordon Smith, Maine Medical Association
Denise Vachon, NNEAHSA

Observers

Deb Hart, Hannaford
Wendy Wolf, Maine Health Access Foundation

Staff

Josh Cutler
Devore Culver
Jim Harnar
Craig Freshley
Chris McCabe

Planned Agenda

- 9:00 **Opening**
 Welcome
 Josh Cutler and Devore Culver, co-conveners
 About Today's Meeting
 Craig Freshley, Facilitator
 Introductions
- 9:15 **About HealthInfoNet**
 Devore Culver and Josh Cutler will provide a brief overview of the following:
 Genesis of the Project
 The Project As A Public-Private Partnership
 How the project is envisioned in the State Health Plan and the recent Legislative Resolve
 About Health Information Exchanges nationally
 The nature of an HIE and how are they forming in other states
 Institutional Structure
 How HealthInfoNet is structured as a partnership with the Maine Quality Forum, other Maine government organizations and the private care delivery structure
- 9:45 **Benefits of HealthInfoNet**
 Presentation
 Dr. Wendy Wolf, President & CEO, Maine Health Access Foundation, will provide a brief overview of the importance and relevance of this work, for patients, providers, payers, and businesses.
 Discussion
 What do we, the stakeholders, see as the benefits of HealthInfoNet? We will brainstorm and discuss a list of practical benefits.
- 10:30 **Break**
- 10:45 **Understanding Our Charge**
 We will have a general discussion about the meaning of our charge and come to some shared conclusions regarding specific goals. Generally, we're thinking it useful if the group could achieve the following:

1. Consensus on 2-3 funding options for the Legislature to consider
2. Consensus on how the technology fund will work and criteria for distributing the money

11:15 **Deciding our Process**

We will discuss and arrive at preliminary consensus regarding the following:

1. Decision making
 - a. How will we decide things as a group?
Majority? Consensus?
 - b. Use of committees to gather info and develop options
2. Membership of the Group
 - a. What it means to be a member – what is our commitment?
 - b. Should anyone else be invited to participate?
3. Nature of meetings
 - a. Schedule
 - b. Venue
 - c. Facilitation
 - d. Agenda setting
 - e. Public participation
 - f. Minutes

11:45 **Closing Comments**

Each stakeholder and observer will have a chance to make a brief closing comment, perhaps a reflection about the meeting or about the overall stakeholder process.

12:00 **Adjourn**

Ground Rules

- All stakeholder perspectives considered
- Observers welcome – participation at appropriate times
- Phone listeners welcome
- Recognized before speaking
- Minimize distractions
- Neutral facilitation and summary report

About HealthInfoNet

Devore Culver and Josh Cutler provided a brief overview of the genesis of HealthInfoNet, about Health Information Exchanges (HIE) nationally and the institutional structure.

See Appendix A for the slides presented.

Presentation

Genesis

- **Three key organizations helped start HealthInfoNet**
 - Maine Health Access Foundation
 - Main Quality Forum
 - Maine Center for Disease Control
- **2004**
 - Examined feasibility of a health information network
 - Developed a vision for MHINT
- **2006**
 - Transition from planning to implementation
- **2007**
 - Prepared for demonstration phase
 - Contracted with a technology vendor
 - Began legislative cycle
- **2008**
 - Demonstration phase
 - LD 1797: a resolve to establish a stakeholder study group
 - State Health Plan mentions HealthInfoNet
 - Public infrastructure
 - Efficiency and effectiveness initiatives

About Health Information Exchanges

- Patient moves between parts of health service, but information doesn't move with the patient
- HealthInfoNet Fills the Gaps
 - Person-centric critical information in order to make a diagnosis
 - Data standardization
 - Workflow integration – how people care for people at the point of service
 - Workflow optimization
- National Progress
 - 75% of states are pursuing strategies in various stages of development
 - Delaware is farthest along
 - All are different
 - Antony Rogers in Arizona is a leader
 - Fascinating, promising business model
 - No other business models have freed themselves from grant funding
- Examples of “Public Good” Efforts
 - Vermont – taxes uses on claims
 - Massachusetts – package ready to be acted on
 - Louisiana – out of a crisis, received money from the state budget to install information system in all hospitals
 - Minnesota – received state money for low interest rates

Institutional Structure

- HealthInfoNet is waiting for 501c(3) charitable status from the IRS
- Partnership with other organizations
- A governing organization
- Mission: reduce the damage to patients and increase efficiency

Discussion

- “Long-term care” silo was mistakenly omitted from a slide that depicted points of health service in the presentation. Dev assured the group that the long-term care sector is a major priority.
- There was no mention of the Community Health Information Network (CHIN) project that took place the previous 10 years. CHIN failed, but was an important precursor to HealthInfoNet.
- The Quality Forum hasn’t had too much input to HealthInfoNet thus far, but they (the Quality Forum and HealthInfoNet) will partner more significantly around legislative priorities and other initiatives, such as the Charter Value Exchange.

The Benefits of HealthInfoNet

Wendy Wolf, President and CEO of Maine Health Access Foundation, gave a brief presentation on the benefits of HealthInfoNet. The group then held a discussion during which additional benefits were named. The presentation and discussion are outlined below.

Wendy Wolf’s Presentation

- Thanks to the hospitals in particular
- Karen Bell of Anthem was an important part of the genesis of HealthInfoNet. She was trying to get physicians offices to use electronic medical records
- Maine Health Access Foundation
 - Largest healthcare foundation in Maine
- HealthInfoNet is so valuable because it provides “virtual access” until such a time that we have actual universal access. It is a step toward universal access
- Other benefits
 - Expands access
 - Contains costs
 - Integrates public health and clinical practices
 - Brings consumers into the process
 - Helps patients across systems

- Right care at the time in the safest way
- A public service, much like a public utility

Benefits Identified by Stakeholders

Stakeholders created a list via brainstorming (grouped by Craig).

- Peace of mind for consumers – medical information is available wherever they need care in Maine
- Citizen-centric rather than provider-centric source of health information.
- Capture value data for public health

- Efficient means of accessing all lab values, regardless of EMR and extant interfaces
- Reduce repeated testing/procedures by improving timely access to previous results
- Reduce duplicative tests, and related costs
- A platform for clinical and administrative efficiency
- Eliminate duplication of services
- Builds a unified system

- Opportunity for enhanced communication between patients and providers
- Continuity of care in a different settings
- Increased knowledge base for decision making
- Timely, efficient identification of identity, allergies and med list upon presentation to E.D.
- Improve timeliness of clinical decision-making
- Coordination of care
- Foundation for achieving care delivery transformation in Maine.
 - Example: support of “patient medical home” concept
- Medication management, which now causes more healthcare problems and higher costs

- Technology leadership from Maine
- State-wide emergency response resource withstanding natural or man-made disaster
- Highest/best use of limited (diminishing?) resources (funding, clinical staff, reducing redundancy)
- Reducing isolation among providers and residents
- Opportunity to bring consumer into care management process more directly with increased information access
- Potential for moving to a regional exchange

- Potentially sell/market this to other states
- Long-term benefits are clear: coordination of care; improved care management; improved patient access to information; reduced cost as a result; and freeing up of resources
- Helps expand access
- Helps contain costs
- Helps integrate clinical and public health information
- Potential excellent model for cross-state information access
- Moves us closer to portability of records
- Long-term investment
- Low-cost alternative medical records
- Focal point – EMR management
- Time, money and quality
- Satisfy public expectation of how technical work is done (medical)
- A mechanism to measure cost, quality and access

Understanding Our Charge

The group held a discussion about the meaning of our charge as articulated the HealthInfoNet Stakeholder Resolve.

See Appendix B for the full text of the Chartering Resolve.

Elements of our Work

Craig divided the charge (language from the actual resolve) into specific elements, as follows:

The work of the stakeholder process must include:

1. **identification of broad-based, stable, ongoing revenue sources;**
2. **development of a technology investment account** to help ensure the establishment of the HealthInfoNet and provide financial assistance in the future to health care providers with limited resources with the costs of electronic medical records and e-prescribing;
3. **estimating return on investment** from shared electronic clinical information;
4. establishing **eligibility criteria for funding assistance;**

5. developing a **methodology for measuring the quality and cost impact** of HealthInfoNet and shared electronic clinical information

This proved a useful way to discuss the specifics of the charge and draw conclusions, below.

Conclusions

Below are the shared conclusions regarding our charge and conclusions about how to proceed with our work.

1. Let's be sure to include all study elements identified in the resolve
2. We will "borrow" from other study efforts
3. There are two funding needs
 - i. The system - HealthInfoNet
 - ii. EMR's for providers with limited resources
4. Clarified that the information exchange will be voluntary system for users, providers, payers (health plans) and consumers
 - i. Perhaps mandatory for funders
5. Acknowledged that all stakeholders are not 100% bought-in, although most everyone seems to support the concept
6. Maine's system must be compatible with evolving national standards, with a national system
7. Let's also try to identify potential costs
8. We are not assuming it will be a 100% public funded venture
9. It's important to be able to demonstrate that this will lower costs over the long run
10. Hybrid approach to providing recommendations
 - i. A preferred single recommendation
 - ii. A few alternative options
11. Let's not leave writing of the report to the last minute

12. Work plan next steps
 - a. Estimate Return on Investment (element #3) and Develop Quality/Cost Measurements (element #5)
 - i. To be done by HealthInfoNet staff with participation of any interested stakeholders
 - b. Identify Revenue Sources (element #1)
 - i. To be done by all stakeholders as a group - start with a blank slate
 - c. Develop Technology Investment Account (element #2) and Create Eligibility Criteria for Funding Assistance (element #4)
 - i. Could begin simultaneously with Step B
 - ii. Details yet to be decided about how to do this

Deciding Our Process

Meeting Schedule

The group agreed to the following dates for meetings (each meeting to occur 9:00am to 12:00noon in the Augusta area:

Tuesday, June 24, 2008

Thursday, July 24, 2008

Friday, September, 26, 2008

The group tentatively agreed to the following meeting dates, pending some research about conflicts and alternatives:

Thursday, October 30, 2008

Thursday, November 20, 2008

The group agreed to explore Maine Hospital Association and Maine Medical Association as possible locations for future meetings.

Participation

The group confirmed that all meetings are open to the public and that observers are welcome.

Proxies

The group agreed that proxies would be welcome with the understanding that proxies would be:

- Properly informed about past activities of the group
- Empowered to make decisions on behalf of the organization they represent

Other Stakeholders

The group agreed that representatives from the following organizations should be invited to participate. Josh Cutler and Devore Culver will make invitations accordingly.

- Maine Equal Justice Partners
- Maine Health Management
- Public Purchases Collaborative

It was also generally agreed that Josh Cutler and Devore Culver would explore the extent to which Maine Hospital Association is appropriate to represent Maine Health and other large hospital systems.

It was generally acknowledged that Maine Association of Health Plans is appropriate to represent Anthem and other large health plans.

Other Process Guidelines

Craig handed out a document called Stakeholder Process Guidelines - Draft for Discussion.

See Appendix C for the document as revised to include conclusions about proxies and other minor revision.

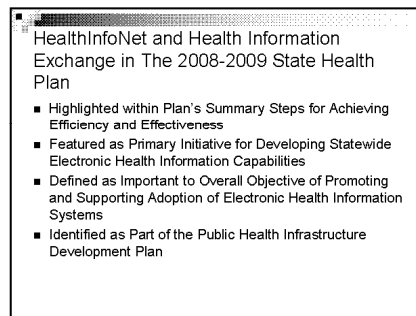
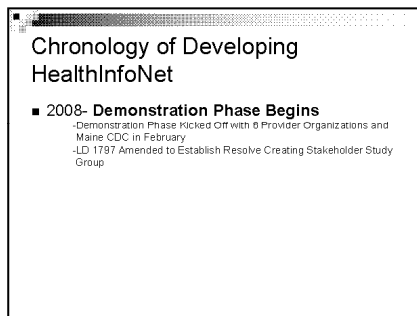
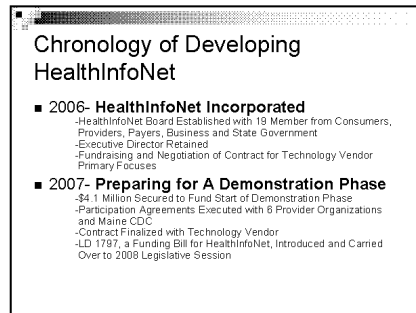
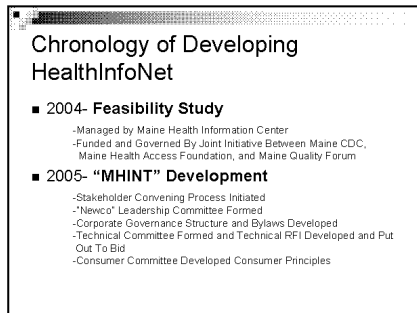
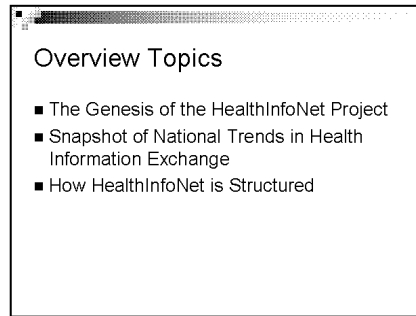
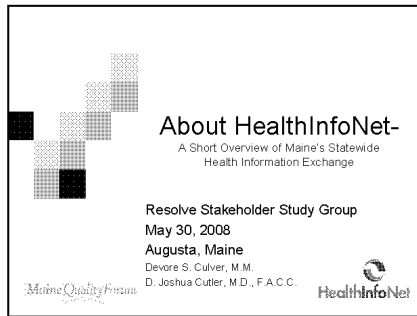
Stakeholders were asked to review the document and be prepared to discuss it and approved it at the next meeting.

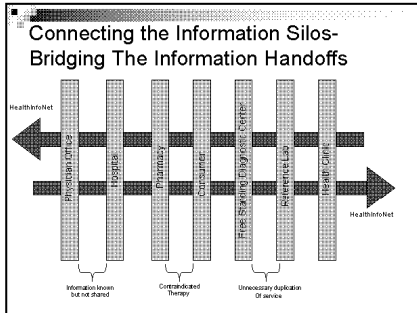
Next Meeting

Craig identified the following topics as likely to be on the agenda for the next meeting.

- Explore other state experiences (staff)
- Explore business models (staff), ROI projections (staff)
- Identify prospective revenue streams (full stakeholder group)
- Identify information needs
- Establish study groups
- Decide our process

Appendix A – About HealthInfoNet Slide Presentation





- ### Primary Functions of Maine's Health Information Exchange
- Person-Centric Clinical Content Aggregation Across Points of Care Delivery (Electronic Health Record)
 - Data Standardization
 - Workflow Integration
 - Workflow Optimization

There Is National Progress Toward Realization of Statewide HIEs

"Three quarters of states are now pursuing strategies varying in levels of development and including the launch of health information exchange (HIE) entities with goals to provide statewide governance and facilitate statewide interoperability."

Lynn Drexler, AHIMA State Level Health Information Exchange Consensus Testimony to American Health Information Community 4-22-08

- ### Seen One Statewide Health Information Exchange--
- Full Spectrum of Founding Origins
 - Governor Executive Order
 - Public/Private Partnership
 - Provider or Payer Controlled
 - Medicaid Initiative
 - Different Funding and Business Models
 - Developing Focus on "Public Good" Valuation and Funding

- ### Recent Examples of "Public Good" Funding for HIE/HIT Investment
- Vermont- \$27 million over 7 years based on 1/10th of 1% fee on all claims for both HIE and EMR investment
 - Massachusetts*- \$125 million over 5 years out of general funds for EMR investment
 - Louisiana- \$18.6 million in Governor's budget for statewide health information exchange (\$15.1 million) and \$3.5 million for incentives to encourage doctors to adopt EMRs
 - Minnesota- \$6.3 million biennium no interest loan for EHR purchase, \$7 million biennium EHR grant program
- * Legislation still pending

- ### What Is HealthInfoNet
- 501(c)(3)* Public-Private Partnership
 - Stake Holder Organization Involving Consumers, Providers, Payers, Business and Government
 - An Organization Focused on Support Collaboration and Innovation
- * 501(c)(3) application pending

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The Mission of HealthInfoNet

Develop, promote and sustain an integrated, secure and reliable regional information network dedicated to delivering authorized, rapid access to person-specific healthcare data across points of care that will support

- Improved patient safety
- Enhanced quality of clinical care
- Increased clinical and administrative efficiency
- Reduced duplication of services
- Enhanced identification of threats to public health
- Expanded consumers access to their own personal health care information

Appendix B – Charter Resolve

Committee Amendment to LD 1797 An Act to Fund Maine’s HealthInfoNet Program

Amend the bill by striking the title and inserting a new title to read: “Resolve, To Advance Maine’s HealthInfoNet Program.”

Amend the bill by striking everything from line 1 through the summary and inserting the following:

Sec. 1. Stakeholder process. Resolved: That the Maine Quality Forum and the HealthInfoNet shall work together to convene a broadly representative stakeholder group to study and make recommendations for establishing and financing a quality improvement and technology fund that would initially contribute to HealthInfoNet’s establishment and sustainability, and then eventually help make it possible for health care providers with limited financial resources to obtain electronic medical record systems.

A. The work of the stakeholder process must include: identification of broad-based, stable, ongoing revenue sources; development of a technology investment account to help ensure the establishment of the HealthInfoNet and provide financial assistance in the future to health care providers with limited resources with the costs of electronic medical records and e-prescribing; estimating return on investment from shared electronic clinical information; establishing eligibility criteria for funding assistance; developing a methodology for measuring the quality and cost impact of HealthInfoNet and shared electronic clinical information; and providing recommendations, including legislation, to the joint standing committee having jurisdiction over health and human services matters by December 1, 2008.

B. The stakeholder group must be broadly representative of persons and entities in the health care field, and representatives must be invited, at a minimum, from the following: providers and payors of health care services, associations of providers and payors, providers of long-term care and assisted living services, rural health clinics and associations representing those providers, Maine pharmacies, the pharmaceutical manufacturing industry, public health, state agencies that provide and pay for health care services, the Governor’s Office of Health Policy and Finance, the Muskie School of Public Policy, the MaineCare Advisory Committee, the MaineCare Provider Advisory Group, the American Association of Retired Persons, the Finance Authority of Maine, the Maine Health and Higher Education Financing Authority, the Maine Technology Institute, the Maine Chamber of Commerce and Industry and HealthInfoNet.

C. The stakeholder group must meet in May, June, July, September, October and November. All meetings must be public meetings. Legislators must be provided notice of the meeting dates and encouraged to attend as observers.

D. The expenses of convening the stakeholder group must be borne by the HealthInfoNet.

The joint standing committee having jurisdiction over health and human services matters is authorized to submit legislation to the 124th Legislature pertaining to establishing and financing a patient safety and high quality improvement fund.

SUMMARY

This amendment replaces the bill with a resolve. The resolve establishes a broadly representative stakeholder group to study and make recommendations regarding establishing and financing a patient safety and high quality improvement fund.

Appendix C – Draft Stakeholder Process Guidelines

HealthInfoNet

Stakeholder Process Guidelines

DRAFT FOR DISCUSSION

A. Decision Making

1. Stakeholders will try to reach consensus on all issues
 - a. All perspectives will be heard and considered
 - b. The group will attempt to accommodate all concerns
 - c. Consensus will be formally affirmed when no one objects to a written proposal (although some stakeholders may “stand aside”)
2. When consensus cannot be reached, stakeholders will decide by majority vote of those present
 - a. The facilitator will determine if/when consensus cannot be reached
 - b. There must be a written proposal under consideration
 - c. When possible, a vote will be announced in advance

B. Information Gathering

1. Stakeholders are invited to share information and research findings with the group as a whole
 - a. All research findings will be properly cited
 - b. It is helpful if information and research findings are provided electronically to the facilitator
2. At times, committees may be established to gather information and develop options
 - a. Committees will have specific charges
 - b. Committees may include people other than stakeholders

C. Information Sharing (including meeting minutes)

1. Minutes
 - a. Minutes will include attendance and a summary of key points of discussion and decision. They will not include all comments
 - b. Draft minutes of each meeting will be circulated by e-mail among those who attended for editing and approval
 - c. Once approved by e-mail, minutes will be:
 - i. Circulated by e-mail to all stakeholders and observers
 - ii. Posted at the HealthInfoNet Stakeholder Process Website
2. Minutes will include presentations
3. Agendas
 - a. Agendas will be

- i. Circulated in advance by e-mail to all stakeholders and observers
 - ii. Posted in advance at the HealthInfoNet Stakeholder Process Website
 - b. Agendas will include major points of business and also details about the meeting location including how to get there
- 4. Other Information
 - a. Information and research findings that any stakeholder wants shared with the group will be
 - i. Circulated by e-mail to all stakeholders and observers
 - ii. Posted at the HealthInfoNet Stakeholder Process Website

D. Membership

- 1. Stakeholders
 - a. Stakeholders have been initially invited by the co-conveners, Josh Cutler and Devore Culver, in accordance with the enabling resolve.
 - b. Additional stakeholders will be invited by the co-conveners upon recommendation of existing stakeholders.
 - c. Stakeholders are committed to participating fully throughout the process and honoring these guidelines.
- 2. Proxies

Proxies are welcome with the understanding that they are:

 - a. Properly informed about past activities of the group
 - b. Empowered to make decisions on behalf of the organization they represent
- 3. Observers
 - a. Anyone may request to be an observer by providing their contact information to the facilitator.
 - b. All such requests will be honored.

E. Meetings

- 1. Schedule and locations
 - a. The schedule and locations of meetings will be determined by the group upon recommendation of the co-conveners.
 - b. The schedule and locations will be circulated and posted as far in advance as possible
- 2. Agenda setting
 - a. Agendas for meeting will be established by the facilitator and co-conveners based on
 - i. Decisions and discussion of the previous meeting
 - ii. Need to achieve outcomes in a timely manner
 - iii. Specific requests for agenda items
 - b. Stakeholders are welcome to suggest agenda items by submitting them in writing to the facilitator at least two weeks in advance of any meeting.

3. Facilitation and ground rules
 - a. Meetings will be facilitated by a third-party, independent facilitator selected by the co-conveners
 - b. The following ground rules will be used for meetings
 - i. All stakeholder perspectives considered
 - ii. Observers welcome – participation at appropriate times
 - iii. Phone listners welcome
 - iv. Recognized before speaking
 - v. Minimize distractions
 - vi. Neutral facilitation and summary report
4. Participation
 - a. All meetings are public and anyone is welcome to attend
 - b. Discussion is limited to stakeholders except at specific times when observers are invited to contribute
 - i. There will be time near the end of every meeting to hear comments from observers
 - ii. There may be times during meetings when the facilitator or a stakeholder may ask and observer for comment
 - c. Phone participation
 - i. Phone participation in meetings is accommodated but in-person participation is encouraged
 - ii. Phone participants are expected to listen and should not be expected to participate in the same way as in-person participants
 - iii. If you want to participate by phone, please notify the facilitator at least three days in advance of the meeting.
5. Preparation
 - a. Meeting participants are expected to be prepared for meetings by having read advance materials