

Health Information Technology Work Group – Session 1		
11.30.2015	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Information Technology – session 1	
Chair(s)	Secretary Karen Murphy	
Current state of PA		
9:30 – 10:00 AM	Secretary Karen Murphy	
Discussion	<p>After a brief presentation on current state of HIT in PA, attendees shared reflections on current state</p> <ul style="list-style-type: none"> ▪ There is a decision to be made between what extent should the Commonwealth regulate vs. influence the market to lead to target outcomes ▪ Q: How can we help create a better environment to improve HIT and data integration? <ul style="list-style-type: none"> ○ A: A major issue of HIT is the cost of implementing tools in hospitals ▪ We should make sure to focus on the outcomes for the final consumer (often these conversations do not talk about the care consumers) <ul style="list-style-type: none"> ○ It is important to think about all the data users, including consumers, as well as provider, payer, and policy makers ▪ Q: If we are going to focus on population health there is a need to have consistent payer data – are we considering an APCD? <ul style="list-style-type: none"> ○ A: PID has started discussions about the challenges of implementing an APCD and have engaged a consultant to investigate this further ○ There is a need for consistency across clinical data – this is critical for any value-based payment innovation and many transparency solutions 	
Conclusions	<p>The discussion lead to a couple guiding principles:</p> <ul style="list-style-type: none"> ▪ Despite the challenges and barriers that we face in PA, it is our obligation to try to solve these health care issues (and keep up with the many other states who also trying to solve these problems) ▪ Focus our efforts on the outcome / impact for the final stakeholder (consumer, provider, payer, policy maker) ▪ We should learn from past efforts and build off existing efforts 	
Action Items	Person Responsible	Deadline
N/A	N/A	N/A
HIT focus area exercise		
10:45 – 11:30 PM	Secretary Karen Murphy	
Discussion	All attendees split up into break-out groups for the exercise. Each break out group focused on the HIT requirements supporting a strategic focus area of the PA Health Information Plan	
Payment innovation:		
<ul style="list-style-type: none"> ▪ There is a need to marry EHR and clinical record data with the claims data from payers ▪ There is a focus on enabling the integration of behavioral health into payment innovation ▪ Commonwealth can play the role of facilitator to convene the right stakeholders and experts together ▪ Necessary for standardization across payers (Commonwealth could help support this) ▪ HIT strategies should build-off and leverage existing payment models ▪ There is a need to identify how strategies will differ in rural vs. urban areas 		

<p>Price and quality transparency:</p> <ul style="list-style-type: none"> ▪ Necessary to have a comprehensive database with cost and quality data that can then be leveraged for different transparency purposes ▪ Commonwealth can help identify appropriate standard cost and quality measures of data that are consistent across provider scorecards, consumer tools, payer measures and are based on evidence-based data ▪ There is a need for varying strategies for varying providers (in different communities) ▪ Given effort to support shared decision making – Commonwealth can help provide benchmarks for outcome measures 		
<p>Population health:</p> <ul style="list-style-type: none"> ▪ There are a set of significant barriers that can be overcome using HIT <ul style="list-style-type: none"> ○ Having the HISP's work together – Commonwealth can help link together through P3N and facilitation / convening ○ Referral loops are often not close – need to ensure EHRs are able to do referral information loop so should work with HIO's to potentially resolve this broader issue ○ Small practices do not necessarily understand value of connectivity for multiple HISP's – Commonwealth can play a leading role in education ○ Patients are often unaware of tools available or have low health care literacy – Commonwealth can play a leading role in education ○ PCPs may be unaware of population health priorities and tools (e.g., PDMP) – Commonwealth can play a role to help support / educate PCP ▪ Commonwealth can also play a role to help identify standards of measuring population health quality (tied to evidence-based measures) ▪ Important for providers to understand baseline 		
<p>Health care delivery population:</p> <ul style="list-style-type: none"> ▪ Can leverage consumer to drive changes by promoting <ul style="list-style-type: none"> ○ Access to records (e.g., EMR) ○ Access to care (e.g., tele-health) ▪ Could improve coordination by further integrating HIE ▪ Commonwealth can play the role of supporter, incentivizer (funder), convener ▪ A significant barrier is PA mental health records act – necessary to improve coordination with mental health care 		
<p>Conclusions</p>		
<p>The break out exercise identified a set of common themes:</p> <ul style="list-style-type: none"> ▪ There is a need to identify how strategies will differ for different providers (by region, type) ▪ Stakeholders should be able to understand their current baseline and track performance against metrics ▪ Commonwealth can play role of facilitator to convene the right stakeholders and experts together ▪ Commonwealth can help ensure standardization across stakeholders, especially around metrics ▪ Commonwealth can help play a role in educating consumers and providers (e.g., small practices, PCPs) ▪ Commonwealth will have different roles in different areas 		
Action Items	Person Responsible	Deadline
N/A	N/A	N/A
<p>Closing and next steps</p>		
11:50 AM – 12:00 PM	Secretary Karen Murphy	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in second Work Group meeting to test preliminary plan	Work Group Members	February 2016