

HIT Work Group – Session 3		
4.5.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	HIT Work Group Meeting	
Convener	Secretary Karen Murphy, Department of Health	
Introductions and Recap of Last Work Group Session		
10:00 – 10:20 AM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy began with a recap of the goals, charter and timeline, and the vision and objectives for HIT in the commonwealth. The discussion also covered the Public Health 3.0 which is a movement that emphasizes cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health. Secretary Murphy stressed the importance of taking a data driven approach to public health.	
HIT Path Forward		
10:20– 10:40 AM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy presented the strategic direction for HIT in the health innovation plan, engaging stakeholders directly regarding their questions and comments about the direction laid out in the strategy.	
<p>The strategy for the HIT work group will involve enabling the other work group areas through specific initiatives, the following were discussed with the stakeholders:</p> <ul style="list-style-type: none"> <li>• Expansion of statewide Health Information Exchange—Plans for continuing to move towards centralizing 5 regional Health Information Organizations were shared</li> <li>• Price and Quality Transparency (claims and clinical data aggregation)—The feasibility and capabilities associated with an all-payer claims database (APCD) will be HIT’s focus for transparency. Stakeholders were briefed on the Transparency work group’s approach to moving forward on the APCD effort.</li> <li>• Telehealth—The commonwealth will act as a convener and a regulator, specifically reconvening the Telehealth Advisory Committee and releasing regulations regarding the use of telehealth.</li> <li>• Prescription Drug Monitoring Program (PDMP)—A new PDMP Office has been established within the DOH to lead a multi-agency collaboration to work on launching and promoting the PDMP. Stakeholders provided substantive input on the prospective PDMP, they included: <ul style="list-style-type: none"> <li>○ Every effort should be made to ensure a seamless interface for providers, to reduce any potential additional administrative burden</li> <li>○ One objective of the PDMP is to help patients get referred to treatment immediately, rather than being sent home. The referral to a treatment center should be similar to a referral to a specialist physician.</li> <li>○ The time required to counsel patients may be significant and reimbursement for the additional time might be a consideration</li> <li>○ It is important to make sure physicians can assign designees to pull this data.</li> </ul> </li> </ul>		
Group Discussion		
10:40 – 11:40 AM	Deputy Secretary Lauren Hughes, Department of Health	
Discussion / Conclusions	Dr. Hughes led the group discussion to elicit feedback from the stakeholders present by going around the room allowing each work group member to share their input on the plan as presented.	

- **Engaging additional stakeholders**
  - Stakeholders suggested additional groups or individuals who could be engaged:
    - Vendors of EHRs
    - Office of National Coordinator and CMS
    - P3N board members
  - Suggestions for engagement:
    - Merge efforts across state agencies to focus on one disease at a time to maximize the time and effort of stakeholders
    - Start the conversation with vendors early so that they can incorporate higher levels of functionality into their design processes.
    - Tie Pennsylvania's HIT efforts to MACRA / MIPPS and leverage national efforts that are already underway
    - Ensure doctors are aware of the existence of, and know how to use, the HIE and engage them on the value proposition of the data for their practices
- **Overcoming barriers and challenges**
  - Be sure to factor in social determinants of health, which have been shown to carry the most weight in an individual's overall health
  - Focus on reducing the potential administrative burden on physicians. In the design, consider the implications for workflow and productivity
  - In rural areas, primary physicians who identify a problem through the PDMP may not be able to make the referral. In some cases, behavioral services may not be available in the community.
  - Currently, HIE is concentrated in hospitals and delivery systems. It's important to expand HIE to untapped regions and types of care, keeping in mind the shift to value based payment.
  - Prioritization is critical to success. A recommendation is to focus on a narrower set of initiatives and push forward at an accelerated pace.

#### Update on overall HIP Strategy

11:45 – 11:55 AM

Deputy Secretary Lauren Hughes, Department of Health

Discussion /  
Conclusions

Dr. Hughes presented the HIP strategy for other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve health care quality and care experience, and reduce costs.

- **Payment reform:** The Commonwealth will focus on establishing a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode-based payment, and global payments
- **Population Health:** Pennsylvania will drive efforts to reduce childhood obesity, decrease new cases of diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking among women ages 18-44.
- **Transparency:** The Commonwealth will promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, and "shoppable" care transparency for both commodities and episodes of care
- **Health Care Transformation:** The state will focus on efforts related to community health workers, oral/dental health access, integrating care at multiple levels, data analytics, and tele-health

#### Closing and Next Steps

11:55 – 12:00 PM

Deputy Secretary Lauren Hughes, Department of Health

Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete SIM plan	DOH	Late April
Provide feedback on SIM plan	Work Group Members	Early May