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DEPARTMENT OF HEALTH

Minutes

Health Information Technology Work Group – Session 2		
2.3.2015	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Information Technology – session 2	
Chair(s)	Secretary Karen Murphy	

Introduction and Recap of Last Workgroup Session	
9:00 – 9:15 AM	Secretary Karen Murphy,
Discussion	The workgroup was kicked off with a recap of the previous HIT workgroup and brief overview of conclusions from the other four workgroups

- Restatement of the workgroup charter
- Timeline for HIP
- Guiding principles from HIT Workgroup Session 1
- Preliminary conclusions from other workgroups that affect HIT

HIT functionality and use cases identified	
9:15 – 10:15 AM	Patricia Mactaggart, Senior Advisor at Office of the National Coordinator / Office of Care Transformation
Discussion	Patricia shared learnings from other states who are undertaking similar efforts, with particular focus on functionality and operationalization. Patricia shared high-level structures to think about health information technology and the flow of data throughout the system from data sources to end users.

- Patient/consumer should be the end focus of all initiatives
- Focus should be on how HIT supports other elements of HIP
- In order to be successful, PA needs to quickly get to addressing the technology functionality needs of the Commonwealth and identify a set of specific initiatives to drive forward in the near term and a higher-level approach for HIT more generally in the long term
- Although some states have improved in specific areas, no state has completely figured out all elements / requirements of HIT

Care Coordination Use Case	
10:30 – 11:00 AM	Patricia Mactaggart, Senior Advisor at Office of the National Coordinator / Office of Care Transformation
Discussion	Patricia introduced framework for health information technology using the example use case of care coordination: the framework includes data collection, data extraction/sharing/transport, and technology functionality

HIT framework:

- Technology functionality is a pyramid of functions that build bottom-up from foundational requirements (e.g., security mechanisms, consent management functions) to higher-level functionality (e.g., analytic services, consumer tools)
- Governance, Policy/Legal, Financing, and Business Operations is required to support this technology functionality

HIT focus area exercise	
11:00 – 11:45 AM	Dr. Lauren Hughes
Discussion	All attendees split up into break-out groups for the exercise. Each break out group focused on key strategic questions focusing on care coordination as the use case

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Data Collection

- There are many touchpoints where data collection is required (patients, primary care physicians, specialists, pharmacists, community organizations, educational institutions, etc.)
- An all payer claims and clinical database is needed (mentioned throughout the workgroup)
  - Where data belongs to the patient (not a vendor)
  - Centrally managed by a neutral/government entity
  - Data is automatically pushed at the point of collection and easily pulled by whoever needs it
- Barriers
  - Significant portion of the provider population are still using paper (not EMRs)
  - If given an option, many people may opt-out, especially for behavioral/mental health or substance abuse data
  - Interstate or border populations may use / generate data in other states but current solutions do not incorporate interstate data sharing or interaction

Data Extraction/Sharing/Transport

- The key user endpoints are consumers, providers, payers (commercial and government), and policy makers (both government and data aggregators, like surveillance)
- Need state-wide clinical and claims database
- The state does have some pieces in place – current federated model allows data to be pushed (but not stored centrally)
- There are some challenges
  - Gap in ambulatory care data (and other types of data)
  - Issues with collaboration between regional HIE participants (due, in part, to competition)
  - Adoption is low of current infrastructure

Technology Functionality

- Solution has to be part of existing provider workflow - it cannot give professionals more work
- Encounter notification must be implemented, so that whoever is being held accountable actually knows that the patient is utilizing services
- Right now home health and long-term care are left out (as well as other providers in continuum of care), and they must be included

Conclusions	

- HIT work group will identify a couple specific initiatives to support the broader HIP (i.e. what HIT is required for Payment, Transparency, Population Health, Care Delivery Transformation)
- Governance is recommended as the first area to focus efforts
- HIT workgroup needs to interact with other workgroups to make sure proposed solutions are aligned with the other work groups
- Based on the evaluation of other states, for CMMI, the strategy needs to specifically address each part of the framework: Financing, Policy/Legal, Business Operations, and Governance

Closing and next steps

11:45 AM – 12:00 PM	Dr. Lauren Hughes	
Action Items	**Person Responsible**	**Deadline**
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in third work group session to refine HIT strategies and identify interdependencies with other workgroups	Work Group Members	April 2016

Note: Any policy suggestions included in the minutes do not reflect the Administration's position or intentions.