

CIO Forum March 17, 2011 Meeting Summary

Participants

Claritza Abreu, Executive Office of Health and Human Services
Claudia Boldman, Commonwealth Information Technology Division (via phone)
Ray Campbell, Mass. Health Data Consortium
Bill Fandrich, Blue Cross and Blue Shield of Massachusetts
Larry Garber, MD, Fallon Clinic/SAFEHealth
Leon D. Goldman, MD, Beth Israel Deaconess Medical Center
Mark Gorrell, Baystate Health (via phone)
Chris Grasso, Fenway Health
Gerald Greeley, Winchester Hospital
Jeff Holmes, InterSystems
Michael Krouse, OhioHealth (via phone)
Arvind Kumar, CRICO/ Risk Management Foundation
Michael Lee, MD, Atrius Health
Bill Presley, CareGroup Healthcare
David Querusio, Harvard Pilgrim Health care
Craig Schneider, Mass. Health Data Consortium
Mrunal Shah, MD, OhioHealth (via phone)
Robbie Singal, Fenway Health
David Smith, Massachusetts Hospital Association
Laurance Stantz, NaviNet
Manu Tandon, Executive Office of Health and Human Services
David Wessman, Division of Health Care Finance and Policy (via phone)

Summary

Announcements

Craig Schneider announced that registration is now open for Governor Patrick's 2011 health information technology conference on May 9-10 in Worcester. Last year's event attracted almost 700 people, and we are hoping for 400-500 this year. Day one will be plenary with nationally known speakers, and day two will be interactive workshops on topics that are critical to HIT and health information exchange. Exhibiting opportunities are available for vendors and healthcare delivery organizations. Flyers with information for attendees and exhibitors are attached. Registration and other information may be found at www.mahealthdata.org, along with an electronic version of the Consortium's Year in Review document.

During our January meeting we reported on the HIE Challenge Grant. Massachusetts received two of the ten grants awarded nationally, and Dr. Halamka's blog entry on Wednesday, March

16, 2011 addressed the design of one of the grants, the IMPACT project:
<http://geekdoctor.blogspot.com/>.

Dr. Halamka said that Microsoft is auditing unlicensed Microsoft products on staff PCs and laptops.

He added that BIDMC has received certification of its inpatient systems, and that ambulatory certification was expected before the end of March. Boston Medical Center will have to do self-certification of its legacy systems.

BIDMC will be applying for both Medicare and Medicaid funding – although physician practices must choose between the programs, hospitals can receive meaningful use payments from both. David Smith said that most Massachusetts hospitals will qualify for Medicaid funding, and that the bar for qualifying to receive payments is lower for Medicaid than for Medicare during Stage 1. Michael Krouse stated that his hospital has budgeted \$40 million for meaningful use payments, and that this revenue has been included in the internal rate of return estimate for information technology projects.

Most organizations in the meeting are keeping the MU payments in the organization, but affiliated physicians may seek some sort of “gain-sharing.” For example, physicians are required to issue a clinical summary to patients within three days, but if the doctors are not getting the additional payments, they have less incentive to comply with the requirement.

David Smith pointed out that the Governor’s payment reform bill revises the HIT Council to have a greater private sector representation than the current Council composition.

Manu Tandon announced that the MassHealth HIT Plan was submitted to the Centers for Medicare & Medicaid Services on March 7th. There are about 14 IT projects associated with this Plan, which will be funded by a 90 percent federal match. The Commonwealth will have to come up with funds for the state’s 10 percent share, which may amount to \$50-60 million.

HIT and HIE Implementation Update

John Halamka, MD, CMIO, CareGroup and Harvard Medical School

(please see handout)

Discussion:

Q: What is the status of the rules for meaningful use?

A: The notice of proposed rule-making comment period has closed, and the release of the NPRM for Stages 2 and 3 of meaningful use is expected by the end of the calendar year. There will then be another comment period.

Q: Is there any information on the next National Coordinator?

A: There is no word on Dr. Blumenthal’s successor, but there are a lot of rumors. *Modern Healthcare* is conducting a crowd sourcing analysis, but that is more amusing than helpful.

Q: Does the draft of the Stage 2 and 3 rule meet the vision of the progression indicated by the “arrow slide” in ONC’s presentations?

A: ONC has to determine the policy driver that is connecting all the Stage 2 and 3 initiatives. Micky Tripathi has a workgroup that is analyzing this and will make a report to Dr. Tang’s Policy Committee.

Q: Are the quality measures going to be revised?

A: A new workgroup has been formed to revise the quality measures. Some of the Stage 1 measures are too difficult to compute, and are not necessarily aligned with policy goals. The revised measures should be simplified and automatically computed from the data elements. Unfortunately, the Stage 1 quality measures created a different workflow from that of the Stage 1 criteria.

e-Prescribing of Controlled Substances

Michael Krouse, Senior Vice President and CIO, OhioHealth

Mrunal Shah, MD, Vice President and CMIO, OhioHealth

(please see handout)

Discussion:

Q: The Drug Enforcement Administration says that a BlackBerry cannot be used for prescribing controlled substances, because it must go through a Canadian network which is not considered to be secure. Instead, a provider must use biometrics and hard tokens. Did DEA give this guidance to your organization?

A: No, we haven’t heard that. I would suggest pushing back against such a requirement.

Comment: The Department of Public Health, led by Grant Carrow, is conducting a Prescription Monitoring Program project at Berkshire Health that uses a USB hard token. There probably will not be a one-size-fits-all solution – the emergency department environment is very different than ambulatory settings.

Michael Krouse: OhioHealth has biometric scanners at every workstation, including ambulatory settings. The PhoneFactor system is a back-up.

Q: What about wearing gloves and biometric identification?

A: This is an issue, but the newer scanners may be able to read through gloves. Disinfecting the equipment becomes a concern, though.

Comment: iPads cannot support or read biometrics or accept a USB.

Q: Why are biometrics preferred over an ID card?

A: Because the cards can be lost, stolen, or forgotten.

Q: How did you register all of your providers, and ensure that they are licensed by the DEA?

A: OhioHealth tracks the provider registration data through an internal identification system, so

the registration process was relatively straight-forward. We deployed people at staff dining rooms and large practices to register the physicians.

Q: What about facial recognition systems?

A: Imprivata is pushing facial/retinal identification. However, we believe that these systems can be duped – the technology is not there yet.

CHARN (Community Health Applied Research Network) Grant

Robbie Singal, CHARN Project Director

Chris Grasso, CHARN Data Manager

(please see handout)

Discussion:

Q: Can this project be integrated with the HIE Challenge Grants, MDPHNet and IMPACT?

A: That is a great suggestion, and we look forward to discussing this idea with the Massachusetts e-Health Institute (the official grantee) and the project teams.

Q: Many EHRs are not great at contributing to registries. How are you handling that issue?

A: We have had to customize our system to get data into the registry. It is possible, but results in more work for the end user.

Comment: “There are no technology barriers, there are just budget barriers.”

Q: How are you ensuring data security with multi-institution registries?

A: This is a huge issue. If you use de-identified data, there are limitations in your research capabilities; if you don't, you have to have informed consent.

CIO Retreat

The 2011 CIO Retreat will be held on Thursday, May 19, 9:00 – 3:00, at the Sheraton Four Points Norwood, 1125 Boston-Providence Turnpike, 02062. A request for agenda topics was sent out on March 17th, with a deadline for suggestions by March 25th. The draft agenda is included with the meeting summary attachments.