

CIO Forum  
September 15, 2011  
Meeting Summary

Participants

Leon Barzin, Mass. Medical Society  
Karen Bell, MD, CCHIT  
Claudia Boldman, Information Technology Division (via phone)  
Peter Bristol, Network Health  
Ray Campbell, Mass. Health Data Consortium  
Greg DeBor, CSC  
Larry Garber, MD, Fallon Clinic (via phone)  
John Halamka, MD, CareGroup  
Scott Hawkins, Boston Healthcare for the Homeless  
Fran Hinckley, Hebrew Senior Life  
Jeff Holmes, InterSystems  
Joe Imbimbo, Tufts Health Plan (via phone)  
Arvind Kumar, CRICO/RMF  
Michael Lee, MD, Atrius  
Kelli McLaney, Mass. e-Health Institute  
Dan Nigrin, MD, Children's Hospital (via phone)  
Bill Presley, New England Baptist Hospital  
David Querusio, Harvard Pilgrim Health Care  
Paul Sawyer, MACIPA  
Craig Schneider, Mass. Health Data Consortium  
David Smith, Mass. Hospital Association

Summary

**Announcements**

HealthMart'11 will be held on Wednesday, October 5<sup>th</sup> at the Beechwood Hotel in Worcester. This program is free for members of the Mass. Hospital Association, Mass. League of CHCs, Mass. Medical Society, MGMA of Mass. and Rhode Island, and enrollees in the Regional Extension Center. A flyer is attached, and registration and further information may be found at [www.mahealthdata.org](http://www.mahealthdata.org).

Please save the date for Payment Reform: Innovation for the Nation at the Babson College on Wednesday, December 14<sup>th</sup>. Registration will open in mid-October.

The New England eHealth Innovation Summit will be held on October 27<sup>th</sup> at the Mass. Medical Society. Please visit [www.ehealthinnovationseries.com](http://www.ehealthinnovationseries.com) for more information and to register.

Dr. Halamka addressed ICD-10 implementation in his September 15<sup>th</sup> blog (<http://geekdoctor.blogspot.com/>). Large-scale organizations such as Geisinger and Kaiser are spending sums of about \$100 million on ICD-10 implementation, and they have sunk so many resources into regulatory compliance that they cannot slow down. Dr. Halamka is holding a meeting of CMIOs to discuss ICD-10. Ray Campbell noted that MHDC's ICD-10 Forum discussed the impact on the revenue cycle during the most recent meeting, and how this impact threatens small healthcare organizations. David Querusio noted that ICD-10 is a substantial issue for payers as well as providers.

Dr. Halamka met with Aneesh Chopra to raise the ICD-10 concerns. The Administration is hesitant to cancel or delay it because anticipated cost savings are embedded in the ACA (presumably more granular coding data will make fraud and abuse more difficult). On a lighter note, see the *Wall Street Journal* article describing some of the more bizarre codes (<http://online.wsj.com/article/SB10001424053111904103404576560742746021106.html>).

Congratulations to Fallon Clinic for receiving the HIMSS Ambulatory Davies Award. (Fallon Clinic will be known as Reliant Medical Group effective October 1<sup>st</sup>.)

### **Federal and State HIT and HIE Update**

John Halamka, MD, CareGroup

(please see handout)

Discussion:

Q: Regarding the Standards and Interoperability Framework update, Transitions of Care, that the Continuity of Care Record standard will become obsolete and will be replaced with a series of templates to be populated – how will this affect the Massachusetts Universal Transfer Form and the IMPACT project?

A: The IMPACT model is fully aligned with the template approach.

Q: Regarding the strategy to leverage MassHealth matching funding to expand HIE, will organizations have to implement ICD-10 in order to receive federal funding?

A: There is a blended rate of contribution for physicians. It is to be determined whether the provider and payer contributions to NEHEN will be counted as a private sector contribution.

Dr. Bell noted that workgroups will be formed shortly to address the policy, financial, and operational issues concerning the new HIT HIE Advisory Group. An announcement is expected in late September,

and the workgroups will address technology/infrastructure, privacy and policy, business sustainability, and patient and provider engagement.

### **Cyber Security**

Ray Campbell, Mass. Health Data Consortium

We regret that our speaker on this topic had to cancel, but we will bring them to a future CIO Forum meeting and ask them to focus on the security of HIE. A major conference [was] held on September 20<sup>th</sup>, and the CIOs were invited to contact Ray to find out how to register. A flyer with the agenda and the member benefits of the Advanced Cyber Security Center are attached.

Dr. Halamka agreed that this is a worthwhile topic, and pointed out that, if you think security issues are well in hand, then you don't know what is going on. Malware is significantly worse, and commercial security software cannot keep up with it. Some organizations are blocking social networking and e-mail because the problem is so serious.

### **MHDC's Payment Reform Initiatives**

Craig Schneider, Mass. Health Data Consortium

(please see handout and December 14<sup>th</sup> workshop flyer)

### **Accountable Care Organization Roundtable Discussion**

(please see handout and Dr. Halamka's September 14<sup>th</sup> blog)

Discussion:

BIDMC has seeded the Massachusetts eHealth Collaborative Quality Data Center with 1 million patients, there have been 16,000 transactions to date, and the practices using eClinicalWorks are expected to begin submitted their data by the end of the year.

Dr. Halamka stated that it is unclear what an "ACO" is, but what is clear is that it depends on data and analytics. An all-payer claims database is an essential tool.

Dr. Nigrin said that Children's Hospital is taking a similar approach as BIDMC, and that he and his staff are being asked to produce extensive amounts of data.

Q: How do you handle patients who private pay so that their data will remain private?

A: Dr. Halamka - We have opt-in consent and de-identified data, so that should be sufficient. Ray

Campbell added that ARRA prevents private transmission to plans, but it does not prohibit transmission to something like the Quality Data Center.

Peter Bristol said that ACOs often – though not always – lead to global payment arrangements, and within that context it is important for the ACO to collect data (both claims and clinical) on services provided to its patients which occur outside the ACO’s delivery system. Collecting this data will give the ACO a full view of the cost/utilization/quality data so it can manage within a global payment.

He added that Network Health is putting out claims data to its providers, but they are trying to figure out how to filter protected health information, and that in ACO and global payment constructs protected class handling may need to change.

Dr. Lee stated that Atrius is planning to apply for the CMS Pioneer demonstration. Atrius sometimes has to extrapolate clinical data, and map clinical data from the transfer documentation. They are using a holistic approach, and generally they have accurate data for 50 percent and then make the best guess possible. Verisk is the contractor for business intelligence, but the results to date are uncertain – we don’t know what questions to ask, and how current report data is being used.

Atrius also met with Epic to discuss integration with Fallon Clinic – unfortunately, it seems that this would be very difficult. The bright side is that, with meaningful use, it should be easier in the future to achieve a similar clinical configuration among healthcare organizations.

Dr. Halamka said that the United Kingdom experience has been that a bigger data repository is not necessarily a better approach; a federated data system is actually better. Greg DeBor added that there is no system today that is designed to manage clinical care and risk management – the systems were designed to handle transactional claims.

Q: Should we start with the goals and then develop metrics that correspond to those goals?

A: Everyone wants to do this but it hasn’t been done well, because there are too many key performance indicators. One positive example is what the new BIDMC CEO, Dr. Kevin Tabb, accomplished at Stanford Hospital in using KPIs to significantly improve performance.

Q: Are accountable care organizations actually real? The definition of what an ACO is is so ill-defined.

A: Greg DeBor noted that CMS is gearing up its ACO management process. The dollars involved will make it real. Until then, providers should focus on integration – become an integrated care organization before you worry about becoming an accountable care organization.

### **Next Meeting**

Thursday, November 17<sup>th</sup>, 8:00 – 10:00. The agenda will include a presentation by Joseph Kvedar, MD on mobile health.