

# CIO Forum November 17, 2011 Meeting Summary

## Participants

Meg Aranow, Boston Medical Center  
Leon Barzin, Massachusetts Medical Society  
Dominick Bizzarro, InterSystems  
Claudia Boldman, Commonwealth Information Technology Division  
Ray Campbell, Mass. Health Data Consortium  
Bill Fandrich, Blue Cross and Blue Shield of Massachusetts  
Gerald Greeley, Winchester Hospital  
John Halamka, MD, CareGroup Healthcare System  
Joseph Imbimbo, Tufts Health Plan  
Arvind Kumar, CRICO/RMF  
Ravi Kumar, CRICO/RMF  
Joseph Kvedar, MD, The Center for Connected Health  
Andrew Laband, McLean Hospital  
Michael Lee, MD, Atrius Health  
Scott MacLean, Newton Wellesley Hospital  
Matthew Moss, South Shore Hospital  
Dan Nigrin, MD, Children's Hospital (via phone)  
David Querusio, Harvard Pilgrim Health care (via phone)  
Ike Nnah, Radius Hospital  
Craig Schneider, Mass. Health Data Consortium  
David Smith, Massachusetts Hospital Association  
Manu Tandon, Executive Office of Health and Human Services  
Laura Taylor, Senior Whole Health

## Summary

### **Announcements**

The Consortium's next major event is the fall workshop on payment reform. "Payment Reform: Innovation for the Nation" is on December 14 at Babson College. There will be four morning keynote presentations and two rounds of interactive workshop sessions in the afternoon, with four topics to choose from. The presentations and workshops are designed to address the emerging issue of how to make a successful transition from fee-for-service to bundled payments. This event is expected to sell out, so please register soon to secure your seat! You can [REGISTER HERE](#).

Please save the date for our annual Health Information Technology Conference: The Future is Now on February 3, 2012 at the Burlington Marriott.

MHDC is kicking off the Payment Reform Forum on January 10<sup>th</sup> at 2:00. You are all invited to attend, and please alert the member of your organization that is in charge of payment reform.

Craig announced that the Center for Medicare and Medicaid Innovation is adding new funding for more programs to address cost control. The Health Care Innovation Challenge will award up to \$1 billion in grants to applicants with ideas about delivering better health, improved care, and lower costs.

John Halamka said at the Dartmouth College Trustworthy Information Systems for Healthcare (TISH) Workgroup, it was discussed that implementing more Health Information Exchange can lead to a higher risk for a breach of security penalty. It would be prudent to better document everything that your IT department is doing, so that if there is a breach, you are better protected.

John Halamka announced that the AMA is opposing the implementation of ICD-10 due to the healthcare industry's already full plate of changes and reforms. Some view the conversion as a waste of time and money. It would be preferable to use software, like SNOMED-CT, to translate doctors' notes into ICD-10 codes.

Bill Fandrich mentioned that CIOs are overwhelmed with regulatory compliance, to the extent that it is hard to focus on business needs. John Halamka followed-up by saying that the content of the work CIOs are dealing with is very exciting and interesting, but the context is horrible. There are too many regulations, deadlines, grants, etc.

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

*John Halamka, MD, CIO CareGoup*

Meaningful Use will see some changes in the second stage. The first major change is that MU Stage 2 will utilize human readable text in CDA as a complement to the HL7 coding. The CCR is completely gone and has been transformed entirely into the Continuity of Care Document. Second, the Health Information Exchange and the Health Insurance Exchange, up until now, have been moving on separate tracks, but we may see the two merge for MU Stage 2. The Notice of Proposed Rule Making on MU 2 is expected in either December or January and the final NPRM is expected in April or May.

I met with Rick Shoup and Manu Tandon on November 14<sup>th</sup> to present the Massachusetts Strategic/Operating Plan, State Medicaid Health Plan/Medicaid Management Information System plan, and the Implementation Advance Planning Documents for Health Information Exchange to the HIT Council and the HIT/HIE Advisory Committee. The budgets and strategy were approved by the Council. In general, sustainability has been the main killer of RHIOs/HIEs, but in the new Massachusetts model, we are able to leverage Medicaid funding to pay the bulk of the costs, meaning that the private sector only has to pay \$474,000. Our goal is to connect the "last mile" of every payer, provider, and patient to the state HIE backbone.

**(please see handout)**

*Discussion:*

Q: Could a portion of the NEHEN membership fee be applied to the \$474,000 the private sector is paying?

A: If CSC's costs drop, that's feasible. It may be a cost shift rather than additional fees. NEHEN and SafeHealth have endorsed the plan. We need \$474k to leverage \$20m in public spending.

Q: How long will it take to build?

A: This is a relatively quick build-up once a vendor is engaged. We want it to be a core function by October 2012, with full functionality multi-year. Manu Tandon also has established agreements with Medicaid providers and we are just leveraging what Medicaid is doing. (See state timeline on slide 50 of all the HIE projects grouped into three phases.)

Q: Could other states adopt this approach?

A: Yes, both Pennsylvania and California have begun work on this approach. Massachusetts happens to be very well positioned at the moment because of NEHEN, VirtualGateway, and \$15m in state money. This plan enables small organizations to participate in the HIE.

### **Information Security Update**

*John Halamka, MD, CIO, CareGroup*

There has been an exponential rise in malware attacks in 2011. Studies indicate that 48% of internet systems are infected worldwide. The viruses are extremely hard to detect and remove, and anti-virus software no longer works against it. Organized crime has established for-profit malware companies that are well-financed, with 24/7 support desks to hack computers and sell usernames and passwords. All types of computers are at risk and the infections are being downloaded from various kinds of applications, social networking sites, computer programs, etc. (Heidi Klum is the "most dangerous" celebrity on the internet). There are several things that can be done to try and mitigate these risks; however, as technology continues to accelerate and more devices are put on the market, it is harder to stop malware infections. Mitigation efforts being done at BIDMC include surveillance and detection techniques, containment and cleaning, prevention, and metrics and controls. One of the techniques BIDMC is piloting is increased web content filtering, including restricting access to social networking sites.

**(please see handout)**

*Discussion:*

Q: How do we provide secure Electronic Health Records for our affiliated physicians?

A: We mitigate the risks by doing a lot of different things including locking down outbound connection from servers, disabling certain websites, and more utilizing more aggressive anti-virus scanning, but there are still risks. Security is a moving target and in order to stay in the top quartile of safety, you have to continuously invest. There also has to be accountability from the employees when they use devices from home or expose their laptops to outside forces. An

open environment will cost a lot more money in security and leave a company more exposed, whereas a locked down environment can cause employee/employer friction.

Q: Which antivirus services would you recommend?

A: McAfee, Symantec, and RSA are all good, but sometimes a simple virus scan doesn't detect everything. BIDMC needed to have an audit done to see that we were infected on a system that our antivirus said was clean.

Q: Does anyone use cloud services?

A: Bill Fandrich- We are looking into it, but it would have to be a private cloud.

Q: Do you have a good example of something that has happened as a result of the malware?

A: At BIDMC we've had two reportable security breaches that ended up costing hundreds of thousands of dollars. A radiology device sent encrypted patient information to China and because it was encrypted we didn't know whose or what information had been sent. The Massachusetts eHealth Collaborative had a stolen laptop, which was an enormous cost.

Ray Campbell mentioned that it might be a good idea to reconvene the Privacy/Security Forum so that CIOs could have a chance to focus more time on security issues, and exchange best practices and lessons learned for combatting this progressing issue.

Q: Are you plugged into the Advanced Cyber Security Center at MITRE?

A: Yes. Ray is on the advisory committee and has more information for anybody interested.

## **Mobile and Connected Health**

*Joseph Kvedar, MD, Center for Connected Health*

The Center for Connected Health at Partners Healthcare aims to engage patients by delivering more continuous, "just-in-time" care. The center utilizes technology to provide care remotely with home-monitoring, medication adherence technology, and virtual visits. This increased communication provides more patient accountability and improved self-care, as well as enables the caregiver to provide on the spot treatment and advice.

**(please see handout)**

*Discussion:*

Comment:

Andrew Laband: McLean Hospital is launching Skype Virtual Visits in January. We found that the technology was easy to figure out, but getting consent was the most complicated part.

Q: Ray Campbell- The Consortium has been looking into the topic of payment reform. How can payment reform be included in this? Would it be beneficial if all the payers in MA were aligned on payment reform?

A: Bundled payments mean I decide on business expenditures and doctors will care for fewer patients, but with appropriate services. It is definitely important that all the payers have similar plans. It makes it very difficult when you have 1/3 fee-for service, 1/3 global payments, and 1/3 something else. It seems like within five years all payers will insist on accountability.

Comments:

John Halamka- Several of the MA Physician Hospital Organizations have announced they are applying for the CMS Pioneer ACO model. By January 1<sup>st</sup>, the new paradigm for IT will be population-based care by condition. The future is bleak for Academic Medical Centers because incentives will direct care to be home-based and primary care-oriented.

Andrew Laband- Under value-based purchasing, re-admission rates will become the most important quality measure.

Ray Campbell- Quality measures need to be meaningful to patients as well as doctors.

Q: How are you sharing information with Patient Centered Medical Homes and Mental Health providers?

A: We are working with The Patient Centered Primary Care Collaborative and Care Continuum Alliance. We have to solve problems with more technology, not more staff.

### *CIO Forum Calendar 2012*

**8:00 am -10:00 am unless noted**

January 19, 2012

February 7, 2012: CIO DINNER; 6:00 pm-9:00 pm at the [Beacon Grille](#) in Woburn, MA

March 15, 2012

May 17, 2012: CIO RETREAT; 9:00 am- 3:00 pm

July 26, 2012

September 12, 2012

November 8, 2012