



TEXAS HEALTH SERVICES AUTHORITY

## THSA Provider Engagement Task Force

*Meeting Minutes*

*Date: 06/1/2011*

*Time: 2:00 p.m. – 3:00 p.m. CST*

### In Attendance:

#### *Task Force Members*

Julie Adams Seton – Ascension Health	N	Carl Ahmed CA (Carl Ahmed) Associates	N	Lori Ashford TDSHS	Y
Pamela Arora Children’s Medical Center Dallas	N	Susan Blue Neurological Services of Texas	Y	Nick Bonvino Northside B Consulting	N
Ernest Buck Driscoll Children’s Health Plan	N	Dolph Courchaine Wellmed Medical Management	N	Maryann Choi Harden Healthcare	N
Joshua Escalante TDSHS	Y	Ken Hughes Chart Relay	N	Jonathon Ishee Northwest Diagnostic Clinic & Access Health Providers	Y
Radhika Iyer Computer Task Group	Y	Jenifer Jarriel Baylor College of Medicine	Y	Ann Kitchen Health & Community Strategies	N
Brad Lawrence Accenture	Y	Karen Love Harris County Healthcare Alliance	N	Patrick Maloney FirstNet Exchange	Y
Dwayne McKee United Regional Health Care System	N	Fausto Meza Doctor’s Hospital at Renaissance	N	Emily Padula Integrated Care Corporation	N
Mark Peppard General Dentist	Y	Billy Philips Texas Tech University Health Sciences Center	N	Janis Powers Civic Initiatives	N
Carson Scott West Texas Regional Extension Center	N	Marlene Smitherman Critical Connection	Y	Joey Sudomir Texas Health Partners	Y
Earnest Valle THHSC	N	Ferdinand Velasco Texas Health Resources	N	Richard Warren Hillcrest Baptist Medical Ctr.	N
Audra Wells Dell	N	Bryan White North Texas Accountable Health Care Partnership	N	Bonnita Wilson The Informatics Applications Group	Y
Richard Wood Accenture	N				

#### *Others Attending*

Julia Alejandre THHSC	Y	Ivy Bela THHSC	Y	Kathleen Costello THHSC	Y
Jocelyn Dabeau THSA	Y	Tony Gilman THSA	Y	Jane Guerrero TDSHS	Y

Eleanor Latimer	Y	Chris Legnon TDSHS	Y	Becky Nichols TDSHS	Y
Tyler Patterson TMA	Y	Heather Poggi-Manus MicroAssist	Y	Steve Roddy THSA	Y
Merila Walker THHSC	Y	Debra Warner Anthelio	Y		

### Agenda Items

#	Item Name	Item Owner	Time Allotment
1	<b>Call to Order and Announcements</b>	<b>Steve Roddy</b>	<b>2:00–2:05 p.m.</b>
<p><b>Presenter:</b> Steve Roddy, Associate Director, Policy &amp; Planning, Texas Health Services Authority (THSA)</p> <ul style="list-style-type: none"> <li>Mr. Roddy called the meeting to order, made announcements and ensured that members were able to access the shared Wiki site.</li> </ul>			
2	<b>Provider Engagement Task Force Charter and Key Initial Areas of Task Force Focus, and Agenda Overview</b>	<b>Steve Roddy</b>	<b>2:05–2:10 p.m.</b>
<p><b>Presenter:</b> Steve Roddy</p> <ul style="list-style-type: none"> <li>Mr. Roddy reviewed the charter and initial areas of focus of the Provider Engagement Task Force, and indicated that the meeting will be focused on consideration of questions posed during the initial task force meeting.</li> </ul>			
3	<b>Defining Provider Engagement</b>	<b>Steve Roddy</b>	<b>2:10–2:15 p.m.</b>
<p><b>Presenter:</b> Steve Roddy</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>Mr. Roddy posed the question, “What is provider engagement?”</li> <li>Discussion focused on the suggestion that its definition is built on approaches to outreach, marketing, education and ongoing communication with healthcare providers and the idea that provider engagement in health information exchange (HIE) could be measured in terms of the number of patient records a provider has by certain dates.</li> <li>Discussion also took place regarding whether whether modes of communication selected for use in an engagement strategy should vary to reflect differing target audience dynamics.</li> </ul> <p><i>Participants: Steve Roddy, Susan Blue, Bonnita Wilson, Brad Lawrence, Mark Peppard</i></p>			

4	<b>THSA Website, THSA Role in Provider Engagement</b>	<b>Steve Roddy</b>	<b>2:15–2:30 p.m.</b>
<b>Presenter:</b> Steve Roddy			
<b>Discussion:</b>			
<ul style="list-style-type: none"> <li>• Mr. Roddy reviewed a question posed to task force members at the previous meeting regarding the current THSA website (<a href="http://www.thsa.org">www.thsa.org</a>) and its usefulness from a provider’s perspective: how user-friendly is it as a provider outreach, education, and communications medium? Is the information in it accessible? What style, content or directional changes would create a more effective provider-focused resource? He pointed out THSA recognition that the website as currently constructed reflects its original purpose to provide information about the organization and its Texas HIE activities.</li> <li>• He reported that members who responded to the question in writing prior to the meeting had indicated that the website needs to be modified to incorporate the following: <ul style="list-style-type: none"> <li>○ Specific provider-directed (tabbed) site within the site;</li> <li>○ Glossary of common HIE terms/acronyms;</li> <li>○ Information provided in brief, summary/synopsis fashion; and</li> <li>○ Direct links for providers to follow to related sites for additional information.</li> </ul> </li> <li>• Members agreed with the above assessment and offered the following additional suggestions: <ul style="list-style-type: none"> <li>○ The website currently meets the needs of its original audience but is not focused on providers;</li> <li>○ There are no search tool within the current site;</li> <li>○ The site should contain a separate section or “site-within-the-site” oriented specifically to providers that clearly explains the THSA’s role, available help for providers, and directs readers in navigation of the site’s contents;</li> <li>○ The site should provide links that tie a glossary and summary information on the site with other resources for additional information;</li> <li>○ It should include links to and from provider organizations such as the Texas Medical Association and Texas Hospital Association and other organizations involved in HIE such as the HIEs and regional extension centers (RECs).</li> <li>○ The site should include peer-to-peer discussion opportunity (e.g. – a peer-written blog).</li> </ul> </li> <li>• Mr. Roddy asked, “What should the THSA’s role be in provider engagement in Texas HIE?” Tony Gilman, THSA CEO, asked if there are other local or regional physician groups that the THSA should be talking with? How can we work with local HIEs? Members responded as follows: <ul style="list-style-type: none"> <li>○ The more providers hear a coordinated message, the better;</li> <li>○ The THSA could coordinate on the message with trusted provider organizations and local/regional entities, and serve in a support and advisory capacity with those organizations; and</li> <li>○ It could provide common talking points to local/regional organizations.</li> </ul> </li> </ul>			
<i>Participants: Steve Roddy, Tony Gilman, Lori Ashford, Susan Blue, Heather Graham, Bonnita Wilson, Marlene Smitherman</i>			
5	<b>Provider Engagement Environment</b>	<b>Steve Roddy</b>	<b>2:30-2:40 p.m.</b>

**Presenter:** Steve Roddy

**Discussion:**

- Mr. Roddy reviewed a question posed to task force members at the previous meeting regarding where the most effective provider health care outreach, education and communications occurs: at a statewide level (e.g.: state agencies, the THSA, statewide provider organizations)? At a peer-to-peer level through the Regional Extension Centers (RECs), county medical societies, or the HIEs? Through other regional or local sources? Or a combination?
  
- He reported that members had responded in writing prior to the meeting as follows:
  - Solo/small practice physicians are most in need of outreach (large group practices rely on practice administrators);
  - Link/collaborate with statewide organizations such as the Texas Medical Association and Texas Hospital Association, with specialty and county medical societies, and with the RECs and HIEs;
  - Entities involved in an engagement initiative could exhibit at organization meetings, collaborate to provide HIE updates via articles or columns on the THSA and other organizations' websites or publications, and ensure that organization websites are linked with THSA's;
  - Person-to-person outreach and communication is ultimately the ideal, though is slow, time-consuming, and will reach a limited number of providers;
  - Seminars or workshops could be offered as part of county or specialty medical societies and other organization meetings (make continuing education-eligible to ensure attention);
  - Local providers should be identified to serve as engagement "champions"; consideration should be given to creating an engagement advisory panel of physicians; and
  - There is a need to ensure that the levels of communication chosen and the message content and style are geared to the intended audience.
  
- Members agreed with and discussed the above.

*Participants: Steve Roddy, Susan Blue*

<b>6</b>	<b>Barriers to Engagement</b>	<b>Steve Roddy</b>	<b>2:40–2:50 p.m.</b>
----------	-------------------------------	--------------------	-----------------------

**Presenter:** Steve Roddy

- Mr. Roddy reviewed the question posed to task force members at the previous meeting regarding what factors serve as major barriers to provider engagement and participation in information exchange? He cited the following written responses from members prior to the meeting:
  - Cost;
  - Confusion and questions about vendor offerings;
  - Concern about loss of practice time;
  - Lack of basic knowledge, with resulting fear and doubt about HIE benefits;
  - A perceived overload of technical information (HIE outreach needs to be geared to its audience: expressed from a clinician's perspective, not an IT person's); and
  - Awareness of the limited current readiness of HIEs and availability of electronic health records fully capable of HIE.

- Members expressed agreement and added the following observations:
  - Confusion exists within the physician community beyond a general awareness of incentives for participation in HIE and federal meaningful use requirements;
  - Ultimately doctors are focused on patient care, and engagement in HIE depends on a perception of added value to their primary goal;
  - Physicians’ practices and hospitals frequently pursue their work in isolation from one another, and there is a lack of mutual trust. A provider engagement initiative needs to foster a collaborative environment;
  - Lack of trust in HIE based on potential liability for disclosed data, and potential impact on physician practices, is a primary concern, particularly, but not exclusively, among rural practitioners; and
  - EHR adoption and HIE creates substantial additional practice overhead expense.

*Participants: Steve Roddy, Susan Blue, Marlene Smitherman, Tyler Patterson*

<b>7</b>	<b>Provider Engagement Tools and Media</b>	<b>Steve Roddy</b>	<b>2:50-2:59 p.m.</b>
----------	--	--------------------	-----------------------

**Presenter:** Steve Roddy

**Discussion:**

- Mr. Roddy reviewed questions posed to task force members at the previous meeting regarding what communications tools and media are the most accessible to and resonate best with providers, and would provider use warrant incorporation of social media into engagement efforts? He reported that written responses provided prior to the meeting included advocacy of the following:
  - Concise (1-page) mailers and handouts;
  - Seminar presentations, focused workshop opportunities, and online education;
  - THSA and provider organization articles and website blogs;
  - Twitter, Facebook and other social media (effective for certain groups of providers);
  - Email updates; and
  - Use of all available tools and channels of communication (state-level agencies and member organizations, regional, local and specialty physician societies, RECs, HIEs) to reach provider groups and individuals with differing needs and characteristics.
- Members discussed and expressed agreement with the above and added that use of tools that promote interactive, two-way engagement is critical for engagement success.

*Participants: Steve Roddy, Patrick Maloney*

<b>8</b>	<b>Future Meeting Schedule</b>	<b>Steve Roddy</b>	<b>2:59 p.m.</b>
----------	--------------------------------	--------------------	------------------

- Mr. Roddy reviewed the future meeting schedule for the Provider Engagement Task Force and reminded that the next regularly scheduled meeting of the task force will be on June 29.
- He asked members to consider providing written feedback on the questions discussed in today’s meeting using the provided online form and intent to share a summary of responses with the THSA Collaboration Council and Board of Directors. He also expressed intent to examine others’ provider engagement best

practices at the next task force meeting.

**9**

**Other Items and Adjournment**

**Steve Roddy**

**3:00 p.m.**

- Mr. Roddy asked if there were any other items anyone would like to discuss?
- There being none, the meeting was adjourned.