

### In Attendance:

Scott Albosta	N	David Hager, MD	Y	Sharon Robinson	N
Timothy Barker, MD	N	Lawrence Hanrahan, MD	Y	Liz Thelen	Y
Sue Biedermann	Y	Eric Hollander	N	Carrie Thomas	N
Philip Bradley	N	Radhika Iyer	Y	Thomas Thrower	Y
David Bradshaw	N	Zachery Jiwa	Y	James Turley, PhD, RN	N
Margaret Bruch	N	Jeanne Knapp	N	Gijs Van Oort	Y
Barbara Cambron	Y	Robert Ligon	N	David Vliet	N
Jim Campbell	N	Julie Lindenberg, DNP	N	Richard Voets	N
Ali Candas, MD	N	Ronald Lutz	N	Dave Wanser, PhD	N
Brian DeVore	N	Ramdas Menon	N	Robert Warren, MD, PhD	N
Darrell Dixon, MD	Y	Charles Webster	N	William Moran	N
Audra Wells	Y	Steven Eichner	Y	Bryan White	Y
Joshua Escalante	N	Sue Newhouse	N	Scott Yates, MD	N
John Forrest	Y	Charles Parker	N	Jiajie Zhang, PhD	N
Susan Franscini	N	David Pearson	N	Sally Leighton, MD, PhD,	N
Edie Hagens	Y	David Renfro	Y	David Vliet	N
Stephen Palmer	Y	Tony Gilman	Y	Taylor Cook	Y
Kathleen Costello	Y	Julia Alejandre	Y	James Pennington	Y
Miguel Berry	Y	Earnest Valle	Y	Kristie Zamrazil	Y
Brittani Bilse	Y	Al Davies	Y	Haley Cornyn	Y
Shannon Moore	Y	John Haines	Y	Chad Aicklen	Y
Sharen Ludher	Y	Yvonne Sanchez	Y	Audra Wells	Y
Christine Bryan	Y	Jerry Miller	Y	Heather Vasek	Y
Jennifer Verheyden	Y				

### Agenda Items

#	Item Name	Item Owner	Time Allotment
1	Introductions	Radhika Iyer	9:00-9:10 a.m.
2	Workgroup Approach & SLAs	Radhika Iyer	9:10-9:20a.m.
3	Workgroup Charter	Radhika Iyer	9:20-9:30 a.m.
4	Review of Survey Results	Radhika Iyer	9:30-9:50 a.m.
5	Review Deliverables	Radhika Iyer	9:50-10:00 a.m.
6	Discussion of Potential Subgroups	All	10:00-10:15 a.m.
7	Engagement and Adoption Models	Radhika Iyer	10:15-10:35 a.m.
8	Preparation for May Meeting	Radhika Iyer	10:35-10:45 a.m.
9	Open Discussion	All	10:45-11:00 a.m.

## Agenda Minutes

<b>Item Name:</b>	<b>Introductions, Workgroup Approach and Charter</b>	<b>Owner:</b>	<b>Radhika Iyer</b>
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### Summary of Discussion:

Radhika Iyer (CTG) provided a brief overview of THSA; reviewed THSA's mission and vision; and introduced the engagement, project leadership, and the workgroup approach.

One workgroup member commented that the vision statement seems vague and asked whether the ultimate goal of this process is to architect and govern or to actually implement a single-hub solution for the state—or is that a decision the workgroups will make? It was clarified that the workgroups will recommend items and information for the THSA Board of Directors to incorporate into the Strategic and Operational Plan for HIE for Texas. The workgroup will look at the funding requirements and the core strategic and operational plans. Although the ONC guidelines are not very specific in terms of adoption and engagement, the aim of this workgroup should be to identify the decision points, present options for workgroup members to respond to, and develop recommendations to take to the THSA board.

To enable workgroups to communicate and collaborate between meetings, there will be a public THSA website that all can access, and a private site for workgroup members where we can distribute materials. By the 30<sup>th</sup> CTG hopes to have the collaborative, secure side available. Until then, workgroup members were asked to send any information to Ms. Iyer and she will distribute it to the workgroup or subgroups as needed. The workgroup was informed that it can schedule conference calls or meetings at any time between monthly workgroup meetings. The four meetings are just a minimum.

It is expected that information will be shared across workgroups. Members are welcome to sit in on and observe other workgroups' calls, and minutes and presentations will be distributed across all.

A participant asked how much time members should allocate for workgroup activities. It was estimated that active, involved members put in about 8-10 hours a week, while "orbiting" members, who are less involved, don't put in significant time outside of actual meetings.

<b>Item Name:</b>	<b>Review of Survey Results</b>	<b>Owner:</b>	<b>Radhika Iyer</b>
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### Summary of Discussion:

The workgroup members were surveyed regarding their views on consumer engagement and provider adoption. Their responses were compiled by THSA and distributed to workgroup members. It was requested that the survey results be distributed to everyone as they will be beneficial for those who plan to work on adoption and engagement issues.

<b>Item Name:</b>	<b>Review of deliverables</b>	<b>Owner:</b>	<b>Radhika Iyer</b>
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### Summary of Discussion:

Ms. Iyer explained that one of the big 'to do' items for workgroup members will be to send a definition of what adoption is and what consumer engagement means.

The governance workgroup will take a first shot at describing an HIE framework, and then the adoption and engagement workgroup will get to add its input.



This workgroup will also come together and decide the key characteristics of an HIE.

**Item Name:**

**Discussion of possible subgroups**

**Owner:**

**Radhika Iyer**

**Summary of Discussion:**

The suggested approach for this workgroup, for the sake of efficiency, is to divide into two subgroups: one for EHR adoption among providers, and one for consumer engagement. Each workgroup member was asked to think about his or her strengths and where he or she can contribute the most value, and select one of the subgroups to participate in. Workgroup members who have more experience on adoption or engagement should choose a subgroup accordingly.

Workgroup members expressed concern about subgroups, and cautioned against trying to separate EHR adoption from consumer engagement. The main way consumers are engaged is through a physician, and providers are not that excited about getting patients to create EHRs. This workgroup will have to recognize the interplay between the two.

It was acknowledged that the final product will address both adoption and engagement together, but emphasized that for the process it will be productive to split it up since our timeline is very short. What is discovered and discussed within the subgroups will *always* be brought back to the workgroup as a whole. It is not like the two subgroups would never touch—they would always touch and bring the results back to the whole group.

**Item Name:**

**Consumer engagement**

**Owner:**

**Radhika Iyer**

**Summary of Discussion:**

The workgroup was asked to consider what models for consumer engagement already exist within Texas. Group members are encouraged to share models they have used and/or seen. CTG and THSA have seen some and are continuing to look for more. The workgroup will review and select models at its next meeting in May.

A participant expressed concern that consumers be involved in the process and pointed out that if THSA puts out recommendations without offering a public forum or substantial opportunities for public engagement, it could be an obstacle to adoption down the road for not just this organization but for others as well. The participant suggested putting out a call for a two-hour meeting for consumer organizations to come and share their experience, rather than relying exclusively on the people in the EHR Adoption and Consumer Engagement workgroup to provide that framework. The consumer engagement subgroup should consider this. The group was reminded that THSA board meetings are open; it was noted that perhaps that could be a venue for consumer engagement.

Another participant noted that in the Venn diagram included in the presentation, advocacy was identified as part of the overall effort. The member asked whether anyone representing consumer advocacy groups was on the EHR Adoption and Consumer Engagement workgroup. Tony Gilman (THSA) replied that THSA had invited these groups, but did not get a strong response. He said they have often found it challenging to engage consumer groups early on in the process, but promised to continue to address the issue and provide consumer groups with information.

It was suggested that the biggest challenge to consumer adoption is incentive; in other words, what's in it for the consumer to participate? With a chronic disease like diabetes in pediatric patients, you have parents of patients who are motivated to manage blood sugars—they are already engaged and actively participating. But for the average, non-chronic disease population (most people) you have to come up with that carrot/incentive to get them to

participate.

Gijs vanOort volunteered that the Texas HIE Coalition would be happy to help look into the consumer approach. They are in the trenches in their various areas.

**Item Name:**

**EHR adoption**

**Owner:**

**Radhika Iyer**

**Summary of Discussion:**

The workgroup was asked whether there are existing models for EHR adoption within the state of Texas and whether there is a provider consortium. It was explained that in various cases, providers in Texas have gotten together to engage EHRs within large practices, among practices, and through purchasing cooperatives. In addition, there are county medical activities, user support groups, and other specialty organizations that have discussed EMR adoption.

**Regional Extension Centers (RECs):**

Participants asked about the RECs, which have also been charged with tackling adoption, wondering whether the workgroup efforts will overlap or supplement what RECs are doing. A participant asked whether there an established relationship between THSA and RECs. Mr. Gilmore explained that while there is no formal, specific agreement between THSA and the RECs, anything THSA and this workgroup does will be in coordination and collaboration with the RECs.

The RECs have representation on each workgroup to make sure they are involved. THSA has asked what role it could play in terms of workforce development in collaboration with RECs. These are decision points that THSA would like feedback on from this workgroup. (Although there is no formal agreement, HHS and THSA receive federal funding through the state cooperative health agreement, so THSA has to coordinate with other organizations that receive federal funding. The RECs had to agree to this as well, and THSA communicates with the RECs regularly.)

**Obstacles to adoption:**

The workgroup discussed some of the reasons providers are not eager to adopt EMR systems:

- Providers will be reluctant to adopt if they feel it is too cumbersome.
- Clinicians have to know that this will make their jobs easier and help patients, not just reduce productivity and be a headache.
- Clinicians have a jaundiced view of e-health systems and will not adopt unless they are in a closed system where they are forced to use the system.
- Workflow is very important to physicians, and they want to see a benefit to themselves and their patients.

Shannon Moore (TMA) is available as a resource and is sitting in on all workgroup calls (while TMA is not “officially” participating on any workgroups, it has physician representation on each group). Ms. Moore reported that TMA has done several adoption surveys which revealed reasons why physicians are reluctant to adopt. The surveys also asked about the carrot/stick approach CMS is implementing for adoption, and 59% of providers responded that they will try to apply for those incentives. *[The results of these surveys will be provided to the adoption subgroup.]*

TMA member Larry Hanrahan (Accenture) said, “From a provider perspective, I’ll adopt anything that will benefit my patients and myself. The system has to be able to show me what I want to know, in the way I want to see it, in the same amount of time that it takes me to see it now. This seems simple, but can be difficult to execute as far as delivering results to the examination room.”



The workgroup was reminded to focus on what HIEs can deliver that will make an individual's EHRs more valuable: the records will be more complete, not hit and miss like it is today in many HIE initiatives. Physicians today cannot rely 100% on what they see because something might be missing. We will have to demonstrate what a HIE can do *beyond* what happens within a single practice or hospital.

<b>Item Name:</b>	<b>Existing HIEs</b>	<b>Owner:</b>	<b>Radhika Iyer</b>
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**Summary of Discussion:**

Part of the task of the workgroups is to agree upon a common definition of "HIE." There are already some local HIEs in existence which could be used as case scenarios. The workgroup could ask whether these HIEs have policies and procedures Texas could use as guidelines. Thomas Thrower (Ascension Health) reported that Seton is moving forward with HIE initiatives of its own (and other IDNs probably are as well). As a result, how Seton ties in may have a bearing on how it participates, how the funding will work, etc. Gijs vanOort reports that an HIE has been implemented in the San Antonio area. Its emphasis is on developing information exchange to support provider care, more than consumer aspects.

Edie Hagans (Axolotl) urged that when investigating what HIEs are doing, workgroup members should take into account whether these efforts have actually been successful (and standards-based).

<b>Item Name:</b>	<b>Open discussion</b>	<b>Owner:</b>	<b>Radhika Iyer</b>
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**Summary of Discussion:**

A participant asked whether part of the scope of this workgroup be to determine which data will be shared. The workgroup leader said that it is.

Kathleen Costello and Gijs vanOort expressed interest in getting in touch with Jim Campbell (CTG) regarding the environmental scan. Mr. Campbell will be leading the gap analysis of what has already been done for Texas and will then begin collecting data to fill the gaps.

It was suggested that the workgroup incorporate (or plan to incorporate) the administrative side of healthcare. If Texas could provide a vehicle that enables EMRs to serve as *virtual cash registers* in their offices, physicians would be very willing to adopt. Consumers would also be happy to see a model that takes into account all of this data including quality and pricing.

It was suggested that the workgroup keep in mind the newly mandated state-sponsored health insurance plan. There are three levels: health insurance exchange, state HIE planning, and HHSC/Medicaid-based exchange. The health insurance exchange is part of healthcare reform, not HITECH, but it takes good health data to create the transparency patients want to see when evaluating insurance options. The state wants plans for a state HIE to be completed this year, but Texas might not do the insurance part for several years (if at all). That is beyond the scope of this group. No decision has been made regarding how Texas will move forward with the insurance exchange or direction from state leadership on that point.

Action Item	Owner
<ul style="list-style-type: none"> <li>Decide which subgroup to participate on</li> </ul>	<ul style="list-style-type: none"> <li>All workgroup members (email preferences to Radhika Iyer)</li> </ul>
<ul style="list-style-type: none"> <li>Provide results from TMA surveys</li> </ul>	<ul style="list-style-type: none"> <li>Shannon Moore</li> </ul>
<ul style="list-style-type: none"> <li>Distribute results of Adoption and</li> </ul>	<ul style="list-style-type: none"> <li>Radhika Iyer</li> </ul>



Engagement Workgroup Survey	
<ul style="list-style-type: none"> <li>Identify consumer engagement models; send to Radhika Iyer</li> </ul>	<ul style="list-style-type: none"> <li>Consumer engagement subgroup</li> </ul>
<ul style="list-style-type: none"> <li>Identify EMR adoption models; send to Radhika Iyer</li> </ul>	<ul style="list-style-type: none"> <li>EMR adoption subgroup</li> </ul>
<ul style="list-style-type: none"> <li>Identify current relevant HIE engagement/adoption practices that are successful</li> </ul>	<ul style="list-style-type: none"> <li>All workgroup members</li> </ul>



EHR Adoption Subgroup Members	Consumer Engagement Subgroup Members
• David Hager	• Steven Eichner
• Lawrence Hanrahan	• Gijs vanOort
• Zachery Jiwa	• Julia Alejandro
• Kathleen Costello	•
• Gijs vanOort	•
• Edie Hagens	•
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