



**THSA HIE Planning Engagement
Meeting Minutes
EHR Adoption & Consumer Engagement
Workgroup Meeting**

*Date: 05/12/2010
Time: 2:30–4:00 p.m. C.T.
Location: Baylor Health Care System
2001 Bryan Street, CR-1, Dallas, Texas
Conference Call: (888) 276-8689 Access code: 5273822
Webinar: <https://www2.gotomeeting.com/register/725424995>*

In Attendance:					
Workgroup Members					
Scott Albosta Blue Cross Blue Shield of Texas	Y	Susan Francini Greenway Medical Technologies	N	David Pearson TX Organization of Rural & Community Hospitals	N
Julia Alejandre Texas HHSC	Y	Chris Guerrero Texas DSHS	Y	David Renfro Availity	Y
Timothy Barker, MD Heart of TX Community Health Center	Y	Edie Hagens Axolotl	N	Sharon Robinson	N
Sue Biedermann Texas State University	Y	David Hager, MD Kerrville State Hospital	Y	Carrie Thomas Maximus	N
Philip Bradley Harris County Hospital District	N	Lawrence Hanrahan, MD Accenture	N	Thomas Thrower Ascension Health	N
David Bradshaw Memorial Hermann Healthcare System	N	Eric Hollander, DDS	N	James Turley, PhD, RN UT Health Science Center at Houston	N
Margaret Bruch Texas DSHS	Y	Zachery Jiwa Microsoft	Y	Gijs van Oort, PhD Healthcare Access San Antonio	Y
Ryan Bush McKesson	Y	Jeanne Knapp Healthcare Alliance of Montgomery Co.	N	David Vliet Central TX Community Health Centers	Y
Barbara Cambron Texas Workforce Commission	Y	Sally Leighton, MD, PhD Texas Children's Hospital	N	Helen Tolbert (in place of Richard Voets) Tenet Health System	Y
Ali Candas, MD Coastal Children's Clinic	N	Robert Ligon TMF Health Quality Institute	N	Dave Wanser, MD University of Texas	Y
Kathleen Costello Texas HHSC	N	Julie Lindenberg, DNP UT Health Science Center at Houston	Y	Robert Warren, MD, PhD Texas Children's Hospital	Y
Brian DeVore Intel	Y	Ronald Lutz Gensis Physician Group	N	Charles Webster EncounterPRO Healthcare Resources	N
Darrell Dixon, MD CHRISTUS Health	N	Ramdas Menon Texas DSHS	Y	Audra Wells Dell	N
Steven Eichner Texas DSHS	Y	William Moran, MD	N	Bryan White Dallas County Medical Society	Y
Joshua Escalante Texas DSHS	Y	Sue Newhouse North Texas Medical Center	Y	Michelle Zadrozny Alliance Work Partners	N



John Forrest ICW Inc.	Y	Charles Parker Continua Health Alliance	N	Jia Jie Zhang, PhD UT Health Science Center at Houston	N
Workgroup Staff/Observers					
Scott Bullock CTG	Y	Tony Gilman THSA	N	Maria Nelson Memorial Hermann Healthcare System	N
Taylor Cook Texas HHSC	Y	James Honn CTG	Y	Stephen Palmer Texas HHSC	Y
Mirsa Douglass Texas DSHS	N	Radhika Iyer CTG	Y	Liz Thelen CTG	Y
Other Attendees					
Mitchell Gibbs Texas Health Institute	Y	Donna Deeb Texas DCHS	Y	Debra Warner Valley Baptist	Y
Shannon Moore TexMed	Y	Hank Fanberg CHRISTUS Health	Y	Tomas Matthews PDX, Inc.	Y
Victoria Ford	Y	Bill Wachel formerly Pinnacle Anesthesia	Y	Christine Bryan Clarity	Y
John Wyand Squire Sanders & Dempsey	Y	Gary Kerl CTG	Y	Haley Cornyn	Y
Derek Kang Texas Children's Hospital	Y	Bob Hoover CTG	Y	Jim Campbell CTG	Y

Agenda Items

#	Item Name	Item Owner	Time Allotment
1	Introductions	Radhika Iyer	2:30–2:40 p.m.
Presenter: Radhika Iyer			
2	Key definitions	Radhika Iyer	2:40–2:50 p.m.
Presenter: Radhika Iyer <ul style="list-style-type: none"> ▪ Provider Adoption: Active participation in implementing and using health information technologies to manage patient care; physician's EMR should be able to exchange health information in all aspects of meaningful use ▪ Consumer: "Any actual or potential recipient of health care, such as a patient in a hospital, a client in a community mental health center, or a member of a prepaid health maintenance organization" (Source: Mosby's Medical Dictionary, 8th ed.) ▪ Goal of consumer engagement: Innovative approaches to communication, education, and outreach that encourage active participation across diverse patient population ▪ Identify components of privacy security and confidentiality (do I have a choice, opt in versus opt out, will all my data be shared, will every provider be able to see my data or can I control it, what remedies do I have if security is breached, where can I go to take a remedial action?) ▪ What practices and models would be most likely to be feasible/successful in Texas? ▪ Consider staged implementation starting with data sharing perhaps around a disease entity 			
3	EHR Provider Adoption	EHR adoption subgroup	2:50–3:15 p.m.



Discussion points:

- **Background:**

- Government is offering incentives for implementation/deployment of EHR, providers must rapidly demonstrate ample use of health information technology to qualify, ability to electronically exchange health information between providers and patients is required for meaningful use
- There is opportunity in 2011 for physicians to start receiving up to \$18,000 that year and disincentives that start in 2015 with reduction in Medicare services for those who don't demonstrate meaningful use
- HITECH incentives are major reasons for EMR implementation plans
- Medicaid has potential for largest incentives, but there are also significantly more eligibility requirements
- Texas Medical Association (TMA) special survey: 43% of providers in the 2009 survey had reported use of an EMR (up from 33% in 2007, 27% in 2005), percentage of respondents with no plans to implement an EMR decreased

- **Physician adoption:**

- Most important aspect of provider adoption: bringing the doctors to the table early, creating ongoing opportunities for feedback
- Physicians need to feel they are being heard and are driving the process and not being driven
- Partner with well-respected clinicians in the community
- All providers need support, regardless of position on the adoption curve
- EHR product must create ongoing value and make physician more effective

- **Key components of HIE strategy:**

- Incremental approach creates immediate value for providers; improved information quality and time/money savings lead to user satisfaction and high early adoption rates
- Lower-cost and more rapidly deployable, does not require extensive and expensive infrastructure
- As HIE grows, functionality can be added to begin aggregating and staging health information for community use
- Apply identity management services to ensure correct longitudinal health record is identified, implement record locator services to access data from all participating data repositories across the communities
- Establish community health records and registries put information access and analysis
- Deploy gateway services to exchange information with external networks, HIEs, and public health agencies
- Address disparity of access across the provider landscape
- Interoperability based on standards
- For care collaborations/coordination, share and synchronize patient information through peer-to-peer communications in a highly secure, professional social network
- Authorized providers need 360-degree view to eliminate errors, streamline workflow, increase patient satisfaction, etc.

- **Recommendations:**

- Gradual approach to implementing HIE based on visible, step-by-step achievements
- Solution must support providers' efforts to demonstrate meaningful use in a timeframe to qualify for

maximum reimbursement

- Currently there is dramatic disparity among technology solutions, have ‘best in breed’ landscape
- Provide patient-centric, single view of patient health records to improve clinical decision-making
- Empower providers with longitudinal records from any Internet-connected computer/device

• **Case studies:**

- Case study #1: Formed strategic framework for HIE without need for additional hardware
- Case study #2: Engaged physicians who didn’t already have EHR, many practices noticed significant reduction of FTEs, waste, and backlog
- Texas’ situation may be similar to case study #1
- What has infrastructure workgroup come up with in terms of overall model for statewide HIE?
- Goal is to minimize duplication (using environmental scan) and connect existing HIEs
- Provide information about sustainability and consumer engagement results of case studies

• **Connection to Medicaid HIE pilot:**

- How is this effort related to or coordinated with the Texas HIE pilot for Medicaid? There are many moving parts; we’re at the beginning of this process and efforts must be coordinated with other state organizations toward the overall goal (not sure specifically how the coordination will be worked out, but we know that part of our charter/role moving forward is to foster that cooperation)
- HIE *is* the engagement model—taking HIE to providers first

Participants: Scott Bullock, Radhika Iyer, [someone on phone], Bob Hoover, Gary Kerl, Gijs van Oort, Donna Deeb, Bob Warren

Action: Scott will share more detailed information including lessons learned about the case studies

4	Subgroup report: Consumer engagement models	Consumer engagement workgroup	3:15–3:35 p.m.
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Presenters: Radhika Iyer, Scott Bullock

5	Preparation for next meeting	Radhika Iyer	3:35–3:45 p.m.
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Presenter: Radhika Iyer

6	Open Discussion	All	3:45–4:00 p.m.
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Discussion points:

• **Consumer engagement: why engage consumers?**

- Why is the personal health record so important? (Why does patient need copy of health record if all providers are truly connected?) Some consumers want it, but many feel that the provider having the information is adequate.
- HIEs hardly focus on consumer engagement at this point
- Create value for the patient to be engaged. It’s easier to make a reservation and get onto a plane than to make a doctor appointment and get checked in there. Why engage the consumer? Suggest



answering the ‘why’ before working on the ‘how’

- **Patient concerns and expectations:**

- Patients expect that doctors are sharing information (consumers with chronic disease management issues are particularly concerned about this). Other patients are disengaged because they assume that doctors are sharing the information. EHR will be an opportunity for transparency which can foster/support consumer engagement.
 - Patients are concerned about payers having access to patient medical information (might get insurance canceled etc.). Payers insist that the data is de-identified, that only aggregate data is visible.
 - Patients’ ability to pull down information from HIE is another way to engage consumer. Consumer engagement starts with care coordination.
 - There is a view that EMR information should be owned by the patient. This will become more prevalent during Stage 2 of meaningful use. There is a model for a consumer-centric healthcare system: give consumer ultimate responsibility for health information.
 - Consumer-centric healthcare system begins at the provider’s office. Provider plays major role in consumer engagement. Studies show 58% of consumers would be more likely to use PHR if their primary care physician recommended it. Any marketing campaign for use of PHR should start at provider’s office within that relationship with their provider. This would probably create a higher level of trust.
 - PHR consumer website: there is a lot of research showing what consumers are looking for, which includes med management, communication with physician, appointment scheduling
- Health plans are asked by employers to collaborate with provider groups and provide medical/prescription information on a patient to make sure he/she can be managed as effectively as possible. This would include information that physicians’ offices don’t have in their records; the future will be to build information sets that include all information—clinical, point of care claim results, testing results from labs, etc.—all in one place
 - Providers want efficient operation. We have to support both direct consumer engagement and provider-based consumer engagement. The building block is the EHR for connecting HIE (with multiple data sources) to the provider. Many doctors are offering a patient portal with their EHR because it creates consumer engagement; this is also a requirement for meaningful use. Encourage providers to encourage consumers to create PHR. Drive the provider to adopt EHR (specifically within HIE).
 - Young doctors won’t go to a practice that doesn’t have an EHR. Children/teenagers spend all their time texting (open source); there are many 99-cent PHRs available for iPhones. Think long-term: simultaneously consider how to give incentives to older patients while playing catch-up to young providers and consumers.
 - Patients don’t want to go to multiple portals for multiple providers. Transfer data from multiple sources to standards-based PHR portal. Data brought together in longitudinal record. Anyone should be able to log on to the State of Texas Medical Record portal, then view records, transfer records to a PHR, etc.
 - The plan we’re building is a vision for tomorrow—not something that we have to build today. What we want is not all available today; we have to know our vision and what we’d like to do, and plot a path that takes us toward that vision. Technology isn’t as much an obstacle as this was years ago—we have to decide what we *want* to do and it’s likely that the technology will be able to do that.
 - Engage consumers directly or via providers: strengthen bond and trust between patients and providers. Keep provider in center of care while doing some outside marketing toward consumers. This can be a foundation for our plan.
 - TMA has done adoption survey – key to providers encouraging patients to become involved
 - ONC: consumer survey or assessment planned. Marketing firm will develop consumer-oriented marketing material. Not sure of timeline; will be complete at time of HIE implementation. See HISPC’s consumer



engagement strategies.

- Consider overlap between what we are considering in terms of provider adoption and what the RECs are doing. HIE will provide some kind of 'product' that can be distributed to RECs. What is scope of RECs' project so we could start looking at data elements for staged approach (communication about the scope of data that will be shared).
- Patients own the record (legally); the question is how engaged they will get with that.
- Another 'island' introduced into the system is of little value; when EHRs are linked that provides value.
- Consider how to create PHR: support all PHRs out there? Portal snapshot into longitudinal record?

Participants: Gijs van Oort, Radhika Iyer, Zachery Jiwa, Jim Honn, Bryan White, Hank Fanberg, John Forrest, Scott Albosta, Bob Hoover, Bob Warren, Steve Eichner, Joshua Escalante, Bryan White, Stephen Palmer, Scott Bullock

