HAWAII HEALTH INFORMATION EXCHANGE

Special Board Meeting Minutes
Tuesday September 28, 2010
HHIE – Hafa Adai Room
900 Fort Street Mall, Suite 1300

Attendance
Members Present: Francis Chan, Skip Keane, Emmanuel Kintu, Steve Robertson, David Saito, Christine Sakuda, Barbara Stanton, Jim Tollefson, Lisa Wong, Raymond Yeung, Jeffrey Yu

Member(s) Present Via Conference Call: Money Atwal, Roy Magnusson

Member(s) Absent: Jennifer Diesman, Susan Forbes, Beth Giesting, Janet Liang, Wesley Lo, John McComas, Gary Okamoto, Kevin Roberts

Liaison(s): George Underwood from Tripler

Guest(s): Bill Donahue from Hawaii IPA
Ken Fukunaga – Legal Counsel
Kim Laukala – HPH
Alan Ito – Staff
Ai Lee Wong – Staff

I.– Call to Order
Meeting was called to order at 9:04 am and a quorum was established.

II.– Approval of the Board Meeting Minutes
The minutes of the September 14th, 2010 Board Meeting were reviewed.
ACTION TAKEN: A motion for approval of the minutes as distributed was made by Barbara Stanton and seconded by L. Wong.
Motion passed unanimously.

S. Keane advised the Board that the approved board minutes will be available on the Hawai'i HIE website very soon. The Hawai'i HIE staff are working on posting the minutes from February 2010 through current.

III.– Financials
No financials were presented at this meeting.

IV.– Hawaii Pacific REC (HPREC) Program
C. Sakuda provided an overview of the Hawai'i HIE Regional Extension Center (HPREC) Subcontract for Direct Services and specifically, a draft Agreement (Exhibit "A") with Mountain Pacific Quality Health Foundation (MPQHF) via a PowerPoint presentation (Exhibit "B").

This is summary of the presentation:

- Page 6-7: Overview of Meaningful Use (MU) and Electronic Health Records (EHR) incentive payments for Medicare and Medicaid eligible providers. HPREC's will assist physicians in meeting MU and receiving incentive payments totaling up to $44,000 for eligible Medicare providers and up to $63,750 for eligible Medicaid providers.
- Page 8: One HPREC focus will be to provide technical assistance to target groups of small practices (less than 10).
- Page 9: HPREC will be providing priority primary care providers with support services in the following areas of EHR: vendor selection & implementation, workflow, privacy/security, and achieving MU.
- Page 10: Reviewed EHR implementation timelines from registering with HPREC through providers receiving incentive payments within 24 months. The timelines are aggressive due to short timeframe of receiving grant award.
- Page 12: Office of the National Coordinator (ONC) approved budget comprises of the core funding ($1.5 M) and total direct assistance ($4.36 M) of the grant award. Core funding is automatically reimbursed for allowable costs. Direct assistance funding is only released as the following three (3) key milestones are met: when a provider signs on to the REC, when the provider reaches EHR go-live, and then the provider reaches MU.
- Page 13: The Contractor performs in accordance with the General Terms and Conditions of the Operational Plan that was submitted to ONC.
- Page 14: A provider has to show MU for 12 months to receive the CMS incentives and for the REC to receive the milestone #3 payment. The HHIE has the Right of Termination of its contract with MPQHF.
- Page 18: A 10% match must be generated for core and direct assistance. Direct assistance can come from providers, Critical Access Hospitals (CAH's) and Rural Hospitals, and can include allowable in-kind services. The payment structure is approximately 11% per dollar match will come from the provider fee.

Discussion, Questions and Answers

- Allowable in-kind: flexible and quantifiable expenses, such as community time. Personnel costs are the easiest to be reimbursed. Unallowable in-kind: Hardware and software for health record.
- Question was raised by F. Chan if research can be considered as in-kind for reimbursement? F. Chan is concerned with providers/vendors abusing the in-kind reimbursement. Ken Fukunaga responded that ONC reimbursement is funneled through HHIE to MPQHF. Hence, no reimbursement will be provided directly to MPQHF or providers. Ken Fukunaga strongly recommends that consultants do not change or amend any agreements with providers (ie 10% back to provider).
- Questions and concerns were raised by J. Yu if HHIE has done legwork on MPQHF's understanding of software applications and on how MPQHF can fulfill their obligations. C. Sakuda replied that MPQHF hired eight (8) consultants that will be trained to provide providers with technical assistance as listed above (pages 8-9).
- D. Saito commented that since HHIE has limited funding from ONC, REC does not have to reinvent the wheel and/or duplicate the vendors' roles and already-existing

efforts with physicians – need to identify gaps. A. Ito responded that based on his discussions with lead vendors, they will look to REC for deep-dive of MU while vendors focus on the operation systems. The intention is not for REC to replace vendors but to outreach, assist and provide services to PCPs to reaching MU through implementing EHR's.

- R. Yeung suggested an alternate model where physicians get invoice for the purchase of services. J. Yu agreed and further expressed his concern with MPQHF's ability to perform services and that vendors already have an existing business relationship with physicians. Providers are the key and how they feel about this process should be first addressed. C. Sakuda explained that MPQHF is written in the contract since October 2009 to partner and acts as a key stakeholder with HHIE. MPQHF is the quality improvement organization and already has relationships with healthcare organizations.
- E. Kintu requested further clarification and distinctions on services provided by MPQHF and vendors. A. Ito explained that there are three key areas in the statement of work: (1) Vendor evaluation and selection process, including analysis of a practice's workflow, (2) EHR Implementation and (3) Achieving MU, including Gap Analysis to identify what it will take to get there and these "line up" with the milestones of provider sign up, going live with EHR and achieving MU. C. Sakuda added that the strategy for MPQHF is to focus and work with vendors/physicians who are already interested in implementing EHR's.

<u>Other Concerns:</u>
(Raised by J. Yu, D. Saito, R. Yeung, G. Underwood and L. Wong)

- Actively engage physicians for input on the process.
- How is HHIE/MPQHA going to establish the second level of relationship after vendors with physicians?
- Trust and comfort level of physicians with the process.
- What is the % of target market of physicians outreach in Honolulu? C. Sakuda responded that 400-500 physicians have not implemented EHRs and 300 already have EHR's. J. Yu agreed with the numbers. C. Sakuda explained that since there have not been an EHR survey ever conducted, this is a guess and hopes that the Medicaid Health IT will conduct the survey.
- No research was done on the vendor side for alignment and structure.
- What is at stake for HHIE? C. Sakuda responded that outreach to physicians had already begun (ie key speaker presentations) to meeting their needs and informing physicians.
- Physician EHR's readiness? C. Sakuda responded that HHIE has been working with the Beacon Initiatives and School of Medicine (Kelley Withy) to identify retiring physicians.
- Language to be included in MPQHF's contract for flexibility so that physicians can choose. Ken Fukunaga advised that he can add to the Statement of Work.

S. Robertson called for a "straw vote" to proceed with the MPQHF's contract "as is". The vote tally was seven (7) "Yes" and three (3) voted "No".

M. Atwal and R. Magnusson had to leave the conference call before the vote. Since there was no longer a quorum, it was decided to table voting on the contract with MPQHF until another special meeting on October 7th.

Bill Donahue made a suggestion to the Board to revise contract for (1) new physicians who have not implemented EHR's and (2) existing physicians who have already implemented EHR's. Since existing physicians who have implemented EHR's already selected a vendor, the vendor neutrality does not apply. Subcontract to do deliverable on MU and MPQHF work in implementing EHR and give physicians a break on software/hardware (cross subsidy). L. Wong is in support of this recommendation.

S. Robertson called for a Special Meeting next week to discuss MPQHF's contract.

V.– Other Business / Reports / Announcements

Time did not permit a discussion on the in-kind form to document Board meeting hours. This will be scheduled at the next Board meeting.

VI.– Next Meeting

The next Special Board meeting is scheduled for Thursday, October 7, 2010 from 10:00 am to 11:00am in the Hawai'i HIE Office (Pioneer Plaza – 13th floor).

IX.– Adjournment

Meeting adjourned at 10:55 am.

Minutes prepared by: Skip Keane from notes provided by Ai Lee Wong and Kim Laukala