

# Hawai'i HIE

## Board of Directors Meeting

### October 7<sup>th</sup>, 2010

The Hawai'i HIE Regional Extension Center  
Subcontract for Direct Services

# What Problems are We Trying to Solve?

- Providers won't sign up with the REC if they have relationship with vendors
  - Providers are looking to the vendors to help them reach MU
- Doctors don't want to pay \$500
- Many unknowns implying the need for monitoring and flexibility

# MP Background

- MP is a sub-recipient of the grant. Therefore not including them will require ONC approval.
- By the grant, MP will provide direct services
  - Their business model was included in the grant
- MP, as a QIO, cannot contract with EMR vendors directly
  - CMS letter
- MP is qualified
  - Hawaii's QIO
  - Participated in DOQ-IT (Doctor's Office Quality – Information Technology)
  - Team Experience with Centricity, Allscripts (TeamPraxis)
  - Staff will be certified (Certified Professional in EHR)

# Gap Analysis

REC Services	MP	Vendor
On-Site Technical Asst.		X
EHR Vendor Selection	X	
Certified EHR Implementation		X
Workflow Redesign	X	X
Interoperability and HIE Integration	X	X
Privacy/Security Best Practices	X	
Achieving Meaningful Use	X	X

# 15/15/85 – REC/Vendor Proposal



- HIPA proposed: vendor getting 85% of Milestone 1&2 and 15% of Milestone 3
- Physician cost share (\$500) paid using portion of funds physician would have paid for vendor support
- HIPA would commit to signing up 75 PPCPs
- This scenario has monies split approximately 50 – 50 between MP and vendor
- HIPA suggested that they could talk with other leading vendors re: this arrangement

# Subcontracting with Vendors

- If MP cannot subcontract with vendors, then HHIE will need to enter into that subcontractor relationship, thus changing the terms of the Grant, whereby MP and TIPG are identified as sub-recipients and are to be the providers of direct services
  - We can request a grant modification
  - Grant modification will take additional time

# 15/15/85 – REC/Vendor



## MP Concerns

- MP will be left with the most difficult work
- Physician sign-up is a shared responsibility
- MP would be left with 26 hrs/yr/PPCP
- Cannot do it

# Suggest

- Finalize sub-recipient agreement with MP with added language
  - REC must meet defined quarterly milestones for physician sign-up
  - REC can re-negotiate contract if milestones are not met
  - Continue to develop agreements with vendors
  - Contract includes monitoring against defined workplan/schedule once physicians signed-up
  - “Leveraged organization” physicians will not need to pay \$500 cost share, the goal being to collect this as in-kind
- If MP milestones are not met
  - Pursue lead EHR vendors as sub-recipients

# Questions?