

HIEPI Meaningful Use Public Health Workgroup Meeting

Meeting Owners	David Laflamme Karla Armenti
Minutes Author	Tina Piaseczny
Version	1

Date	June 30, 2010
Time	1:30-3:00pm
Location	Rm 311 29 Hazen Dr Concord

AGENDA

Topic	Led By	Start	End
Purpose and goals of this workgroup	David Laflamme	1:30 pm	2:00 pm
Brainstorming	David and Karla	2:00 pm	2:45 pm
Tasks prior to next week teleconference	David Laflamme	2:45 pm	3:00 pm

ATTENDEES

Name	In Attendance (Y or N)	Name	In Attendance (Y or N)
Ludmilla Anderson	Y	David Swenson	Y
Hilary Heishman	Y	Michael Laviolette	Y
Brook Dupee	Y	Karla Armenti	Y
David Laflamme	Y	Marcella Bobinsky	Y
Sai Cherala	Y	Ashley Conley	Y
Niki Watson	Y		
Marcy Doyle	Y		
Eric Turer	Y		

MEETING HANDOUTS

- Prior to the meeting members were emailed the following documents for review:
 - CSTE Vaccine poster in PDF format
 - PDF describing the purpose and goals of this workgroup
 - ZIP files relative to the NH Health Information Exchange Planning Initiative (HIEPI) and Health Information Technology (HIT); rules and regulations; Health information Privacy Policy; regional data scan information
- Table 3: Proposed Clinical Quality Measures for Electronic Submission by Medicare or Medicaid Eligible Professionals for the 2011 and 2012 Payment Year (*Federal Register Vol. 75, No. 8, January 16, 2010, Proposed Rules – Pages 1874-1889*)

MEETING SUMMARY

David Laflamme, the workgroup Lead, referred to the attachment from the email dated June 28, 2010. The document lays out the purpose and primary goal of this workgroup, as well as identifying possible enhancements to public health data through the meaningful use of electronic medical record (EMR) data.

This PHWG will inform the other groups, through representation of members of these groups in our group.

Meeting 1) *Exploring ideas*

Key points discussed:

Enhancement to existing data collection systems is our initial focus (versus replacing/duplicating existing systems).

The Big Four (points to consider)

- Public Health Impact
- Coverage of the Population (select data that all providers collect)
- Standardized Data Elements (select data that all providers collect in a standardized manner)
- Telling a Good Story (sell in non-epi terms)

Think about cross-cutting issues, more “bang for the buck” (– e.g. impacting obesity affects blood pressure, cholesterol, exercise, etc.)
 Think of some of the big things we want; consider stakeholders’ needs.
 Data needs to be useful at the community level (self defined) in addition to the whole state.

Indicator focused, like obesity (BMI), Diabetes (A1C), controlled substances (many overdose deaths), path lab reporting (across diseases), and infectious diseases, immunizations

“Good enough” – think about data quality, but don’t get hung up on detail like “weight with or without shoes”

We’re not changing the interface between provider and patient. We’re looking to access de-identified data from an HIE and use for population health.

We want the ability to define a question/query to the system (HIE); e.g. adjustments by age, gender, geography, “sentinel triggers,” date of measurement, etc.

This means we need to define the capabilities or functionalities of what the system would need to do in addition to just listing important indicators.

Example would be to receive additional data points within syndromic surveillance, like fever, severity, ICD-9 codes, medical record #, chief complaint text.

Use the Clinical Core and the Clinical Quality Measures list to spark ideas that will utilize measures that all providers will be required to collect from the start by US DHHS.

Most likely Core data points appear to be: BP, Height/Weight (BMI), smoking status, preferred language, race/ethnicity, DOB, insurance type, and gender.

Future In-person Meetings – all in Room 311 at 29 Hazen Drive in Concord:

July 13, 2010 – 10:00am-12:00noon

Narrowing Options – How will we narrow down our list from the first work session? Define and document the process

July 28, 2010 - 1:00-3:00pm

Converging on Solutions – What are our recommended strategies to use EMR data to improve the public’s health? Select and document our recommendations for the Core Team.

Teleconferences have been scheduled as follows:

- * Wed., July 7th 2:30-3:30pm
- * Tues., July 20th 3:00-4:00pm
- * Mon., Aug. 2nd 3:00-4:00pm

1. At the specified time, call 1-877-449-6558
2. When prompted, enter the conference code 428 157 3960 followed by a #

ACTION ITEMS (FROM PREVIOUS MEETINGS AND NEW)

Item #	Raised By	Action Item Description / Comment	Assigned To	Due Date	Status/ Remarks
1	-	Research web platform for sharing information – Google Sites	Brook	Teleconf week of 7/5/10	
2	Marcella Bobinsky	Forward the information she received at her other workgroup to David Laflamme to determine if should be forwarded to this group	Marcella	Teleconf week of 7/5/10	Brook will post these to the Google site
3	David Laflamme	Collaborate within your circle of experts and come up with a list high-impact indicators Do the same for capabilities/functionalities of an HIE system	All	Teleconf week of 7/5/10	Status/ Remarks
4	-	Local health agencies bring distilled list of programs that would benefit from MU data	Hillary Heischman and Ashley Conley	Teleconf week of 7/5/10	Status/ Remarks

ISSUES IDENTIFIED

Issue #	Raised By	Issue Description	Assigned To	Due Date	Status/Remarks
1	-	Will the data coming in to an HIE only be CMS data or all providers' data in an EMR?	Marcella – ask Tech group	Week of 7/5/10	
2	Hillary Heischman	Will there be automatic/mandated data points? Will PH agencies be able to choose data points at some point?	TBD		
3	Marcella B	Will we have access to provider name for immunizations?	Brook – ask Legal/Policy group		

DECISIONS MADE

Decision #	Sponsor	Decision Description	Approved (Y or N)	Comments
1	David Laflamme	Shift in group "product" from just indicators to both indicators and HIE system requirements (functionalities/capabilities)	Y	