



Minnesota Counties Computer Cooperative

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CHS User Group Meeting
March 25, 2011
10:00am – 2:30pm
MCCC—St Paul

ACS	Deb Castellanos	Beltrami	Janelle Vance
ACS	John Melville	Bloomington	Susan Sheridan
ACS	Mary Thompson	Carver	Heidi Innvaer
Cass	Jamie Richter	Clay	Kathy McKay
Fillmore	Lantha Stevens	Freeborn	Lois Ahern
Goodhue	Karen Main	Kandiyohi	Ann Stehn
MCCC	Lisa Meredith	Morrison	Bonnie Paulson
Mower	Margene Gunderson	Olmstead	Dan Jensen
Rice	Kris Jackson	Polk	Terri Oliver
Todd	Cheryl Schneider	Steele	DeeAnn Pettyjohn
Wilkin	Deb Jacobs	Otter Tail	Diane Thorson
Winona	Mark Anderson	Wabasha	Debbie Stegemann

1. Call to order by Ann Stehn. Quorum established.
2. Approval of Agenda with revisions: Under #5 D- Polk County request; #14 the advisory committee meetings; #7 A Update on Beacon and ONC audit. Lisa requested that last minute handouts be provided at least the day before the meeting. Motion was made by Kathy M. with second by Karen Z to approve the agenda with the revisions. Motion carried.
3. Approval of User Group Minutes 12-3-10. Dan approved with a second by Karen N. Motion carried. Acknowledge receipt of Advisory Committee minutes.
4. MCCC Report—
Approval of Dec billing of PH Doc 2012. Karen N moved to pay the bill of 19, 925.06 with a second by Bonnie P. Motion carried.
Dan is working with Mike on billing with Beacon—the cash flow is good so the balances remain up.
Trademark—everything is on track for filing. We need to have source code on file. Deb C. is working with Dave on how that would be best to have on file for intellectual Properties.

5. Committee Reports:

A. Training—Deb J. and Terri O. Terri did a survey monkey with her own staff. She will be holding basic PH-Doc training with her staff for inputting of client info, frames and sans, pathways, contact notes etc. She just ordered laptops for staff to use remotely. She will do a survey monkey for all users regarding training needs. It also may be helpful to survey other counties in regards to this process. Karen Z. Suggested that counties obtain training requests from their own staff also. Lisa offered to assist with the survey.

B. Quality Assurance—Diane and Margene. Margene talked about the standardization issues with PH-Doc nursing documentation. There is some evidence-based nursing documentation that we may want to look at and standardize our documentation system. Diane suggested users looking at evidence-based pathways. U of MN has worked with nursing students and has identified standard problems that could be used for FHV and Home Health. They have looked at the nursing interventions that could be addressed with those nursing problems. Diane, Dan and Ann attended the PHI academy and there is a desire to get more people involved in PH-Doc and identify people in each agency to look at the pathways. Then with standards of evidence-based practice, we would have more weight with MDH for opportunities for collecting data. The group requested input on this and whether counties have a dedicated staff person. See handout on Advancing PH Informatics and Omaha System Pathways. One county has done a lot of work on home visiting pathways and they were wondering how it would match up with this work.

There was a suggestion to start with the Family Home Visiting program which also is the area that the health information exchange workgroup is focused on.

Deb C. stated that the broad scope is the nursing problem level and then pathways would vary depending on the program area. Different problems could be selected. Every agency could implement this process and ACS could assist in sharing pathways. The User Group needs to decide whether we move forward toward pathway development and the small focus group could determine whether the pathways have elements consistent with the reporting elements. There are also the associated costs that would need further discussion. Diane asked about policy direction—to review barriers, costs, etc. Diane and Margene are also on the SCHSAC workgroup.

Motion was made by Bonnie P with a second by Dan to move forward in examining this for our system and the associated costs. There could be the focus on the Omaha system and components as they would allow us to develop pathways for any program. Motion carried. A request was made to have the committee explain how the Omaha system can be used in PH activities with case management, PH community activities etc. A recommendation was made to have MDH standardize their system utilizing the Omaha system.

Immunization—Deb. C. Deb Durheim leads the focus group. Alpha testing is occurring with Phase 3 and positive comments are being heard on the new immunization changes (i.e.: can open up MIIC website and pull into PH Doc chart,

bar coding, and electronic signatures). With Phase 2 the import from MIIC was not working well. Ann sent a letter to MDH about the problems with the process. MIIC process did not have technical resources, but Emily Peterson from MDH relayed they will get technical resources for MIIC on their project. They will upgrade to 2.5 on HL standards with more data to be shared. With the release summer of 2011, ACS may need to make some changes.

- C. PH-Doc Enhancement: Dan. PH-Doc 2012 brings us to the point of interoperability and the Beacon project is to make us interoperable. Phase 3 programming will be in Beta testing for the first half of A/R and make it platform independent. Because of the unique structuring, we have 910 hours with 15 hrs carry over for a total of 925 hours. 715 were written into the base part of the AR. All of the A/R work will be done but there are now fewer hours available. Due to the 5010 mandate, additional time is needed for the Interoperability of HIPAA EDI enhancements. Request was made from the 2012 focus group to allocate 35 hours to demos and the remainder 172 hours for phase 4 part of the project. There are no hours left for training, QA and outcomes, however, they did not need hours last year. The hours are determined as $35\text{hrs/agency} \times 26\text{ agencies} = 910\text{ hours}$ and those are allocated out to subcommittees. 718 were allocated to Phase 4 of the project. Maintenance fees were paid to MCCC for the support. The ACOM translator is being phased out and the translator is being built into the PH-Doc. The User group member counties continue to pay the translator fee which is in an account for health information exchange so each agency could continue to budget that money annually. Karen M made a motion with a second by Deb J. for allocation of 207 hours for enhancement of HIPAA EDI 5010 mandate with Phase 3. Motion carried. Lisa reminded us we still have some funds available for items that may not be planned for but necessary.
- D. Doug Axtell from Polk County Social Services is using PH-Doc for billing and requested some enhancements for Phase 4 SSIS Interface. Polk County has committed to funding this. For social services billing, Doug feels there is a need for others to utilize this. ACS could work with Polk County to parcel off this participatory enhancement for other County Social Service agencies. A discussion ensued on the costs and how to recruit other Social Services agencies. Polk County SS was exploring how to recapture funds for future enhancements. Doug was wondering if we could create PH-Doc lite for (non)PH-Doc users for the SS billing component for others. Our User group needs to approve of the Supplemental Services agreement #7. The User Group needs to approve the enhancement request from Polk County for Phase 4. Deb explained that they have been meeting and this request fits in with other things that ACS is working on in Phase 4 and ACS has secured a contractor that can help with capacity at ACS. Lisa suggested more research be done on the PH-Doc lite before the User Group moves forward with this. We have Program resources for current contracted work which does not negatively impact our system for current owners for this initial Polk

County request. Other agencies may not need this enhancement for SS billing (SSIS is a documentation system but does not have a billing component).

Ann will talk with Polk County on more details on PH-Doc lite.

Polk County will pay the \$45,000 participatory enhancement. Karen N made a motion with a second by Karen M. to approve the Phase 4 initial participatory enhancement that was requested by Polk County. Motion carried.

Ann announced that Karen Nelson will be retiring at the end of May and Karen Main will also be retiring at the end of June. The group thanked them for their years of service.

Lunch

6. ACS Report: John relayed on the new format for the report for counties. The total for Jan – May 15 is 167.39 hours which is on target. (10.42hours/agency and 6 agencies are over 10.42 hours). Wyoming County is covered by ACS for hours that they are over.
 - A. Statement of Work: Deb C.
PH-Doc 2012 Phase 4. (See document) Contents of the document include background, scope of services, deliverables, service engagement agreement, wish list, milestones, responsibility matrix, and communication plan. On the wish list, the A/R items will be addressed in Phase 4. With the end of Phase 5, we will be on target.
Phase 4 is the A/R rewrite and Phase 3 is going into Beta in April. The 2011 annual contract amount to ACS is \$229,212.50.
A motion was made by Jamie with a second by Bonnie to approve designing Phase 4 (A/R) and authorization payment of the bill. Motion carried.
 - B. ACS has a document for the minimum hardware recommendations for translating HIPAA transactions under PH-Doc 2012 for A/R staff. They will need this equipment this year as it will be in Phase 3 beta in April.
7. E-Health/Beacon Grant Update—Dan
ONC Audit was done with 17 Beacon programs. SE MN was informed that they would be held to a higher standard. The findings were that the collaboration was greater than any other Beacon community. The audit with the Mayo clinic with Diabetes and Asthma education went well and they were impressed with the level of progress.
Phase III will focus on the plan for next year's influenza season, the asthma intervention component with school aged children and to extend the action plan model to 11-county region and augment with standards-based HIE. Pilot interventions with all partners in SE MN (11 counties and 47 school districts) will target technology pilots, business mapping and improving all processes.

Dan discussed the options for health information exchange.

The HIE Document exchange would be a clearing house and provide patient cross-correlations between providers and county healthcare case clients. With MN HIE, 25 PH-Doc Users have a single point of connection for a national exchange. Mayo Clinic is not

interested in this system exchange. With this system there is an association fee of 1.5 M for SE MN health facilities and \$100-\$200K for sustainability support fees.

Mirth is a software vendor for building open source software. This would require connecting our data base to the technology (somewhat like an adaptor). This would mean we would not need to stand up the software which means it would be less complicated and possibly less expensive. Each of us would have a server and we would have our individual contacts with health care providers and Public Health.

With MN HIE would have a larger, broader record locator server.

MDH has licensed HIO's in MN. PH Doc does not have to register as an HIO as we would be one of the related parties for health information. Under the National rules we have an ability to exchange as long as all the standards are met.

Another option is Data Repository. This would include having the entire client population into a registry, data storage; have a historical load for the last 3 years. The possibility would be that we could connect all of PH-Doc into this repository and have it stored and do our own outcome reporting.

Discussion of next steps:

Mirth, MN HIE or independent programming

Connect vs. Spoke/Hub (HIO in center and spokes to a single point)

PH-Doc Repository

Guiding Principles:

1. Minimize future costs to owner agencies
2. Focus on maximizing value to all agencies for all programming in this grant.
3. Encompass as much work as possible for 2015 interoperability
4. Design changes that maximize the potential to improve client outcomes

Technical Goals:

1. PH Doc exchange health information with a single HIO
2. Single HIO manages relationships and exchanges with providers
3. HIO handles interface requirements
4. Use open source software and adopt data standards where available
5. Ensure design is highly secure and stable (HIPAA standards)
6. Exchange standardized data allowing PH-Doc to present data
7. Populate source data to PH-Doc
8. Format and save consumed source data as PDF in attachment "med hx" directory
9. Document all exchange transactions in contact notes

Motion made by Diane T. with a second by Kathy M. to authorize Dan to negotiate health information exchange options for our system. Dan will report his findings at the next User Group meeting. Motion carried.

C. Medication Focus Group:

PEPID Company is willing to do the drug interaction requirement options for this as a web service for Drug Interactions Checker and Drug Database. This would be a participatory feature with the health exchange. The cost for 100 users would be \$5000. For 200 users, it would \$3.00/person/month. Features include viewing med lists with drug to drug interactions. This Infrastructure is embedded in PH-Doc and all the information is saved. An option would be to pay \$36.00/year for a clerical person to get this information versus having all nurses use this feature.

Diane made a motion with a second by Kathy M to authorize Dan to work on this design and programming feature and negotiate with the PEPID Company for this option. Motion carried.

Due to the limited time, the chair adjusted the agenda and moved to number 8.

8. Proposed support formula for 2012 and 2013. See document.

Notations are listed on the bottom of the tier grid for new members as well as Dodge, Steele and Fillmore Counties.

Motion made by Margene with a second by Karen M to approve the tier grid and addendum to the contract with ACS. Motion carried.

Number 12: PH-Doc pricing document: Our current pricing is based on the number of FTE's and the proposed pricing will be based on population. The new base price would be \$35,000 plus the step factors.

Training and SQL licenses are also listed. MCCC Membership fee is \$1200 annually.

Bonnie P made a motion with a second by Margene to approve the proposed pricing for the support fee schedule with changes as discussed. Motion carried.

John provided a map of member counties and also the counties that expressed interest in PH-Doc.

Number 10: Rules and Regulations Committee—Ann suggested members review the document and notify Ann or Lisa with any questions or comments.

Slate of Officers---Ann recommended that the process would be the same as last year in which the Chair and Vice Chair would serve as the nominating Committee. Election of Officers will be held at the June meeting.

MCCC and Omaha Conference—Ann will send a request out for anyone that may be available for presenting our PH-Doc system.

Next meeting—June 24, 2011 in St. Cloud.

Motion was made to adjourn by Bonnie P with a second by Peggy. Meeting adjourned.