



Minnesota Counties Computer Cooperative

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CHS User Group Meeting

June 24, 2011

10:00 am – 2:30pm

ACS St. Cloud

Mark Anderson - Winona
Rachel Nice - Winona
Ann Stehn – Kandiyohi
Kathy McKay - Clay
Deb Jacobs - Wilkin
Anna Haubrick - Rice
Debbie Stegemann - Wabasha
Sue Sheridan - Bloomington
Karen Zeleznak - Bloomington
Fran Dosh- Morrison
Nina Arneson – Goodhue
Michael Piram - Bloomington

Mary Thompson - ACS
John Melville - ACS
Deb Castellanos - ACS
Lisa Meredith - MCCC
Dan Jensen - Olmstead
Diane Thorson- Otter Tail
Dee Ann Pettyjohn - Steele
Heidi Innvaer - Carver
Sheri Altepeter - Polk
Cheryl Schneider - Todd
Sue Yost – Freeborn

1. Call to order/quorum established
A reminder was stated to update individual profiles in the RSVP site and indicate committees.
 2. Approve Agenda with addition of Pricing and distribution table to item 4 B. with 2012 fees.
Motion to approve by Kathy M with a second by Deb J. Motion carried.
 3. Approve User Group Minutes 5-25-11. Motion to approve made by Diane T. with a second by De Ann P. Motion carried.
Acknowledge May advisory minutes. One change noted for the advisory minutes for 5-18-11:
Meeting dates should be listed under User Group instead of Advisory Committee.
 4. MCCC Reports
 - A. 2012 Budget ---Lisa.
Review of 2011 Summary of dues and fees including the CHS membership fee of \$1200 per agency. There is a proposed 2012 tier of annual maintenance and support fees and a meeting expense estimate of \$250/agency. If the counties belong to several user groups, there is a \$6000.00 cap on fees for those counties. A motion was made by Karen Z. to approve the budget with a second by Kathy M. Motion carried.
 - B. 2012 Fees. (Handout provided) In January 2012, the CHS Membership fee will increase to \$1250/agency. Diane T. made a motion with a second by Heidi I to approve the proposed 2012 summary of dues and fees. Motion carried.
- PH -Doc Ownership Distribution Table—(handout provided). The percentages vary depending on when the owner started and how much they have contributed. A motion was made by Deb J.

with a second by Fran D. to approve the distribution table. The rules/regulations will be updated with this table.

C. Financial Statement. Fran D. made a motion with a second by Karen Z. to approve the financial report and authorize payment of bills. Motion carried.

Every agency has paid the ACOM support which is now named Health Information Exchange to be used for interoperability. These are held in an account in MCCC. There will be annual expenses in the future so the intent for these fees was to help us be prepared for these expenses. Beacon and all counties are paying \$2302. The Beacon counties payment is allocated under the grant.

The Beacon project is helping to move us to interoperability and is paying for infrastructure and software development as we move PH -Doc off of the AS400 and make it platform independent.

D. Trademark: This was filed as a beta version and not publically released yet. When the new version is complete, this will be filed again as a derivative of this version and will keep our product protected.

Confidentiality Statement: If distributing any information publically, we need to have a confidentiality statement on those documents in order to protect our product. Lisa will send this statement out to the members of the User Group.

5. Committee Reports

A. Training: Deb J. reported. A survey with each county was completed and the results are in. There is training that is still needed with many components. Terri has done some training with her county and more information with follow.

There was a request for alternative methods for on-going training with recorded sessions so we can have available sessions within our system so staff can access training at any time.

There is also a need to improve our materials and information regarding trainings. One suggestion would be to have a checklist for new members in order to know which trainings to attend. We need to have this training in one site so it will be less confusing to new members. The training committee will review this.

B. QA/Standards: Diane T. 56% responses were received on interventions from other counties. There is a master composite list of over 10,000 interventions and Diane is removing exact duplicates. Diane found a grad student that needed a PH practicum and will take the unduplicated list and compare pathways from the MN Omaha System. Diane will have the committee review and establish a common set that can be forwarded for LOINC or SNOMED coding needed for interoperability and the Beacon project. Committee members include: Dan J, Deb C, Deb J, Denise K, Kathy D, Jamie R, Louis W, Margene G, Nancy J and Sue Y.

Agencies can individually decide what they want to incorporate. The advantage is to have more leverage with state agencies for evaluation data. We would also have standardized interventions for aggregate data for feedback on effectiveness for positive outcomes.

Unduplicated analysis will be done next week and then the student will have her part done at the end of July.

C. PH-Doc Enhancement: Fran attended the committee.

Dan J. reported on the 2012 project. Reprogramming the A/R from 4010 to 5010 and changing platforms was a 2 year process. The 2 federal unfunded mandates (change to oasis and 5010) were accomplished because of the reprogram.

Next year, we will have flexible hours to finish the remaining parts of the 2012 project.

Phase 3 will go out in July and the web ex trainings will be scheduled. Parts of Phase 3 include A/R, Immunization (MICC) real time, signature pads, ACOM translator, Office viewer OCX, EH component and some other minor changes. Agencies do not have to submit 5010 transactions until 1-1-2012. It may be 6-9 months before agencies will get rid of the ACOM translator.

- D. Website Committee: A question was posed whether to have a committee that would work on developing a website. If moving forward with a website, the members would need to make this a priority to set up and keep it up to date. We need to decide on the purpose and how will it be kept up to date: is it for marketing or for interactive use by members. Dan thought the primary purpose and audience would be for those that may be interested in our product and searching for general information on the system. Lisa mentioned that MCCC could provide basic service and the content would need to stay current. Dan suggested 3 steps: Step 1 -create a single brief page on our system; Step 2-create several pages, a larger version of the brochure describing the system; Step 3 -could have marketing/training area with a password protect. A request for volunteers will be put out on the list serve to see if there are interested members for this website committee.

6. E-Health/Beacon Update: Dan J.

A. Initial Contract funds were expended.

The remaining dollars were rolled forward to the next contract with Mayo and MCCC. This grant will move MCCC out of capacity with this large grant and moves auditing into a different level which will cost MCCC \$1500 -\$2000. MCCC will need to charge an administrative fee to handle this audit which is an allowable expense with the Beacon project. This will not negatively impact that budget.

A motion was made by Heidi with a second by Dee Ann P. to approve the sub award agreement including the administrative fee between Mayo and MCCC. Motion carried.

John will be putting together a contract with MCCC and ACS for the rest of the work. An email ballot will be sent out to all users for approval.

Will need action on the medication statement of work for 900 hours (SSA #6) (Beacon) which the enhancement committee has approved. Deb J. made a motion with a second by Kathy M. to approve the statement of work.

A recommendation was made to approve a contract with PEPID services for \$7500 annual payment and share the licenses among user groups. This transfers the risk for drug to drug interaction liability to this company. Other services they can provide would be the drug database and patient handouts.

We have costs of 2302.00/agency for HIE X 25 agencies = \$57,550 annually. We will need approval for Mirth as the health information exchange process. ACS will need to have a 3rd Tier support to connect with Mirth with the cost of \$5000.00/year.

Agencies can decide about the virtual hardware or the physical appliance depending on the IT capacity in each agency. 11 counties that are covered by the Beacon grant for the appliance and the support costs will be covered for 2 more years. The estimate costs would be \$30,000/year/25 agencies.

These costs would leave us \$15,000 unspent/year which would be available for future HIE costs when physical appliances need replacement and for future changes. This would be sustainable post-Beacon.

Dan requested:

1. Approve contract with PEPID for \$7500 for 125 licenses for med interaction

2. Approval Mirth for product for HIE
3. Approval formula for payment for costs through MCCC funds

Motion to approve above items by Anna H. with a second by Karen Z. Motion carried.

We will have standards for HIE and we will be doing on boarding (an agreement for the data base) with organization/partners we will be exchanging information with.

We do not need to purchase virtual/physical appliances until necessary.

Costs of virtual appliance (just software) is \$5000, physical appliance (hardware and software) is \$3,354. Annual support is \$999 for virtual and \$1399 for the physical appliance.

Beacon is covering the costs for the Beacon counties. 14 remaining agencies need to cover costs which are estimated at \$60,000. We do have a balance of \$52,550 with the HIE funds. A question was raised about how will this be handled with the purchase of appliances and should they purchased through MCCC?

Karen Z moved with a second by Deb J. to purchase the virtual or physical appliance out of the HIE funds for the remaining 14 agencies. Motion carried.

In order to update PH-Doc to be compatible with Windows 7 64-bit it will require about 88 hours of work and Dan made a request to use those from the flexible dollars. This would be done with the October 2011 beta release.

Diane made a motion to approve with a second by Deb J. Motion carried.

ICD 9 will have changes to ICD 10 in October 2013. There will be a plan on how we will handle this. This item could be part of the EDI committee and we could possibly find a student to manage this. There is a website for training for nurses and this will be sent out to the Users.

B. SCHSAC workgroup update. Diane T. reported that they have visited 8 agencies in review of tracking referrals through the entire process. Context diagrams with all agencies reveals that the business processes are complex and not very efficient. Possibly there may be a common process across those agencies to develop some consistencies. Common data dictionary was looked at to see commonalities with all those agencies.

C. Medication Focus Group---This committee is with 7 agencies including a pharmacist from MVNA.

D. PHI—Dan, Diane and Ann will be going to Madison, WI. Information will be shared at the next User Group meeting. They will be looking at business models related to PH Doc. This was an opportunity to look at the model—open source, coop models and other business arrangements. The coop model seems to be the best fit for us and what we are operating with.

Diane relayed that her agency is working on another project looking at exact business functions that a software system has to have for individual work as well as defining different data elements collected under that process. At a national level they are looking at requirements for a software system etc. Lisa suggested that Diane would send out copyright information with any information that is shared in regards to our system.

7. Lunch/MCCC award presentations

8. ACS Report:

A. Consultant for out of state marketing: John M stated Mike B was going to hire a consultant to research marketing with PH-Doc especially with the 2012 project. He did receive approval for a consultant. We may want to think about having a more extensive contract between MCCC and ACS.

PH-Doc activities by customers (Phone Calls) – we are on target as a group. Each agency has 50 hours/year.

CHS Hours Usage: 890 hours for 2012. No hours to mandates. 6 ¼ hours used for demos

9. Review of PH-Doc sales inquiries. John reported that a demo was provided to 6 ND counties. They are not ready to make any decisions at this time.
Diane mentioned that other inquiries have been coming in.
Lisa relayed that there are multiple hours put into demos so we need to be conscientious of all the time that is dedicated to this with MCCC, ACS and members and how it may impact the regular work with our system that needs to continue. The demos to counties need to be at least 2 ½ hours in order to cover the main elements of the system.
MN agencies interested in PH- Doc. See map and handout. Ann relayed having some discussions with some of the counties in her region.

10. Rules and Regulations Committee Report.

Changes have been made but Ann still is going to get the committee information up dated.

11. Presentation of 2011-2012 Slate of Officers:

Chair: Deb Jacob, Wilkin

Vice Chair: Margene Gunderson, Mower

Recorder: Kathy McKay, Clay

At Large: (needed 5 at large due to the number of counties)

Dan Jensen, Olmstead

Diane Thorson- QA - Ottertail

Terri Oliver – Training - Polk

Fran Dosh – Enhancements/2012 - Morrison

Karen Zelzenak , Bloomington

Past Chair: Ann Stehn , Kandiyohi

Dan made a motion with a second by Cheryl S for approval of the slate of officers. Motion carried.

Lisa noted that Mark Anderson is re elected on the MCCC board for IT.

12. 2011-2012 Goals:

Report on Open Source

Report on Dr. First Investigation (E prescribing solution with MN HIE)

Support formula- ongoing

Review of Rules and Regulations- ongoing

Identify Responsibilities for Committees- ongoing

13. Other Business

Upcoming User Group Meeting dates: 9/9/11 at MCCC; 12/2/11 at ACS; 3/30/12 at MCCC;
6/22/12 at ACS

9/14/12 at MCCC; 11/30/12 at ACS.

Meeting adjourned.

Kathy McKay
Recorder