



Minnesota Counties Computer Cooperative

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CHS User Group Meeting September 10, 2010 MCCC Building, St. Paul

Cass	Ane Rogers	Kandiohi	Ann Stehn
Ottertail	Diane Thorson	Mower	Margene Gunderson
ACS	John Melville	Rice	Anna Haubrich
ACS	Deb Castellanos	Todd	Cheryl Schneider
Winona	Mark Anderson	Carver	Heidi Innvaer
Winona	Rachel Nice	Wilkin	Deb Jacobs
Dodge	Peggy Espey	Clay	Kathy McKay
Fillmore	Lantha Stevens	Morrison	Fran Dosh
Steele	Dee Ann Pettyjohn	Bloomington	Mike Piram
MVNA	Mary Ann Blade	Bloomington	Susan Sheridan
Goodhue	Karen Main	MCCC	Lisa Meredith
Olmsted	Dan Jensen		

1. **Call to order** by Ann Stehn/quorum established
2. Welcome to Dodge, Fillmore and Steele County Members
3. **Approval of agenda**---Margene made a motion with a second by Karen M. with changes to the agenda including moving ACS report before Committee reports (#7and #6) and Review of support formulas prior to Beacon Grant update (#9 and #8). Motion carried.
4. **Approve User Group Minutes** with the following changes. Name correction Diebel and PH-Doc change, Covisint (number 4). Deb motioned to approve with a second by Margene. Motion carried.

5. **MCCC Reports:** Lisa M

A. Trademark Update: Official name---approved by advisory group and executive committee and will be routed for appropriate signatures.

B. Financial Report: Lisa reviewed the financial statement. John M. asked the group whether Wyoming County would be paying the subscription fee. There will be a subscription fee with MN HIE but Wyoming would not be connecting through MN HIE. The Beacon grant is paying for the subscription fee currently. After further discussion it was determined that everyone would pay the fee including Wyoming. John will relay the information to Wyoming.

A motion was made by Mary Ann with a second by Kathy M for approval of September payments of \$19, 925.06. Motion carried.

6. **ACS Report:** Deb C.

a. See PH-Doc status report handout. By the end of October, Phase 1 should be completed. Web ex for trainings for Phase 2 are completed and will be posted soon.

We are in the middle of Phase 3 and scheduled for Beta testing in March 2011. Monthly meetings continue with HIPAA EDI with a focus on HIPAA claims and remittances, accounts receivable rewrite and enhancements as listed on the document. We have a side by side comparison of MIIC and PH-Doc immunization records with an ability to copy those. Barcodes for immunization inventory record and for client charts are entered into PH-Doc and then uploaded to MIIC.

b. Translator Update—we are phasing out our existing translator with the annual fee. This will be programmed into the software so it won't be a separate translator. With delivery of Phase 3 we can phase out the translator.

c. Support hours—John relayed we are at 66% of the year or 780 hours. The group is under for the year to date and 4 counties are over their targeted amount. See handout. Dodge, Fillmore and Steele hours will be started in the pool in 2011.

A handout was provided for the report on tracking all the calls regarding "system issues". We have a total of about 12 hours for these issues.

7. Review of Potential Support formulas and timelines”: (see 2 handouts) it has been noted that there are a number of small counties that are struggling with support payments. The current system is listed on the first and second column on the handout that was updated 8-25-10. Lisa also provided some options. The advisory committee recommended that we don't make changes on the formula until 2012 since budgets are already set for many counties.

(Note: the formula that Lisa presented didn't list the three new counties.) ACS pays the same amount no matter what formula is approved. We will need to negotiate with ACS about acceptable amounts for new members).

Dan provided a draft of pricing changes in support payments using a tier that is population based. 1/3 of the smaller counties would have a reduction of \$5000.00 and 1/3 of the larger counties would have an increase by \$5000.00.

Questions were raised about whether our support costs increased with the 2012 5 year project. All Users paid \$1000 more per year which was approximately a 5-6% increase with this project.

Members were asked to provide feedback on the proposed pricing changes. Some of the responses included: having a base plus population and capping the maximum; including agency budgets along with the population; having a statewide system with cost sharing with state agencies. We also agreed that we do not want to discourage large or small agencies from becoming a User of our system.

In summary, we need to consider changing our support payments formula. Many agreed upon a base, tiers for populations, and also including agency budgets. The changes with incremental fee decreases or increases would be implemented over a period of 5 years. Lisa recommended that we survey the group and get budgets and FTE's for public health for 2010 from all Users so it can be reviewed along with the population information to include with the tier revamping. Other suggestions included reviewing how other payments are made as well as to review the issue of ownership and the benefits. Information will be sent to the advisory committee for review.

8. Committee Reports:

A. Training: Deb J. talked about her role on this committee and the lack of direction she felt. Lisa described the history of this role was to work with ACS and help develop training opportunities. She will work with Deb.

Margene requested training for her county on MCH and LTC areas in order to utilize the system to its fullest.

B. QA: Diane and Margene. Handouts on the elements were sent to members via email. Diane reviewed the spreadsheets with the elements and definitions used by counties and this gives us an idea of the similarities and differences. This tool could be used for new agencies and also to use with the SCHSAC workgroup. Diane relayed there is not a universal agreement yet so no recommendation is made at this time. There is also another document from the elements that were defined initially with PH-Doc. This was generated many years ago. The tools could be used to work toward some type of standardization for our system. The new counties relayed that the challenge has been to match the elements and coding and still maintain the history. Definitions would also be helpful. Diane recommended that we should use the Coding definitions from Wadena and that document be used as a tool for new agencies joining our system. If individual agencies would like to add other elements to this document, please send that to the QA committee. We would also need to agree on data elements for interoperability. Diane and Margene are on the SCHSAC workgroup and will provide information to the full User group.

Mary Ann made a motion with a second by Heidi to adopt the Wadena coding definitions as a beginning tool to use with new users and to assist with a process for standardization. Motion carried.

C. **Immunization.** Deb D. is trying to arrange an Oct. meeting for this committee. Deb C. relayed that MIIC is not meeting all the HL7 specifications. There may be opportunities to have a meeting with the state MIIC Manager to discuss some of the gaps. Cheryl S., Deb D. and Deb C. will meet with the state MIIC manager to trouble shoot.

D. **PH-Doc enhancements:** Dan

Olmstead EH enhancement update: Dan talked about their initiative with the EH. They decided to use PH-Doc data base with a separate library for environmental health. The enhancements for approval initially supported by the advisory committee are: Working with ACS on costs for EH and

making the changes to the system which could be utilized by everyone; adding a new element called parking; using Policy, Training and Verification (like KBS) which would be used for EH documentation; including significant insert fields; expanding links for clients and employees to organizations. Organizations would have the owner, manager and contact linked; county and city fairs would have vendors linked.

Community events could be linked for outbreak investigations into various establishments. Batch billing and late fees could be run through A/R.

Motion made by Cheryl with a second by Kathy M. to allow Olmstead to move forward with participatory enhancements and become part of the core system. Olmstead would pay for this but it would be available for everyone. Motion carried.

Medication Focus Group update—Deb C.

Deb relayed that the Beacon grant allowed us to do a lot more with our medications. There are 3 counties involved with the medication focus group—2 from Ottertail, 1 from Kandiyohi and one other county. MVNA volunteered to have a member work with this group also. If anyone else is interested let Deb C. know.

9. Beacon Grant / E Health

A. Lisa relayed that the Mayo contract is in process. Mayo clinic is providing initial costs in order to get the process moving forward. MCCC needs a work order enhancement from ACS and that will be sent out to Users for approval from Lisa.

SE PH Directors will have training with the Beacon and they will present to county boards for buy in and approval.

A research assistant is helping with the Asthma portion of this grant. Diabetes is a less developed with collecting and exchanging data. Dan has someone looking at the research for this.

E-prescribing will be available through MN-HIE and is connected to other exchanges and with access to the clients.

Deb relayed they are interviewing at ACS to add to their team for this project.

B. SHCSAC Health Information Exchange workgroup report

Margene relayed they had one initial meeting with some visioning and also drafted a mission statement. Meetings will continue monthly. Updates will be provided to the User group from the committee members.

Diane sent out information to all Users.

10. CHS User Group tentative meeting dates for 2011:

March 25 at MCCC; June 24 at ACS; September 9 at MCCC and December 2 at ACS.

Margene made a motion to approve meeting dates with a second by Mary Ann. Motion carried.

The last 2010 meeting is December 3 at ACS in St. Cloud.

11. Other Business. 2010-2011 Goals: Dan relayed as part of the Beacon grant they would look at open source and create a business model by 2011. Dr. First is an e-prescribing product and would be available by the connection to MN-HIE.

Support formulas should also be completed.

Rules and Regulations should be reviewed and updated as needed.

12. Adjourn

Recorder,
Kathy McKay