

Wyoming Healthcare Commission
Electronic Health Records Study Recommendation Conference Call
October 10, 2005
4 p.m.

Attendance

T. Chris Muirhead, Carol Jenkins, Steve Mossbrook, Dixie Roberts, Jack Glode, M.D., Lorraine Saulino-Klein, John Vandel, Commissioners; Ken Vines, Dr. Brent Sherard, Ex-Officio; Dr. Geoff Smith, WYHIO/IT2 Chair; Adil Moiddudin, AHRQ's NORC; Julie Sapp, Governor's Office; Michael Rodriguez, Michael Stelmach, and Anne Keehn, JSI; Anne Ladd and Emily Genoff, WHCC staff.

Meeting called to order

Chairman Muirhead reviewed the events leading up to the meeting: The Commission at its September meeting in Rock Springs requested that a subcommittee dissect the Information Technology Technical Management Subcommittee/John Snow, Inc., study report and come up with recommendations to be considered by the full commission. The electronic health records network study document will be presented to the Labor, Health and Social Services Committee in Casper on Oct. 17, 2005, at 7 a.m.

Subcommittee report

The subcommittee, Carol Jenkins (Chair), Steve Mossbrook, Dixie Roberts, Jack Glode, M.D., met with Dr. Smith three times by conference call regarding the recommendations from IT2 to the Commission. The data used to make the recommendations was reviewed and additional analysis was completed with JSI.

The recommendation package from the subcommittee is smaller in scope and cost than the recommendation package in the study and report. The scaled down version enables the hospitals and physicians ready, willing and able to join an electronic health records network to serve as role models and facilitators for others to come on board.

The total package recommended by the subcommittee calls for \$41 million in General Fund money to be spent over five years. The Commission believes this will result in a basic electronic health records network that will serve as the foundation for integrating all providers (hospitals, physicians, pharmacies, etc., public and private). Ms. Jenkins reviewed the recommendation for a hub, spokes and power behind the wheel and incentives for integration by medical care providers:

- *Hub*: Construction of a central hub that will allow public and private healthcare providers who share information electronically to connect without everyone having the same software package. The hub will allow transfer of medical information privately and securely. The price tag for this central hub and its essential components is \$4.7 million. General Fund money is the best central hub financing source because there is little return on investment for individual providers, as the benefits flow generally to patients and payors.

- *Spokes:* The spokes are about 10 hospitals and 250 to 300 physicians (in groups or individual practices) who are thought to be “ready, willing and able” to use the hub and the information it provides when treating patients. Based on the work of the IT2 sub-committee, the Commission estimates it will cost \$30 million to get the first round of hospitals and providers on line and maintaining active participation through a five-year period. The Legislature could provide this funding through loans, matching grants, revised reimbursement or other avenues of giving providers incentive to become spokes. The Commission believes these incentives are necessary because it will cost every participating physician and hospital significant time and money to join the network -- even with the state’s assistance.

- *Power behind the wheel:* Enhanced services available through an electronic medical records network are the carrots the Commission recommends offering to entice physicians and hospitals to join in this effort. Specifically, four “focused initiatives” are inducements to adoption of electronic medical record technology utilization:
 - ePrescribing,
 - Administrative claims processing,
 - Portals to other hospitals and
 - Continuity of care records for every patient treated.

Some hospitals and physicians will tap into all four services immediately. Others will want only one or two services initially. The cost of the four services is factored into the \$30 million recommended for the hospitals and providers referred to as spokes. Technical support and continuous monitoring of the electronic health records network will be required to assure that all patient privacy rights are protected, the right software is installed at the right time, in the right place, and the state’s dollars are carefully stretched to cover as much work as possible.

The Commission is recommending that the State appropriate \$3.8 million over the course of five years to create a service organization with hands-on “techies” who can work with hospitals, physician offices, pharmacies and payors. The service organization also can provide the technical staff for the Wyoming Health Information Organization (WyHIO). The WyHIO will be responsible for resolving the highly complex legal, electronic and organizational questions that will arise. Some money will have to be set aside within that \$3.8 million to adequately staff in the WyHIO and allow it to form the necessary alliances and partnerships that will make the hub operate successfully.

Dr. Sherard said he really likes the concepts as presented. His concern is about physician office buy in. He doesn’t know how much of their resources they are going to be willing to contribute. Some medical practices are already heavily invested in electronic health records with varying results and levels of satisfaction. He said the state needs to make this appealing through a favorable match rate or some other incentive. A number of years

ago, Medicare was offering faster reimbursement if electronic claims filing was utilized by physicians. Dr. Sherard said he also is worried that sufficient IT support be available to rural practitioners. Dr. Glode agreed and said there were lengthy discussions about medical practitioners' concerns. He came to the conclusion that the data regarding potential practitioner integration is lacking and a "leap of faith" will have to support the belief that practitioners want to do the right thing for patients and the nation is moving in this direction so they may as well join the network. Ms. Jenkins said administrative claims processing, ePrescribing, hospital portals and continuity of care records is anticipated to be enticing to physicians, based on the discussions in focus groups held across the state heard during the John Snow, Inc., study process.

Mr. Vines asked about funding for the recommendations and options besides the General Fund. Mr. Mossbrook said there were discussions about offering the legislators a menu of funding choices including fees from medical providers who are integrating into the network. Initially, the state will have to do "the heavy lifting", although physicians will be required to pay a share of the cost. Dr. Smith said there is work going on in the Department of Health that will benefit from the electronic health record network and will contribute to the launch. He said there is some leverage from different parts of state government.

Public comment

Chairman Muirhead asked for comments from the public. There was no comment.

Steve Mossbrook motioned for passage of the recommendations as drafted. Carol Jenkins seconded. Chairman Muirhead asked for further discussion from the Commissioners and Ex-Officio members of the Commission. The motion passed unanimously.

The IT2/JSI study report and recommendations will be posted on the Commission's web site, www.wyominghealthcarecommission.org and the recommendations will be mailed with it to the Labor, Health and Social Services Committee.