

Meeting Minutes

Project: Alaska Infrastructure Technology Plan

Workgroup Session 6

Stakeholder Workgroup

05/10/2018

9:00 am-12:00 pm AKST

Conference Line: 1-907-269-3000; Code: 802 719 699

Workgroup attendee's

Name	Organization	Attendee
Jessica Oswald	Providence Hospital	NP
Mike Hirst	Southcentral Foundation	NP
Connie Beemer	Alaska State Hospital and Nursing Home Association (ASHNHA)	T
Nancy Merriman	Alaska Primary Care Association (APCA)	IP
Kevin Munson	Mat-Su Behavioral Health	NP
Chad Jensen	LaTouche Pediatrics	IP
Rick Driscoll	REACH, Inc.	NP
Joe Furrer	GCI	IP
Dave Branding, PH.D.	Juneau Alliance for Mental Health	NP
Joyce Douglas	DHSS - FMS-IT	T
Simon Taylor	DHSS - FMS-IT	T
Rick Calcote	DHSS - DBH	NP
Ulf Petersen	DHSS -SDS	NP
Dana Penner	DHSS - OCS	IP
Margaret Brodie	DHSS - HCS	NP
Heidi Lengdorfer	DHSS - DPH	T
Michael Baldwin	Alaska Mental Health Trust Authority	IP
Natasha Pineda	DOA	NP
Denise Anderson	DHSS – Commissioner’s Office	IP
Stewart Ferguson	Alaska Native Tribal Health Consortium (ANTHC)	NP
Laura Young	Alaska eHealth Network	T
Bill Pearch	Alaska eHealth Network	IP
Ron Healy	Providence Hospital	IP
David Levy	DHSS – HCS	IP
Gregg Dunlap	Alaska eHealth Network	IP
Chris Little	CGI	T
Jamie Walker	DHSS – HCS	IP
Bob Chouinard	United Healthcare	IP

IP=In-Person; NP= Not present; T=Telephone

Meeting Highlights/Topics:

- Recap past sessions
- Established baseline understanding of data governance with workgroup including:
 - Growth of data in recent years
 - Complexity of enterprise data
 - Drivers and enablers
 - Connection of data governance to SB 74 initiatives

- Benefits of data governance
- Challenges/roadblocks
- Policies
- Methods/Tools/Solutions
- Data Governance rules and processes have been established by the HIE
 - EMPI accommodates misspelled names based upon other demographics
 - There was stakeholder participation in setting up those rules
 - Rules can be refined over time based upon patterns that are seen
- Base foundation for data governance are in place for the community but could be further strengthened
 - Original stakeholders involved in DG processes have moved on or out of state, new representation is needed to represent key organizations and areas of the state
 - Need for marketing the need for data governance and the potential of the role of the HIE in data governance to increase engagement
- Individual organizations may have data governance issues
- HIE has the capacity serve as a coordinating body for medical data there is no ability to coordinate and share information for community resources and support providers
- There is a heavy reliance on EHR vendors to provider data governance at the practice level for smaller practices
- There needs to be a value added by the HIE to incentivize participation and increase willingness to pay for services
- Interfaces and integrations needed to meet outcomes:
- Access to claims data may be helpful for some practices but not always in primary care
- Medication data may be useful for ED or specialty practices
- EDIE has robust notification tool that gives physicians a snap shot based on risk factors – ability to send notification back out to primary doctor once patient is seen but this is not bi-directional today (HIE could potentially fill this void)
- Interface between HIE and Immunization Registry has been discussed and would be useful but HIE vendor inability to demonstrate ability to meet specifications has presented a barrier

Identified Barriers

- Data exists in silos and interoperability is limited and some entities use data silos for a strategic advantage
- Security of data and right to access data is a topic of concern
- Stakeholder participation in Data Governance has decreased over the course of time and needs to be reinvigorated
- Lack of comprehensive directory that holds provider data outside of clinical medical providers (no support providers/community resources)
- Cost is a barrier to connecting to the HIE for some providers
- There is a lack of data standardization and data stewards within the Department
- HIE inability to currently accept and parse CCDA data limits ability to effectively share and use data

- Cost of tools to validate data- tools are expensive- where do the funds come from? Would participants in the HIE be willing to contribute?
- Public health systems are outdated providing barriers to sharing of data with the HIE
- HIE vendor inability to demonstrate ability to meet specification to create an interface with the immunization registry
- Lack of consent model ability to allow sharing of data from the HIE to support streamlined reporting goals

Identified Use Cases

- Getting access to the specialist data – results of referrals – would like it to be in a discreet format that comes directly into their system
- Ability to share information with law enforcement to support their activities (missing persons, medications, etc.)
- Provider access to PDMP regardless of their data entry point without having to pay multiple fees
- Streamlined reporting- information in HIE but separate reports being sent out to other entities – leverage HIE for reporting. Specifically, regarding public health reporting would like to be able to pull directly from the HIE (birth defect registry).
- Bi-directional interface between ED and primary care providers- EDIE allows for provider notification from ED but capability is not bi-directional today.

Identified Gaps & Concerns

- Using data governance to achieve the goals of managing costs and improving patient care
 - Some states are mandating participation in HIE, AK does not mandate. AK has pockets within specialties and large systems that silo the data and use it for strategic advantages
 - Question is how to make this siloed data accessible – are there models that can be looked at or leveraged from what other states have done?
 - Incentive needed to encourage providers to participate in the HIE
- Need people to be engaged and start utilizing the data to identify the path to move forward
- Data stewardship in some organizations is manual and informal process in many cases
- Smaller organizations are often dependent on EHR vendor for data governance, management of codes, etc.
- There is a need to be able to reconcile various data governance structures between organizations. The HIE can serve this role to some degree but there are providers not utilizing the HIE. There is a disconnect in many cases.
- There is a gap in being able to share data with providers outside of the medical arena (example: law enforcement)
- There is no large comprehensive provider directory within the state to store data for provider types outside of the medical arena to support coordination of care and referrals to support providers

- Lack of comprehensive understanding of how all providers are doing data governance. There is a lack of clear understanding of all the policies and models that are in existence throughout the state.
- Ability to obtain analysis/statistics regarding data is limited
- HIE does not provide data completeness reports. Data is looked at as it is onboarded but is not reviewed beyond that to verify completeness (to implement a process of ongoing validation this would represent a workload to providers as they would ultimately be verifying and responding to requests to verify)
- HIE does not currently accept and parse CCDAs into individual elements. Goal in the upcoming year is to be able to parse those and use them to drive notifications and alerts - looking at being able to take on a provider request parse out the CCDAs and combine it with data elements from an ADT and present those data elements in the landing page or a widget that would appear as a part of the provider workflow. The inclusion of that information into the patient’s record will be up to the provider.
- Consent questions related to how data is shared from the HIE should the information be used for reporting purposes in the future

Action Items

Action Item	Assigned	Status	Capture Date	Requested by Due Date
Meeting Minutes	HTS	Completed	5/10/18	Prior to Next Workgroup
Development of Workgroup Final Report	HTS	In Progress		1 st draft June 8, 2018
Develop the Alaska Technical Infrastructure Plan	HTS	In Progress		1 st draft June 30, 2018