



DAN HANLEY MEMORIAL TRUST
2005 HEALTH CARE FORUM

A Statewide Health Information Technology Strategy
to Advance Support of Quality of Care and
Improved Patient Outcomes in Maine

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EXECUTIVE SUMMARY REPORT

June 16 -17, 2005
Bowdoin College
Brunswick, ME

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INTRODUCTION

On June 16 and 17, 2005, nearly 50 Maine health care leaders gathered on the campus of Bowdoin College in Brunswick, Maine for the 2005 Dan Hanley Memorial Trust Health Care Forum.

The Dan Hanley Memorial Trust was established to remember Dr. Dan Hanley and the important difference his work made to the Maine health care community. The Trust has three objectives: to honor Dan and remember his accomplishments, to recognize similar courage and innovation in health care, and to develop a foundation of leadership that recognizes the values that made his accomplishments possible. Building on Dan Hanley's lifelong values of inclusion and collaboration, courage, hard work, innovation, kindness, and leadership, the goal of the Trust is to shape programs that build a foundation of health care leaders who share those values and are motivated to apply them to improve health and health care in Maine and beyond.

Since 2003, The Trust's Annual Health Care Forum has provided a unique opportunity for high-level representatives of Maine's diverse health and medical community to come together in a collegial and collaborative manner to discuss timely health care issues in Maine and to work together to identify productive approaches for addressing the challenges we confront as a state. Forum attendees outline action plans, including the identification of and commitment to leadership roles by participating individuals and organizations.

The 2005 Forum's theme was "A Statewide Information Technology Strategy to Advance Support of Quality Care and Improved Patient Outcomes in Maine." The Forum Program is attached as Addendum A.

Following a social hour and dinner on June 16, a panel reviewed the substantial progress that has been achieved during the past year on the Trust's 2004 Forum Action Plan: A Comprehensive Statewide Healthy Weight Initiative.

On June 17, the focus turned to the 2005 theme, beginning with a review of the work that has been accomplished to date by the Maine Health Information Network Technology (MHINT) Project. Directed by the Maine Health Information Center, an independent nonprofit health data research organization, the goal of the MHINT Project is to develop a statewide health information system that will support improvements in clinical decision making and the quality and administrative efficiency of care, the identification of potential threats to the public health, and enhanced access to their personal health information for consumers. A Fact Sheet describing the MHINT Project is attached as Appendix B.

The balance of the Forum sessions explored the issues associated with the development and operation of a statewide clinical information system for Maine, including the Federal context and plans, which were described by the Forum's keynote speaker; the role of clinical information systems in supporting guideline implementation and improved patient outcomes; governance and financing; statewide interconnectivity; and consumer support and empowering patients. The diverse mix of leaders and stakeholders participating in the Forum made for nuanced and lively discussions.

During lunch on June 17, the Hanley Trust announced that it was launching its newest initiative, The Hanley Fellows Program, which will focus on emerging health leaders in Maine. The Fellows Program will be a two-year experience that will include mentoring from senior leaders in Maine's health care community, a didactic leadership development component, and support to participate in other professional and educational programs of the Fellow's choosing.

The following report is a strategic summary of the viewpoints that were represented at the Forum and the action plans that were outlined.

A list of people who attended the 2005 Forum and their affiliations is attached as Appendix C.

THE PRE-FORUM SURVEY

In preparation for the 2005 Forum, the Hanley Trust asked participants to complete a web-based survey to gather their opinions and concerns about the promise of a statewide health information system for Maine and the challenges associated with its development and operation. A summary of the results of the Pre-Forum Survey is attached as Appendix D.

The survey had an excellent response rate: 33 people out of a total of 47 registrants completed the survey. (In reviewing the results, it should be noted that some people did not answer every question, so the frequencies for some questions total only 32 or 31.)

The highlights of the responses to the Pre-Forum Survey include the following:

- The respondents were a diverse group, including clinical, information technology, senior administrative, and employer leaders from medical and public health groups and organizations, hospitals, government, insurers, business, and philanthropy from throughout Maine.
- Nearly all respondents (32 out of 33) affirmed that they thought that a statewide system for all providers to access secure clinical information for their patients regardless of where they live or where they received services should be developed in Maine.
- Asked about the challenges they foresaw in the development of a statewide system, respondents identified financing and sustainability as the leading challenge by far, followed with considerably lower scores for building trust

- among diverse healthcare stakeholders, engaging practicing clinicians, and organization and governance issues.
- Nearly all respondents (32 out of 33) indicated that they thought that a nonprofit organization should manage the MHINT system, but they were almost evenly divided on whether the managing entity should be a new or an existing organization.
 - Asked what they considered the single most important characteristic for choosing a managing entity for the MHINT system, 10 selected an “honest broker.” Other characteristics identified by 5 or 6 people as most important were a solid staff with excellent reputation, technical expertise, and independence.
 - In reply to the several survey questions regarding governance of the MHINT system, respondents opted for a very inclusive governing body with representation from all stakeholders. Further, 24 out of 33 respondents said that no one group should have majority representation on the MHINT’s governing entity.
 - Among the criteria that respondents thought should be used in developing the MHINT’s governing entity, the leading choices were having a key role in the system, geographical representation, hospital size, practice size, and participation in the system as a financial investor or supporter.
 - Asked to identify the single group who would benefit the most from the MHINT system, 26 out of 33 respondents chose patients.
 - In reply to the question about how the implementation and ongoing costs of the MHINT system should be funded, respondents clearly indicated that the costs should be widely shared. Top funding sources identified included health plans, user fees, Federal funds, and State funds, followed by grant funds, data suppliers, and a combination of sources that will benefit from the system.
 - Identified as the greatest technical issues the MHINT Project will face were standards for data elements, transactions, and vocabularies and linking data accurately across all Maine delivery systems, followed by data validity and accuracy, the overall architectural model, and dealing with providers with multiple identifiers.

MHINT VISION STATEMENT

Feedback about the draft vision statement and statement of principles for the MHINT system was gathered directly during the opening minutes of the four breakout sessions and indirectly throughout all the Forum’s discussions as well as from the Pre-Forum Survey.

Among the comments gleaned from the breakout sessions were general support for the list of goals in the draft vision statement (“a lot of the right ideas”), coupled with the need to stress a collaborative approach and a concern about security, especially regarding genetic information and the risk of insurance discrimination. One of the groups mentioned the importance of the voluntary participation of patients and providers, while

another questioned why the system should be voluntary and whether it could achieve its goals – especially for consumers – if it were.

As might have been expected since they have not been involved in the first, highly technical phase of the MHINT Project, the Public Support/Empowering Patients group had the most extensive set of comments about the draft vision statement. Among their points were the following:

- Patients need access to their own medical records from home or anywhere else; we need to promote the concept of patient ownership.
- Language needs to reflect consumer engagement rather than passive participation.
- The patient view and the clinical view are different.
- Health behavior and health care are different. The system needs to be patient-centered, not information/data-centered.
- Low literacy is very important to consider. The system could be auditory as well.
- Create a consumer-friendly moniker to be used consistently across the State.
- There is a schism between public health and health care, but the system needs to include a public health (i.e., epidemiology and education) perspective. It could be seen as a subset of public health. The emphasis needs to be on population medicine.

Beyond the breakout session discussions, the goals delineated in the MHINT vision statement are closely aligned with the views and recommendations that were expressed in the Pre-Forum survey and throughout all the Forum sessions.¹

GOING FORWARD: RECOMMENDATIONS AND ISSUES

The breakout sessions were asked to generate a set of strategic action recommendations regarding their topical area, which were then reported and discussed at the Forum's closing plenary session. The closing Action Plan Discussion was lively and quite interactive, with people commenting on and refining recommendations that were developed by other breakout sessions as well as their own.

Following are the action recommendations and associated commentary by topic. Although no votes were taken at the Forum, given the process of the closing session, the following recommendations and associated commentary may be understood as reflecting the general views and overall consensus of the assembled group. At the same time, however, important questions regarding the specifics of governance, financing, meaningful consumer participation, etc. were identified as needing substantial attention

¹ The only exception to this is the lack of commentary during the Forum about the component of the MHINT vision statement that addresses allowing connectivity to a national network of interconnected healthcare data exchange. Forum organizers did not include this issue in the program, primarily because it seemed premature at the moment, particularly in comparison to other, timelier issues on the Forum's program.

during the current Planning and Development Phase of the MHINT Project. As such, the Forum's deliberations constitute a very useful starting place for those discussions within the broader health and consumer communities in Maine, and, perhaps, offer a road map for this important stage of discussion and decision making.

GOVERNANCE

ACTION STEPS

- Engage consumers.
- Develop a charter outlining a mission and responsibilities for the governing entity.
- Educate and build the political will.
- A statutory provision should be considered to authorize the governance entity. The authorization should also address funding (see FINANCING below) and should outline the policy reach of the group.

Commentary:

- The discussion appeared to be leaning towards creating a new non-profit organization to become the governing entity of the MHINT system. But, some wondered why the Maine Health Information Center (MHIC) wasn't an option. The MHIC's reputation is good, but is there room for absorbing this work? Also, the MHIC Board as currently constituted doesn't have consumer representation.
- MHINT and the MHINT Board should be included in the State Health Plan.
- The MHINT Board should also include representatives from the health care education sector and the health research sector.
- MHINT should also be fully integrated into the Quality Forum, possibly as part of the State Health Plan.
- There is a distinction between governance and management of technology – the two should be separated.

STATEWIDE INTERCONNECTIVITY

ACTION STEPS

- Bring along the physicians.
- Create standards for sharing of data between electronic medical records (EMRs) and the MHINT.
- Create incentives for using EMRs that facilitate interoperability.
- Involve consumers.
- Involve the Maine Medical Association, the Maine Osteopathic Association, the Maine Hospital Association, and the Maine Primary Care Association in physician education and in dissemination about information regarding EMRs.
- Pay for performance – health plans will support interoperability with EMRs meeting the standards.
- Develop a State certification program for electronic health record systems.
- In the MHINT vision statement, change the language from “clinical information” to “health information.”

Commentary:

- Incentives for EMR installations to facilitate interoperability are needed.
- The MHINT system could be helpful in securing vendors to make sure interconnectivity is a criterion for participation in Maine.
- The MHINT system could set standards for systems, e.g., upload new data on a daily basis.
- Develop a structure and thoughtful process for reaching out to physicians. Bring people along – e.g., hospital Boards, trustees, etc.
- Create overall community awareness of health information technology.
- Identify what success looks like.
- The availability of electronic medical records should not be an accident of geography!
- Nobody wins until everybody wins!
- Physicians need to understand the epidemiology of the data.
- MHINT should be looking at overlaying the existing systems.
- There is a certain richness in a medical record. It's not clear that everything should be shared with everyone.

FINANCING

ACTION STEPS

- Carefully segment the Phase III MHINT demonstration vs. statewide implementation vs. maintenance costs, and develop a defined budget for each stage.
- Define how we will measure, assess, and track savings that will accrue through this system.
- Consider the development of a savings offset payment (i.e., savings are folded back into the system).
- MHINT should seek legislative authorization for its establishment, and the authorization should outline the funding distribution across sources, including the issuance of a State bond.
- Bond support, which is highly desirable, will require education of the Governor, legislators, and others. (This might include getting gubernatorial candidates on board.) Start now to build the necessary bipartisan support.

Commentary:

- Statewide implementation will be costly.
- Reserve a State bond for the implementation rather than the development stage.
- Identify where savings will accrue once the system is fully operational.
- The justification for MHINT and a bond package should be framed in terms of quality and patient safety. (It will be important to avoid the perception that Maine people are being asked to buy computers for doctors.)

INFORMATION TECHNOLOGY AND CLINICAL DECISIONMAKING

ACTION STEPS

- We need to better define clinical decision support and the spectrum of what constitutes it.
- It might be useful to do an inventory of the decision support tools available to physicians in Maine.
- It would be useful to prioritize decision support systems in value and ease of implementation.
- How deeply should the MHINT Project involve itself in decision support? (The MHINT Project should consider this question.)

Commentary:

- Does decision support mean a tool for decision making for physicians at the point of care?
- What role should others play, e.g., regarding the determination of the accuracy of data, self-care, etc.?
- Focus on building interconnectivity – don't spend a lot of time on clinical decision making.
- The discussions about a decision support system should occur early in the MHINT planning process, because they will have an impact on the architectural design of the MHINT system.
- The three components of a decision support system are patient data, medical and scientific knowledge, and algorithms and rules to apply to patient data. The MHINT System provides access to the first. Perhaps it should include the second eventually (or perhaps not), but not the third.
- The availability of a pipeline into each clinical office offers an incredible opportunity for MHINT to provide more than patient information. But, practices should determine their own systems for subscribing to current guidelines, etc.
- Various groups may benefit from data beyond clinicians and consumers, e.g., public health.
- The MHINT Project should create a hierarchy of cost vs. benefit to identify the most readily available pieces of a decision support system.
- Many already have a decision support system beyond the electronic medical record. Many are building a patient portal.

PUBLIC SUPPORT/EMPOWERING PATIENTS

ACTION STEPS

- Create a brand image and an identifiable message with the brand.
- Kids on line: every 7th grader gets their own personal health record.
- Mount a public consumer education campaign: identify champions of all ages who can deliver the message to consumers.

- Explore/research progress in other countries and how they involved consumers.
- Envision consumers more broadly than the existing organizations that represent them.
- Advertise on-line.

Commentary:

- Change the wording in the MHINT vision statement from Public Support to Consumer Support.
- Change the name of the project to something personal and identifiable – MHINT won't do it!
- Work within the rhythm of the community.
- It needs to reach the average consumer, who isn't represented by a consumer group.
- Build on what is being done. For example, use events such as "Tough Choices" and groups like the PTA's to reach the average person.
- The project needs a "message."
- Confidentiality and trust are very important, especially if it's a voluntary system and people can opt out. Consumers need to have confidence that their practitioner(s) will continue to participate in the system.
- Address the issue of identity theft directly with the public because it is a growing concern.
- People may know the potential downside of participating in such a system (e.g., their employer could "spy" on them), but they may not know the upside.
- What are the options for allowing people to opt out? It is important to be careful when discussing opt-out options because that ability may be driven by technology.
- Move the discussion from who owns the data to who controls access. The patient doesn't opt out of having their data collected, but, rather, they control who may access it.
- In the future, patients may not be able to request that no electronic medical record be created for them. Providers may refuse to treat patients without electronic records.

Additional Recommendations

It was the general consensus of the group that the Veterans Administration needs to be included as a participant and potential model.

CONCLUSIONS

From many perspectives, the MHINT vision, direction, and initial work plan received very strong support from the leaders who participated in the 2005 Hanley Health Care Forum.

As indicated above, the high-level leadership group convened by the Hanley Trust at its 2005 Health Care Forum overwhelmingly endorsed the proposition that a statewide, interconnected data system to allow providers and patients to access patients' clinical information regardless of where they live or receive care should be developed in Maine. Although creating this system would likely make Maine the first in the U.S. to do so, the assembled group was clear that it was both the right thing to do and feasible as well.

Participants identified multiple benefits to creating such a system in Maine, including improvements in clinical decision making and in the quality, outcomes, and administrative efficiency of care, the identification of potential threats to the public health, and enhanced access to their personal health information for consumers.

Although Forum participants identified financing and sustainability as the leading challenge, and the specific sources of funds and relative shares of responsibility for sustaining the system have not yet been identified and committed to, the position of the participants was that the initial capitalization and on-going operations of the MHINT Project would require public and private funding. Public funding is critical for the initial capitalization and user fees are critical to on-going support for the system.

The Forum conversations also appeared to indicate implicit support for and trust in the public/private partnership responsible for MHINT Project leadership and early-stage funding, including the Maine Health Access Foundation, the Maine Quality Forum, the Maine Bureau of Health, and the Maine Health Information Center to be the vehicle to develop the system for Maine.

From the Pre-Forum Survey as well as comments made repeatedly during Forum sessions, it was clear that there is widespread belief about key MHINT system infrastructure issues, i.e., that the MHINT system should be governed by a group that is broadly representative of its key stakeholders, that no single group should have majority representation on the MHINT's governing entity, and that the MHINT's managing entity should be a nonprofit organization."

Finally, consumers were overwhelmingly identified as the leading beneficiaries of the new system.

What challenges were identified as critical to the success of this enterprise? What issues need to be addressed during the current planning phase to ensure that the initial momentum is not lost?

The most significant issues identified at the Forum fall into three main categories: financial sustainability, consumer and public support and involvement, and program management. Although not widely discussed at the Forum's plenary sessions, ensuring the involvement of the large health care systems as well as practicing physicians in the MHINT system were also identified as critical to achieving its goals.

With regard to financial sustainability, perhaps the two most critical action steps recommended at the Forum are the development of clearly defined, separate budgets for

the pilot, implementation, and maintenance stages of the MHINT System, and the development of a well-thought-out, multifaceted campaign to educate and involve the general public and State administration and legislative leaders.

The point was clearly articulated at the Forum that participants' strong conviction that this is a system that will create tremendous benefit for Maine people is simply not well understood nor, therefore, shared beyond the industry at the present time. The challenge here is to develop the shared understanding among the public and governmental leaders that, as one Forum attendee asserted, "Nobody wins until everybody wins!" The comments from the breakout session on public support and empowering patients clearly indicate that there are pressing challenges that should begin to be addressed immediately by the MHINT Project regarding inclusion, language, and message. That group raised another important point that the project needs to grapple with as well, i.e., that key aspects of the planned system might look very different from a consumer's point of view than from a provider's perspective.

Finally, regarding MHINT System management, although there was virtually total agreement among Forum participants that the management entity should be a nonprofit organization, the question of whether that entity should be a new or existing organization generated a great deal of discussion. While Pre-Forum Survey respondents were nearly equally divided about this question, participants in the Governance Breakout Session were unanimous in their preference for a new entity. The Governance and Financing breakout session began the exercise of identifying and considering the specific pro's and con's of each option. This exercise is probably just the kind that should be undertaken by the MHINT's governing body, as part of the process it develops to establish the MHINT's managing entity.

In sum, participants in the 2005 Hanley Health Care Forum expressed substantial support for the concept of developing a statewide, interconnected clinical information system in Maine, for the promise of what such a system could achieve for Maine people, and for the leadership group that has launched the initiative and brought it to where it is today. At the same time, Forum participants also identified significant challenges confronting this ambitious enterprise if it is to succeed and be sustained over the long-term.

It is hoped and expected that the sum of the Forum participants' deliberations, recommendations, and goodwill will provide important guidance to the MHINT Project leadership and the MHINT governing entity once the latter group is developed. In fact, perhaps the development of the governing entity should now move to the forefront, so that that group can begin to address some of the important infrastructure and related recommendations summarized in this report.

Appendix A

THE DAN HANELY MEMORIAL TRUST 2005 Health Care Forum

A Statewide Health Information Technology Strategy to Advance Support of Quality of Care and Improved Patient Outcomes in Maine

Bowdoin College, Brunswick

Thursday - June 16, 2005

Moulton Union

5:00 - 6:00pm Registration, Social Hour

6:00 - 7:00pm Lobster Bake

7:00 - 8:30pm Welcome and Introductions
Sean Hanley, M.D., Chair, Hanley Trust Board

Report on 2004 Forum Action Plan: A Comprehensive Statewide Healthy Weight Initiative

Karen O'Rourke and Joan Orr - Maine Center for Public
Health

Kevin Lewis - Maine Primary Care Association

Doug Libby - Maine Health Management Coalition

Facilitator Remarks and Instructions for Next Day

Sharon Rosen, Ph.D., President, Casco Passage

Friday - June 17, 2005

Thorne Hall

7:00 - 8:00am Registration, Continental Breakfast

8:00 - 9:00am Maine's Statewide Health Information Network Technology
Project: An Update
Introduction: Wendy Wolf, M.D., Executive Director of Maine
Health Access Foundation, *Presentation:* Maine Health
Information Network Technology (MHINT) Staff: James Harnar,
President and Suanne Singer, VP of Operations, Maine Health
Information Center.

9:00 - 10:30am Managing Chronic Disease and the Role of Clinical Information
Systems in Support of Guideline Implementation and Improved
Patient Outcomes

Moderator: Karen Bell, M.D., Director, Division of Quality
Improvement for Chronic and Ambulatory Care, Centers for
Medicare & Medicaid Services, *Panel:* Doug Smith, CIO, Martin's
Point Health Care; John Yindra, M.D., Staff Physician, DFD

Russell Medical Center; Dan Mingle, M.D., M.S., Healthcare Systems Engineer, MaineGeneral Medical Center; and David Hallbert, M.D., practicing physician, Belfast.

- 10:30 - 10:45am **Break**
- 10:45 - 11:45am **The Decade of Health Information Technology: Framework for Strategic Action**
Lori M. Evans, Senior Advisor, Office of the National Coordinator for Health Information Technology
- 11:45am - 12:45pm **Buffet Lunch and Presentation on new Hanley Trust Fellows Program**
Ted Rooney, MPH, Hanley Trust Program Coordinator
- 12:45pm - 1:15pm **Feedback and Discussion of Results from Stakeholders' Pre-Forum Survey - Sharon Rosen, Ph.D.**
- 1:15pm - 2:30pm **Breakout Sessions**
- ◆ **Governance and Financing**
 - ◆ **Statewide interconnectivity for Maine**
 - ◆ **Public support/empowering patients**
 - ◆ **IT and clinical decision-making**
- 2:30 - 2:45pm **Break**
- 2:45pm - 3:30pm **Action Plan Discussion**

Appendix B

Maine Health Information Center

Maine Health Information Network Technology (MHINT) *Innovative Statewide Health Information System* *To Improve Health Care in Maine*

Fact Sheet

Introduction

A growing number of health care leaders across Maine have concluded that a coordinated electronic information sharing system holds great promise for improving patient safety and the quality of health care across the state. During the past year they have participated in an intensive effort to build such a system, one that will allow Maine hospitals, physicians and other providers to quickly and efficiently share computerized patient-specific clinical information. Not only will the system bring up-to-date clinical information to the site of care, it will eventually allow Maine residents to electronically access their own medical records.

The initiative to develop a statewide clinical information system, the *Maine Health Information Network Technology* (MHINT) project, is directed by the Maine Health Information Center (MHIC), an independent nonprofit health data research organization based in Manchester, Maine. The development and implementation of MHINT will make Maine one of the first states in the nation to fully realize an initiative of this kind.

Background

While more and more electronic medical records (EMRs) are being implemented in Maine and elsewhere, a great deal of information is still maintained in paper records that must be mailed, faxed or hand-delivered from one caregiver to another. Even providers and clinical sites that have office-based EMRs are often unable to share data and patient information due to incompatible software or technical limitations. Studies have shown that the current system is inefficient and can lead to unnecessary and duplicative tests. Medical errors can also occur when caregivers do not have access to complete and current information about their patients.

The electronic system now being developed by MHINT will allow a physician or other provider to use a computer or hand-held electronic device to immediately access (with patient consent) the most current medical information about a patient. Information will be drawn from a number of sources, such as the patient's electronic medical record (EMR), recent laboratory tests, prescriptions, etc. and arrayed on the caregiver's screen as he or she is treating the patient. Future plans will allow patients to conveniently access their own records to confirm that important information, such as an allergy to medication, is correctly recorded.

Project Timeline

The MHINT project has four phases:

- Phase I: Feasibility Study (completed at the end of 2004);
- Phase II: Planning and development (2005-2006);
- Phase III: First stage pilot implementation (2006-2007)
- Phase IV: Statewide implementation (2007-2010)

Health care leaders from across all sectors in the state took part in the MHINT Phase I feasibility study. In it, they outlined their vision for a system that will improve quality and allow consumers greater access to their medical records by breaking down barriers that prevent caregivers and patients from accessing and updating clinical information.

The MHINT project is being developed to be consistent with efforts by individual providers and hospitals to develop electronic medical records or EMRs. Close communication also is being maintained with the federal government's Office of the National Coordination of Health Information Technology (ONCHIT).

In the spring of 2005, MHINT began an aggressive 12-month planning and development process to lay the necessary foundation for the beginning of statewide system implementation in 2006/2007.

Support

A number of key statewide organizations support the MHINT project, including the Maine Medical Association, the Maine Osteopathic Association and the Maine Hospital Association. During Phase I, the CEOs of 34 Maine hospitals submitted written endorsement of the MHINT project.

Funding for MHINT has predominately come from three organizations with a strong interest in improving patient care in Maine: the Maine Health Access Foundation; the Maine Quality Forum; and the Maine Bureau of Health. Additional funding is now being sought to complete the Phase II process and move forward to Phase III implementation.

The Project to Date

Phase I:

Under the guidance of Medical and CIO work groups and a Provider Advisory Committee, the following tasks were completed in Phase I.

- Endorsement of a health care information technology (IT) vision for Maine;
- Survey of current and planned health technology in Maine hospitals and physician practices;
- Prioritization of medical data elements necessary for initial clinical information sharing;
- Review of statewide digital system architectural options;
- Endorsement of study process by Maine provider community;
- Preliminary cost projections for first stage implementation and statewide implementation;
- Coordination with federal efforts to create a national health IT infrastructure;
- Recommendation by provider community to move to Planning and Development phase.

Phase II:

- Continue to involve wide range of clinical leaders, IT leaders and others in the process;
- Identify the governance structure and organization that will oversee the MHINT implementation and ongoing operations;
- Develop plan to fund first steps of implementation and ongoing operations;
- Engage consumers in the planning process, and address privacy and security issues;
- Issue a request for information (RFI) and identify an experienced national technology partner to help plan Phase III and IV implementation;
- Identify preferred architectural model and system design for statewide inter-connectivity;

- Design a statewide master patient index;
- Identify data elements and system for transferring data on a phase-in basis;
- Produce a functional design document for the MHINT system.

*For information about the MHINT project, including a copy of the Phase I report,
please visit www.mhic.org or contact Jim Harnar at jharnar@mhic.org
or Alice Chapin at gchapin@maine.rr.com.*

Appendix C

The 2005 Hanley Trust Annual Health Care Forum

PARTICIPANTS

<u>Name</u>	<u>Organization</u>
Larry Anderson	MaineHealth
Karen Bell	Centers for Medicare and Medicaid Services
Patricia Bergeron	Dan Hanley Memorial Trust
John Branscombe	Maine Network for Health
Alice Chapin	Dan Hanley Memorial Trust
Andrew Coburn	Muskie School of Public Service
Deborah Deatruck	MaineHealth
William Diggins	The Maine Health Alliance
Lori Evans	National Coordinator Office for Health IT
Maroulla Gleaton	Maine Medical Association
Lani Graham	Bureau of Health
David Hallbert	Belfast Practice
Maria Hanley	Dan Hanley Memorial Trust
Sean Hanley	Maine Orthopedic Center
Sheila Hanley	Wellpoint/Anthem
James Harnar	Maine Health Information Center
Jeffrey Holmstrom	Anthem Blue Cross and Blue Shield
Susan Hurst	Bath Iron Works
Nancy Kelleher	AARP/Maine
Carol King	Eastern Maine Healthcare Systems
Paul Klainer	Maine Medical Association
George Kosciusko	Eastern Maine Healthcare Systems
Paul Kuehnert	Bureau of Health
Kevin Lewis	Maine Primary Care Association
Douglas Libby	Maine Health Management Coalition
Martin MacGown	Maine Primary Care Association
Christopher McCarthy	Maine Quality Forum
Daniel McCormack	Anthem Blue Cross and Blue Shield
Scott Mills	Mid Coast Cardiology
Daniel Mingle	Maine General Health
Lawrence Mutty	Maine Medical Association
Karen O'Rourke	Maine Center for Public Health
Joan Orr	Maine Center for Public Health
Herbert Paris	Mid Coast Hospital
Sandra Parker	Maine Hospital Association
Katherine Pelletreau	Maine Association of Health Plans
Roderick Prior	Franklin Memorial Hospital
Roger Renfrew	Redington Medical Associates

Ted Rooney
Sharon Rosen
Stephen Ryan
Stephen Shannon
Terrance Sheehan
Dennis Shubert
David Silsbee
Gordon Smith
Wm Douglas Smith
Meredith Tipton
Wendy Wolf
John Yindra

Health and Work Outcomes
Casco Passage
Maine Network for Health
UNE College of Osteopathic Medicine
Southern Maine Medical Center
Maine Quality Forum
Cary Medical Center
Maine Medical Association
Martins Point Health Care
University of New England, MPH Program
Maine Health Access Foundation
DFD Russell Medical Center

Appendix D

Hanley Health Care Forum Survey 33 Total Respondents

1. Please identify the category that best describes your role in Maine's health community.

Responses

4	Non-Profit Organization Leader
3	Physician, Group Practice
3	State Agency Official; Legislator
3	Public Health Leader
3	Professional Association Leader
2	Health Plan Administrator
2	Employer
1	Hospital Technology Administrator (CIO, etc.)
1	Physician, Hospital-Based
1	Physician, Solo Practice
1	Foundation Leader
0	Hospital Senior Administrator (CEO, COO, etc.)
0	Nurse
0	Consumer/Advocate
8	Other:
	• <i>Chief Medical Officer</i>
	• <i>Consultant</i>
	• <i>Federal Health Policy</i>
	• <i>Health Care Systems Engineer and Outpatient EMR Implementation</i>
	• <i>Health Services Researcher</i>
	• <i>PHO Administrator</i>
	• <i>Physician, CIO, Medical Director</i>
	• <i>Provider & Payer</i>
	• <i>Vendor</i>

2. Do you think a statewide system for all providers to access secure clinical information for their patients regardless of where they live or where they received services should be developed in Maine?

Responses

32	Yes
1	Haven't made up my mind yet
0	No

3. The Federal Office of the National Coordinator for Health Information Technology (ONCHIT) has identified four major strategic goals. Please indicate below the priority that should be given in Maine to these goals by numbering 1 - 4, with 1 representing the highest priority and 4 representing the lowest.

<u>Priority</u>	<u>Points</u>	
1	102	Improve clinician information through the use of electronic health records
2	85	Interconnect clinicians by making patients' information portable throughout the state
3	75	Improve the health of U.S. population by unifying public health surveillance systems, streamlining quality and health status monitoring, and accelerating the process for translating research into practice.
4	58	Personalize health care by giving patients electronic access to their health records

4. The Maine Health Information Network Technology (MHINT) initiative is beginning Phase II of its work: Design and Implementation. What do you think will be the top three challenges in developing a statewide system? (Note your priority choices by indicating #1, #2 and #3.)

<u>Priority</u>	<u>Points</u>	
1	81	Financing and sustainability
2	31	Building trust among diverse healthcare stakeholders
3	30	Engaging practicing clinicians
	24	Organization and governance issues
	19	Technical aspects of a statewide system
	6	Assuring patient privacy
	5	Engaging health plans and health care purchasers
	2	Legal (anti-trust, fraud and abuse, HIPAA) issues
	0	Other

5. What type of organization do you think should manage the MHINT system? (Please check one.)

<u>Responses</u>	
17	New non-profit
15	Existing non-profit
0	Limited Liabilities Corporation
0	Existing for-profit
0	New for-profit
0	State Government
0	Health Plan
1	Other:
	<ul style="list-style-type: none"> • A NEW entity that is a partnership between the private sector and the Maine Quality Forum

6. If an existing entity is selected to manage the MHINT system, what do you consider the single most important characteristic for choosing that organizational entity? (Please check one.)

Responses

- | | |
|----|--|
| 10 | An “honest” broker |
| 6 | Solid staff with excellent reputation |
| 5 | Technical expertise |
| 5 | Independence |
| 2 | Representativeness/inclusiveness of its Board of Directors |
| 1 | Statewide involvement |
| 0 | Health care knowledge |
| 2 | Other: |
| | • <i>ALL are absolutely needed</i> |
| | • <i>Effective, collaborative leadership</i> |

7. When a stakeholder committee is established to address governance issues for the MHINT, which of the following groups should be represented? (Check all that apply.)

Responses

- | | |
|----|---|
| 33 | Clinicians |
| 32 | Hospitals |
| 31 | Consumers/Advocates |
| 30 | Health Plans |
| 30 | Public Health |
| 29 | State Agencies |
| 28 | Employers |
| 23 | Health Care Non-Profit Organizations |
| 22 | Professional Associations |
| 4 | Other: |
| | • <i>Federal agencies</i> |
| | • <i>Independent labs and imaging centers</i> |
| | • <i>Patients first and foremost</i> |
| | • <i>QIO</i> |

8. Should any one group have majority representation on the MHINT governing entity?

Responses

24 No
9 Yes

If yes, majority representation by:

Responses

2 Hospitals
2 Clinicians
2 Consumers
0 Hospital-based medical organizations
0 Privately-owned provider groups
0 Health Plans
0 Employers
0 State government
3 Other:

- *Clinicians & hospitals*
- *Providers and provider organizations*
- *Providers in the broadest sense*

c) Why?

- *A broad and diverse group of interests needs to be respected and balanced if the MHINT is to be successful.*
- *Balance is needed.*
- *Consolidating power in any one group subverts the concept of multi-stakeholder governance. In fact, there should be some process for protecting the will of the minority on the board. As well, there should be training for representatives that do not have meaningful experience in board governance.*
- *Consumers are too often left out of this discussion. It is very, very important that consumers are brought along carefully in this discussion. It is their information that we are talking about here. They will have to pay for this initiative in the end and they will be able to bring down this initiative quite easily if not allowed to “own” it.*
- *Everyone has a considerable stake in a successful MHINT system. We all have to work together and build agreement. One group of interests should not be allowed to dominate.*
- *Hospitals are the locus of the most information and the most money.*
- *Hospitals will be involved and impacted the most.*
- *If the “trust” issue is a major challenge, then no party should be dominant in the perception of excessive political power residing with one group of stakeholders.*
- *Important to maintain trust between the parties and to avoid the perception of excessive political power residing with one group of stakeholders.*

- *In order to secure trust, there needs to be an even playing field.*
- *Information systems need to be fully integrated into the practice and business of health and health care practitioners.*
- *It is mostly an ownership issue. It also is important to allow the data to be information. Clinician is used in the broadest sense so other groups are included.*
- *Need broad representation to assure buy-in and sustainability.*
- *Need for balance.*
- *Provide equity.*
- *Should be equal representation from stakeholders.*
- *The group will need to struggle to set priorities to achieve the greatest good. A deliberate majority for any group risks the creation of a democratic process that can be driven by any bias of the majority group. Rather, the group should strive to hear all sides and decide by consensus.*
- *The primary goal of a shared electronic clinical information system is to improve population health. There are many stakeholders in population health that should have a voice Having a majority group of Providers or Provider Org representatives on the governing entity will ensure the clinical perspective will always be heard. Having a majority group will also help ensure the entity is able to make decisions and move forward.*
- *The system should be clinically-based and led by the clinician users.*
- *Too diverse a group to have a majority.*
- *Too many variables to consider and too complex to allow any group to force its agenda.*
- *Ultimate beneficiaries are patients/consumers whose personal health information is being transmitted electronically. Without their understanding and support, project will fail. Providers, purchasers, payers, and public health already see value.*
- *While it may be appropriate for the provider community to represent a majority of the governing body, no single group (e.g. hospitals, physicians) should constitute a majority. A diverse stakeholder organization may be more difficult to build but it also offers greater opportunity to sustain the initiative.*

**9. Should any of the following criteria be used in developing the governing entity?
(Check all that apply.)**

Responses

- | | |
|----|---|
| 27 | Key role in system (patient, data source, etc.) |
| 24 | Geographical representation |
| 23 | Hospital size (small, medium, and large representation) |
| 22 | Practice size (single practitioner vs. group practice) |
| 16 | Financial investors/supporters |
| 4 | Other: |
| | <ul style="list-style-type: none"> • <i>All are important for a private venture</i> • <i>Experience holding health information</i> • <i>Governmental & policy makers</i> |

- *Governmental authority and role in population health*
- *Patients, non-physician providers*

10. As a leader in health care, how would you see yourself/your organization participating in the MHINT? (Please check all that apply.)

Responses

- 13 Interested Party/Organization
- 10 Participating Clinician
- 9 Potential MHINT User
- 8 Technology Expert
- 8 Data Source (Laboratory, prescription benefit manager, etc.)
- 7 Participating Hospital
- 6 Government or private payer participant
- 3 Potential Investor/Funder
- 2 Consumer Representative
- 2 Government Regulator

- 5 Other:
 - *Connectivity with public health technology applications*
 - *Employer*
 - *Public representative*
 - *Stakeholder in QI*

11. Who do you think will benefit the most from the MHINT? (Please check only one.)

Responses

- 26 Patients
- 3 Clinicians
- 2 Purchasers of healthcare/employers
- 1 Hospitals
- 1 Public health surveillance systems
- 0 Health Plans
- 0 Other

12. How should the MHINT system be sustained? How should the implementation and on-going costs of the MHINT be funded? (Please check all that apply and indicate % contributed by each checked.)

Total	Number of Responses				Source
	1-25%	26-50%	51-75%	100%	
13	5	1	0	7	Combination of sources who will benefit
22	14	7	1	0	Health Plans (Pay for performance bonus, etc.)
19	15	1	3	0	User fees (Hospitals, clinicians, etc.)
19	12	7	0	0	Federal funds
18	12	6	0	0	State funds
14	13	1	0	0	Grant funds
13	13	0	0	0	Data suppliers (Labs, RX managers, radiology)
10	10	0	0	0	Vendor support/partnership

2 1 1 0 0 Other:
 • *Employers*
 • *Supportable debt*

13. What do you think will be the greatest technical issues the MHINT will face?

Responses

- 14 Standards for data elements, transactions, vocabularies, etc.
- 12 Linking data accurately across all Maine delivery systems
- 9 Data validity and accuracy
- 8 Overall architectural model – single clinical database vs. data maintained at participating sites
- 7 Dealing with providers with multiple identifiers
- 3 Secure and confidential connectivity
- 0 Internet access requirement for all users
- 2 Other:
 - *Cost of hardware at all clinical sites*