



Spokane County MEDICAL SOCIETY

Orange Flag Building • 104 S. Freya St., Suite 114 • Spokane, WA 99202-4868 • (509) 325-5010 • Fax (509) 325-5409

MEDICAL INFORMATICS COMMITTEE MEETING MINUTES

March 4, 2010

The SCMS Medical Informatics Committee met at 6:45 am on March 4, 2010, in Classroom 267 at the Deaconess Health Education Center. Those present include Brian Seppi, Sam Palpant, Torney Smith, Sean Rowe, Deb Wisner, Jac Davies, Bev Roberts, Sonny Varadan, Craig Nielsen, Jon Copeland, and Kevin Kirk. Kevin Kavanaugh served as Committee Chair. George McAlister was staff.

CALL TO ORDER / APPROVAL OF FEBRUARY 4, 2010 MINUTES

The meeting was called to order at 6:47 a.m. It was moved, seconded and passed to approve the minutes of February 4, 2010.

1. HIE Update

Jac Davies reported that there was no update on the Beacon grant funding. As a reminder, an application was submitted from our community requesting \$19.5 million from the Beacon Community Cooperative Agreement Program. The program provides funding to communities to build and strengthen existing health information technology (HIT) infrastructures and exchange capabilities in communities that are already well advanced in HIE. The centerpiece of the proposal is the HIE portion of the request which covers eastern Washington, north/central Washington and north Idaho and has a very aggressive time frame for implementation. Columbia Medical Associates, a group of 50 primary care providers representing 300,000 patients in Eastern Washington, are requesting funds to expand the HIE infrastructure to more regional providers over a 14 month time frame.

It is assumed that disparate HIE systems will spring up regionally, with the idea that there will be an eventual connection to a unified, statewide system. Does it matter if there are multiple HIE systems? Will the market eventually dictate a superior system? Do we want to try to make decisions on a unified HIE system for our community? Should INHS serve as the funnel for a community-wide effort? These are questions we need to consider as a group as we address the HIE issue. For example, Providence is working with their two health care IT providers, GE Healthcare and McKesson Corporation, to develop a collaborative approach to seamlessly share medical records. Even though the State is working toward a unified HIE approach, our local service area may have different needs. For example, Dr. Palpant mentioned that our need here locally is for providers to be able to talk to each other "regionally" and not be subject to state boundaries. Our patients want physicians to be able to communicate with each other. It is incumbent for us as a community to define "service regions" as opposed to political boundaries.

But sustainability (the ongoing cost) is the most important issue in choosing an HIE solution. Regardless of the outcome of the Beacon grant funding, we're going to have to look at how we, as a community, will be able to put all the pieces together. We need to begin thinking about the structure as a larger group: representatives from the health care industry, the community, politics and administration around a table making decisions on policies, guidelines and developing an overall directional road map. The Medical Informatics Committee is an excellent venue (because of its representation) to evaluate HIE solutions as to initial cost, sustainability and response to client needs, and then endorse a product for the community.

2. CMS Meaningful Use and SCMS's Role

Ever since the release of the proposed final definition of "Meaningful Use of Electronic Health Records", as well as specifications on what constitutes a Certified EHR, understanding and adoption of these requirements have become critical. The committee felt that SCMS, as a trusted source, could help to communicate this issue on several tiers, e.g., co-sponsor a series of physician breakfast update sessions, put together a list of information resources, provide information in the monthly newsletter *The Message*, include a resource section on Meaningful Use in Medicare, and perhaps, develop a Facebook page or Wiki.

ACTION ITEM: Jac Davies will contact Keith Baldwin and George McAlister at SCMS to help

coordinate these activities. INHS is planning to have a physician breakfast meeting at NMIS on Sep 16 to talk about “meaningful use”. The committee suggested that one session may not be enough and recommended that the Medical Society help facilitate some additional meetings during April/May. It was also recommended non-physicians also attend, such as representatives from the Inland NW Medical Group Management Assn. Jac is tentatively looking at three hour-long early morning sessions that would cover the following topics:

- overview of the meaningful use regulations and requirements
- guidance for practices on assessing their status regarding the meaningful use requirements
- discussion of workflow changes necessary to implement meaningful use

3. Regional Extension Center at Qualis Health

Brief discussion on Qualis Health, which was recently awarded federal funding to provide Idaho and Washington healthcare organizations with technical assistance related to the selection, implementation and use of EHRs. This initiative has been named WIREC (the Washington & Idaho Regional Extension Center). As a regional center selected by DHHS, Qualis will provide intensive technical assistance to primary care clinicians, with a particular emphasis on individual and small group practices. The Center will also focus intensive technical assistance on clinicians providing primary care in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

4. ICD-10, “Eligible Provider”

Discussion deferred to a later date.

5. Roundtable Discussion

A new state law requires all licensed prescribers to use approved tamper-resistant pads and paper (TRPP) when doing hard copy, written prescriptions. This law goes into effect July 1, 2010. Brian Seppi noted that some local pharmacies are not accepting the GE script solution that he uses, requiring extra staff time to handle pharmacy call-backs. Dr. Seppi gave an example of one patient who was sent back to his office to get a replacement prescription. **ACTION ITEM: The Spokane County Medical Society was asked by the committee to help coordinate the following:**

- Work with local pharmacy representatives regarding in-place systems that might be affected by the new regulations (for example, GE Centricity has been approved locally by the Pharmacy Board to provide print out scripts that are security-encrypted. This method will no longer be approved after July 1.)
- Provide more information to our members about the new state TRPP requirements.
- Negotiate a single vendor, deep discount program for SCMS members to purchase TRPP.

Keith Baldwin, SCMS CEO, will be meeting with Linda Garrelts Maclean, the Chair of the Pharmacotherapy group at WSU Spokane, to discuss these issues on April 21.

There being no further business, the meeting was adjourned.

Respectfully submitted by the individual whose name appears below:

Kevin Kavanaugh, MD, Chair