

MINUTES
MISSISSIPPI HEALTH INFORMATION NETWORK BOARD
Mar 18, 2015

Board Members Present:

Mary Currier, MD, MPH, MS State Department of Health – Chairman
Appointed by: MS State Department of Health
T. C. Washington, MS Primary Healthcare Association
Appointed by: MS Primary Healthcare Association
Candice Whitfield, University of MS Medical Center
Appointed by: University of MS Medical Center
Sam Dawkins, Delta Health Alliance
Appointed by: Delta Health Alliance

Board Member Present by Phone:

Kristi Henderson, University of MS Medical Center, Telehealth
Appointed by: University of MS Medical Center
Carl Cloer, Singing River Health System
Appointed by: Information and Quality Healthcare – MSCHIE
John Lucas, MD, Greenwood Leflore Hospital
Appointed by: MS Department of Health
Scott Stringer, Blue Cross Blue Shield of MS
Appointed by: Office of the Governor
Rita Rutland, MS Division of Medicaid
Appointed by: MS Division of Medicaid

Board Members Absent:

Craig Orgeron, Department of Information Technology Services
Appointed by: Department of Information Technology Service

The Mississippi Health Information Network Board met on Wednesday, Mar 18 at 3:00 p.m.

It was determined that a quorum had been established and Dr. Currier called the meeting to order.

Minutes: Sam Dawkins motioned to approve minutes from July, September and November 2014. The minutes were approved unanimously.

IAPD Update: Jeremy Hill informed the board that the DoM/MS-HIN IAPD was approved by CMS. Contract negotiations have started between MS-HIN and DoM. Dr. Currier congratulated both DoM and MS-HIN on the award. Mike Garcia provided a summary of the IAPD elements to include the funds to cover additional hospital interface fees to MS-HIN, infrastructure to facilitate hospital data to be sent from MS-HIN to DoM (with hospital approval), and public health resources to support immunization on-boarding. Total amount was \$3.6M. Jeremy stated that this data also provides value to DoM to assist in meeting MITA certification.

LPHI (BP Grant) Update: Jeremy also provided an update on the LPHI project. Award seems eminent but most likely will not happen until late spring. The key elements of the grant are MS-HIN Alerts / Notifications; improving Coordination of Care using MS-HIN; and Behavioral Health

integration with primary care (state/federal laws and policy assessment will be conducted by MSPHI, and USM (Dr Rehner)). Jeremy informed the board that the MS-HIN Alerts / Notifications tool should be in production by the end of summer 2015. Different use cases of the MS-HIN Alerts / Notifications include, possible reduction of hospital readmission rates, supplementing Care Coordination teams, and payers care coordination teams.

MS-HIN Update: Jeremy informed the board that the recent MS-HIN Community Health Record upgrade was completed in February. The upgrade contains additions such as: Single Sign On capabilities, User Interface modernization updates, and consolidating technology platforms into one MS-HIN platform. Jeremy also provided current MS-HIN statistics:

- ~900,000 unique patients
- 14 participating hospitals
- > 150 hospital owned clinics/ FQHCs
- 41 hospitals on-boarding
- 1.7M HL7 messages (pieces of clinical information) sent to MS-HIN in January 2015
- > 5,000 individual queries conducted in January 2015 (Dr. Lucas asked if we could track how many unique users, entities accounted for the 5,000 queries – this could lead to possible outreach strategies to increase usage. Jeremy stated he'd look into what specifically could be provided).
- Current map
- Big movers: Magee, St Dominics, and UMMC are expected to be live within 30 days; CHS (Merritt) hospitals (12) have started the on-boarding phase.

Executive Summary: Jeremy discussed the Executive Summary provided to board members. Dr. Lucas commented that he thought the summary was excellent. Dr. Currier commented that the “covered bed count” was very valuable to her. Dr. Lucas asked the difference between the SS and ADT/SS interfaces (as well as the ELR and LAB/ELR interfaces). Jeremy explained that certain EHRs can combine related interfaces – since Medicity charges by the interface, this resulted in cost reductions for both the hospitals and MS-HIN. Mike also explained that these were related to Meaningful Use interfaces and MS-HIN needed a business model to present to hospital C-level staff that would satisfy their Meaningful Use requirements as well as populate MS-HIN. Dr. Lucas suggested modifying the format of the interface table to be more reflective of exactly what data each hospital is sending. The last item covered by Jeremy was the high level MS-HIN Roadmap.

IAPD - Hospital Contract Amendment (approval to share data with DoM): Jeremy discussed the purpose of the amendment and how it relates to the IAPD. Hospitals must sign the amendment for MS-HIN to submit their data to DoM. Carl Cloer stated he reviewed the document with his legal staff and they had no issues. Carl motioned to approve the amendment, Dr. Lucas seconded the motion. The amendment was voted on and approved unanimously.

Board Positions: Jeremy informed the board that there were two positions that needed filling: MS Dept of Mental Health and State Medical Association. Dr Currier stated that the assignees come from the department and will send a letter to both organizations. She asked for suggested people from the board. Jeremy also stated the need to “reconfirm” all board terms. Candice Whitfield suggested letters be sent to each board member – Dr Currier agreed.

Jeremy set the date for the next meeting at 20 May 2015.

Dr Currier motioned for adjournment – seconded.

Mary Currier, MD, MPH
Chairman

Jeremy Hill
Director, MS-HIN