

Meeting Minutes

Project: Alaska Infrastructure Technology Plan

Workgroup Session 1

Stakeholder Workgroup

03/06/2017

9:00 am-12:00 pm AKST

Conference Line: 1-907-269-3000; Code: 802719699

Name	Organization	Attendee
Erin Aklestad	Alaska eHealth Network (AeHN)	IP
Jessica Oswald	Providence Hospital	IP
Mike Hirst	Southcentral Foundation	IP
Connie Beemer	Alaska State Hospital and Nursing Home Association (ASHNHA)	IP
Nancy Merriman	Alaska Primary Care Association (APCA)	IP
Kevin Munson	Mat-Su Behavioral Health	IP
Chad Jensen	LaTouche Pediatrics	IP
Rick Driscoll	REACH, Inc.	IP
Joe Furrer	GCI	IP
Dave Branding, PH.D.	Juneau Alliance for Mental Health	
Joyce Douglas	DHSS - FMS-IT	T
Simon Taylor	DHSS - FMS-IT	T
Shaun Wilhelm	DHSS - DBH	
Ulf Petersen	DHSS -SDS	IP
Dana Penner	DHSS - OCS	
Margaret Brodie	DHSS - HCS	T
Heidi Lengdorfer	DHSS - DPH	
Heidi Wailand	Alaska Mental Health Trust Authority	IP
Natasha Pineda	DOA	
Deb Erickson	DHSS – Commissioner’s Office	T
Stewart Ferguson	Alaska Native Tribal Health Consortium (ANTHC)	T

IP=In-Person; A=Absent; T=Telephone

Meeting Highlights/Topics:

- **Fee For Service Claims and Adjudication**
- **Pharmacy (PDMP, Pharmacy Prior Authorizations, Formularies)**
- **Program Integrity**
- **Discussion on data standardization and governance process and how that impacts the technical infrastructure.**
- **The workgroup described the need for a common data set for all state reporting.**
- **The importance of the HIE was discussed and used in multiple use case examples. Workgroup members indicated that the HIE is envisioned as an important component moving forward.**
- **Alternative based payment models**
- **Telemedicine and integration of social media and secured texting for providers**

Identified Barriers

- Percentage of CEHRTs across the state. A large number of providers do not utilize a CEHRT.
- How to reach critical mass for the HIE?
- The technical capability, time, funding source, and resources that organizations have available for improving infrastructure.
- Limited standardization of data.
- In relation to integration with social media and secure texting, HIPAA regulations can be a barrier for implementation.

Identified Use Cases

1. **Payments:** Practice receives an influx of penny claims. To process correctly, these claims require manual adjustments in the CEHRT or billing system.
2. **Care Coordination:** Increase care coordination through the electronic referral process.
3. **Duplicative Entry:** It was noted that approximately 85% of the data required for the AKAIMS (behavioral health) is available in the enrollment & eligibility system. Due to the limited interoperability, duplicative entry of the data elements must occur.
4. **Social Determinants of Health:** There is a need for providers to receive social data on patients. For example, has the patient recently been placed in foster care? How would a provider receive that data? Would this data be submitted with a referral?
5. **Eligibility:** Mother has child at 23 weeks, the child is placed in the NICU and Medicaid coverage is offered. The mother had previously been on Blue Cross Blue Shield, however, she has elected to choose Medicaid Coverage. Is there technology that can help expedite eligibility and care coordination?

Identified Gaps & Concerns

1. Timeliness of claims and the number of penny adjustments required
2. Availability of Medicaid formularies in an electronic format. Formularies should be able to be uploaded to a CEHRT to assist with automatic fill history.
3. Gaps in data governance, data standardization, and overall master data management identified.
4. PDMP is not currently integrated into the clinical workflow, does not support a single sign-on solution, and is a separate system. There are barriers with the PDMP due to policies of the Department of Commerce.
5. Connection between PDMP and HIE.
6. Gaps in the modernization of public health registries at the state level limits provider's ability for Meaningful Use attestation.
7. A need for a centralized data warehouse was identified.
8. Limitations in the overall services provided to and available by the HIE. Need for increased interoperability with the HIE.
9. Improvement of electronic referral process.

Action Items

Action Item	Assigned	Status	Capture Date	Requested by Due Date
Meeting Minutes	HTS	Completed	03/13/17	Prior to next workgroup
Tentative Project Timeline	HTS	In Progress	03/13/17	Prior to next workgroup
Distribute System Inventory	HTS/DHSS	In Progress	03/13/17	Prior to each workgroup