

MINUTES

MMA POLICY COUNCIL

WEDNESDAY, AUGUST 16, 2017

6:00 – 8:00 PM

MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair
Elisabeth Bilden, MD (via phone)
Stuart Cameron, MD
Stephen Cragle, MD (via phone)
Alexander Feng
Elizabeth Fracica
Dionne Hart, MD
Daniel Heinemann, MD
Matthew Kruse, MD
Kathryn Lombardo, MD
Kimberly McKeon, MD

Noel Peterson, MD (via phone)
Douglas Pryce, MD
Christopher Reif, MD
Erica Sanders
George Schoephoerster, MD
Caleb Schultz, MD
Neil Shah, MD (via phone)
Kimberly Tjaden, MD (via phone)
Sally Trippel, MD
Craig Walvatne, MD
Robert (Jay) Widmer, MD

Members Absent

Peter Amadio, MD
Leah Anderson, MD
Michael Baich, MD
James Dehen, MD
Ramnik Dhaliwal, MD
Mark Eggen, MD
Robert Grill, MD
Evan James
Christopher Johnson, MD
Kenneth Kephart, MD

Ernest Lampe, MD
Ahmed Pasha, MBBS
Salma Patel, MD
Annabelle Soares
Lynne Steiner, MD
Jon Van Loon, MD
Thomas Witt, MD (via phone)

Staff Present

Juliana Milhofer
Janet Silversmith

Guests Present

Craig Behm, CRISP (via phone)
Jennifer Fritz, MN Dept. of Health
Beth Kangas, ZVMS (via phone)
Marty LaVenture, MN Dept. of Health
Karen Soderberg, MN Dept. of Health

I. Welcome & Introductions

Lisa Mattson, MD, Chair, called the meeting to order at 6:15 pm. All attendees introduced themselves.

II. Health Information Exchange – MN Status and Maryland Perspective

Guests from the Minnesota Department of Health presented information regarding electronic health record (EHR) adoption and use in Minnesota, as well as an update on the 2016 directive from the

Minnesota Legislature to assess and recommend changes to strengthen health information exchange in the state. Among the department's learnings are the following:

- Minnesota's model for HIE has not evolved sufficiently to support HIE across the state or across the care continuum;
- Many stakeholders are feeling left out, particularly non-Epic users and providers outside of clinics and hospitals;
- The value of HIE is not well recognized;
- Greater leadership and commitment is needed to develop a coordinated and sustainable approach to HIE.

The department is proposing a "coordinated services" model for HIE. Examples of the services that could be coordinated include master patient index, provider directory, consent management, alert notification, prescription monitoring, and public health reporting. Key elements the department has identified to advance this model are governance (champions and decision-making structure), financing (for infrastructure and ongoing sustainability), and then the operations. The department representatives noted that they expect to release the specific recommendations in late September-early October at which time there will be a 30-day public comment period. A lengthy discussion with a variety of questions followed; notable items included the following:

- The "coordinated" services are designed to be built around common HIE *rules*, rather than centralized *technology*;
- Much of the initial advancement of the proposal can likely be done within current authority; implementation/operations may require additional legislation;
- Addressing the cost burden to providers must be addressed.

For comparison purposes, Craig Behm a representative from CRISP, Maryland's health information exchange organization, provided information on the origin, governance, financing, and current offerings in Maryland. It was noted that although Maryland lags behind Minnesota in terms of EHR adoption, the centralized HIE services are quite broad. One of the motivators for adoption of HIE in Maryland is its all-payer, per capita hospital payment model that was launched in 2014. Among key functions offered by CRISP are a clinical query portal from within the EHR – offering access to prescription drug monitoring, labs, radiology results, recent encounters and documents. An encounter notification service (for admissions, discharges, and transfers) allows real-time or batch alerts to providers to monitor and coordinate care.

The Council had a lengthy discussion regarding next steps for potential policy development. Janet noted that the MMA currently has policy in support of HIE and its goals, but not on specific means of accomplishing it. The Council concluded that this remains an important issue for physicians/the MMA to engage on in order to improve patient care.

III. 2016 HOD-Directed Review of Policy Council: Draft Framework

The Council members reviewed and then supported a draft framework to guide the review of the Council's effectiveness, as directed by the 2016 House of Delegates (HOD). A lengthy discussion followed, focused on appropriate measures of effectiveness. There was support for focusing on the degree

to which critical issues have been discussed (rather than the number of issues), as well as demonstrating the Council's work and effectiveness via "stories" – linking issue submissions to the Council's role in any changes/actions.

A call for volunteers will be issued in early 2018 to allow new Council members the opportunity to participate.

IV. **Update: 2017 Annual Conference Policy Forums**

Janet Silversmith noted that twelve issues have been received for the 2017 Open Issues Forum. Upon review, the Council agreed to move nine issues forward for consideration. There were three issues that the Council agreed should not move forward at this time – one (any willing provider/network access) submitted by a non-member clinic administrator (and a clinic with no members); one (over the counter birth control pills) that is consistent with current MMA and AMA policy; and one (pay for value opposition) that was opposed by the Council and found to be inconsistent with federal/Medicare law and policy.

Council members supported a staff proposal to focus the planned health care reform forum at the 2017 Annual Conference on the future of MinnesotaCare. Staff provided an update on plans for the forum on patient trust in the health care system.

V. **Approve Minutes of June 20 2017**

With no changes noted, the following motion was made, seconded and adopted:

Motion: that the minutes of the June 20 2017 meeting be adopted.

VI. **Election: Council Representative to MMA Board**

George Schoephoerster, MD facilitated this agenda item. He noted that Lisa Mattson, MD is the only nominee for Council representative to the MMA Board of Trustees (to fill the position currently held by Chris Johnson, MD, whose term expires September 2017). The following motion was made, seconded, and adopted:

Motion: to elect Dr. Lisa Mattson as the Council representative to the MMA Board of Trustees.

VII. **New Business**

It was noted that the next meeting is scheduled for Tuesday, October 24, 6:00-8:00 pm at the MMA.

VIII. **Adjourn**

With no time remaining, the following motion was made, seconded, and adopted:

Motion: that the meeting be adjourned at 8:30 pm