

TECHNOLOGY AND DATA MANAGEMENT MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Technology and Data Management Committee / Kick-Off Meeting
DATE:	July 9th, 2015; 2:00-3:00pm
LOCATION:	SCC / Albany Medical Center

ATTENDEES

	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Elliott Wilson – Senior Director of IT, Center for Disability Services<input checked="" type="checkbox"/> John Mangona – VP, Chief Information & Compliance Officer, Saratoga Hospital<input checked="" type="checkbox"/> Peter Hart – Director of IT, Saratoga Hospital<input checked="" type="checkbox"/> Luke Popolizio – Project Coordinator, AMCH<input checked="" type="checkbox"/> Evan Brooksby – Deputy Director, AMCH<input checked="" type="checkbox"/> George Clifford – Executive Director, AMCH<input checked="" type="checkbox"/> Bonnie Ratliff – Director of IS, Columbia Memorial Hospital<input checked="" type="checkbox"/> Chrissy McIntyre – Assistant Director, AMCH<input checked="" type="checkbox"/> Sarah Wong – Project Coordinator, AMCH<input checked="" type="checkbox"/> Phil McCallion – Co-Director, Center for Excellence in Aging & Community Wellness<input checked="" type="checkbox"/> Mary Hand – VP, IS, AMCH
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AGENDA OVERVIEW

<u>Topic</u>
✓ Review TDMC Mission and Vision
✓ Upcoming Deliverables / Responsibilities and Timeline
✓ Membership and Chairperson Nominations
✓ Schedule for Future Meeting Dates
✓ Next Steps

MAIN POINTS / DECISIONS

<p><u>Main Comments & Concerns from Attendees:</u></p> <ul style="list-style-type: none">✓ Meeting commenced at: 2:07pm✓ Committee will be working towards an interoperable IT roadmap/strategy for AMCH PPS to put into place by DY2 – across entire year of DSRIP – leverage knowledge of IT systems and processes to assess current state/future state✓ Network breakdown – 176 organizations/3000+ Providers, 5 county region; scope of network capability include: paper records up to full optimization -- milestones DOH need to meet include but are not limited to IT Strategy/Data Privacy✓ <u>Mission Statement Review</u> (2 minutes) – not approved yet; it doesn't specifically speak to needed equipment or innovative technologies and resources; for arguments sake, Saratoga Hospital thinks it is beneficial to connect to telemedicine and DSRIP is involved, would that fall under the domain of the committee? Direct Domain: No, milestones and directions provided by NYSDOH solely, EHR subcommittee will be created in the future to address concerns like these.✓ <u>IT Systems and Processes Review:</u>✓ Overview of Milestone 1 – Has there been any progress in this milestone yet? (John/SH) – Yes, October 2014 initial IT survey - Segway into TOM IT Pilot explanation, current situation vs. future state; scenarios based on BRD/SRS✓ Overview of Milestone 2 / Overview of Milestone 3 – seek additional help from AMCH Medical Director✓ Overview of Milestone 4 / Overview of Milestone 5 – the PMO office will be doing the majority of the lift; however, expertise

and additional insight from the TDMC will need to be leveraged on a regular basis.

- ✓ Discussion from the NYSDOH about how PPSs will collaborate to avoid duplicative efforts (John/SH) – addressed by the TOM IT pilot, four different regions that are going through the process, AMCH in particular has 3 overlapping PPSs plus HIXNY representation; once the process is completed, KPMG is responsible for putting together a combined look from a BRD/SRS perspective with specific regard to project 2ai/3ai, effectively set up guidelines & parameters PPSs will need to adhere to in order to qualify – specific reference to the monthly CIO Steering Committee meetings to discuss these topics (Evan/AMCH) Ideally the state started the discussion by using their QEs pushing RHIOs as a solution, after looking at capabilities of the RHIOs, concluded they would not be ready in time to complete the requirements – nothing to fill that void yet, so AMCH has been involved with AHI/AFBH to determine shared approaches (proved to be difficult since everyone is on different EHRs) While DSRIP is data dependent, NYSDOH does not want all of the money to go to IT solutions, the majority of the funds should be going to direct patient care. (George/AMCH).
- ✓ Discussion about RHIOs especially HIXNY – are there opportunities to leverage what they’ve already done, perhaps giving them more funding to develop additional capacities (John/SH), might be more beneficial for the providers to utilize the existing platform HIXNY has.
- ✓ Discussion around the difficulty level of answering IT surveys when an organization has several different lines of services offered – as different components fall into varying states of readiness (Elliott/CFDS) – recommend each line of service fill out a separate IT survey (EB/AMCH) / PMO needs to provide feedback to services that are relevant to DSRIP to eliminate extra work and communicate this to key stakeholders (GC/AMCH)
- ✓ Clarity on TDMC role/expectations: Not expecting TDMC to be doing the deliverables, PMO office will do the majority of the work – purpose of TDMC is to provide IT expertise/advice on what it is we need to do to complete the milestone (GC/AMCH)
- ✓ Clarity on the importance behind being an active member of TDMC: Organizational funding depends on this, if we fail, the funding will go away – committed to having this succeed, benefit organization in terms of transforming to VBP, do not want to jeopardize payment that goes to five counties (GC/AMCH)
- ✓ Discussion around whether or not we have the right membership/individuals at the table; is there a need to encourage further participation, per geography (MH/AMCH)? Yes, OASAS, OPWDD, OMH, Columbia/Greene County Health Departments, Community Care/Capital Care Medical Group, LLC, Catholic Charities
- ✓ Saratoga Hospital – varying degrees of confusion regarding all of the committees; isn’t a great understanding of what is required of TDMC members/what the deliverables mean (IT Systems and Processes written at a very high-level, need to be flushed out); in terms of success, delivering the vision is going to be as big of a challenge as any of this, because that’s how we receive buy-in; other priorities/time demands that can perhaps interfere with moving some of the TDMC initiatives along (John/SH) – PAC webinars hosted for about a year, format change that may be more effective? Potential of holding PAC committees more regional/YouTube videos, etc. (EB/AMCH) – Key Organizations: might be beneficial to have onsite meetings with their leadership structure to clarify expectations: HR, Technology expertise, etc. (John/SH)
- ✓ Columbia Memorial Hospital - wants more onsite meetings (Dr. Manjunath coming was a great start), leadership is the same way, skeptical and concerned about HR, equipment, etc. (Bonnie/CMH).
- ✓ No later than October 2015, firm participant agreements will need to be in place – requires PMO to go to largest stakeholders and clearly identify, based on the project plans, capability, capacity, interest, Medicaid numbers – very transparent and formulaic; additional stakeholder engagement will take place during this time to gain a sense of the funding stream, details, what it means to have integrated primary/behavioral health, expectations, etc. (GC/AMCH).
- ✓ Discussion about leveraging technologies (CDPHP) that already look at membership data, treatments, etc. (John/SH) – AMCH PPS has had ongoing meetings with CDPHP along with Ellis/SPHP – at a minimum they play an important role at linking the two PPSs as a neutral party, this will drive shared IT solutions for future Population Health activities, Risk stratification and build on platforms they have created. Have not expressed interest in joining committee but have been in discussion about becoming a “willing partner.” – no success in engaging Fidelis/other MCOS (GC/AMCH)
- ✓ Frequency of Meetings: Wednesday is not good for Bonnie, Thursday is senior team meeting for SH, Friday Mornings/Afternoons (OPEN) – ability to do conference calls and/or meet with individuals in different counties would be helpful (John/SH).
- ✓ Chair of the Committee – responsibility: help to run and facilitate the committee: Mary Hand = Chair Person, Voted and Approved by all.
- ✓ Mission Statement – Create more of a bulleted mission statement, take five key requirements and put them in bullet form to break it up and make it easier to read (John/SH)
- ✓ Meeting adjourned: 3:04pm

ACTION ITEMS

<u>Owner</u>	<u>Action Item</u>	<u>Due Date</u>
Sarah/Chrissy	Send IT Survey (Nov 2014) to TDMC Members: What organizations responded and what were the questions asked – to determine who the key stakeholders that have not responded already are.	Week of July 13 th
PMO	Provide feedback regarding services that are relevant to DSRIP – to determine which lines of services would need to fill out the IT Survey for each organization	TBD
TDMC	Review the IT Systems and Processes Tab to provide feedback/edits/changes, etc.	By next meeting
PMO	Encourage engagement with key stakeholders: Catholic Charities, Whitney Young, ACCA, Northern Rivers, OMH/OPWDD/OASAS providers, County Health Departments (Greene/Columbia)	Ongoing
PMO	Reach out to HIXNY representatives to join TDMC: Mark McKinney/Scott	Ongoing
Sarah/Chrissy	Mission Statement to be bulleted and easier to understand/read	Week of July 13 th
George/Evan	Facilitate offsite meetings with key organizations senior leadership to explain in further detail the benefits of DSRIP: information regarding project plans, capability, capacity, interest, etc.	Ongoing