

## MANAGEMENT SERVICE ORGANIZATIONS SUBGROUP

January 12, 2010

### MINUTES

MSO Members in Attendance √, Absent x, Representative \*:

√ Doug Abel	√ Lee Barrett	√ David Horrocks
√ Scott Afzal	√ Shelby Boggs	√ Traci La Valle
√ Salliann Alborn	√ Beverly Gazman	√ David Quirke
√ Jama Allers	√ Chuck Henck	

#### MHCC Staff

√ David Sharp	√ Cindy Friend	√ Kathy Francis
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### Approval of the Minutes

As this was the first meeting of the Management Service Organization (MSO) subgroup, there were no prior meeting minutes to approve.

### I. Meeting Call to Order

David Sharp called the meeting to order at 2:00 pm. Mr. Sharp provided a review the subgroup's purpose is to prepare the guidelines and criteria to take back as recommendations to the MSO Advisory Panel regarding the state designation of MSOs.

### II. Introductions

Attendees introduced themselves and gave a brief description of their organization.

### III. Discussions

David Sharp noted that the goal is to have designation criteria completed and the program in place by the third quarter of 2010. The designated MSOs could be new or existing ones. These MSOs could be associated with a hospital(s), vendors, or other organizations such as the Community Health Integrated Partnership.

Lee Barrett provided an overview on the Electronic Healthcare Network Accreditation Commission (EHNAC) and the criteria developed for the Healthcare Network Accreditation Program (HNAP). The HNAP criteria were distributed to the group as a starting point for discussion on the types of criteria needed for MSO state designation.

A discussion ensued on the goal of the MSOs, which was to drive the impetus for EHR adoption. This would be in addition to the goal to drive meaningful use for HIT using EHRs. The process should be logical, have provider buy in, and be protected. Minimum

standards should be in place. Accreditation was discussed; and, although it does not provide a guarantee about the organization or that the provider will achieve success, the accreditation required for state designation should establish a standard for MSOs doing business in Maryland.

The subgroup agreed that consultative assistance should be available through the MSO, especially to those specialty providers who need to customize their processes from a standard EHR offering. A brief discussion occurred concerning the minor language differences between House Bill 706 and the MSO vision document. The legislation states that the MSO must offer one or more EHR products, and the report stated that more than one EHR solution would be desirable. Staff clarified that the vision document was developed after an extensive assessment of the industry. The verbiage of more than one EHR solution was included as a way to inspire more of a consumer focus, where providers could assess multiple solutions versus having to expend time and resources to work with multiple vendors. Some members felt that hospitals would have a difficult time offering more than one EHR product, since this could sub-optimize the support that they provide.

The group agreed that MSOs must exist or offer employment in Maryland. Guidelines for the education and training to providers that the MSO provides will be necessary. This would ensure that providers receive value from the same level of service among the various MSOs, which will instill confidence in the MSOs as well. Discussion on incentives took place around House Bill 706. A conversation developed on whether there should be incentives tied to physicians who opt to participate with an MSO. One of the members presented the perspective regarding the MSO taking the risk while providers received the incentives. A response for the MSO business model was given, that the MSO would financially benefit since the provider would have the potential to receive additional incentives to select an MSO as their EHR solution provider. The group agreed that the incentives should focus on meaningful use.

#### **IV. Next Steps**

Staff will discuss the potential to use the EHNAC HNAP criteria as a foundation for developing the MSO criteria. A document will circulate to the subgroup members in February.

#### **VI. Closing Remark**

David Sharp thanked the subgroup for their participation. No further meetings were discussed. The subgroup will have the opportunity to review and provide feedback on the core criteria within the next 60 days.