

**Louisiana Health Care Commission Meeting Minutes**  
**Poydras Building Hearing Room**  
**Baton Rouge, Louisiana**  
**September 16, 2016**

**Members present:** Diane Davidson, Dr. John Fraiche, Lisa Gardner, Arnold Goldberg, Dr. Anthony Grieco, Dr. Faye Grimsley, Linda Hawkins, Rep. Mike Huval, Jesse McCormick, Barbara Morvant, John Overton, Ed Parker, Katie Parnell, Theresa Ray, Dr. Butch Sonnier and Thomas Wright

**Members absent:** Robelynn Abadie, Jeff Albright, Dr. Rachel Durel, Rusty Eckel, Dr. William Ferguson, Lauren Gleason, Korey Harvey, Hedy Hebert, Dr. Marlon Henderson, Dr. Jesse Lambert, Dr. Eva Lamendola, Jennifer McMahan, Dr. Rachel Moore, Andrew Muhl, Ronnell Nolan, Daniel Paquin, Clay Pinson, Debra Rushing, Chris Vidrine, Bryan Wagner and Senator Rick Ward

**Staff present:** Crystal M. Campbell and Julie Freeman

Chairperson Fraiche called the meeting to order at 9:05 a.m. and introduced Ms. Theresa Ray, recently retired from the Louisiana House of Representatives, as the newest member of the Commission.

Dr. Fraiche asked for a motion to approve the minutes from the April 29, 2016 meeting. Ed Parker moved to approve the minutes, with an amendment, to correct the date of approval of the prior meeting's minutes on January 29, 2016. Dr. Grieco seconded the motion. With no objections, the minutes were approved.

Roll call was conducted and a quorum was noted for the record.

Chairperson Fraiche then introduced Brian Richmond and Nadine Robin of the Louisiana Health Care Quality Forum to present on the Louisiana Health Information Exchange and DHH's Electronic Health Record Incentive Plan.

Program Director, Nadine Robin, began with a background of the Louisiana Health Care Quality Forum (LHCQF), established in 2007 by the Louisiana State Legislature in response to work performed after Hurricanes Katrina and Rita to create a more cost-effective and quality-focused health care system for the state. She stated the original idea was to form a non-profit organization of stakeholders comprised of payors, providers and consumers in the state of Louisiana to spearhead efforts to avoid any future major loss of information from the state's health care system for electronic storage of health information. With the passage of the American Reinvestment & Recovery Act by President Obama in 2009, funding was granted for health care information technology, and subsequently, the LHCQF was awarded two grants. The first grant was used to fund the building of a

statewide health information exchange, and the second grant established the Louisiana Regional Extension Center to assist providers, particularly those in primary care independent practices, to implement a new health care infrastructure, defined as “Meaningful Use,” promulgated by CMS for providers’ use of certified electronic health record (EHR) technology in ways that measurably improve patients’ quality and value. To date, the Louisiana Regional Extension Center services 2,000 providers in Louisiana through education outreach efforts and on site assistance to adopt electronic health records. Ms. Robin also reported that as of last year, in conjunction with work of the Office of Public Health, 70 statewide parish health units have made the successful transition to electronic health records, managing thousands of patients within a single system.

Additionally, Ms. Robin reported on the new MU federal standards that dictate the manner in which a hospital or physician must use patient electronic health records in order to receive annual incentive payments. Currently, CMS requires providers report on a 365-day basis in order to meet all required incentives. However, a proposed rule has been issued by CMS that may change the time reporting period requirement to 90 days. Ms. Robin stated that LHCQF stays abreast of the changing timelines and set of CMS requirements to assist its clinics that are required to meet them, particularly those in small and rural areas.

Ms. Robin also reported the end of this year is the deadline for providers who have a 30 percent or greater patient volume with Medicaid to apply for Medicaid incentives such as the adoption and implementation of an EHR; demonstrating that a substantial number of Medicaid patients have been seen that year; and that an EHR has been purchased with attempts to use it. She advised there are \$21,000 in incentive payments for doing so in the first year; subsequently, providers will receive \$8,500 per year for meeting MU requirements, reporting on an annual basis.

With regard to Medicare incentives, Ms. Robin advised this program is based on a different timeline that has elapsed for receiving incentives, and Medicare has transitioned the penalties over to providers who are not attesting to MU each year, thus incurring one percent in penalties on their reimbursements from Medicare. She advised there is a five percent cap in penalties.

Additionally, Ms. Robin informed members of Congress’ passage of a new set of regulations created under the Medicare Access and CHIP Reauthorization Act (MACRA). She stated that MACRA combines the Medicare Meaningful use (MU), Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) into MIPS payment adjustments, a Merit-Based Incentive Payment Model system moving from a pay-for-performance to pay-for-service activities at the Medicare level. A provider’s MIPS score may increase or decrease subject to the following MU measures:

- Submitting quality reports;
- Scoring higher than their peers;
- Providing care at the most efficient price for patients; and
- Being a patient-centered medical home.

Ms. Robin advised that with a program roll out introduction in 2017, and a full roll out in 2018, the overall effect will enable providers who have higher MIPS scores to receive a slightly higher payment rate on specific services than providers who score lower and receive lower reimbursement rates. Ms. Robin also advised that LHCQF is focused on supporting clients through these payment model transitions, and it currently has a MU support program in effect for clinics and hospitals.

Finally, an additional initiative spearheaded by LHCQF is the Consumer Engagement Campaign coordinated with and funded in conjunction with DHH, to conduct a statewide campaign on the benefits of electronic health records and the use of patient portals to access patient information.

Next, Brian Richmond, Chief Technology Officer with LHCQF, gave an update on LaHIE, an exchange that manages a secure HIPAA compliant messaging system between providers and patients. He stated the purpose of the exchange is to facilitate the process of providers accessing patient records across different care settings in order to make better informed decisions. He reported there are more than 300 participants in this health exchange across Louisiana for various health care facilities. Through this exchange providers are able to access general and counter information (i.e. treating dates with physicians, initial complaint of the hospital stay, diagnoses, diagnostic lab results, radiology reports, and patient care summary documents) at multiple locations where patients have treated and the information relayed through Direct Secure Messaging, a method of exchanging data through the MU program. Mr. Richmond reported LaHIE has information on approximately 4.5 million patients and has collected information from different participants through the exchange since 2011.

Finally, Henry Overton, President and Co-Founder of Turn Key Solutions, L.L.C., presented on the role of Cyber Security in Health Care. He has provided extensive security expert technology services for over 200 small to medium sized business and healthcare-related clients. Since the high-profile data breach against the nation's second largest insurer, Anthem, followed by a rapid succession of other organizations victimized by security hacks in 2015 businesses are now faced with evolving security threats against its networks and must have a risk management in place.

He recommends businesses employ a 5-step risk management process:

1. IDENTIFICATION of Risk Areas – such as insufficient backups, incomplete antivirus protection, disgruntled employees and mobile devices.
2. ASSESSMENT of Risks- Do a real risk assessment that involves your staff, not limited to IT
3. CREATION of a Risk Management Plan *prioritizing* risks
4. IMPLEMENTATION of risk controls
5. PERIODIC RE-EVALUATION of the success of implemented safety measures

Mr. Overton also recommended an extra layer of defense for the security of electronic data in the form of cyber liability insurance that cover cyber risks such as identity theft, business interruption and other expenses related to security or privacy breach.

With no further business Chairperson Fraiche asked for a motion to adjourn the meeting. Dr. Grieco made a motion to adjourn and Ms. Lisa Gardner seconded the motion. Hearing no objections, the meeting was adjourned at 11:00 a.m.