Dr. Moore opened the meeting at 7:03AM. He asked everyone to introduce themselves; identify their technology background; and what they hope to bring to the Committee and their goal for the year.

Dr. Moore introduced himself as an Internist who was an early adopter and who has a small group practice. Hopes to bring his organizational skills to the Committee. He understands how organized medicine works. His goal is to increase physician presence in the adoption of HIT.

Dr. Page stated that he is a family practice physician who has been a 15 year users of HIT and the developer and administrator of an ACO. He hopes to help physicians to learn how to optimize their use of their EHR data to improve outcome and attain population health. Educate physicians on the value of their data.

Dr. Dinhofer is a radiologist, internist and cardiologist. He has a masters in medical informatics. His goal is to represent physicians in a world dominated by programmers and administrators.

Dr. Kraev works at Ellis hospital. He is a family physician. He has been engaged with MSSNY in its vendor vetting initiatives conducted in the past.

Dr. Maese has been interested in informatics. He is a geriatrician who has chaired HIMSS ambulatory committee and ACP’s HIT committee for several years.

Dr. Bush from Little Falls is a primary care practitioner from upstate rural community. He would like to focus on how to use the technology to improve access and quality of primary care.

Dr. Gioia is a pediatrician and a public health physician from Auburn. Certified in informatics. Want to make office more efficient by interfacing with RHIOs and facilitating connectivity with I-STOP.

Dr. Madejski an internist from upstate New York Improve medical office environment and HIT will make that happen. An observer of the Committee for many years. Just listening.

Dr. Moore identifies five items on the agenda. Asks if anyone wants to add to the agenda. Dr. Dinhofer wants the Committee to assure that MSSNY has a voice with the State health department and ONC. Should be giving imput to government entities that are regulating us.
Dr. Moore says MSSNY should be at the table when programs are developed that affect physicians and patients.

Dr. Moore wants to divide the Committee into subcommittees. Everyone brings important skills that are unique to specific subject areas.

MS. Dears suggested that since everyone would be interested in assuring that MSSNY be a presence with government that we not create a subcommittee but make it an action item for discussion at all meetings.

Dr. Moore thinks it may be difficult for everyone to participate on the various activities all the time.

Dr. Dinhofer believes that subcommittees should be created.

Dr. Moore then asked whether there is an issue that any of the members would like to champion.

Dr. Moore asked that Dr. Page will champion the use of data to achieve goal of population management.

Dr. Madejski agrees that they should be pursued but asks how these issues affect our members. As state works toward goal of population management

Ms. Dears thinks that education is extremely important; the physician community needs to learn more about how to use their data to achieve goal of population management.

Dr. Bush agrees that should put one person in charge of each item for reports back to the Committee.

Dr. Moore indicated that one of the criticisms against the Committee was that it was not as inclusive as it should be. He wants to get a significant part of the Committee involved in at least one thing. This is another reason why he advanced idea of subcommittee, not to create a bureaucracy.

Ms. Dears indicated that there is no other staff support and creation of the subcommittees will be unmanageable.

Dr. Moore says that this is a resource problem with MSSNY and the counties but feels that as individual physicians have staff that can assist with management of the subcommittees. Suggests that his colleagues put up their resources up to assist.

Dr. Kreav asked whether he has own practice or works for someone. Dr. Kraev works for someone else and cannot ask his secretary to do anything else beyond he job description with organization.

Dr. Page suggests that we cull our work list down so that Committee can be appropriately staffed. Dr. Kraev supports this idea.

Ms. Dears suggests that the “Physician interface with RHIOs’ can be an item which can be reported on each meeting and doesn’t need to be a subcommittee. Addressing vendor issues might be best handled through use of a survey. Education of physician/ use of data to effectuate population management could be one subcommittee. Interface with government we can task individual people rather than create a subcommittee.

What is the role of MSSNY in DSRIP, SHIP, medical informatics? There are a lot of forces already planning the transformation of the healthcare system.

Dr. Madejski said that MSSNY’s role is to educate the physicians in various practice modes because one side does not fit all. How do we make it work for all physicians in varying practice forms.

Understand the changes coming down the pike in terms of payment and transformation; how to use your data to empower the physician. The HIT Committee should focus on this. Education is huge.
Dr. Moore will like to do one face-to-face meeting. He recommends that we set forth some action items. MSSNY needs to be more of a player in HIT. He would like to get one of the issues on the agenda of the Council. If we are going to educate physicians, must be able to produce material and speak with physicians. He recommends a symposium. Would like MSSNY to sponsor or co-sponsor a program. Develop a program and then create the event.

Dr. Kraev suggests that MSSNY survey physician needs. What are the hot topics for our members? Is it basic technology vendor selection? Will help to resolve the issue of what physicians need.

Dr. Moore asked Liz for her perspective. She agreed with the concept of a survey to ascertain physician knowledge about SHIP and DSRIP and value based purchasing and interest in a conference or webex on these issues. Drs. Kraev and Dinhofer agreed to help with the survey. Dr. Moore asked when such a survey could be completed. Ms. Dears said that it can be put together.

Dr. Moore asked when the next Council meeting is in September. September 17th. Dr. Moore would like an action item for the Council to consider in September. He wants to put together a pitch from the Committee. He wants to work on that over the summer. Dr. Madejski suggests doing this by list serve over the summer.

Dr. Dinhofer would like to know what the history of this Committee has been and would like a copy of the Committee roster. Ms. Dears described the history and work of the Committee in the past.

Dr. Moore asked if anyone wanted to champion the issues around vendor issues.

Dr. Kraev suggested that the Committee prepare educational pieces for physicians who do not have medical informatics knowledge which give them the ‘trick’ on how to be more efficient on their technological workflow.

Meeting concluded at 8:03AM.