To: The Oregon Health Policy Board
From: The Office of Health Information Technology (OHA)
Date: July 29, 2015
Re: The Health Information Technology Oversight Council (HITOC)

Dear Chair, Vice Chair, and Health Policy Board Members:

We thank you for your thoughtful feedback and engaged discussion during the most recent Board meeting on July 21, 2015. As you may recall, we discussed the reset of HITOC, which will be reporting to the Board per recently passed legislation, House Bill 2294.

As a follow up to this discussion, we are providing the following materials for your review:
1. A revised charter, which now includes reference to:
   a. Membership terms
   b. Inclusion of diverse perspectives
   c. Board appointment of initial Chair/Vice-Chair
   d. A draft work plan to be reviewed by HITOC in its first meeting(s);
2. An updated HITOC proposed member list with additional background and demographic information per the Chair's request.
3. A chart of the Current Health IT Oversight and Governance Environment;
   a. Includes Policy, Strategy and Oversight functions for HITOC as distinct from Implementation and Operational decisions;
   b. Draws distinction between external (non-OHA) and internal groups.
4. A current membership list for all of the external groups listed in the chart (see 3 above);

In addition to the enclosed materials, we would also like to clarify for you our next steps regarding HITOC, once membership and charter are approved:

- Begin convening HITOC in September or October, with meetings to occur every other month initially;
- HITOC to review the charter and obtain buy in from Council Members;
- Further develop the work plan for the Council for 2015-2017 and revise as needed;
- Develop and confirm a proposal to the Board for reporting (e.g., frequency, format, etc.);
- Review and establish an oversight framework for HIT (building on chart, see 3 above);
- Ratify the existing HIT/HIE Community and Organizational Panel (HCOP) and establish any additional committees or workgroups needed; and
- Work to identify an additional HITOC member with on-the-ground expertise and will follow up with the Board once that person has been identified.

If you have any questions about these materials, please do not hesitate to contact me, susan.otter@state.or.us.

Thanks,
Susan Otter
Director, Health Information Technology

Oregon Health Policy Board
Health Information Technology Oversight Council
Charter

Approved by Oregon Health Policy Board on _____

I. Overview and Authority

The Health Information Technology Oversight Council ("Council") is established by House Bill 2294 (2015), Section 4 (1) as a body that reports to the Oregon Health Policy Board ("Board"). This charter defines the objectives, responsibilities, and scope of activities of the Council. This charter will be reviewed periodically to ensure that the work of the Council is aligned with the Board's strategic direction.

II. Duties , Objectives, Membership

The duties of the Council as established by House Bill 2294 and the Council's corresponding objectives include:

Council Duties per House Bill 2294	Council Objectives
Identify and make specific recommendations to the Board related to health information technology ("HIT") to achieve the goals of health system transformation.	• Make recommendations to the Board, such as HIT strategic plans, policy direction and HIT priorities; make HIT-related policy and legislative recommendations to achieve goals of health system transformation and address barriers; make other recommendations to improve the effectiveness of HIT efforts in Oregon. • Convene workgroups or committees to focus on high priority HIT topics that may result in recommendations to the Board.

Regularly review and report to the Board on:
  a) OHA's HIT efforts including the Oregon HIT Program toward achieving the goals of health system transformation;
  b) Efforts of local, regional, and statewide organizations to participate in HIT systems;
  c) This state's progress in adopting and using HIT by providers, health systems, patients and other users.
	• Inform recommendations and strategic and policy efforts by assessing information about the state of HIT in Oregon.
	• Provide oversight and transparency of the OHA's HIT efforts including the Oregon HIT Program by monitoring progress.
	• Develop reports to the Board and for stakeholders that effectively communicate on HIT efforts in Oregon including
	    • EHR adoption and meaningful use,
	    • use of HIT and participation in HIT efforts, and
	    • other topics important to achieving the three goals of HIT-optimized health care (see below).
	• Identify gaps or barriers or other issues with HIT in Oregon.
	• Identify where further information is needed to understand the HIT environment in Oregon.

Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state's efforts in utilizing HIT.	• Review and respond to proposed changes in federal laws and policies that impact HIT efforts in Oregon. • Identify any priority federal laws and policy that impact Oregon's HIT efforts where advice, advocacy, or other recommendations are appropriate.

Membership Terms

Members shall initially serve staggered terms of up to three years and are eligible for reappointment to three-year terms upon completion of their initial term. Reappointment is at the discretion of the Member, the Council Chairs, and the Board.

Membership Composition

Per House Bill 2294, Section 4(1), the Board shall:
   a) Determine the terms of members on the Council and the organization of the council.
   b) Appoint members to the council who, collectively, have expertise, knowledge or direct experience in health care delivery, health information technology, health informatics and health care quality improvement.
   c) Ensure that there is broad representation on the council of individuals and organizations that will be impacted by the Oregon HIT Program.

In addition to statutory requirements regarding membership of the Council, the following principles are hereby adopted regarding membership composition. Council membership should include:
   • A broad mix of health care perspectives from providers, hospitals, health plans, and coordinated care organizations ("CCOs") including perspectives from various EHR/health IT tools (e.g., Epic and non-Epic users);
   • Subject matter experts that account for a "whole-person care" perspective, in areas such as behavioral health, dental health, and long-term care;
   • Subject matter expertise in privacy and security of electronic information.
   • Representation from consumers or patient advocates; and
   • Representation from individuals or organizations that work with disproportionately-affected populations including geographic diversity.

Chair/Vice-Chair

The Board will select the first Chair and Vice Chair of the Council from among the Members. After the initial term of office, the Council shall select a Chair and Vice-Chair from among its Members. The Council Chairs will serve for 24-months from the date of their election.

III. Goals of Health IT-Optimized Health Care in Oregon

The duties listed above frame the scope of the Council's activities. The Council will also be guided by *Oregon's Business Plan Framework for Health Information Technology and Health Information Exchange (2014-2017)*, released in May 2014 by the Oregon Health Authority.[1] This plan outlines three goals to achieve HIT-optimized health care in Oregon:

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[1] See: http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf

- Providers have access to meaningful, timely, relevant, actionable patient information to coordinate and delivery "whole person" care;
- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention. In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development;
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

These goals will inform the policy recommendations made by the Council and its committees or work groups.

IV. The Oregon Health Information Technology Program

House Bill 2294, Section 1 requires OHA to establish an Oregon HIT Program ("Program"). The Program is anticipated to include:
- Existing HIT and health information exchange services provided by OHA (e.g., CareAccord);
- New HIT and HIE services in development (e.g., Common Credentialing Program, Provider Directory);
- Partnerships and collaboratives (e.g., co-sponsorship of the Emergency Department Information Exchange Utility); and
- Other HIT and HIE initiatives (e.g. pilot projects, grants, etc.).

The Program is administered by the Office of Health Information Technology within OHA.[2]

The Council will play a key role in defining the strategic direction and priority of HIT efforts in Oregon including services offered by the Program. Once services become operational, the Council's role shifts to one of oversight and monitoring. The Council is responsible for reporting on the progress of these and other HIT efforts in the state to the Board.

V. Actions and Work Plan

Actions
The Council may take the following actions:
- Make formal recommendations and reports to the Board;
- Identifying priorities for HITOC work;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to HIT;
- Request data and reports to assist in preparing recommendations to the Board or the Congressional Delegation;
- Provide a Council Member to serve as a liaison to other committees or groups as requested.

Work Plan
The following work plan is offered to guide the work of the Council (2015-2017) to be updated as needed by formal action of HITOC and approval by the Board.

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[2] See our website for more information about these services, programs, and initiatives: http://healthit.oregon.gov.

Content Area	Topic
Policy Topics HB 2294: Identify and make specific recommendations to the Board related to health information technology ("HIT") to achieve the goals of health system transformation.	• Improving Interoperability across HIT/HIE investments in Oregon • Behavioral Health information sharing • Update Oregon HIT Strategic Plan • Other emerging policy issues
Oregon HIT Program HB 2294: Regularly review and report to the Board on OHA's HIT efforts including the Oregon HIT Program toward achieving the goals of health system transformation.	• Programs and Services (e.g. CareAccord, Technical Assistance, Common Credentialing, Provider Directory) • Partnerships/Collaboratives (e.g. Emergency Department Information Exchange (EDIE)/PreManage) • Initiatives and Pilots (e.g. Behavioral Health Information Sharing grant to Jefferson HIE (ONC), Telehealth pilot grants)
Health IT Environment HB 2294: Regularly review and report to the Board on efforts of local, regional, and statewide organizations to participate in HIT systems; this state's progress in adopting and using HIT by providers, health systems, patients and other users.	• Board Reporting Format Finalized • HIT Metrics and Dashboard Development • Monitoring EHR Incentive Program • Monitoring HIE efforts (e.g. HIT/HIE Community & Organizational Panel) • Behavioral Health Provider Survey (anticipated) • Other data/survey efforts as needed
Federal Law and Policy HB 2294: Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state's efforts in utilizing HIT.	• Meaningful Use Stage 3 and other relevant federal rules and policies • ONC Interoperability Roadmap • ONC Standards Advisory

To complete the work plan described above, the Council may charter committees and work groups as needed and take direction from the Board.

V. Staff Resources

The Council is staffed by the Office of HIT, as led by the Director of HIT, for the Oregon Health Authority. Support will be provided by other OHA leaders, staff, and consultants as requested or needed.

VI. Expectations for Council Meetings

In addition to the Council's By-Laws, the following expectations apply to all Council meetings:
- The Council will meet every other month beginning in September 2015, and continue at least quarterly.
- Location of meetings will alternate between Portland and Salem (with special exceptions);
- A standard meeting time will be established (with special exceptions);
- Ad hoc meetings can be called;
- All meetings will be public and documented on the Council website and meet requirements for public meetings: http://www.oregon.gov/oha/OHPR/HITOC/Pages/Meeting_Materials.aspx;

- Council members are expected to review materials ahead of the meeting and come prepared to discuss and participate.

VII. Amendments and Approval

This charter may be amended by vote of a 2/3 majority of Council members. An amended charter requires approval by the Board before it takes effect.

Proposed HITOC Membership
July 29, 2015

Name	Title	Organizational Affiliation	Location
Richard (Rich) Bodager, CPA, MBA	CEO/Board Chair	Southern Oregon Cardiology/Jefferson HIE	Medford, OR
Board Chair of Jefferson HIE, largest regional HIE in Oregon. CPA/MBA brings his financial expertise and extensive experience with analytics systems. He represents outpatient practices in Southern Oregon and has experience with both primary and specialty care. Business leader who is well versed in finance, analytics, security, privacy, law and governance. Jefferson HIE has a behavioral health workgroup and is actively pursuing solutions to behavioral health policy issues.			
Maili Boynay	IS Director Ambulatory Community Systems	Legacy Health	Portland, OR
As IT Director for Ambulatory Community Systems, very knowledgeable and experienced with health IT and quality improvement such as meaningful use/PQRS/Wellcentive. Member of implementation committee of the Unity hospital project (behavioral health solution), extending Epic to Albertina Kerr. Project managed dozens of EHR implementations (17 years of health IT experience).			
Robert (Bob) Brown	Retired Advocate	Allies for Healthier Oregon	Portland, OR
Represents consumers and patients. Has been a consumer advocate focused on health care system reform since 2006. Served on HITOC since its original inception in 2009, helped organize the Consumer Panel and participated in the Security Working Group.			
Erick Doolen	COO	PacificSource	Springfield, OR
As COO of PacificSource, brings the perspective of multiple lines of business (commercial, Medicare Advantage, and Medicaid (CCO)). They do business in other states so he brings that experience. His responsibilities include all aspects from strategy to day-to-day delivery of technology and operations. Former HITOC Member and HITOC Finance workgroup member.			

Chuck Fischer	IT Director	Advantage Dental	Redmond, OR
Advantage Dental has created an information exchange and is implementing connections with the Emergency Department Information Exchange (EDIE)/PreManage, with plans to extend to Epic and McKesson EHRs. Perspective is technology implementer, "someone in the trenches," who deals with health IT daily. Previously worked for a critical access hospital in Idaho.			
Valerie Fong, RN	CNIO	Providence Health & Services	Portland, OR
Regional CNIO for Oregon Region of Providence (representing 8 acute hospitals and 90 ambulatory clinics). Previously served in several roles at Kaiser Permanente including EHR design and implementation, IS governance, transitions of care and strategic alignment. Adjunct faculty for graduate students on informatics. Registered nurse; practical hands-on and big picture view.			
Charles (Bud) Garrison	Director, Clinical Informatics	Oregon Health & Science University	Portland, OR
Represents academic medicine in addition to inpatient, perioperative and ambulatory clinical and operational workflows in a multi-site environment. In current role, he has gained experience in dealing with clinical workflows and EHR build related issues, governance, privacy, release of information, etc.			
Brandon Gatke	CIO	Cascadia Behavioral Healthcare	Portland, OR
Runs IT and analytics departments for largest nonprofit behavioral healthcare provider in Oregon. Brings in-depth experience on hurdles and technical opportunities for residential and outpatient care environments. Served on Oregon Health IT Task Force which developed the current Business Plan Framework for Health IT in Oregon.			
Amy Henninger, MD	Site Medical Director	Multnomah County Health Department	Portland, OR
Represents medical provider perspective as well as community health centers in the Portland Metro Area. Experienced in clinical operations and still see patients. Works closely with community services at Multnomah County. Leader in rolling out MyChart (patient portal) and experienced in EHR implementation and updating.			
Mark Hetz	CIO	Asante Health System	Medford, OR
Represents health system with one of the few inpatient behavioral units in the state; providing insight into handling/sharing behavioral health information. Involved in the formation and growth of Jefferson HIE in Southern Oregon. Served on previous HITOC workgroups and the Health IT Task Force.			

Betty Kramp, RN	Clinical Applications Coordinator	United States Public Health Service (Currently: Indian Health Services, Klamath Tribal Health & Family Services)	Chiloquin, OR
Brings perspective related to Indian Health Services and also the voice of consumers. Implemented medical EHR and more recently Behavioral Health NextGen product. Formerly a clinical background in general surgery, long-term care, federal prison health care, and family practice.			
Jim Rickards, MD	Health Strategy Officer	Yamhill Community Care Organization	McMinnville, OR
Radiologist; physician perspective and CCO health strategy officer working mainly on physical health. Implemented a CCO-wide tele-dermatology network. Understands health IT from a day-to-day practice standpoint.			
Sonney Sapra	CIO	Tuality Healthcare	Hillsboro, OR
Represents community-based health system in Hillsboro, risk accepting entity within Health Share CCO. As CIO, involved in security/privacy, informatics, health information exchange, etc. One of the few non-Epic EHR sites in the Portland Metro Area.			
Greg Van Pelt	President	Oregon Health Leadership Council	Portland, OR
Represents membership organization including major health plans, health systems, CCOs, and large medical groups and associations across the state. Works closely with OHA on EDIE/PreManage. Served as Chair of Health IT Task Force.			

Demographic Information

Gender: 29% of the proposed members are female; 71% are male
Race: 85% of the proposed members identify as white; 14% identify as Asian or Pacific Islander.
Ethnicity: All members identify as non-Hispanic
Disability: one (8%) member identified as disabled.

Current Health IT Oversight and Governance Environment

July 2015

Policy, Strategy & Oversight	Implementation and Operations

External Groups
• Health Information Technology Oversight Council (HITOC)*
   - HIT/HIE Community & Organizational Panel (HCOP)*
 	
Internal Groups
• OHA Behavioral Health Information Sharing Workgroup
	External Advisory Groups
	• CCO Health IT Advisory Group (HITAG)*
	• Common Credentialing Advisory Group*
	• Provider Directory Advisory Group*
	
	Internal Groups
	• Executive Steering Committee
	   - Provider Directory Project Steering Committee
	   - Common Credentialing Project Steering Committee
	   - Clinical Quality Metrics Registry (CQMR) Project Steering Committee
	• OHA/DHS Internal Advisory Group

Other Relevant Health IT Groups
Oregon Health Leadership Council (OHLC) Emergency Department Information Exchange (EDIE) Utility Governance Committee*

* See attached membership list

Current Health IT Oversight and Governance
External Group Membership Lists
July 2015

Oregon Health Authority's Health Information Technology Oversight Council
Proposed Membership: July 2015

Richard (Rich) Bodager, CPA, MBA	CEO/Board Chair	Southern Oregon Cardiology/Jefferson HIE	Medford, OR
Maili Boynay	IS Director Ambulatory Community Systems	Legacy Health	Portland, OR
Robert (Bob) Brown	Retired Advocate	Allies for Healthier Oregon	Portland, OR
Erick Doolen	COO	PacificSource	Springfield, OR
Chuck Fischer	IT Director	Advantage Dental	Redmond, OR
Valerie Fong, RN	CNIO	Providence Health & Services	Portland, OR
Charles (Bud) Garrison	Director, Clinical Informatics	Oregon Health & Science University	Portland, OR
Brandon Gatke	CIO	Cascadia Behavioral Healthcare	Portland, OR
Amy Henninger, MD	Site Medical Director	Multnomah County Health Department	Portland, OR
Mark Hetz	CIO	Asante Health System	Medford, OR
Betty Kramp, RN	Clinical Applications Coordinator	United States Public Health Service (Currently: Indian Health Services, Klamath Tribal Health & Family Services)	Chiloquin, OR
Jim Rickards, MD	Health Strategy Officer	Yamhill Community Care Organization	McMinnville, OR
Sonney Sapra	CIO	Tuality Healthcare	Hillsboro, OR
Greg Van Pelt	President	Oregon Health Leadership Council	Portland, OR

Oregon Health Authority's Health Information Technology and Health Information Exchange Community and Organizational Panel (HCOP)
Updated: May 2015

Gina Bianco	Acting Executive Director	Jefferson Health Information Exchange	Medford, OR
Pat Bracknell	Executive Director	Central Oregon Health Connect	Bend, OR
Susan Kirchoff	Consultant	Emergency Department Information Exchange (EDIE)	Portland, OR
Britteny Matero	CareAccord Director	CareAccord	Beaverton, OR
Stephanie Mendenhall	Service Integration Manager	Jackson County Health & Human Services	Medford, OR
Klint Peterson	Project Manager	IHN-CCO Regional Health Information Collaborative	Corvallis, OR
Deborah Rumsey	Executive Director	Children's Health Alliance	Portland, OR

Oregon Health Authority's Health Information Technology Advisory Group
Updated: April 2015

Chris Diaz	VP of Information Technology & Services	FamilyCare CCO	Portland, OR
Shayne Dunbar	Programmer/Analyst	Trillium CCO	Eugene, OR
Greg Fraser	CMIO	WVP Health Authority (WVCH)	Salem, OR
Phil Greenhill	CEO	WOAH	Coos Bay, OR
Chuck Hofmann	Physician, St. Alphonsus Medical Group	Eastern Oregon CCO	La Grande, OR
Amit Shah, MD	Senior Medical Director	CareOregon (Jackson Care Connect, Columbia Pacific CCO)	Portland, OR (and Southern OR)
Brian Wetter	VP, Business Intelligence and Infrastructure	PacificSource	Springfield, OR
Justin Zesiger	IT Director	AllCare CCO	Grants Pass, OR

Oregon Health Authority's Provider Directory Advisory Group
Updated: April 2015

Gina Bianco	Acting Executive Director	Jefferson HIE	Medford, OR
Christopher Boyd	Data Analyst Supervisor	Women's Healthcare Associates	Portland, OR
MaryKay Brady	Consultant	Oregon Medical Association	Molalla, OR
Monica Clark	Business Systems Analyst	Kaiser Permanente	Portland, OR
Mary Dallas, MD	Chief Medical Information Officer	St. Charles Health System	Bend, OR
Liz Hubert	Asst. Director Provider Systems & Strategy	Regence Blue Cross Blue Shield	Portland, OR
Martin Martinez	IT VP	PacificSource	Springfield, OR
Laura McKeane	Oral Health Integration Coordinator	AllCare	Grants Pass, OR
Maggie Mellon	Senior Digital Product Manager	Providence Health & Services	Portland, OR
Kelly Keith	IT Admin	Greater Oregon Behavioral Health	The Dalles, OR
Jessica Perak	Manager, Provider Analytics, Underwriting & Actuarial	Moda	Portland, OR
Robert Power	VP-Chief Information Officer	Samaritan Health Services	Corvallis, OR
Stephanie Renfro	Research Associate	OHSU Center for Health Systems Effectiveness	Portland, OR
Nikki Vlandis	Provider Data Mgmt. and Credentialing	FamilyCare	Portland, OR
Hongcheng Zhao	CIO	Portland IPA	Portland, OR

Common Credentialing Advisory Group *Updated: November 2014*			
Debra Bartel	Clinic Administrator	Portland Diabetes & Endrocrinology Center PC	Portland, OR
William C. Donlon	Oral & Maxillo-Facial Surgeon	Retired	Ashland, OR
Erick Doolen	Executive VP/COO	Pacific Source	Springfield, OR
Larlene Dunsmuir	Family Nurse Practitioner	Oregon Nurses Association/Nurse Practitioners of Oregon	Oregon City, OR
Michael Duran	Psychiatrist	Oregon State Hospital	Salem, OR
Tooba Durrani	Practitioner	Oregon Association of Acupuncture and Oriental Medicine (OAAOM)	Portland, OR
Denal Everidge	Medical Staff Coordinator	Oregon Health & Sciences University	Portland, OR
Kevin Ewanchyna	Chief Medical Officer	Samaritan Health Plans/IHN CCO	Corvallis, OR
Andre Fortin	Manager, Provider Relations	LifeWise Health Plan of Oregon	Portland, OR
Stephen Godowski	Credentialing Coordinator	Therapeutic Associates, Inc. & NW Rehab Alliance	Tigard, OR
Kathleen Haley	Executive Director	Oregon Medical Board	Portland, OR
Joanne Jene	Physician/Anesthesiologist/ Retired	Oregon Medical Association/Oregon Society of Anesthesiologists	Portland, OR
Rebecca L. Jensen	Manager	Kaiser Permanente	Portland, OR
Shannon Jones	Human Resources Manager, Dentist Relations and Recruitment	Willamette Dental Group	Hillsboro, OR
Julie McCann	Supervisor, Credentialing	MODA Health	Portland, OR
Kecia Norling	Administrator	Northwest Ambulatory Surgery Center	Portland, OR
Joan A. Sonnenburg	Director Medical Staff Services	Mercy Medical Center	Roseburg, OR
Jean G. Steinberg	Director Medical Staff Services	St. Charles Health Systems	Bend, OR
Nicholetta Vlandis	Senior Manager, Provider Education Services, Credentialing & PDM	FamilyCare CCO	Portland, OR

Oregon Health Leadership Council's Emergency Department Information Exchange (EDIE) Utility Governance Committee *Updated: July 2015*			
Mark Hetz	CIO	Asante Health	Medford, OR
Kelly Kaiser	CEO	Samaritan Health Plans	Corvallis, OR
Theron Park	COO	Providence Health and Services, Oregon	Portland, OR
Jaime Nichols	Director of Continuous Improvement	Salem Health	Salem, OR
Dan Grigg	CEO	Morrow County Health District	Heppner, OR
Sheri Redman	Director of Provider Operations	The Regence Group	Portland, OR
Brian Wetter	VP, Business Intelligence and Infrastructure	PacificSource Health Plans	Springfield, OR
Bill Murray	COO	Family Care	Portland, OR
Patrice Korjenek	COO	Trillium	Eugene, OR
Prasanna Chandran	Family Practice	The Portland Clinic	Portland, OR
Sharon Meieran	Emergency Physician	Kaiser Permanente	Portland, OR
Amit Shah	Senior Medical Director	CareOregon	Portland, OR
Andy Van Pelt	COO	OAHHS	Portland, OR
Susan Otter	Director of Health Information Technology	Oregon Health Authority	Portland, OR