

Health Information Technology Oversight Committee

April 1st, 2010

1 – 5 pm

Portland State Office Building

Room 1A

800 NE Oregon St.

Portland, OR

Council Members Present:

Bill Hockett, Dave Widen, Brian DeVore, Robert Rizk, Greg Fraser MD (via phone), Steve Gordon MD, Sharon Stanphill, Bridget Haggerty, Marie Laper, Bob Brown, Rick Howard

Council Members Absent:

Strategic Workgroup Members Present:

Doug Ritchie (via phone)

Staff:

Carol Robinson, Susan Otter, Kahreen Tebeau, Oliver Droppers, Dave Witter, John Hall, Chris Coughlin, Julie Harrelson, Mindy Montgomery, Jeanene Smith, Sean Kolmer

Review Agenda and Proposed Outcomes – Steve Gordon (0:01:40.00)

Refer to agenda and slidedeck, slides 2-3

Plan Development Update and Discussion – Susan Otter (0:02:56.00)

Refer to meeting materials: “Oregon Strategic and Operational Plan – Writing Schedule”

Refer to slidedeck, slides 4-5

- Ongoing analysis and updating of all state plan requirements.
- Developing a “working hypotheses” chart.
- Internal drafts to be prepared in “rounds.”
- Developing the Plan via a tightly managed timeline, writing schedule and end-game. Plan due August 30th.
- Future work is intended to develop more accurate estimates on how best to address financial sustainability of statewide HIE, between August 2010 and February 2011.
- Question: what is the rationale for phases of the writing rounds? Response: reviewed the ONC checklist, identified content to create based upon the HITOC and Strategic Workgroup (SWG) meeting schedule with additional consideration of “interdependences” of the five domains.
- Question: when will the public have an opportunity to provide input? Response: multiple monthly HITOC Webinars, State HIO Summit in April, and other public meetings (TBA).
- Finalized draft will be presented in a series of statewide community forums during summer.

Approval of Minutes:

- S. Gordon introduces motion to approve minutes from both February and March HITOC meetings.
- Marie Laper – motion to approve; Bob Brown – second; no discussion, all in favor; approved without further discussion.

Strategic Overview and Discussion – Julie Harrelson, Carol Robinson & John Hall (0:18:53.00)

Refer to meeting materials: “HITOC Strategic Workgroup Meeting Summary: Topic, Technology”
Please refer to slidedeck, slides 7-12:

- In general, SWG is working very well. High-level of confidence in Workgroup; information coming out is viewed as reliable and valuable by HITOC members.
- Other states vary in terms of types and number of Workgroups. Oregon appears in the middle of the spectrum in terms of variation found in other states’ Workgroups.
- Process for moving forward will continue leveraging best practices and monitoring evolving standards nationally.
- Workgroup recognizes interdependencies in its decision-making processes.

Discussion – Governance and Technology Intersection

- Scale and scope of services potentially offered by a non-profit state HIO to be determined.
- Assessment of long-term financing prior to creation of non-profit is critical.
- Phase 3 of governance and technology is as “needed.”
- Two additional Workgroup meetings in May to review interdependencies and consider remaining domains and related issues.
- Question: it appears there is a discrete distinction between Phases 1 and 2, but not necessarily between Phases 2 and 3? Response: transition from Phase 2 to Phase 3 will be dependent on financial stability and existence of gaps in HIE coverage.
- Question: is the Workgroup looking at how to mitigate risks? Response: the Strategic and Operational Plan requires risk assessments. Workgroup is thoughtfully considering how best to mitigate financial risks and maximize federal grant monies.

Overview of Key Developments:

- Federal notice of Purposed Rule Making from ONC regarding EHR certification.
- Temporary program for certifying EHRs; permanent program planned for certification when designated authorized certification bodies established.
- NHIN Direct will allow providers to move data from point A to point B.
- Open questions around policy still to be addressed by NHIN Committee.
- Too early to determine how NHIN Direct will impact HIE in Oregon.

Discussion:

- Question: does NHIN only relate to interstate HIE? Response: NHIN Direct is not limited to either “intrastate” or “interstate” HIE. NHIN Direct will be incorporated into Oregon’s HIE planning process.
- Question: is NHIN Direct technology that providers will use to communicate with one another? Response: providers will still need EHRs to connect with one another. NHIN is a set of policies, standards, and services, and provides security fabric that allows for HIE.
- Question: is there a difference between Continuity of Care Record (CCR) and Continuity of Care Document (CCD)? Response: the difference between CCR and CCD involves different messaging standards for health information created by different entities. NHIN Direct will support both CCR and CCD.

Discussion – Technology Models:

- Models 1 and 2 offer different paths for developing statewide HIE.
- Model 1 focuses on technology standards and certification for interoperability between HIOs.

- Model 2 focuses on a statewide HIO offering centralized services.
- Due to consideration around efficiencies and access, a hybrid of Models 1 and 2 is recommended by Strategic Workgroup to be most suitable for Oregon.
- Interoperability achieved by presence of a statewide body that sets technology standards focused on information exchange.
- Strategy for HIO coverage gaps yet to be determined but exploring options.
- From a strategic perspective, not necessarily looking at creating or developing a centralized service for a statewide HIO. Rather a hybrid approach would likely involve a statewide entity establishing standards and certification criteria.
- Question: who or what is the statewide entity or body? Is this a new government entity or does it already exist? Response: assumption is that governance of a statewide HIO, whether the organization already exists or is to be created, has not been determined at this point and is considered part of Phase 2, potentially.
- Question: do we need to codify HITOC's support for the recommendations provided by Workgroup? Response: Workgroup provides "input" rather than formal recommendations. HITOC is to assess whether Workgroup is moving in the right direction.
- General consensus was indicated by HITOC members about direction taken by Workgroup as appropriate.

Discussion:

- A phased approach allows for the HIO market to develop and mature, with HITOC serving as the standards and certification body.
- In future planning, Phases 2 and 3 will require extensive consideration and assessment of financial sustainability and feasible business case(s).
- Question: how does NHIN Direct impact the business value propositions? Response: NHIN Direct, in theory, will offer a very simple and secure way to connect two providers. We can expect to build upon emerging NHIN standards but provide additional value added services.

HITOC Responsibilities: HB 2009 – Carol Robinson, Judy Mohr-Peterson, Rick Howard (1:43:00.00)

Refer to slidedeck, slides, 13-18

Update – Medicaid Transformation Grant (MTG):

- In 2007, Oregon Department of Human Services (DHS) received a federal MTG to develop electronic personal health records for Oregon Health Plan clients.
- As of January 2010, mutual agreement between DHS and vendor to no longer continue the Health Record Bank of Oregon (HRBO) Project.
- With encouragement from federal partners, a new proposal was submitted and approved by Centers for Medicare and Medicaid Services (CMS).
- Revised project will develop health records or "profiles" for foster children.
- Question: is DHS looking at what other states have done? Response: yes, DHS is looking at what other states have done and are now doing, in particular around coordination of care for foster children.
- Lessons from HRBO will be integrated in new project, guided by good stewardship of public finances in repurposing of the MTG project.

Update – Medicaid Planning Advanced Planning Document (PAPD) Award:

- State awarded approximately \$3.5 million to develop the state's Medicaid health IT strategy.

- Oregon has adopted an integrated approach in developing its Medicaid health IT strategy by including Public Health, Addictions and Mental Health /Behavioral Health, Senior and People with Disabilities, and Children, Adults, and Families (CAF). Goal is to develop a plan that looks at integration of numerous DHS programs.
- DHS engaging and working with multiple programs to ensure Medicaid population is receiving the “full benefit” presumed to be achieved with the exchange of health information.
- Recognition of the excellent work of Susan Otter and Aaron Karjala and their efforts on the state Medicaid Plan.

Review of HITOC Responsibilities/HB 2009:

- Significant focus on HIE planning to date. Recognizing the importance of also paying attention to other responsibilities or activities going on in Oregon.
- HB 2009 tasks HITOC with oversight of multiple health IT programs (refer to slides 13-14). This includes oversight of Medicaid Planning and HRBO.
- HITOC’s responsibilities overlap with the REC in terms of EHR adoption strategies.

Legal and Policy Overview – Kahreen Tebeau (2:17:45.00)

Refer to meeting materials: “Legal and Policy Brief: Privacy and Security”

Please refer to slide deck, slides 19-22

- Four main components of security and privacy framework: consent policy, security, accountability and oversight, and inter-state agreements.
- Existing Oregon law governs a range of information designated as specially protected health information including mandatory public health/disease reporting requirements.
- Future decisions may include recommendations for amending current Oregon law.
- Need for flexibility in creating state HIE plan due to interdependencies with other domains.

Updates – Chip Taylor and Carol Robinson (2:24:40.00)

Please refer to O-HITEC presentation materials and slidedeck, slide 23

- Update on O-HITEC activities.
- Challenges to date: federal money has not begun to flow readily, developing assessment tools around MU criteria, and waiting for completed state HIE Strategic Plan.
- Released in March was federal RFP for RECs to provide services to Critical Access Hospitals.
- Question: what is the relationship between the work O-HITEC is doing and HITOC?
Response: HITOC staff met almost weekly with O-HITEC, exploring how to apply current and future resources most effectively in the state.

Public Comment Opportunity (2:48:39.00)

Chris Apgar: Apgar and Associates.

- Written testimony provided by Chris Apgar. Copies are available to the public upon request.

Steve Modesitt: Public Health Informatics Coordinator with Oregon Department of Human Services

- Written testimony provided by Steve Modesitt. Copies are available to the public upon request.

Final Wrap Up Comments (2:59:00.00)

Adjourned at 4:27 pm

Next meeting will be held in Salem on May 6: 10:00-5:00 pm