Health Information Technology Oversight Council

Thursday, December 2, 2010

1:00 p.m. - 5:00 p.m.

Portland State Office Building, Room 1D

Council Members Present: Steve Gordon, Bob Brown, Brian DeVore, Gregory Fraser, Bill Hockett, John Koreski, Marie Laper, Sharon Stanphill, Dave Widen
Council Members Participating by Phone: Bridget Haggerty
Ex-officio Members Present: Mel Kohn
Council and Ex-officio Members Absent: Robert Rizk, Judy Mohr-Peterson
Staff Present: Carol Robinson, Oliver Droppers, John Hall, Kahreen Tebeau, Tom Wunderlich, Joe Jennings, Julie Harrelson, Chris Coughlin, Dave Witter, John Hall, Mindy Montgomery
Guests Present: Susan Otter, Sean Kolmer, BJ Cavnor, Gwen Dayton

Opening and Welcome – Steve Gordon and Carol Robinson

Approval of Minutes from November 4, HITOC Meeting.

- Motion to approve: Steve Gordon; second: Bill Hockett; all in favor: approved without further discussion.
- Introduce new HITOC staff, Tom Wunderlich and Joe Jennings

Updates – Carol Robinson

Refer to slide deck, slide 4

- Delegates from Oregon, including the State HIT Coordinator will participate in the upcoming Office of the National Coordinator for Health IT (ONC) All-Grantee Conference in Washington DC
- Coordination between the O-HITEC and HITOC is strongly expected by ONC
- Launch of Ad Hoc Committees that will include e-prescribing and laboratory stakeholder groups

HITOC Response to ONC Request on Oregon's HIE Plans – Carol Robinson

Refer to meeting materials: "Oregon HIE Response to the Office of the National Coordinator for HIT: Addendum to Strategic and Operational Plans for Oregon."
Refer to slide deck, slides 5-7
Oregon submitted a 58-page response addressing ONC's questions regarding Oregon's Strategic and Operational Plans. Key elements addressed in Oregon's response were:

- Environmental scan, including structured lab results gap analysis
- "White space" issue - areas currently unserved by an HIO
- Clarification of interoperability in Phase One
- Potential standards and practices for HIE accreditation
- Coordination activities with Oregon's Medicaid planning team and other federally funded state programs
- Updated project plan, resource assignments and interdependencies
- Plans for statewide service coverage: extent and timing of roll out
- A commitment to national standards; and
- Oregon's approach in developing a statewide privacy and security framework

Project Update for Medicaid HIT Project – Susan Otter

Refer to meeting materials: "Determining Whether to Seek CMS Approval to Expand Meaningful Use Required Objectives."
Refer to slide deck, slides 8-19

- Oregon's Medicaid Health IT Project is working with a joint technology project involving 17 states, referred to as the Medical Assistance Provider Incentive Repository (MAPIR), to calculate patient volume and incentive payments.
- Payment formulas were reviewed and discussed. Oregon selected "Patient Encounter" method and is considering the "Panel Plus Encounter" method.

A survey of 1100 stakeholders was conducted, results to be reported next month.

- Update on Oregon's Medicaid HIT project including hospital payment formula for MU incentive payments. The MHIT Leadership Team put forth the following payment structure for Medicaid EHR Incentive Program hospital payment structure: year 1 (50%), year 2 (40%), and year 3 (10%).
- Under the final meaningful use (MU) criteria issued by the Centers for Medicare and Medicaid (CMS) on July 13, 2010, states have the individual discretion to require any of four previously identified MU objectives to be considered core requirements for Medicaid providers. The MHIT Project Steering Committee requested a review by HITOC of their recommendation with the acknowledgement that the Director of OHA in consultation with the State Medicaid Director will make the final decision.
- Following a presentation by Susan Otter, MHIT Project Director, describing the four menu items that could be moved to core, an overview of the process, and the MHIT Leadership recommendation, Dr. Mel Kohn opened the discussion with comments urging HITOC to recommend moving at least one item to the core set.
- Dr. Kohn argued that the placement by CMS of all of the Public Health meaningful use objectives in the menu set, and none in core raises serious concerns that Public Health needs are not central to the implementation of a statewide Health Information Exchange (HIE) and meaningful use at the federal level. He urged Oregon to make an unequivocal statement that we view Public Health needs as every bit as "core" as objectives focusing on direct patient care by recommending that at least one Public Health meaningful use objective be included in the core set of objectives. He suggested that the immunization registry item seemed to be the best candidate at this time. A concrete example of the impact this could have was shared with HITOC. During the H1N1 pandemic, Public Health had great difficulty getting real time data to inform policy decisions about vaccine prioritization. A functional HIE system linked to ALERT could have provided that information.
- There was an extended discussion focusing on the importance of Public Health, and how to balance that with the potential burden, particularly for smaller, rural providers. Ultimately, members of HITOC voted 5 (yea) to 4 (nay) to support the MHIT recommendation, and then voted 8 (yea) to 1 (nay) to recommend that the Immunization registry item only be moved to core.
- Steve Gordon, Chair of HITOC, expressed concern that CMS gave states discretion in this area because it allows for differences to develop between the Medicare and Medicaid incentive programs, as well as putting states in the unfortunate position of deciding between the advancement of Public Health and the burden on providers. There was an acknowledgment by all participants, including Dr. Mel Kohn that it was important to express to Dr. Goldberg and CMS the difficulty of this decision.

Legal and Policy Work Group Update – BJ Cavnor, Gwen Dayton

Refer to meeting materials: "Summary Progress Reports from Nov 9th and Nov 17th Legal and Policy Workgroup Meetings."

Refer to slide deck, slides 5-7

- The Legal and Policy Workgroup developed a recommendation for an "opt-out with exceptions" consent model for Health Information Exchange (HIE). The exceptions are for Specially Protected Health Information, for which patients would have to actively opt in to enable health information sharing.
- Development of an implementation consent recommendation is undergoing further discussion.
- Cultural competence of informed consent collection and explanation is a key consideration.
- Recent changes in the Health Insurance Portability and Accountability Act (HIPAA) create new requirements, which may not be fully understood by the public or providers.

Workgroups and Panels: Overview to Date – Carol Robinson

Refer to meeting materials: "Summary Progress Reports" Consumer Advisory Panel, November 16th Mtg; Joint Finance and Technology Workgroup, Nov. 10th Mtg; and, Technology Workgroup, November 18th Mtg."
Refer to slide deck, slides 20-42

Accreditation Subcommittee and HIO Panel Update – Carol Robinson

- An accreditation proposal is being drafted for approval by HITOC.

Consumer Advisory Panel Update – Chris Coughlin

- Panel was very interested in the issue of informed consent, and requested that HITOC consider monitoring and enforcement mechanisms in Oregon.
- There is a plan to engage in dissemination to the broader public, which will be considered at future meetings in 2011.
- The panel will be expanded with the addition of at least one additional individual with expertise in Mental Illness issues.

Technical Workgroup Update – John Hall

- Workgroup reached consensus on set of core services previously that includes specific trust services (such as x.509 digital certificates), HIE and Provider Registry (based on national standards and recommendations, with ongoing monitoring), "Push" (messaging) services aligned with Direct Project standards, and providing step up and step down mechanism compliant with the National Health Information Network (NHIN) Gateway specifications, such as NHIN Connect.
- Change in the following terminology: "ELPD" (Entity Level Provider Directory) and "ILPD" (Individual Level Provider Directory) in place of "HIE Registry" and "Provider Registry."
- Potential of these services to provide cost savings to both the public and private sector is considerable and will be explored further.

Finance Work Group Update – David Witter

- Joint meeting of Technology and Finance Work Group on November 10, 2010.
- Workgroup concurred on core HIE services proposal put forward by the Technology Workgroup.
- A subgroup is working collecting and analyzing costing data on core HIE services.
- Workgroup is exploring possibilities for revenue producing services to finance the utility function of HIE while long-term funding is assessed.

Health Benefit Insurance Exchange – John Koreski

- Oregon will submit a grant proposal on Dec. 22 for support to build a health insurance exchange system/technology. This is an opportunity for Oregon to show leadership.
- A key goal is to create integration between commercial and Medicaid insurers, and a seamless transition between those two.
- The Health Policy Board has been very focused on getting Oregon's insurance exchange ready.
- If awarded, Oregon will have two years to get the insurance exchange up and running, by 2013.

Written Testimony Received – Carol Robinson

- Written testimony from Mr. Chris Apgar has been received and HITOC's written response is included in the packet.

Public Comment

Dr. M. Saslow:

- Highlighted the importance around the inclusion of nursing homes in the Technical Workgroup slides, and reminded HITOC to also include long-term care providers in its ongoing work around HIT and HIE.

Next Steps – Steve Gordon and Carol Robinson

- A working retreat is planned for January 20th, 2011 in Salem.
- A presentation of how HIE and HIT will relate to Public Health was proposed for the meeting.
- Meeting adjourned at 5 pm.