Health Information Technology Oversight Council

Third Meeting

December 9, 2009

1:00-5:00 PM

AGENDA

- 1:00- 1:05 Review Agenda and Proposed Outcomes
- 1:05- 1:30 Update and Progress to Date
  - November meeting minutes
  - Currently Available Funding From ONC
- 1:30-1:45 Reviewing HITOC's Charge
- 1:45-3:10 HIE Governance
  - Proposed Public/Private Model Presentation
  - Interview Feedback and Discussion
- 3:10-3:20 Break
- 3:20- 4:00 Engagement Process
  - HIE Planning Workgroup
  - Nominating process / timeline
  - Survey results
  - Stakeholder Webinars
  - Ad Hoc Stakeholder meetings
- 4:00- 4:15 Public Comment Opportunity
- 4:15- 4:45 Oregon Health Authority Presentation (Dr. Bruce Goldberg)
  - Using HIT/HIE to support the infrastructure for Oregon's health reform goals
  - The ongoing role of HITOC within OHA
- 4:45-5:00 Board Comments

Outcomes for Today's Meeting

- Updates provided on currently available ONC funding opportunities
- Clarify goals and end state of HIE
- General agreement regarding governance direction
- Confirm workgroup and stakeholder input process
- Review Oregon Health Authority health reform goals and relationship to HITOC

Currently Available Funding Opportunities from the ONC

- Regional Extension Center (cycle 2)
- Beacon Communities
- Curriculum Development
- Community College Consortia

Health Information Technology Extension Program (cycle 2)

- Establish Health Information Technology Regional Extension Centers
- Provide technical assistance to accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs)
- Preliminary Application due December 22, 2009
- Full Applications due January 29, 2010
- OCHIN applied in Cycle 1

Beacon Community Program

- Approximately 15 cooperative agreements with communities.
- $220 million to build and strengthen health IT infrastructure and health information exchange capabilities in community, including strong privacy and security measures to achieve measurable improvements in health care quality, safety, efficiency, and population health.
- Qualified non-profit organizations or government entities to be lead organization.

Beacon Community Program

- Communities selected to represent a variety of health settings and populations, including rural and underserved communities and other vulnerable populations.
- Additional $15 million will be provided for technical assistance to the communities and to evaluate the success of the program.
- Applications due February 1, 2010.
- Award decisions anticipated in March 2010.

Curriculum Development Centers

- One component of the HIT workforce program
- $10 million in grants to institutions of higher education (or consortia thereof) to support health information technology (health IT) curriculum development
- Up to 5 grants to be awarded
- Key Dates
  - Letter of Intent - January 4, 2010
  - Application Due Date - January 14, 2010
  - Anticipated Award Date – March 15, 2010

Community College Consortia

- Community College Consortia to Educate Health Information Technology Professionals in Health Care
- Establish intensive, non-degree training programs that can be completed in six months or less
- $70 million available across 5 regions over 2 years
- Key Dates:
  - Letter of Intent – January 6, 2010
  - Application Due Date – January 22, 2010
  - Anticipated Award Date – March 15, 2010

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Community College Consortia

National goal to train 10,500 students annually in 6 months or less to be part of the HIT workforce

Use curriculum developed through the Curriculum Development Center Program

Six HIT Workforce Roles:

- Practice workflow and information management redesign specialists;
- Clinician/practitioner consultants;
- Implementation support specialists;
- Implementation managers;
- Technical/software support staff; and,
- Trainers.

Community College Consortia Regional Information

- Oregon grouped with 8 other Western states
- 5 – 8 community colleges from the region are expected to participate
- Approximately $6.2 million available for the region
- Minimum of 750 students trained annually

Setting Priorities and Vision for HITOC

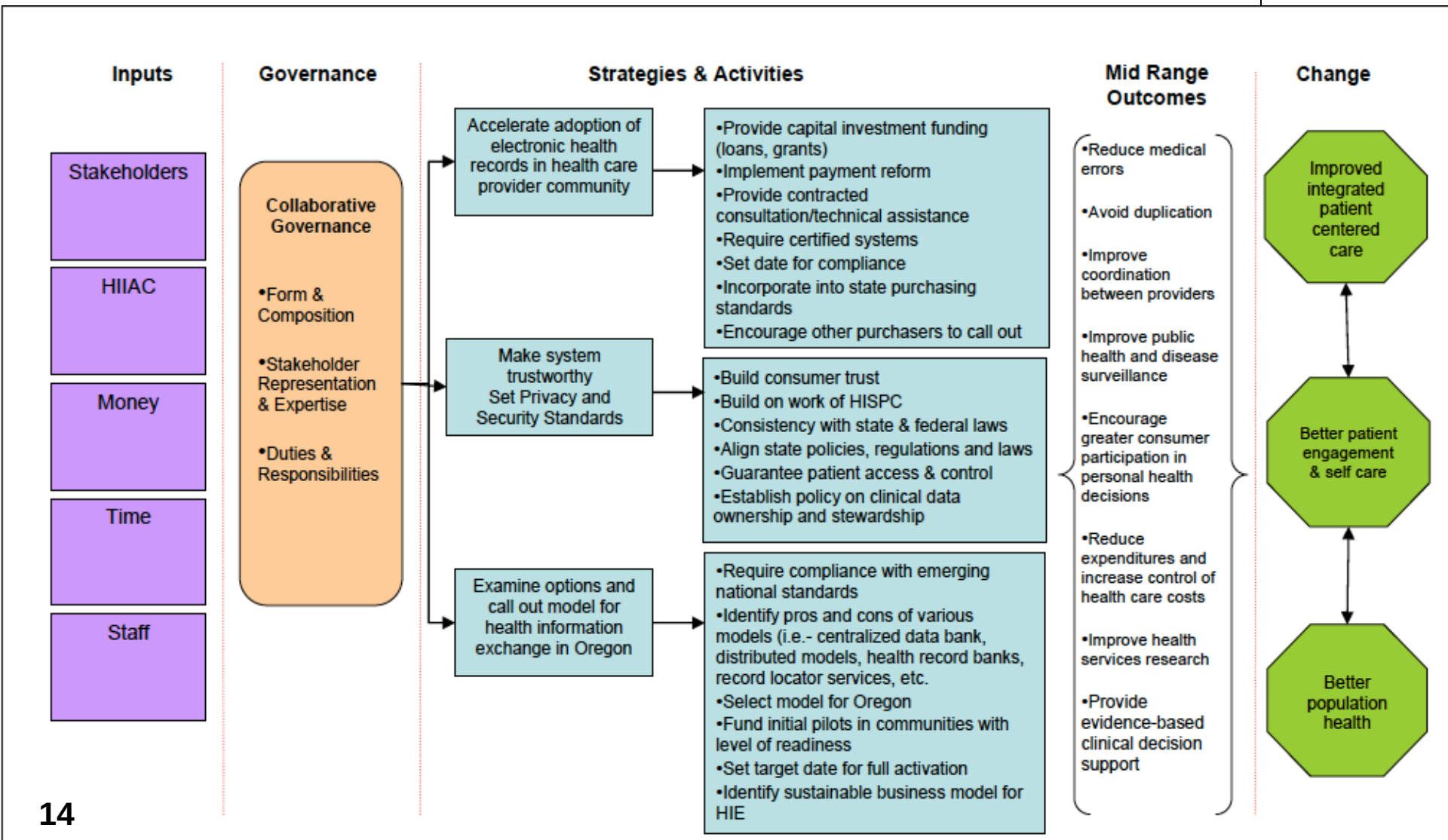
"Someday, all this will be infrastructure."

Background: HIIAC Health Information Infrastructure Development Goals

In order to improve health and reduce costs, an Oregonian's health information:

- Is available when and where it is needed to support clinical-decision making and high quality care
- Is private and secure and only exchanged with the authorization of the individual in ways that comply with federal and state law
- Improves public health and population-based care decision-making
- Enables individuals to take an active role in their health through access and control of their health information and tools to help them make informed choices.

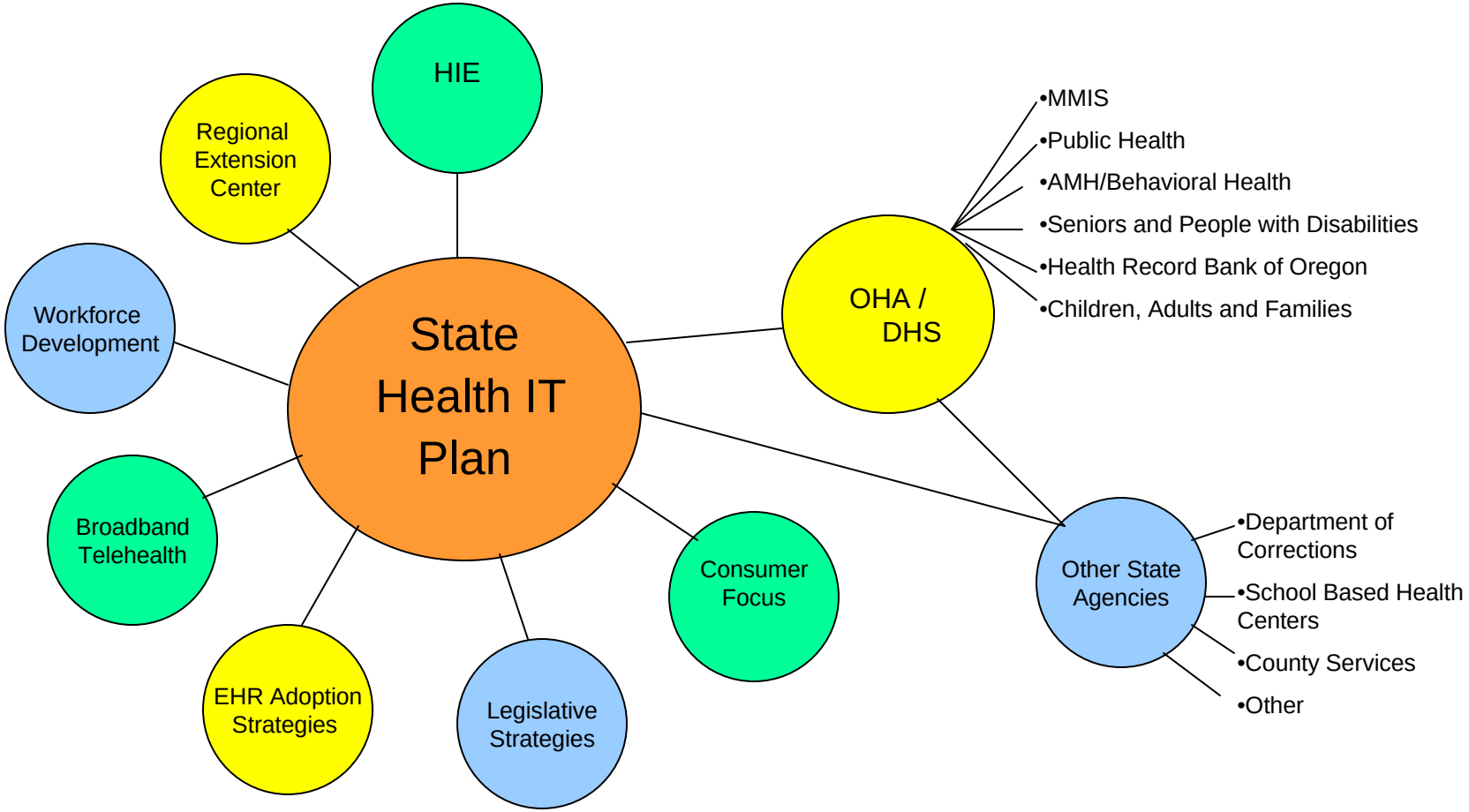
HIIAC Logic Model For an Oregon Health Information Infrastructure



HITOC's Role: Oregon's HIT/HIE Infrastructure

- HITOC duties defined in HB2009
- HITOC purpose: to develop a health information infrastructure that will enable the health reform goals of Oregon
- Federal financial opportunities present requirements and a framework from which to develop strategies and operations
- HIIAC/HISPC/Oregon Health Fund Board all provided critical background and stakeholder feedback to the process that will be built upon to meet both the goals of the Oregon Health Authority and the Federal Government

Strategic planning begins now, will be ongoing, and will encompass many elements.



Determining an Appropriate Oversight and Operating Governance Model for HIE in Oregon

"Someday, all this will be infrastructure."

Contents

- Oregon strategic plan HIE governance requirements
- ONC goals for state-level governance of HIE
- Oregon federal reporting requirements for governance
- State-level HIE governance roles and functions
- Proposed model for collaborative HIE governance in Oregon (The Oregon Health Information Exchange (OR-HIE))*
- Considerations for the OR-HIE

***Working title**

Oregon HIE Strategic Plan Governance Requirements

- ***Collaborative Governance Model*** - The Strategic Plan must describe the multi-disciplinary, multi-stakeholder governance entity including a description of the membership, decision-making authority, and how the governance model will align with emerging nationwide HIE governance.
- ***State Government HIT Coordinator*** - The Strategic Plan shall identify the state Government HIT Coordinator. The plan shall describe how the state coordinator will interact with the federally funded state health programs and also the HIE activities within the state.
- ***Accountability and Transparency*** - To ensure that HIE is pursued in the public's interest, the Strategic Plan shall address how the state is going to address HIE accountability and transparency.
- ***Operational Development*** - The Operational Plan must describe the ongoing development of the governance and policy structures.

Office of the National Coordinator Goals for Oregon HIE Governance by 2012

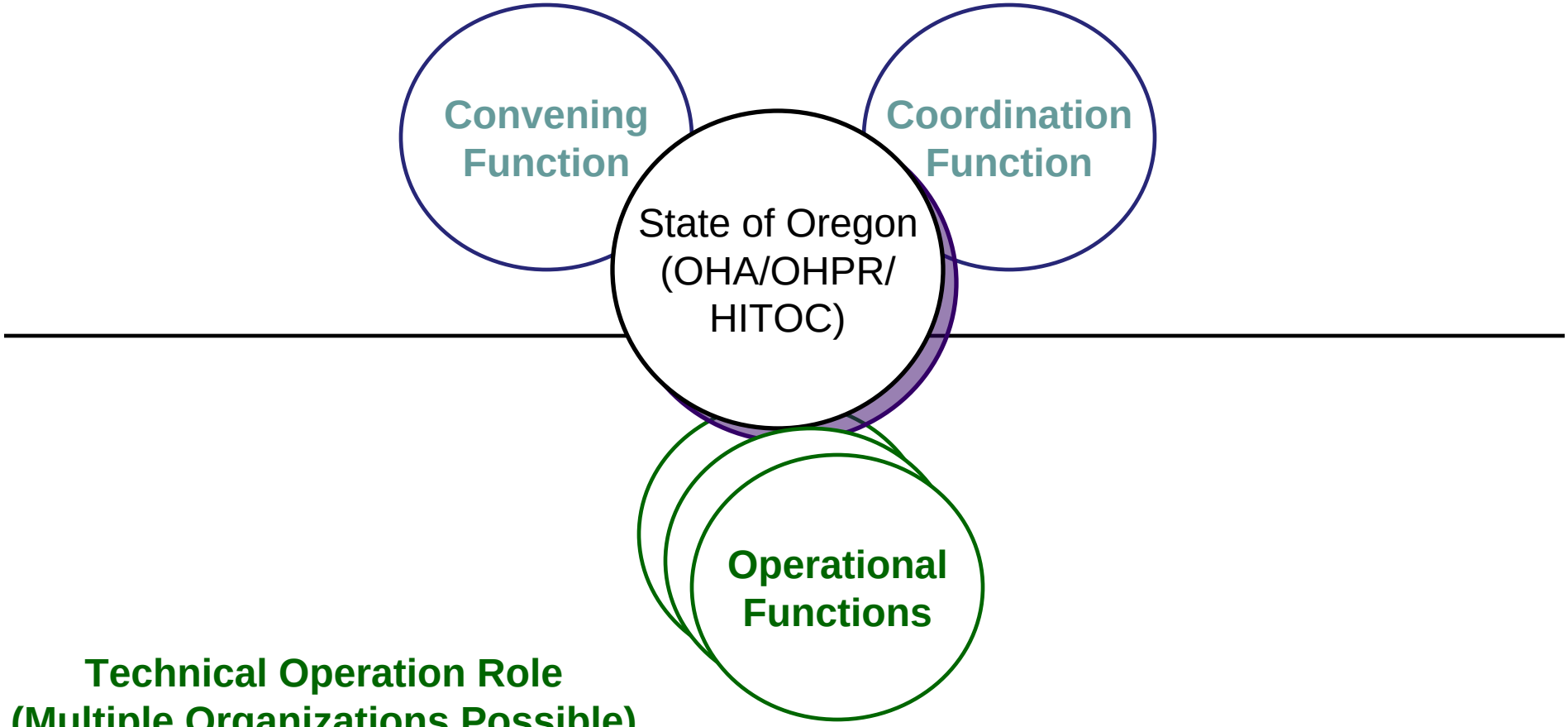
- Establish a governance structure that achieves broad-based stakeholder collaboration with transparency, buy-in, and trust.
- Set goals, objectives and performance measures for the exchange of health information that reflect consensus among the health care stakeholder groups and that accomplish statewide coverage of all providers for HIE requirements related to meaningful use criteria to be established by the Secretary through the rule-making process.
- Ensure the coordination, integration, and alignment of efforts with Medicaid and public health programs through efforts of State Health IT Coordinators.
- Establish mechanisms to provide oversight and accountability of HIE to protect the public interest.
- Account for the flexibility needed to align with emerging nationwide HIE governance that will be specified in the future

Oregon's Reporting Requirements for HIE Governance

- What proportion of the governing organization is represented by public stakeholders?
- What proportion of the governing organization is represented by private stakeholders?
- Does the governing organization represent government, public health, hospitals, employers, providers, payers, and consumers?
- Does the state Medicaid agency have a designated governance role in the organization?
- Has the governing organization adopted a strategic plan for statewide HIE?
- Has the governing organization approved and started the implementation of an operational plan for statewide HIE?
- Are governing organization meetings posted and open to the public?
- Do regional HIE initiatives have a designated governance role in the organization?

What is Governance?
Governance = Two Roles / Three Functions

Governance / Oversight Role

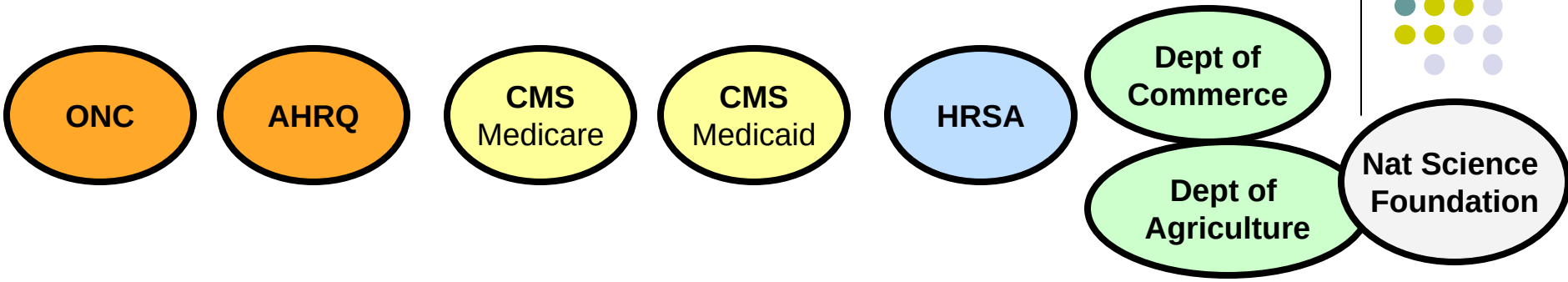


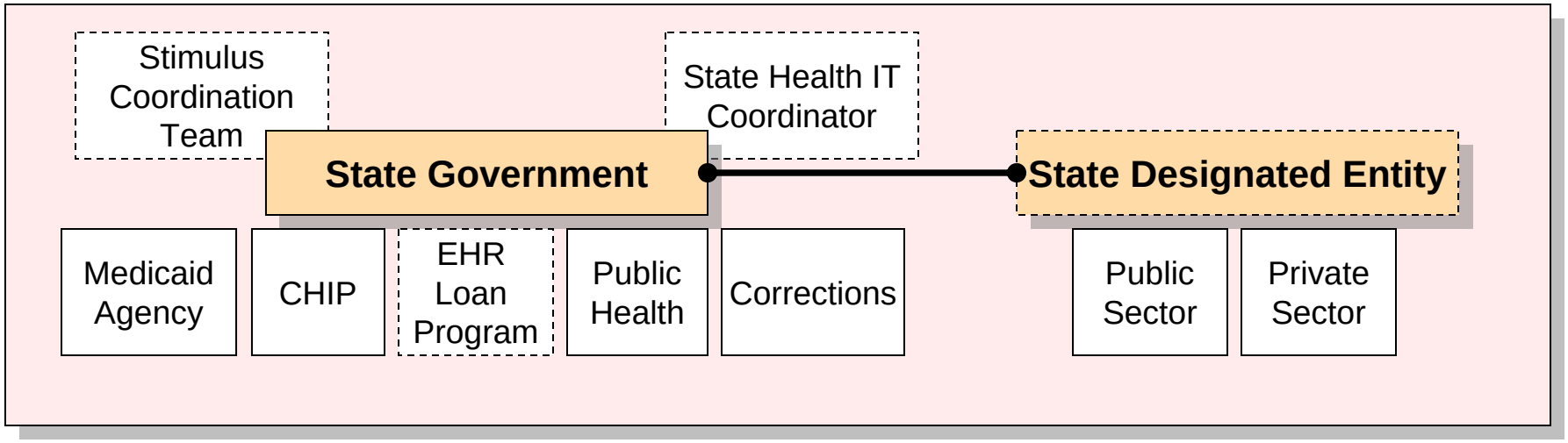
Technical Operation Role
(Multiple Organizations Possible)

Governance Functions

Governance Functions			
	Oversight		Technical Operations
Function	**Convening**	**Coordination**	**Operating**
Tasks	• Establish trusted platform for education, negotiation and decision-making • Support local, regional and state stakeholders to advance statewide HIE • Inform policy development to advance statewide HIE •Harmonize state and federal law • Facilitate consumer input • Track, assess & distribute information on HIE efforts	• Establish and maintain HIE Strategic and Operational Plan and technical roadmap • Facilitate alignment with local, interstate, regional, & national strategies • Promote consistent application of effective statewide HIE policies & practices • Facilitate collaborative development of public policy options & ongoing health care reform efforts	• Own or manage contracts for hardware, software, & technical capacity to facilitate statewide HIE: - Infrastructural components (e.g., Master Patient Index, Record Locator Service, Interfaces, Data Repositories etc.), - Applications (e.g., Meaningful Use Reporting, Business and Clinical Decision Support, Clinical Systems, etc.), - Services (e.g., implementation guides / supports, standards, workflow optimization, coordination with REC)

HITECH Case for State-level HIE Governance





3rd Parties Promoting EHR Adoption | **Regional Extension Centers** | **Local HIEs** | **Academia** | **Telehealth Consortia**

Physicians | **Community Clinics** | **Hospitals**

State HIE Roadmaps and Plans: Common Threshold Issues to Address

- ***Identifying Objectives/Social Capital***. Defining and ranking the goals and then build the necessary consensus to support implementation. This requires governance structures, stakeholder participation, and dedicated resources.
- ***Defining Shared Services***. Identification of core services and functions that are valued across a wide range of stakeholders, navigate disruptive or competitive challenges to existing and planned systems.
- ***Prioritizing Services to Implement***. Involves difficult choices between supporting near-term HIE solutions and investing in services that would advance the longer term goals of full interoperability and meaningful use.
- ***Vendors, Technical Requirements, Purchasing Services***. Brokering solutions at the state-level requires strategy, technical knowledge, business savvy (vendor's bundled technical and pricing package, applications vary dramatically in their capabilities, performance, reliability, and costs)
- ***Economy of Scale, Approach to Getting Participation***: State-level policy challenges: mandate entities adopt, use statewide HIE services or allow for the option of using alternatives to statewide HIE?

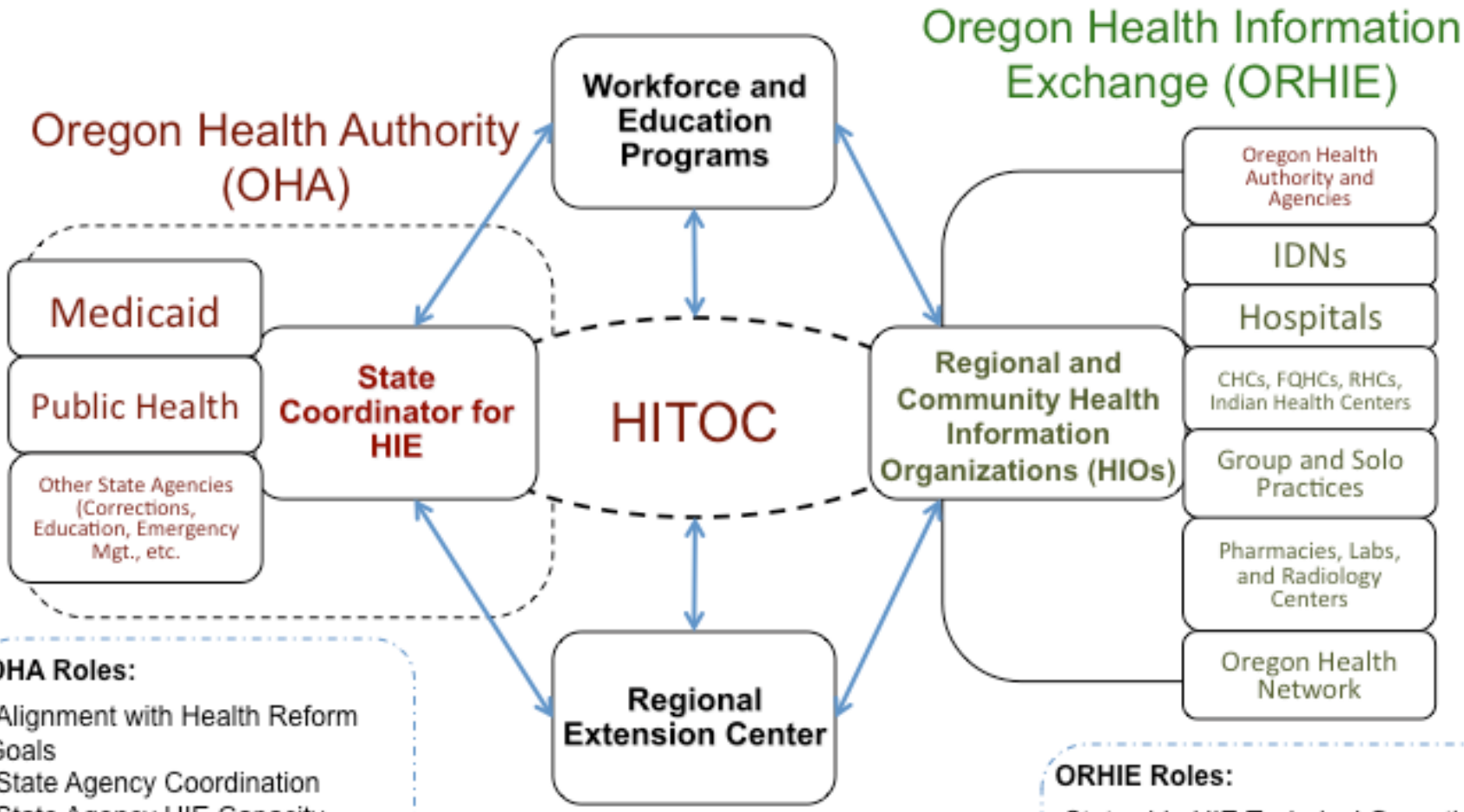
Considerations for Oregon's HIE Governance

- Oregon state government will have a significant role in HIE no matter what governance model chosen
- A successful governance models needs to build upon the significant work done to date
  - Heath reform structures, goals, and initiatives
  - HITOC is serving in the HIE coordination and convening role today
  - There are at least 6 deployed or planning HIEs (Umpqua, Providence, Mid-Rogue, Samaritan Health, Portland Metro, OCHIN)
  - The Medicaid Health Record Bank of Oregon is beginning
  - A concept for an enterprise structure for the IT services of state government agencies has been developed
  - The Oregon Health Network (OHN) is currently implementing a health care fiber-optic network throughout the state
- Oregon needs to give consideration to consumer perspectives
- Successful governance may require some trial and error to explore the implications of any given model

One Possible Model: The Oregon Health Information Exchange (ORHIE)

- The OR-HIE: Created as a true “Public / Private” Partnership
  - Non-Profit 501(c)3 Organization
  - Public and private board representation
  - Serve in a convening and coordinating role
  - Set the “rules of the road” for community/regional HIE operations
    - Builds off of community collaboration and partnerships
    - Allows communities to design structures appropriate for their trading area
    - Sets policy for standards and requirements for statewide exchange
      - Meaningful use
      - Public health reporting / population health monitoring
      - Quality improvement
  - Collaborates with HITOC and the HIE Coordinator to address policy, regulatory, legal and accountability issues for the State
    - HITOC makes direct recommendations to the Oregon Health Policy Board

A Proposed Oregon HIE Public/Private Governance Model



OHA Roles:

- Alignment with Health Reform Goals
- State Agency Coordination
- State Agency HIE Capacity Development

HITOC Roles (HB 2009):

- State-wide HIT & HIE Planning
- Public/Private Coordination
- Financial and Regulatory Planning
- Coordination with NHIN

ORHIE Roles:

- Statewide HIE Technical Operations (Multi-HIO Model)
- Data Aggregation
- Meaningful Use Reporting
- Quality Reporting
- Decision Support

Issues for Discussion and Deliberation

- Stakeholder feedback on the model
  - Handout provided
- Does the OR-HIE model support your interests in and collaboration with statewide HIE?
  - What comments or concerns do you have about such a model?
  - What suggestions do you have for other models?
- How does the State support or drive HIE operations in areas of the state not currently covered by regional HIE efforts?
  - Should the OR-HIE provide operational HIE service functions?
  - Should the OR-HIE, the State, or others support the development of HIE operations in currently unserved regions? If so, how?
    - Seed capital grants for the creation of new organizations?
    - Incent existing HIE organizations (HIOs) to broaden their service area?
  - What HIE patient identification functions should OR-HIE provide if any?
    - Centralized patient identification services (Master Patient Index / Repository)?
    - Federated patient identification (algorithmic identification services)?

Stakeholder Conversations

Carol Robinson and multiple stakeholders in November and December

Representing Hospitals, Clinics, HIE's, Payers, Purchasers and other key stakeholders

Areas of conversation: Governance, Funding, General Input and Implementation/Priorities

Stakeholder-Governance

Multiple points of view

- Federated
- Public Utility
- Leverage existing efforts
- Public Private

Stakeholder-Funding

- Model largely dependent on funding and business case
- Concerns regarding ongoing funding viability
- Multiple points of view regarding ongoing funding model

Stakeholder-Concerns

- Coverage in rural Oregon
- Privacy and Security
- User adoption
- Exchange of larger amounts of data will lead to more complex issues
- “Ownership and Control” of data

Implementation/Priorities

- Take an incremental approach-don’t try to do everything at once
- Meaningful use
- User adoption challenges
- Privacy and Security
- Quality measures
- Public health

HIE Strategic Planning Workgroup

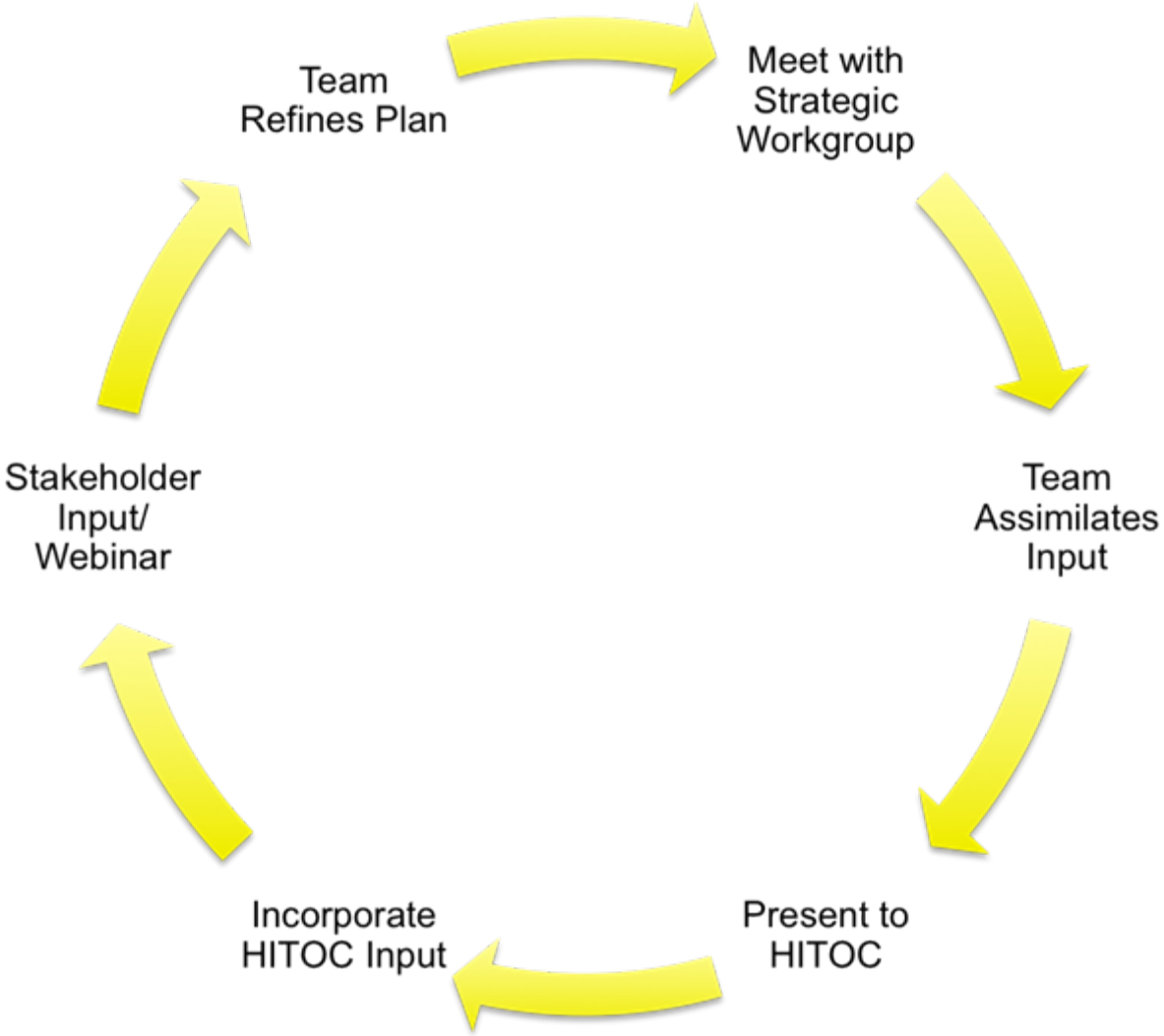
Purpose: To provide counsel and content to create the best strategic and operational plan in service to the HITOC's mission within the guidelines established by the Office of the National Coordinator

Plan:

- This group will meet 2 times per month with State team members
- Composition: Public and private representation within the ONC domains of Technical Architecture, Legal and Policy, Financial Sustainability, Governance, Business Operations, with provider and consumer perspectives included
- Nominating process outlined on handout

HITOC Ongoing Workgroup/Stakeholder Engagement

Engagement Process



Stakeholder Engagement

Ask, Listen, Respond

Purpose: To review and provide input to create the best strategic and operational plan in service to the HITOC's mission within the guidelines established by the Office of the National Coordinator

Plan:

- Stakeholder survey results show preference for web-based engagement opportunities, so stakeholder meetings will be held each month via webinar
- Additional subject-area expertise will be included in workgroup process as specific recommendations are developed
- Stakeholder meetings with the Director, HITOC members and key staff are ongoing

Oregon Health Authority

Dr. Bruce Goldberg, Director

- Using HIT/HIE to support the infrastructure for Oregon's health reform goals
- The ongoing role of HITOC within Oregon Health Authority

Next Steps

Meeting Dates:

- **Thursday, January 7, 2010**
  10:00 am – 5:00pm
  Clackamas Community College
  Wilsonville Training Center Rooms 111-112
  29353 SW Town Center Loop E.
  Wilsonville, Oregon 97070

Information Needs:

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Additional Information

For More Information:

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National Academy for State Health Policy: www.nashp.org
UMass Medical School Center for Health Policy and Research
http://www.umassmed.edu/chpr/HIT.aspx

Useful Links:

HITOC Website: http://www.oregon.gov/OHPPR/HITOC/index.shtml

House Bill 2009: http://www.leg.state.or.us/09reg/measpdf/hb2000.dir/hb2009.intro.pdf

Office of the National Coordinator for HIT: http://www.hhs.gov/healthit/

State Level Health Information Exchange Project: http://www.slhie.org

NGA State Alliance: http://www.nga.org

AHRQ National Resource Center for HIT: http://www.healthit.ahrq.gov

HRSA HIT: http://www.hrsa.gov/healthit/