

## Health Information Technology Oversight Council

Thursday, April 7, 2011

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

**Council Members Present:** Steve Gordon, Bob Brown, Gregory Fraser, Bill Hockett, John Koreski, Sharon Stanphill, Judy Mohr-Peterson (ex-officio)

**Council Members Participating by Phone:** Dave Widen

**Council and Ex-officio Members Absent:** Brian DeVore, Robert Rizk, Bridget Barnes, Mel Kohn

**Staff Present:** Carol Robinson, Kahreen Tebeau, Tom Wunderlich, Chris Coughlin, Dave Witter, John Hall, Mindy Montgomery, Luke Glowasky, Jan Greene, Chelsea Hollingsworth, Susan Bowman

**Guests Present:** Susan Otter, Gwen Dayton (by phone)

<b>Opening and Welcome – Steve Gordon (Chair)</b>
Refer to meeting materials: Feb. 3 and Mar. 3, 2011 HITOC Minutes <ul style="list-style-type: none"><li>• <b>Action:</b> In response to Steve Gordon’s request, Bill Hockett made the motion to approve HITOC’s Feb. 3 and Mar. 3, 2011 minutes. John Koreski seconded the motion, which HITOC passed unanimously.</li></ul>
<b>Meeting Overview and Outcomes – Steve Gordon &amp; Carol Robinson</b>
Refer to slide deck, slides (2-3) <ul style="list-style-type: none"><li>• Introduced new members of the HITOC team – Carol Robinson<ul style="list-style-type: none"><li>○ Susan Bowman – Project Manager</li><li>○ Chelsea Hollingsworth – Policy Analyst</li></ul></li><li>• Announced the new location for Oregon’s Office of Health IT (OHIT) in the Veteran’s Building, located in Salem, OR.</li></ul>
<b>Updates– Steve Gordon (Chair), Carol Robinson, Chris Coughlin, &amp; Susan Otter</b>
Refer to slide deck, slides (4-30) Refer to meeting materials: “ONC’s Overview”, “Federal Health IT Strategic Plan Draft Overview,” “Oregon ONC Implementation Requirements,” “Legislative Report for HITOC” <ul style="list-style-type: none"><li>• ONC Federal and ONC Strategic Five-year Plan Update – Carol Robinson<ul style="list-style-type: none"><li>○ Carol just returned from a trip to visit the Office of the National Coordinator for Health IT (ONC) located in Washington DC.</li><li>○ Dr. Blumenthal discussed continuing leadership on the state level and its importance during times of scarcity. He also noted states should educate people about meaningful use in the area of health IT. A small group of states was represented at the recent meeting including Washington, Maryland, Vermont, Maine, New Jersey, Louisiana and Oregon.</li><li>○ Interoperability, geo-mapping, and prescribing drug monitoring programs (PDMP), were all mentioned during the trip to ONC.</li><li>○ Additional emphasis was put on PDMPs during the trip. A new statistic states that death by medication overdose is more likely than death by gunshot.</li><li>○ ONC released its five-year strategic plan and is now accepting comments.</li><li>○ Question: assuming the check marks mean that the Oregon plan aligns with the strategic plan, but what do we do about the blanks? (Referring to the comparison table of the strategic plan) Response: We need to look at all of them, but most blank areas are federal initiatives. We will do further analysis on these areas.</li><li>○ Question: Will we be using this tool in the future? (referring to the comparison table) Response: We will use it to draft comments. Question: The comparison table is very useful, but what do we do with it? We may want to draft our comments and pass them to the Oregon Health Policy Board (OHPB) and other committees doing health reform work. Response: We will discuss this more during future meetings.</li></ul></li><li>• Oregon Health System Transformation Team – Steve Gordon<ul style="list-style-type: none"><li>○ The Governor’s transformation team has concluded their meetings.</li><li>○ The team worked on how Oregon can transform care delivery on a local level through Coordinated Care Organization (CCO). It is anticipated that CCOs will provide a variety</li></ul></li></ul>

- of services to the Medicaid and dual eligible populations.
  - Implementation will require legislation, federal waiver(s) and an RFP. A joint legislative committee has been established to address the necessary legislation.
  - Question: Who's coordinating outreach and education? Response: There is a lot of work that needs to happen before outreach can begin. Outreach will be handled through the Oregon Health Authority (OHA).
- Oregon Federal Coordination – Chris Coughlin
  - During the federal coordination meeting we discussed communication efforts, and then spent the majority of the meeting updating the group on each project. Provided below are snap shots of each federal grantee project represented at the meeting.
  - PCC – working with a number of other community colleges across the state. They have very specific graduation and enrollment milestones and are on track. Challenge: internships and tracking of jobs and workforce needs is difficult.
  - OHSU – focus on workforce development and community college curriculum development for region. Challenge: Students must be new to HIT to qualify.
  - Quality Corp – Grant from Robert Wood Johnson Foundations. Specifically working on reducing hospital readmits.
  - CHIPRA – Three state consortium with Alaska and West Virginia for a national system of quality children's health care. Focused on a set of quality indicators and different HIT systems and the medical home model. Beyond grant, the patient center care model is being considered for implementation throughout the state.
  - Oregon Primary Care Associations – Plans a HIT assessment on adoption rates among 29 community health centers in Oregon. Identified areas of potential overlap with Medicaid EHR incentive payments. Also working on payment reform.
- Provider Communications in Oregon – Chris Coughlin
  - CMS has done some very high level work on communications for providers which we are integrating into materials.
- HITOC Legislation Report, 2011 Legislative Session – Chris Coughlin
  - Currently, there is no HIE-specific legislation.
  - HITOC currently does not have the authority to collect fees. After assessing the dynamics, the decision was made to not move forward with legislation. We will revisit this in the future.
- Announcement: Save the Date - September 14<sup>th</sup> 2011 – Carol Robinson
  - Annual conference will be held on Sept. 14, 2011.
  - Confirmed speakers: Claudia Williams and Farzad Mostashari, both with ONC
  - Question: Who is our target audience? Response: Everyone. We have a strong provider direction and we are hopeful to see representation from plans, employers, policy makers, and individuals following our work.
  - ONC encourages states to have a conference and reach out to stakeholders
- EHR Incentives Program Update – Susan Otter
  - Draft State Medicaid HIT Plan (SMHP) was submitted; received positive feedback and four comments from CMS on Monday (4/6/11).
  - It will take 60 days to get final approval and we will submit on 4/11/11.
  - Currently working on OARS, they will hopefully be filed on 4/15/11 for public comment period, and could be effective as soon as 6/1/11.
  - We are designing a new website that is easy to navigate with interactive FAQs.
  - Challenge: Providers can't identify which patients are funded by Children Health Insurance Plan (CHIP\_ and which through Medicaid. CHIP members cannot be included for calculation.
  - Solution: We will calculate a statewide CHIP proportion of Oregon Health Plan (OHP) and reduce providers OHP patient volume by that amount when determining eligibility. This proposal will need to be approved by CMS. A similar plan was approved in South Carolina.
  - Question: What entity calculates CHIP volume? Response: The Medicaid Health IT

program does based on Medicaid Management Information System (MMIS) data.

- Question: How many providers do we estimate will qualify? Response: The bar is high. We've estimated around 900 providers in Oregon will be eligible.
- Question: Is it measured on an encounter basis? Response: Yes. In addition to the encounter model, we are offering an alternative to a patient panel methodology.
- Medicare EHR program is scheduled to launch April 18<sup>th</sup>.
- Hospitals should register for both Medicaid and Medicare EHR incentives.
- Oregon is requesting the immunization registry requirement for Meaningful Use be moved to the core list.

**Legal and Policy Workgroup: Recommendation on Consent Policy for Medical Emergency – Chris Coughlin and Gwen Dayton**

Refer to meeting materials: “Legal & Policy Workgroup Recommendation – Emergency Consent Policy Brief 2011Mar31”

Refer to slide deck, slides 31-34

- The Legal & Policy Workgroup recommends that Oregon move forward with an “Opt-out model” for Health Information Exchange (HIE) even in emergency situations, with an understanding that patients with specially protected health information as defined by Oregon law would have to opt in.
- The “Opt-out model” already approved by HITOC would apply across the board including emergency situations. Patients who choose to opt-out, can still have their record shared using the current faxing and mailing practices.
- Question: Have you received input from the Consumer Advisory Panel (CAP)? They voted against this. Response: This recommendation has not been brought back to the CAP.
- After deliberation, HITOC decided to take a non-binding straw vote and ask for feedback from the CAP before an official vote.
- The straw vote was unanimously in support of approving the Legal & Policy recommendation. On April 26, 2011, the CAP will meet and discuss the emergency consent policy and report back to HITOC.

**Workgroups, Panels, and Stakeholder Groups**

Refer to meeting materials: “March 17 Joint WG Summary Report”

Refer to slide deck, slides 37-39

- March 17<sup>th</sup> Joint Meeting – Carol Robinson
  - Representatives from HITOC, Legal & Policy Workgroup, the Health Information Organization (HIO) Panel and the Technology Workgroup attended.
  - Focused on gathering feedback on the technology plan and identifying opportunities for regional collaboration.
  - Break out sessions were facilitated for regional collaboration and created informative conversations about implementation and potential pilots.
  - Key takeaways include – the importance of small pilots that demonstrate success before larger implementation, understanding the reality facing providers, and incremental next steps.
- E-prescribing and Lab Stakeholder Groups – Dave Witter
  - Both groups are working on surveys and outreach to define the baseline. The first e-prescribing survey had a low response rate. Targeted surveys and outreach are now being organized to capture that data. After analysis, both groups will implement strategies to improve adoption and functionality.

**Break**

**Direct Project Overview – John Hall**

Refer to slide deck, slides 41- 63

- Oregon’s strategic plan left the door open for this project and will be used as the foundation for Oregon’s secure messaging service.
- Direct messages are simple, secure, scalable and standards-based connections between healthcare stakeholders. Providers are not the only audience; entities such as consumers, labs and public

health will be also included.

- The Direct Project was created to develop something simple to eliminate paper and provide an upgrade to faxing and will assist providers in meeting meaningful use requirements for health information exchange.
- Direct Project creates a standard way to facilitate exchange. Any HIE participant should be able to send direct messages. Multiple vendors can offer this product and incorporate it in their software ultimately keeping costs down.
- Question: Are patients included as stakeholders? Response: Yes, a few personal health record (PHR) vendors have expressed endorsement for Direct. Patients would only be able to receive.
- Some people believe Direct is too simple. Currently, the risks of a lack of vendor participation are not materializing.
- Direct offers connectivity and fills simple use cases. Start small with simple referrals and move towards more advanced information exchange such as immunization information and even query-based message.
- Question: Does Oregon have a Health Information Service Provider (HISP) to facilitate this exchange? Response: There will be a statewide HISP. Anyone can subscribe to the HISP. Participants in the white space of Oregon are expected to sign up if there aren't other options for them. Health information organizations (HIO) are looking into creating their own HISPs.
- There are three patterns emerging for implementing – market based solution, a centralized state HISP and a fill in the gaps state service to fill in the gaps and meet the needs of underserved populations. Oregon is choosing the “fill in the gaps” option.
- Question: Were the standards published in March? Response: Yes, recommend you visit [wiki.directproject.org](http://wiki.directproject.org) and look under document links on the left.
- As of April 1<sup>st</sup>, 50 vendors have committed to Direct and over 30 states have it in their plan – including Oregon.
- Question: Why isn't there a nationwide HISP? Response: The same reason why there isn't one e-mail provider nationally. ONC received considerable feedback that individuals want choice, not a centralized solution. HISPs are not restricted by region. For example, Nebraska is marketing its HISP solution to other states.

#### **Oregon Regional Strategy: Legislative Strategy, HIE Core Services and Direct**

Refer to meeting materials: “Draft Brief – HIE in Health Care Transformation”

Refer to slide deck, slides 64-76

- Draft brief links our core services to health care transformation and how HIE will be an on ramp for providers.
- Oregon has embraced the Direct Project.
- Improved care quality will occur when there is better HIE.
- Question: What does it mean to be a CCO Early Adopter? (referring to the timeline) Response: Early adopters are taking on the CCO model earlier than general statewide implementation.

#### **Public Comment**

Mike Saslow: the apparent success of the long term care (LTC) providers and senior consumer lobby in keeping LTC out of CCOs at least at this point creates a challenge that we must tackle. Without access to LTC, a provider and Medicaid funding data is essentially the low hanging fruit for health reform. Oregon will need to challenge Seniors and People with Disabilities and Department of Human Services to realize the very important role they need to play in making this possible.

Question: If a nursing facility wants to use Direct, what are the costs and requirements? Response: The bottom line answer is that Direct isn't complicated. You need the capability to support a web browser. You'll need a faster connection if you want to send a lot of data. High connection speed would be needed for larger files, such as x-rays.