

## Health Information Technology Oversight Council

Thursday, Feb. 3, 2011

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

**Council Members Present:** Steve Gordon, Bob Brown, Dave Widen, Gregory Fraser, Bill Hockett, John Koreski, Sharon Stanphill, Robert Rizk

**Council Members Participating by Phone:** Bridget Barnes (formerly Haggerty)

**Ex-officio Members Present by Phone:**

**Council and Ex-officio Members Absent:** Judy Mohr-Peterson, Brian DeVore, Mel Kohn

**Staff Present:** Carol Robinson, Oliver Droppers, Kahreen Tebeau, Tom Wunderlich, Julie Harrelson, Chris Coughlin, Dave Witter, John Hall, Mindy Montgomery, Miles Hochstein

**Guests Present:** Susan Otter (by phone), Tina Edlund

<b>Opening and Welcome – Steve Gordon (Chair)</b>
<ul style="list-style-type: none"><li>Approval of Minutes from Jan. 20, 2011 HITOC Meeting: Motion to approve: B. Brown; Second: G. Fraser; all in favor; approved without discussion.</li></ul>
<b>Oregon Health Policy Board, Health System Transformation Team – Steve Gordon</b>
Refer to meeting materials: “Health System Transformation Team Charter” Refer to slide deck, slides 4-9 <ul style="list-style-type: none"><li>Approximately 40 individuals were appointed to the Governor’s Health System Transformation Team; Dr. Bruce Goldberg and Mike Bonetto are co-chairing it. Steve Gordon (chair) has been appointed.</li><li>In Oregon, health care expenditures are increasing faster than revenue projections. The Governor released his budget on Tuesday and in year 1 of the biennium there will be across the board cuts to Oregon Health Plan (OHP) providers of 16-19%, with additional challenges in year 2. The Team is being asked to design sufficient changes in the way Oregon delivers and organizes payment for the Medicaid program that will yield \$850 million in savings in year 2.</li><li>Question: Did they talk about how many providers will respond to this rate reduction by not providing care to Medicaid clients anymore and that many beneficiaries will be left without access to care? Response: Yes, they're aware of that potential and are trying to mitigate that undesirable outcome.</li><li>Question: Do they know what the administrative burdens/requirements are costing providers? Response: No, figuring that out is part of the work that has to be done.</li><li>See slide 5: Health IT/Health Information Exchange (HIE) Comparative Timeline:<ul style="list-style-type: none"><li>Stage 1 Meaningful Use (MU) is about building capacity; Stages 2 and 3 are where the value and benefits will accrue in terms of reducing errors, harm, and redundancy, and advancing new models of care.</li></ul></li></ul>
<b>Oregon Health Policy Board (OHPB): Action Plan for Health – Tina Edlund</b>
Refer to meeting materials: “Oregon’s Action Plan for Health, December 2010” Hard copy of slides provided by Tina Edlund at the meeting Refer to slide deck, slide 6 <ul style="list-style-type: none"><li>The Transformation Team will submit a report in April 2011; the planning phase will be completed by Jan 1, 2012, and at that point implementation will begin.</li><li>The work of HITOC crosswalks with almost every single recommendation in the OHPB Action Plan. For example, effective patient centered medical care homes, or regionalization, will likely require health IT infrastructure.</li><li>Approximately 25% of the insured market (850,000 lives) is covered by the state (Public Employees Benefit Board (PEBB)/Oregon Educators Benefit Board (OEBB), Oregon Health Plan, etc.)</li><li>The idea of local and regional accountability has received a lot of feedback and questions --</li></ul>

more than other aspects of the Action Plan and the governor's strategy. Central Oregon has formed a regional health authority to integrate physical and behavioral health - it's a promising pilot. Local accountability could be a lever to deliver culturally appropriate care and improve health equity.

- Question: Have we cross-walked the MU quality measures with the quality metrics scorecard developed by the OHPB? We'll be generating through our EHRs reports on a set of quality indicators. Convergence of quality reporting would be desirable as opposed to additional or divergent reporting requirements. Response: We've tried to be flexible about our approach to quality measurement.
- The Oregon Health Policy and Research Office (OHPR) completed an analysis to illustrate Oregon's quality metrics/reporting in relation to proposed Stage 2 MU criteria. We want to be in alignment with the MU requirements, and to use national standards and apply them locally. In terms of Accountable Care Organizations (ACOs), one of the elements to measure is successful integration of care.
- Question: There are initial investment costs for any major system transformation. Has the OHPB thought about that? Response: Yes they have thought about that, however, there isn't any additional or new funding to do this, so OHA has to offset and re-direct existing spending.
- Question: If they transform the system, they'll have to develop new metrics. Response: Yes, there will be some metrics that OHA specifically is interested in, such as integration of services.
- Question: What kinds of things might be on the table as far as the waiver is concerned? Response: We know Oregon is going to need a waiver from the Centers for Medicare and Medicaid Services (CMS) but we don't know the extent of the waiver at this point. Oregon will have to define what successful integration of health care and services will look like; what are all the services that an organization should be able to offer to take care of all elements of a population's health and health care? At present, the State of Oregon is going to seek a RFP for organizations to present proposals on this. Long term care (LTC) will definitely be part of the waiver, because LTC is a key part of integrated delivery.
- Question: What are the revenue projections for the state? Response: There is a projection of 11% increase in state revenue per year, but the healthcare costs are increasing faster than that, so Oregon still faces a problem.
- Dr. Steve Gordon, Chair, doesn't want to just see HITOC in a response mode to the federal government. Rather as accountable to Oregonians to assess what the federal government has made available, and after assessing it, we should get behind it because it seems best for Oregon. With the state budget crisis, we have to think even more about what we can do, not only for providers, but for patients also. We're all here to serve Oregonians.

#### **Public Comment**

Dr. M. Saslow:

- There are positive possibilities even within Oregon's existing budget challenge, waivers being an example. A joint Medicaid/Medicare waiver application could be a good opportunity right now; CMS might be more open to it now, but some restructuring would have to be done. The State Medicaid HIT Plan promises to do a scan of nursing home use of EHRs and he would like HITOC to evaluate low cost EHRs for long-term care. His wife is in a nursing home and through frequent visits and time spent there he has noticed a significant problem that, if fixed, would be better for the patients and save the state money: on evenings and weekends, because doctors and urgent care are not available at those hours, even relatively minor medical treatment can only be obtained at the Emergency Department, which is the most expensive setting to obtain care. Through legislation, more 24-hour urgent care clinics should be established.

#### **Updates**

Refer to meeting materials: "Medicare Advantage EHR Incentive Brief," "Oregon State Medicaid Health Information Technology Plan (SMHP)."

See slides 11-22

- The Oregon Health Authority submitted a federal Early Innovator grant application in December 2010. Announcement of award will be made February 15, 2011.
- In January, State HIT Coordinators met with Dr. Blumenthal in Washington DC. The experience was productive. Clarifications from that discussion include: Medicaid share of HIE planning implementation; ONC privacy officer indicated that states shouldn't expect a national direction on privacy or consent, with the expectation that prevailing law at the point of care will be taken into consideration. Federal partners expressed interest in Oregon's direction and asked whether we are thinking about the intersections between HIE and Health Insurance Exchange.
- Stage 2 MU Comments are due February 25, 2011. Question: Can HITOC use communication tools to share comments that are coming out of Oregon? Response: Yes, to the degree that stakeholders want to share w/ HITOC (see slide 14)

Oregon State Medicaid HIT Plan (SMHP) Update – Susan Otter

- Current project is to launch Medicaid incentive program and get incentive payments to Oregon providers as soon as feasible.
- Immunization registry reporting: decision has been made by Dr. Goldberg to request that CMS allow the move to core for immunization registry reporting (Slide 18)
- Oregon providers are not able to determine whether a child is covered either by Medicaid or Children's Health Insurance Plan (CHIP). CHIP does not count toward patient volume except in FQHCs and RHCs. This will make it difficult for providers to determine whether they reach the Medicaid patient volume necessary to qualify for EHR incentive payments. Our plan is to provide guidance through Oregon's Medicaid Health IT staff. We are starting by exploring how to identify providers early and reach out to them.

Consumer Advisory Panel – Bob Brown and Chris Coughlin

- Consumer Advisory Panel met for the third time in January and discussed the following items: 1) emergency medical information, 2) consumer communications, and 3) personal health records.
  - 1) Nearly unanimous consent among CAP (11 to 1) that Information should be provided in an emergency without consent with expressed need to better define "emergency." Consent information targeted to consumers should include information about emergency situations.
  - 2) Certain relevant aspects pertinent to effective consumer communication were identified.
  - 3) Review of personal health records.
- Question: What was the dissenting opinion from the CAP? Response: the concern was that emergency medical use of information might be inappropriate.
- Legal and Policy Workgroup will review the issue of emergency medicine and patient consent at their next meeting in February 2011. Defining "emergency" may be difficult but will look into other states' policies and to the Emergency Medical Treatment and Active Labor Act (EMTALA).

#### **Governance Discussion – Steve Gordon, Carol Robinson**

Refer to slide deck, slides 24-30

- In Oregon's HIE Strategic Plan we anticipated a State Designated Entity (SDE) to operate core services. Pragmatic questions and political questions suggest that we review and possibly reconsider that decision.
- When HITOC began discussing HIE governance in October 2009 a number of options were considered. Some of the assumptions that HITOC were operating under at that time may be different at this point in time. We adopted a phased approach and have been moving forward since February 2010. However, ONC's Program Information Notice (PIN) in July 2010 suggested Oregon would need some components sooner, with procurement of core services completed by Q3 2011.
- In May 2010, HITOC put forward placeholder legislation for the SDE, House Bill 2101. This

process generated some conversation about Oregon's other public entity being proposed for the Health Insurance Exchange during this legislative session. There is some question of whether the timing is correct to get this bill through the Oregon Legislature given all of the ambiguity, budget challenges and concurrent efforts.

- Slide 26 shows a representation of deliverables of Oregon's HIE plan. The question today is whether these deliverables suggest a separate SDE is needed, or should HITOC continue its governing role for a longer period of time? In addition, the Oregon's Action Plan describes the SDE as performing certain functions; therefore what sort of governance will be best suited to meet these requirements?
- The lightness of HIE services may also suggest that a separate SDE is not required and Oregon's landscape has changed since the HIE Strategic Plan was created.
- Question: What was the original relationship between HITOC & the SDE? Response: That relationship was not completely defined, but the SDE could potentially develop policy under contract w/the OHA.
- Some states have encountered challenges with their SDE and are seeking to change after having already designated. States are each running their respective HIE programs differently, with significant variation across the U.S.
- Question: does Oregon and HITOC have the flexibility to change this within our plan? Response: There are two factors to consider when answering this question: 1) our legislation and 2) our sustainable finance plan for HIE. ONC has pushed out requirements for the sustainable finance plan, and so the immediate need is to focus on legislation in Oregon. The question put forth is does it make sense now to add a level of governance given what we know now, compared with what we knew when the plan was developed in 2010?
- Question: Could we do everything with HITOC that we could do with SDE? Response: we may need to seek clarification on collecting fees, certification authority, and have some things clarified as part of HB 2009 amendments. At this point in time, is not clear if HITOC can serve as the SDE under the authority granted in HB 2009, whether we might need an amendment or another bill instead of HB 2101.
- Question: would such a proposed change put additional workload on OHA, and do we have the capacity to deliver the governance we are promising? Response: We may need to revise the budget to the ONC grant to change positions included in the SDE to state positions.
- Question: Are we considering moving the implementation timeline out as a result of this decision? Response: No
- Phasing into an SDE is not being deleted from the plan, the consideration is around timing. When services start to be rendered, who will administer them? Response: The contract for delivering technology services will be retained by OHA for the time being.
- Question: If we removed state budget issues, is this still the right decision? Response: We would still be having this discussion, considering the Health Insurance Exchange (HIX) and that a new SDE for technology governance is a considerable ask during this legislative session.
- An affirmative decision for one of the options on slide 30 would be helpful: 1) move SDE legislation forward, or 2) retain infrastructure/services within OHA governance structure.
- Question: Are the missions so different for our SDE and the Health Insurance Exchange that they couldn't be the same? Response: There are very likely some technology components that would be overlapping, but the governance of technology contracts and the potential for shared governance is undetermined.

#### HITOC Vote on HIE Governance Approach in Oregon

- Request for motion, we are recommending OHA retain core services within HITOC and ask that if legislative changes are necessary, OHA carry those out.
- R. Rizk, requests motion to approve and retain HIE infrastructure/services within the OHA governance structure; B. Brown, second; all in favor.

- Discussion as to changing language of motion to defer the advancement of SDE legislation until next legislative session, retain services within HITOC, and reconsider the decision no later than 18 months. R. Rizk requests motion to approve and retain HIE infrastructure/services within the OHA governance structure and to reconsider the decision no later than 18 months; B. Brown, second; all in favor; approved without further discussion.

**Public Comment**

Dr. M. Saslow:

- From my perspective, HITOC appears to have a credibility problem with the long term care community in Oregon. Also, HITOC has eased the burden for OHA by reconsidering the SDE legislation, but by doing so, HITOC forgoes the opportunity for legislators to identify funding for HIE. HITOC could leverage this political opportunity by requesting funding from OHA.

**Closing Comments – Steve Gordon, Carol Robinson**

- Next HITOC meeting will be Thursday, March 3<sup>rd</sup>, 1-5pm at the Oregon State Library.
- Dr. Steve Gordon welcomes Council members' input to the governor's Health System Transformation Taskforce.
- Meeting adjourned.