

Health Information Technology Oversight Council

Thursday, July 7, 2011

1:00 pm - 5:00 pm

Council and Ex-officio Members Present: Steve Gordon, Dave Widen, Bob Brown, Bill Hockett

Council and Ex-officio Members Participating by Phone: Bridget Barnes, Robert Rizk, Gregory Fraser, Sharon Stanphill, Judy Mohr-Peterson

Council and Ex-officio Members Absent: Brian DeVore, John Koreski, Mel Kohn

Guests Present: Carolyn Lawson (OHA/DHS), Sean Kolmer (Governor Kitzhaber's Office), Dawn Bonder (OCHIN)

Staff Present: Dave Witter, Kahreen Tebeau, Chelsea Hollingsworth, Carol Robinson, Luke Glowasky, John Hall, Mindy Montgomery, Chris Coughlin, Julie Harrelson, Jonathan Puskas, Oliver Droppers

Opening and Welcome – Steve Gordon (Chair)
Refer to meeting materials: “June 2 nd , 2011 HITOC Minutes” <ul style="list-style-type: none">• Action: In response to Steve Gordon's request, Bob Brown made the motion to approve HITOC's June meeting minutes. Dave Widen seconded the motion, which HITOC passed unanimously.
Meeting Outcomes and Updates – Carol Robinson
Refer to meeting materials: “Legal and Policy Workgroup, Meeting Summary, June 15” and “Oregon AIM Conference One Pager” Refer to slides 3-11 <ul style="list-style-type: none">• Meeting Outcomes:<ul style="list-style-type: none">○ Understand adjusted financing strategies○ Determine HITOC workgroup structure moving forward○ RFP Update○ Administrative Rule Making○ Long-term Care Survey Update○ AIM 2011 Conference Update• Question: Does HITOC have any oversight responsibility with the RFP? Response: The contract will be through the Oregon Health Authority (OHA). HITOC is an oversight body for OHA, and thus we expect HITOC will receive regular vendor reports.• Carolyn Lawson, the newly-hired OHA/DHS Chief Information Officer, was introduced to HITOC.• Action: Bill Hockett made a motion to extend the terms of the existing Workgroup and Panel members for a one-year period. HITOC passed the motion unanimously.• HITOC approved the model for workgroup schedules displayed on slide 24.
Legislative Update – Sean Kolmer
Refer to slide 12 <ul style="list-style-type: none">• The legislative session ended on June 30, 2011. From a health reform perspective, two priority bills were passed: the health insurance exchange (HIX) bill(SB 99) and the health system transformation bill (HB 3650).• Question: What is the Governor's view of how HIE, HIT and HIX fit together? Response: OHA staff will lead any crossover efforts.• OHA has a lot of work to do before the next legislative session in 2012.• HB 3650 established four workgroups and nominations are now being accepted.• Question: How do we coordinate and align our work with these new bills? Response: OHIT staff will follow these initiatives closely and update HITOC regularly.
Finance Update and Straw Plan on Fair Share – Dave Witter, Chris Coughlin and Julie Harrelson
Refer to meeting materials: “Finance Workgroup, Meeting Summary, June 27, 2011” Refer to slides 13-22 <ul style="list-style-type: none">• On June 27th, the Finance Workgroup reviewed the May 18, 2011 State Medicaid Directors' letter (SMD) and considered the consequences for Oregon's HIE financing plan.• The SMD has budget implications for HIE. Total Medicaid funds will decrease from the

estimated \$4.7 million to \$3.3 million.

- The SMD outlines the requirements for achieving the Fair Share Principle as a requirement of receiving federal 90/10 funding. Cost of Phase 2 technology services and Fair Share strategies will need to be developed.
- Question: What are the Medicaid calculations based on? Response: CMS is interested in services and technology that would be part of the Medicaid environment. The larger the impact on Medicaid, the larger the investment Medicaid will make into HIE technology related costs.
- There are a number of challenges with developing a sustainable finance plan in the current market, especially with health system transformation. The value proposition for HIE services is unclear to stakeholders at this point.
- OHIT staff plans to talk with CMS to get a sense about how much flexibility they may have within the Fair Share model, and alternative ways to include financing for HIE and coordinated care organizations (CCOs).
- Question: Are we competing with other entities that will serve the white space? Response: That is unknown at this time.
- We must balance our obligation to the state as a whole with the need to attract outside dollars to support our plan.
- Another option is to consider the HIE needs in the emerging health care transformation effort and CCOs.
- Question: How would CMS view our proposed plan to legislate a claim tax to fund HIE? Response: Our assumption is that they would ask us what our “Plan B” is, as well as the gap strategy until this was put into place.
- This is a delicate issue. We can consider a claims tax as a potential strategy, but need to build support with key legislators before we move forward. Also, we need to have a small group looking at a “Plan B” if we do not move forward with a claims tax.
- Suggestion: We need to identify people on the health system transformation workgroups and Legislators, and start developing relationships and support for this plan.
- Steve Gordon asked for and received consensus from HITOC to tell the Finance Workgroup that the proposed timeline for the development of a Fair Share plan was unrealistic given the uncertainty in the marketplace. Until there is more certainty about the role of CCOs and clear value propositions for stakeholders it doesn’t make sense to focus on Fair Share. Instead, the Finance Workgroup should be asked to explore possible Phase 2 services with strong value propositions.

Break

OHITEC Report – Dawn Bonder

Refer to slides 26-35

- There are several challenges with particular hospitals in terms of signing up for EHR adoption.

Medicaid EHR Incentive Program Update – Susan Otter

Refer to slides 36-40

- CMS has tentatively postponed Stage 2 Meaningful Use (MU) until 2014 for eligible providers who meet Stage 1 in 2011. Vendors will have more time to develop products to support MU.
- **Oregon’s Medicaid EHR Incentive Program expects to launch September 26, 2011.**
- Oregon Administrative Rules for MU became effective July 1, 2011, except for one section that will be effective July 22, 2011.
- MAPIR is a 13-state collaborative that has developed a common software application to be configured and run by each state to manage the incentive program. After the initial launch in 2011 for AIU, there will be a phase 2 in 2012 to gather MU attestations and data.
- The new and improved website for the incentive program will be launched next week:
<http://medicaidehrincentives.oregon.gov>.

e-Prescribing and Labs Outreach Plans – Dave Witter

Refer to meeting materials: “A Plan to Improve Adoption and Use of E-prescribing in Oregon,” “Progress Report on the Labs Initiative, July 7, 2011”

Refer to slides 41-47

- The plan for both e-Prescribing and Labs is to use the landscape assessment surveys administered in the spring to develop a strategic plan and defined goals. In the fall of 2011, the plan is to assess ongoing work and consider modifications that will have high impact with medium to low resource requirements.
- e-Prescribing plan goals were developed based on survey findings, including key tactics in phase 1, and ongoing tactics through 2011 and into early 2012.
- Question: What are the measurable goals to track your progress? Response: The small independent pharmacies present a challenge for measurement, but we will make sure to add measurable goals to the plan before it is finalized.
- Similarly, measurable goals should be added to the Laboratory plan.

Consumer Survey – Ben Patinkin and Chris Coughlin

Refer to slides 48-75

- Members reviewed the results of the consumer survey.
- Question: It looks like 15-20% of people are not in favor of electronic health information exchange or technology, is there anyway to tell if that group will “opt-out” of the program? Response: We didn’t ask a question along those lines.
- Other states have experienced a higher participation in HIE if they choose an “opt-out” model, verses an “opt-in.”

Public Comment

Kenneth Klepper: What is the strategy to address the privacy concern shown as a barrier in the survey? Response: We will ensure that the necessary and appropriate safeguards are in place and that electronic HIE is an effective and safe way to improve the delivery and coordination of health care services.

John Handthan (Covisint): As the climate shifts and the fear of technology starts to go away, there is more room for care coordination to be used within SaaS or Cloud HIE solutions and have multiple models of opt-in or opt-out. Right now, the health plans have the most permission for care coordination.

Next steps

Refer to slide 77

- The August HITOC meeting is cancelled and the next HITOC meeting is scheduled for September 8, 2011.