

Health Information Technology Oversight Council

Thursday, June 2, 2011

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

Council and Ex-officio Members Present: Steve Gordon, Robert Rizk, Brian DeVore, Gregory Fraser, Dave Widen, Sharon Stanphill, Bob Brown,

Council Members Participating by Phone: Bridget Barnes

Council and Ex-officio Members Absent: John Koreski, Bill Hockett, Mel Kohn, Judy Mohr-Peterson

Finance Workgroup Members: Mark Hetz, Betsy Boyd-Flynn, Vaughn Holbrook, Erick Doolen

Staff Present: Dave Witter, Kahreen Tebeau, Tom Wunderlich, Chelsea Hollingsworth, Carol Robinson, Luke Glowasky (phone), John Hall, Mindy Montgomery, Chris Coughlin, Julie Harrelson, Jonathan Puskas, Amy Cooper (phone), Oliver Droppers (phone), Jan Green (phone)

Guests Present: Rohisha Adke

Opening and Welcome – Steve Gordon (Chair)

Refer to meeting materials: May 5th HITOC Minutes

- **Action:** In response to Steve Gordon's request, Robert Rizk made the motion to approve HITOC's May meeting minutes. Bob Brown seconded the motion, which HITOC passed unanimously.

Meeting Outcomes and Updates – Carol Robinson

Refer to slides 3-6

- Meeting Outcomes
 - Understand the implications of the State Medicaid Director's (SMD) letter on HIE financing
 - Provide direction for finance workgroup
- Finance workgroup next meeting is on June 27th. The finance meeting on June 22nd is cancelled.
- HITOC was updated on the CMS HITECH conference in Washington DC.
 - Goal of the meeting was to increase transparency and coordination between CMS and other government agencies.
- HITOC was updated on the ONC site visit
 - HITOC will provide ongoing reports to ONC. Overall, the visit was positive.

State Medicaid Directors' Letter & Instructions for the Finance Workgroup – Carol Robinson, Dave Witter

Refer to meeting materials: "CMS SMD Letter August 17 2010", "CMS State Medicaid Directors' Letter 5-18-2011", "CMS Letter Issue Summary"

Refer to slide deck, slides 7-21

- The State Medicaid Directors' (SMD) letter lays out different funding options for implementation. The options target MMIS and HITECH.
- The letter does not affect the technology RFP being released at the end of the month.
- The MMIS funding option needs further discussion with stakeholders.
- Based on the letter, we need to recalculate how this affects the Medicaid share of HIE funding.
- The SMD letter requires us to look at a sustainable funding strategy including community support earlier than anticipated.
- In order to receive money from CMS, we need agreements from payers and the community on funding a portion of HIE (fair share principle).
- We need to consider what health IT and HIE needs will be required by ACOs and CCOs as we are developing our funding strategy.
- Question: How do we calculate return on investment of HIE? Response: It is hard to capture cost savings separated from other health reform activities. We plan on using pilot projects to calculate and measure ROI.
- When the ONC cooperative agreement funding finishes, there will be a 2 million dollar annual budget to maintain services.
- Question: Do the funding options change by pulling in other states? Response: There are areas

were we want to explore shared technology. We are applying for a RTI grant for multi-state collaboration. For regional exchange across state lines, the challenge is with different rules and consent requirements.

- The SMD letter does not say what specific mix needs to be achieved for the fair share principle. The letter also does not address whether a claims tax would count. Tennessee believes their claims tax will count as fair share.
- The HITOC discussion will provide direction to the finance workgroup. Ultimately, this will be a HITOC decision after the finance group provides its recommendation.
- Question: Would our plan be different if this letter came out earlier? Response: I think our plan would look very similar. We have a strong phased approach. A number of changes will impact our stage two HIE services.
- Stakeholders need to understand the benefit and value of HIE services to encourage their participation.
- HITOC needs multiple strategies and contingency plans for other funding models.

BREAK

- Questions for the finance workgroup:
 - Will the direct project services serve us longer or should we invest in technology that will demonstrate greater value? Master provider directories?
 - Do a comparative timeline for speeding things up, or visa versa? If they have times in front of them, they can wrap their heads around the issues
 - What more should we do to guide engagement?
- Public comment: It is very important to get the Health Leadership Council involved. This work needs real decision makers at the table. These leaders are already affected by the pressure to get the CCO and other health reform efforts underway.

AIM Conference Update – Carol Robinson

Refer to slide deck, slides 22-24

- Save the Date – September 14th
- The conference will be held at the Oregon Convention Center in Portland.
- We anticipate about 400 attendees and plan on having some vendor exhibits.
- Currently, we are finalizing an interagency agreement with PSU. PSU’s College of Urban and Public Affairs will be collecting payment and managing the event registration.

Technology RFP Update – John Hall

Refer to slide deck, slides 25

- Currently, we are working on the RFP with the Department of Justice and the Office of Contracts and Procurement.
- We plan on releasing the RFP at the end of June.
- Question: Who would be reviewing the RFP responses? Response: We anticipate a panel of about six evaluators and welcome any HITOC members who are interested in participating.

Consent Rule-Making and Common Contract Update and Discussion – Kahreen Tebeau, Chris Coughlin

Refer to slide deck, slides 26

- HITOC voted on consent policy in January and finalized emergency policy in May.
- Currently, we are working with DOJ and have already drafted rules based on those policies.
- Questions: What is the process? Response: Part of the process of adopting rules is developing a rules advisory committee. It is still considered a draft throughout the process. We are getting clarity on steps by the state rules coordinator
- The rules process does require a hearing
- Question: Is there a rules process for the contract development? Response: The contract itself is between the entity and the state. Standards in the agreement might be put in rules.

E-prescribing and Labs Update – Dave Witter

Refer to meeting materials: “Summary of May 12th e-Rx Meeting”, “Summary of May 13th Labs

Meeting”

Refer to slide deck, slides 27-50

- These groups are focusing on two priority areas for ONC: e-prescribing and labs. The stakeholder groups are meeting on a similar schedule and will be taking a break during the summer during implementation.
- Currently, both groups are developing a plan for implementation for future activities that will involve outreach communications and technology concerns.
- We finished the e-prescribing environmental scan in May and are basing our plan on our findings.
- The pharmacies are concerned with e-prescribing errors and the cost.
- The hospitals have to integrate e-prescribing into their outpatient, discharge and emergency department prescribing. Most Oregon hospitals do not have systems in place currently.
- The Labs group fielded an online survey to hospital and larger community labs.
- Most of the labs are using fax to distribute results and the goal is to move to electronic transfer.
- The labs are very concerned with restrictions from HIPPA and FIRPA.
- Question: One of the issues you mentioned was faxing vs. e-prescribing? Is there a need to show a ROI comparison between the two? Response: The issue is really the fees charged. Most pharmacy systems automatically send a refill request by fax. This is a workflow issue and can cause duplication because refills can come back as a new script.
- Question: Do you have a handle on provider readiness? Response: We’ve seen a rapid uptake of providers using e-prescribing.
- Faxing costs are a problem for the physician, along with training and workflow.

Geo-mapping report – Rohisah Adke

- Presented the basic maps of incentive payments focusing on hospitals and eligible professionals.
- Question: Who can request maps? Response: If you work for OHA or DHS.

Public comment

Question: Is the intent of the RFP to procure software? Response: Oregon is contracting for a hosted solution. The state is not hosting anything.

Next steps

Refer to slide deck, slides 52

- HITOC will meet on July 7th and get a update from the finance meeting.
- The August HITOC meeting is cancelled and we are tentatively rescheduling the September meeting to Sept. 8th.