
Health Information Technology Oversight Council

June 2, 2011

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

Oregon
Health
Authority

Agenda

- 1:00 pm **Welcome, Opening Comments, Approve Minutes** - Steve Gordon
- 1:10 pm **Meeting Outcomes and Updates** - Carol Robinson
- CMS HITECH Conference
 - ONC Site Visit and Actions
- 1:30 pm **State Medicaid Director's Letter** - Carol Robinson, Susan Otter, David Witter
- Medicaid Incentive Program update
 - Review content of letter and implications
 - Discussion
 - Instructions for Finance Workgroup
- 3:00 pm **Break**
- 3:15 pm **Instructions for Finance Workgroup (continued)**
- 3:40 pm **AIM Conference Update** - Carol Robinson
- Technology RFP Update** - John Hall
- 4:00 pm **Geo-Mapping Report**— Rohisha Adke
- 4:15 pm **Consent Rule-Making and Common Contract Update** - Kahreen Tebeau and Chris Coughlin
- 4:30 pm **E-Rx and Labs Update** - David Witter
- 4:45 pm **Public Comment**
- 4:50 pm **Closing Comments** - Steve Gordon and Carol Robinson

Meeting Outcomes

1. Understand the implications of the State Medicaid Director's (SMD) letter for HIE financing
2. Provide direction for Finance Workgroup

Updates

CMS HITECH Conference-

Carol Robinson

ONC Site Visit and Actions-

Carol Robinson

State Medicaid Director's Letter

- Medicaid EHR Incentive Program update

CMS - State Medicaid Director's Letter

– August 17, 2010

- Federal Funding for Medicaid HIT Activities
 - Administration of Medicaid EHR Incentive Program
 - Oversight of the Medicaid EHR Incentive Program
 - **Initiatives to Encourage Adoption of Certified EHR Technology and Health Information Exchange**
 - State Medicaid HIT Plans (SMHP) and HIT Implementation Advance Planning Document (HIT IAPD)
- Enclosure C: Guiding Principles for Use of CMS 90% Administrative Matching Funds for Medicaid EHR Incentive Program
 - 10 criteria for use of 90/10 matching
 - Initial direction regarding State Medicaid agencies' role in promoting EHR adoption and health information exchange (HIE)

May 18, 2011 CMS - State Medicaid Director's Letter

- Reiterates August letter criteria
- Additional guidance and requirements for using Medicaid 90/10 funding for State HIE implementation phase and beyond
- Accountability process regarding Fair Share participation to use 90/10 funding

SMD May 2011: Key Principles in Play*

- Costs divided equitably across other payers based upon OMB-defined “Fair Share” principle (circular A-87)
- Cost appropriately allocated
- Activities leverage efficiencies with other Federal and State HIE funding
- Activities are developmental and time-limited
- HITECH 90/10 Federal financial participation (FFP) is not for on-going HIE costs once operational

* Per CMS slides from May 25, 2011 Medicaid HITECH Conference

May 18, 2011 CMS - State Medicaid Director's Letter

- 90/10 funding is an administrative match rate
- Medicaid participation in HIE planning activities at 39% of HIE-related costs based on rate used for other Office of Oregon Health Policy and Research (OHPR) planning activities
- Oregon will need to justify the portion for implementation and meet the conditions of the SMD letter for the administrative match rate in order to take advantage of this federal funding during the implementation phase

What the May 2011 SMD Letter Says:

- Medicaid funding cannot be the sole funding source for building, implementing or operating HIE infrastructure or services
 - 90/10 funding will only be authorized with other payer participation
- “Fair Share” principle:
 - Costs should be divided equitably across private and commercial payers in accordance with benefits received
- Governance and risks with developing HIE infrastructure should not be borne by a sole payer, and stakeholder involvement is the only way to ensure that the infrastructure meets each state’s specific assets/challenges

What the May 2011 SMD Letter Says:

- States must seek MOUs with HIE partners outlining scope, budget and timing of contribution in the near and long-term
 - These agreements must be submitted with the IAPD
- 90/10 funding will not be available for ongoing HIE costs where HIE services are fully operational
 - The definition of “fully operational” is currently undefined by CMS
 - Ongoing HIE costs can receive 50/50 funding from CMS
- CMS will consider different cost allocation approaches depending on whether the State is requesting MMIS or HITECH administrative funding

Medical Loss Ratio

- Medical Loss Ratio interim final rule published December 1, 2010
- Health plans (insurance companies) subject to the rule may consider HIE costs as an allowable quality improvement activity to be reported as part of the 80-85% of premium revenue that must be devoted to clinical services and quality improvement

What the SMD Letter Does Not Say:

- What specific mix of payer/provider participants will achieve the “Fair Share” principle
- What leeway exists in scope/requirements for MOUs
- Whether a claims tax will achieve the “Fair Share” principle
- What constitutes a “fully operational” HIE
- What the scope and expectations are for an “overall plan” and relationship to ONC’s financial sustainability plan expectations
- How the Fair Share principle applies at various stages (planning, implementation/tech acquisition, operations)

Working Assumptions; New Reality

Phases	Working Financing Assumptions	SMD Letter “New Reality”
Planning	ONC Coop Agreement, 39% Medicaid 90/10, State General Fund matching, In-kind & other matching	Validate Assumptions
Acquisition & Implementation	ONC Coop Agreement, 39% Medicaid 90/10, State General Fund matching, In-kind & other matching	“Fair Share” Cost Allocations Among Payers
Ongoing Services	Fees/Claims Tax	Fees/Claims Tax under “Fair Share”

Questions That Need to Be Addressed

- Overall plan (Financial Sustainability Plan)
 - Criteria and expectations for Fair Share participation
 - Identification of major Fair Share stakeholders and beneficiaries
 - Identify mechanisms for implementing Fair Share
 - Timing/phasing to maximize available Medicaid financing
- Identify barriers/issues in achieving Fair Share goals and approaches to address them
- Work with CMS regarding a claims tax and other options as solutions to Fair Share
- Identify the funding gap and consequences of not achieving Fair Share and short-term financing issues

State Medicaid Director's Letter

Discussion

State Medicaid Director's Letter

Instructions for Finance Workgroup

Break

State Medicaid Director's Letter

Instructions for Finance Workgroup
(continued)

AIM Conference Update – Carol Robinson



Innovating for Healthy Oregonians

September 14, 2011

8:00 am – 6:00 pm

Oregon Convention Center

AIM 2011 is Oregon's first annual statewide stakeholder conference focusing on the promise of health information exchange to accelerate and support health care improvement efforts.

Featuring:

***Keynote Speaker: Farzad Mostashari, MD, Office of National Coordinator
Governor John Kitzhaber (Invited)***

State Health Care Policy Leaders

Vendor Fair and Post-Conference Reception

Conference Planning Update

- Partnership in process with Portland State University's College of Urban & Public Affairs for conference registration and processing sponsorships
 - Conference proceeds will fund a mutually agreed upon community benefit related to Health Information Exchange
- Speakers have been invited and are being confirmed
- Soliciting sponsorships and vendors for the vendor fair
- Invitations to go out in mid-late June

Technology RFP Update - John Hall

- RFP in development
- Met May 11 with Oregon Office of Contracts & Procurement (OC&P) and DOJ
- On target to deliver RFP to OC&P and DOJ beginning of June
- Goal – issue RFP end of June/beginning of July

Update: Consent Rule-Making and Common Contract Development: Kahreen Tebeau and Chris Coughlin

- **Consent Rule-Making**

- As specified in the consent policy implementation plan approved by HITOC on Jan. 20, 2011, Oregon Administrative Rules are being created to implement a standard state-wide consent policy, including standardized language and forms to be used by all providers.
- The rules have been drafted and are expected to be finalized and adopted by August 2011.

- **Common Contract Development:**

- With guidance from the Legal & Policy Workgroup, the Technology Workgroup, and the HIO Executive Panel, a newly formed subcommittee of the Legal & Policy Workgroup is currently working to draft a common, standardized contract for all users of statewide HIE services.
- The subcommittee's first meeting was May 10; a finalized contract is expected to be approved by DOJ and ready for use by September 2011.

E-prescribing & Laboratory Stakeholder Groups Update

Dave Witter



eRx & Lab Stakeholder Approach

- **April – May: surveys and assessment**
- **May – June: develop plan & tactics**
 - Outreach to providers and pharmacies/laboratories
 - Technology and other approaches
- **July – Sept: implement plans**
- **Fall 2011: monitor progress**
- **October – November 2011: follow-up surveys**
- **December 2011: assess progress**
- **January - February 2012: update plans for report to ONC**

eRx Stakeholder Group

- Surveys & Assessments
 - Independent Pharmacies
 - Chain Pharmacies
 - Hospital Pharmacies

Independent Pharmacy Outreach

Key Findings

- ~30% have adopted e-prescribing since July 2010
- ~42% of those with e-prescribing send electronic refill requests
- ~66% of pharmacies without e-prescribing are interested in additional materials and resources on implementation
- Compounding pharmacies – current e-prescribing systems are not very compatible with their business

Chain Pharmacy Outreach

Key Findings

- Chains are receiving new prescriptions electronically and using faxes to send refill requests to the prescriber
 - Faxing costs less
 - Faxed request is consistent and formatted for store needs
 - Electronic refill requests can create confusion and duplication
- Training needs to improve on both ends
- Lack of confidence – resulting in unnecessary calls
- Workflow change

Independent Pharmacy Outreach

Barriers to Adoption (1 of 2)

- Cost – upgrading computers and transaction fees
- Errors – prescriber and system errors
 - Many pharmacies noted frequent mistakes when prescribers enter drugs into computer system
- Security
- Compatibility issues between systems
 - Example: Naming conventions that do not match to the pharmacy system

Independent Pharmacy Outreach

Barriers to Adoption (2 of 2)

- No business incentive or savings
- DEA rules and standards for e-prescribing controlled substances (ID-proofing requirement)
- Lack of confidence in the Surescripts system
- No internet access
- Lack of e-prescribing options for compounding pharmacies

Hospital Pharmacy Survey

Overview

- Determine how prepared Oregon hospitals are for proposed Stage 2 Meaningful Use requirement – 50% of discharge and outpatient prescriptions be transmitted electronically
- 37% response rate (20 out of 54)
- Assisted response rate with phone calls and found discrepancies in the distribution list
- Survey logic was created to direct pharmacy directors to appropriate questions

Hospital Pharmacy Survey

Key Findings

- ~65% of respondents have an Inpatient EHR system
- ~77% hospitals with an EHR system do not prescribe discharge prescriptions electronically
 - 90% plan on implementing this function within the next two years
- ~46% hospitals with an EHR system transmit non-discharge prescriptions electronically
 - 86% plan on implementing this function within the next two years

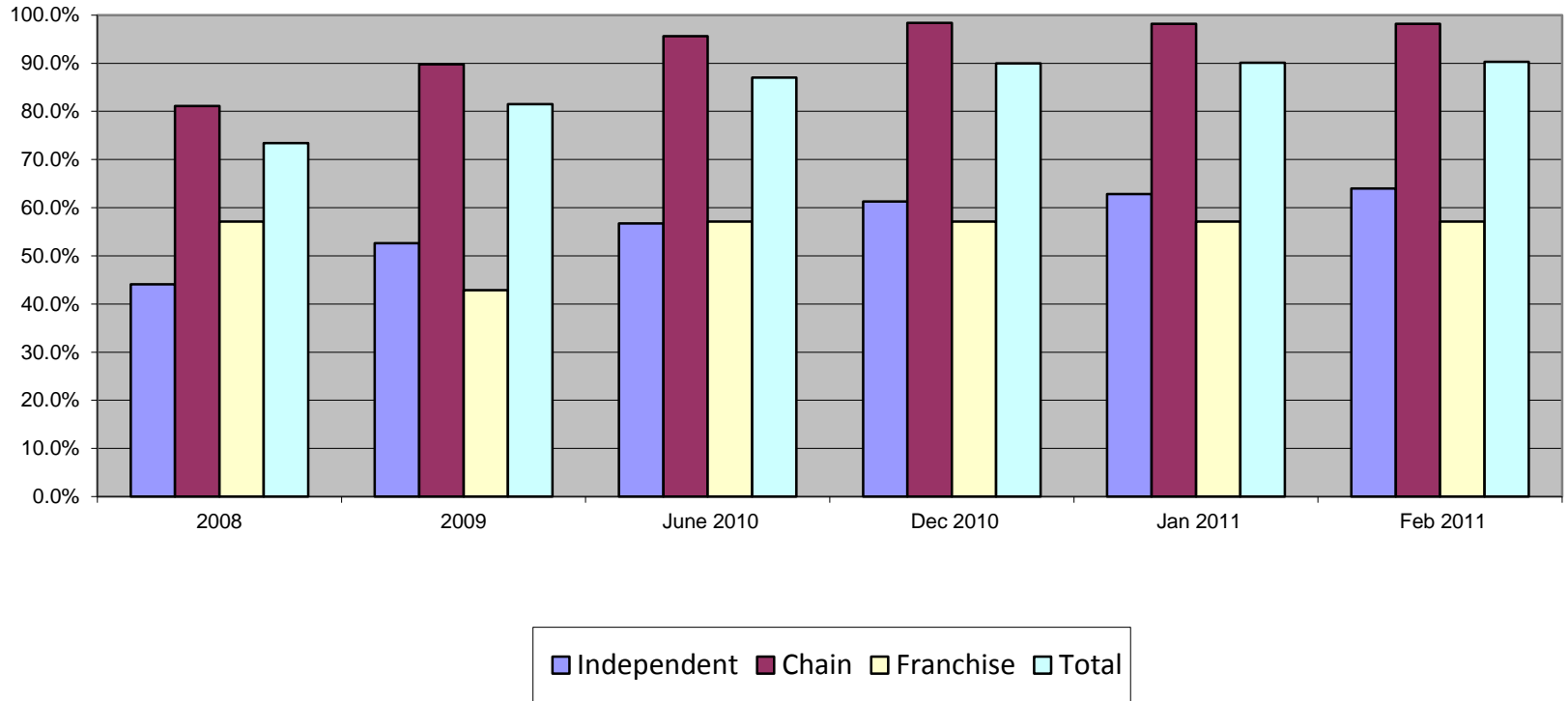
Hospital Pharmacy Survey

Interests and Comments

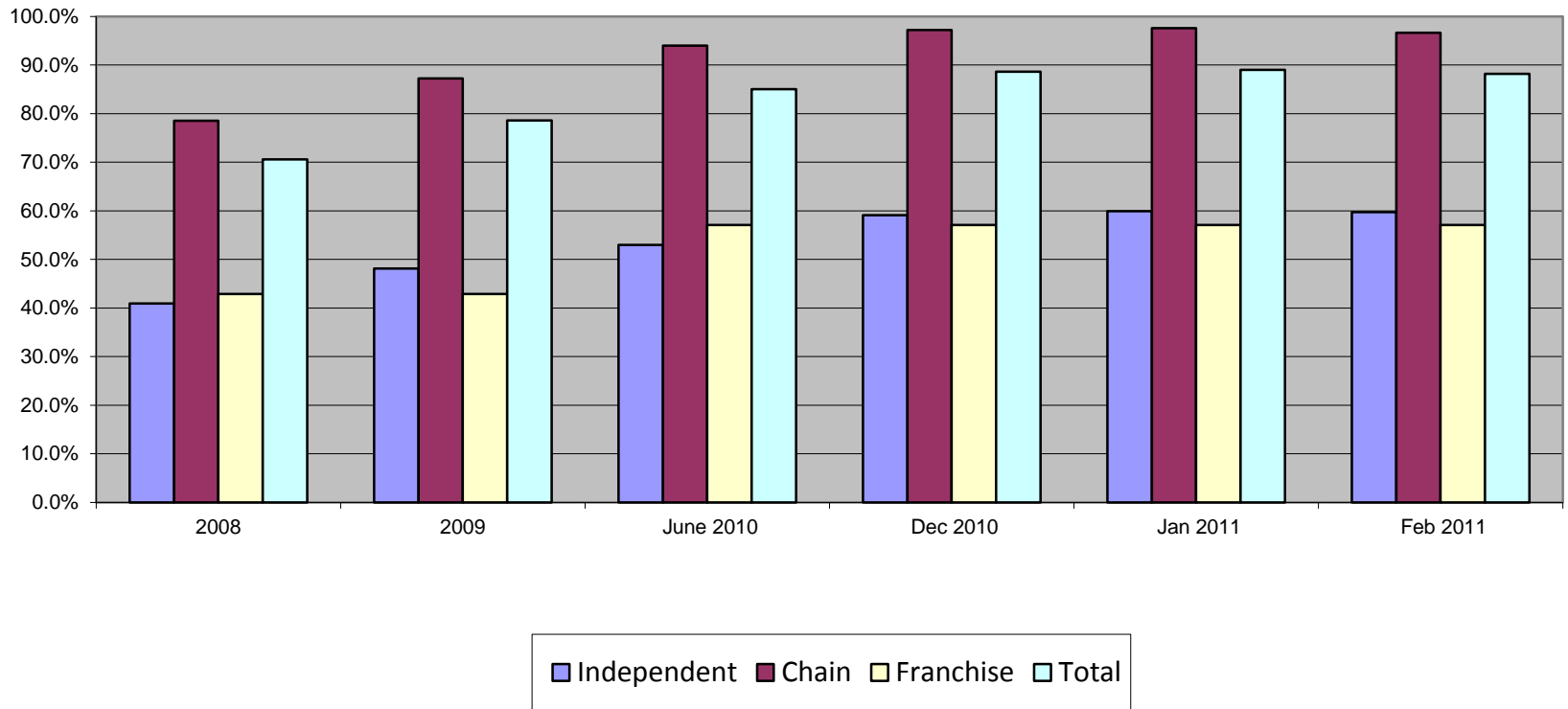
- ~95% of respondents are “Very Interested” or “Somewhat Interested” in conducting patient medication reconciliation electronically
- ~80% of respondents are “Very Interested” or “Somewhat Interested” in electronic benefit and formulary checking
- Regarding e-prescribing, hospitals are concerned with accuracy, completeness, and interoperability between computer systems

Surescripts Trends Report

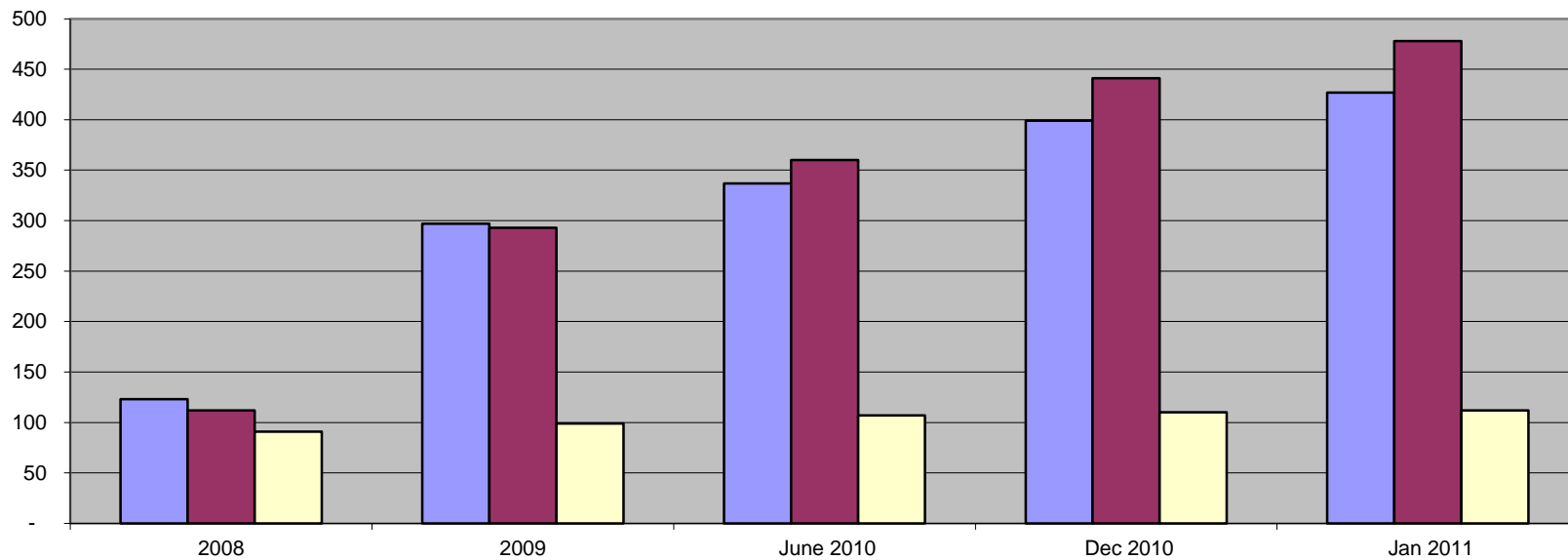
Percent of Oregon Pharmacies in Surescripts Network



Percent of Oregon Pharmacies with eRx Transactions



Oregon e-Prescriber Activity



■ e-Prescribers (10s)

■ Total Transactions (1000s)

■ Average Transactions per Prescriber

Lab Stakeholder Group

- Laboratory Survey
 - Hospital and large community labs

Laboratory Survey - Goals

- To assess the technical and organizational readiness for HIE in large Oregon labs.
- An online web survey (SurveyMonkey) was distributed to over 100 clinic, hospital, and public health laboratories in Oregon.
- The survey opened April 13 and closed May 9, 2011.
- The response rate was approx. 28%.

APPENDIX B: Email Request to Selected Oregon Laboratories

April 13, 2011

Dear Oregon Laboratory Managers,

We are requesting your help with an online survey to determine Oregon's readiness to exchange clinical laboratory results via a proposed Health Information Exchange (HIE).

Under the American Recovery and Reinvestment Act of 2009 (ARRA), financial incentives have been promised to eligible providers (EP) and eligible hospitals (EH) that can demonstrate the "meaningful use" of a certified electronic health record (EHR). Among the requirements for the first stage of meaningful use, EPs and EHs must incorporate "more than 40% of clinical laboratory test results whose results are in positive/negative or numerical format...into EHRs as structured data."

In support of these efforts, the Oregon Health Information Technology Oversight Council (HITOC) has assembled a diverse group of stakeholders to guide our state's efforts to create a viable HIE to serve patients and providers across Oregon.

Our first task, and the subject of this survey, is to assess the capabilities of a sample of CLIA certified laboratories to send structured and secure electronic laboratory results to authorized providers outside of your organization (i.e. providers outside of your clinic, hospital, health system, or provider network).

The online survey consists of five sections: questions about your laboratory; your technical capabilities for electronic reporting; policy and regulation; your current plans to support your partners' efforts to reach "meaningful use"; and finally, how HITOC might facilitate your participation in the Oregon Health Information Exchange.

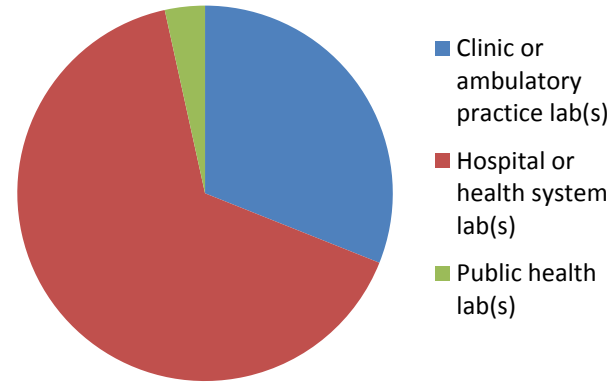
To access this survey, please click [here](https://www.surveymonkey.com/s/PYJ328C), or enter the following URL in your browser <https://www.surveymonkey.com/s/PYJ328C>. This will take you to a confidential online survey that should take no longer than 20 minutes to complete, but may require input from your information technology staff to complete.

We gratefully welcome your help by completing the survey, and you may "opt out" of future communications. Please send any questions or comments about HITOC or the survey to hitoc.info@state.or.us.

*Sincerely,
HITOC Lab Stakeholders' Group and Carol Robinson,
HITOC Director and State Health IT Coordinator
700 Summer St. SE, Suite 125
Salem, OR 97301
hitoc.info@state.or.us*

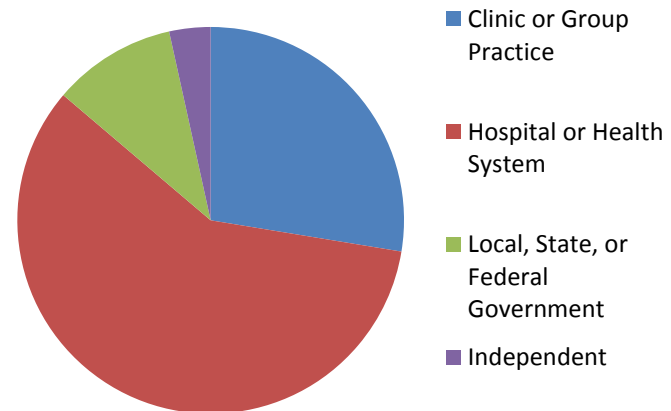
10. Which option below best describes your laboratory?

Lab Type (29)

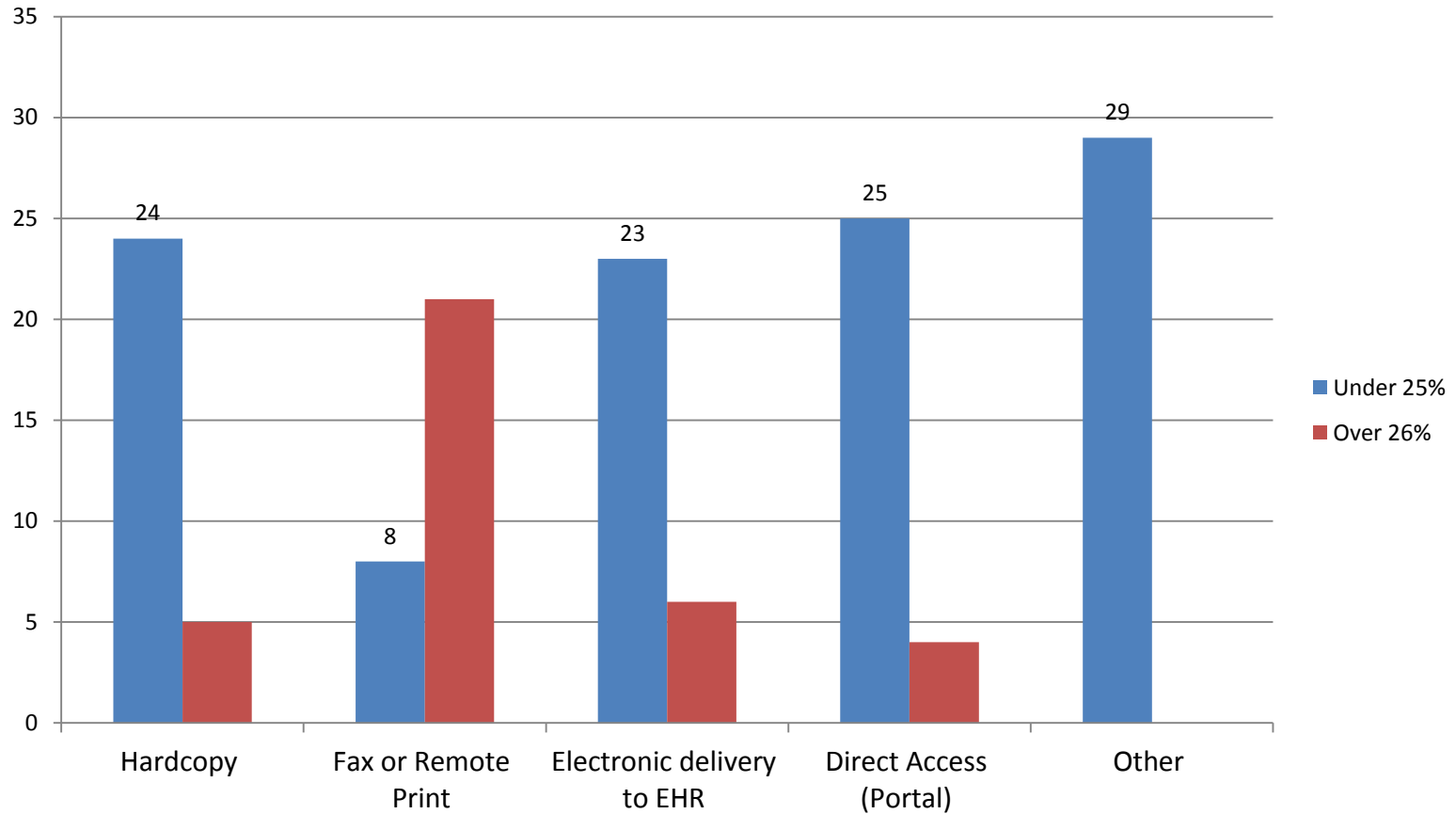


13. Which option below best describes your lab's organizational affiliation or ownership?

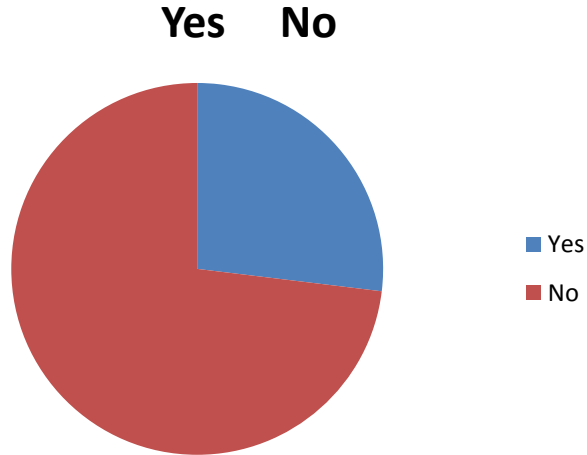
Lab Affiliation (29)



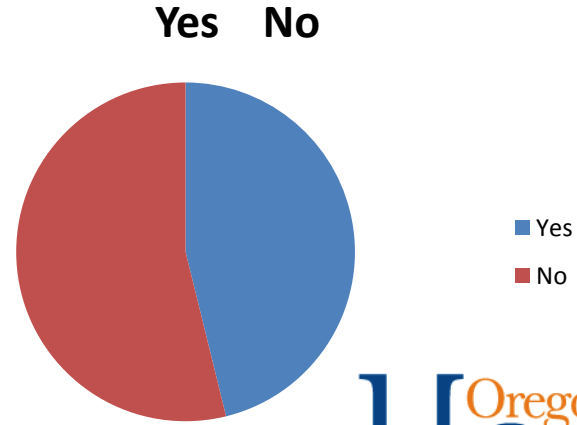
18. Please estimate the volume of laboratory reports sent to *external or non-affiliated providers* ("outreach clients") by the following methods



26. Does your laboratory currently receive electronic laboratory orders from outside or non-affiliated organizations?



27. Does your laboratory currently send electronic results to outside or non-affiliated organizations?

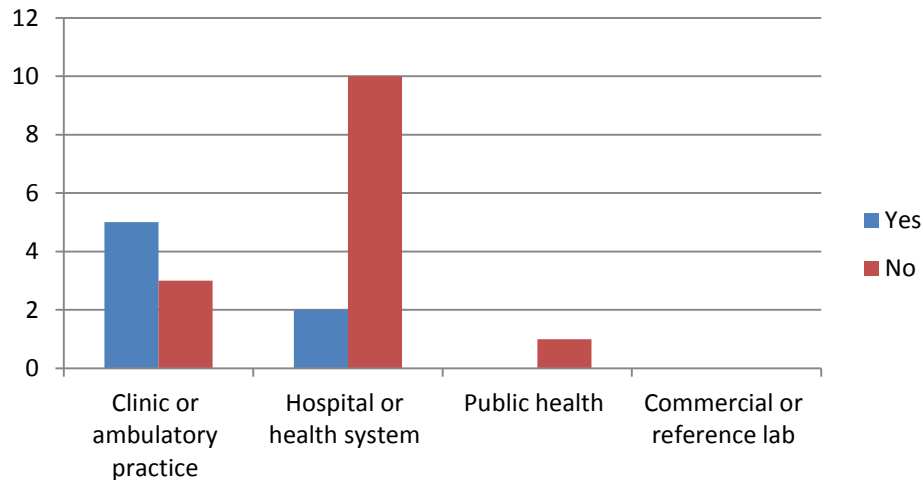


Barriers and Facilitators

29. Are there any local policies, laws, or regulations (including HIPAA and CLIA) that might prevent your lab from contributing test results to an Oregon state Health Information Exchange?

Comments:

- *Administration is not sure without more research.*
- *Only God knows.*
- *Unknown.*
- *We would need to evaluate the structure and access requirements, to make sure they meet all of the regulatory requirements.*
- *HIPAA.*
- *We're covered by FERPA, not HIPAA. This creates some issues for information that is not de-identified.*



32. How would your laboratory define “success” for health information exchange efforts in Oregon?

- *A HIPAA compliant secure HIE that is easily accessible to appropriate providers.*
- *Accurate and timely sharing of diagnostic results to support patient care and eliminate redundant testing.*
- *No clue what you are talking about.*
- *The ability to send test results without having to build different interfaces with each provider.*
- *Being able to share pertinent laboratory information between health systems.*
- *Having the right data in our EMR from visits in outside entities.*
- *Health information exchange transactions and agreements should be transparent to the providers and laboratory testing personnel. Success would occur if external data is presented in format similar to internal exchanges.*
- *Cannot answer this question.*
- *Smooth flow of protected data between health care entities. Easy to set up and easily interchangeable between systems.*
- *The ability to exchange test data between hospitals.*
- *All hospitals/clinics implemented with EHR in the next 3-5 years. All clinical laboratories affordably connected to a health exchange infrastructure. Provider clinics have ability to easily exchange patient results between themselves to reduce repetitive testing.*

35. How might HITOC and the State of Oregon facilitate your laboratory's participation in a health information exchange of laboratory results with authorized providers outside of your organization?

- *The plan and product must be more fully outlined in order for this organization to determine if participation is likely.*
 - *Provide necessary interfaces and equipment.*
 - *By providing a uniform interface for order and results.*
 - *Don't know.*
 - *Work with our organization through our hospital IT Director and Executive Representatives.*
 - *Help with any financial impacts.*
 - *Help with funding.*
 - *Use its power and reputation to encourage compliance.*
 - *Provide common standards for connectivity, financial incentives.*
 - *Propose a standard that a large number of LIS vendors would be capable of meeting within a short time frame.*
 - *...people to do the job.*
 - *Not sure.*
 - *Get the Oregon AG's office to change their opinion that University Health Centers in Oregon should fall under the auspices of HIPAA.*
 - *Grants so organizations can afford to purchase hardware/software.*
 - *That's a big question. It goes beyond our lab interests because we are part of an organization that ultimately control how and what we do. We are interested in the goal to exchange results electronically because of the numerous benefits.*
 - *Grants to help establish connectivity.*
 - *Provide a centralized HIE so that we can cost effectively drive results through one source instead of needing to establish individual interfaces with multiple sources and EMR vendors.*
 - *FUNDING.*
 - *Take a leading role in assuring privacy controls and measures.*
-

Other Comments and Concerns

36. Please add any comments or concerns you wish to add:

- *Our facility is part of a larger health care system and IT decisions and projects are made and coordinated at an organizational level and not on a departmental level. I suggest that this survey be forwarded to someone at that level.*
- *Many of these questions need to be answered by our CIO. I've forwarded the survey to him.*
- *Not sure I have answered all of these questions correctly...not knowing where this project is heading and how it really affects me and my lab.*
- *Rural hospitals lack funding to implement complex information systems such as EMR, HIS, LIS, RIS, etc. but it can be done, with motivation from our government and possibly funding to implement.*
- *We're excited about supporting the future of healthcare connectivity.*

eRx & Lab Surveys – a few observations

- Lots of complex work ahead
 - Standards still evolving
 - Technology still evolving
 - Multiple domains/sub-domains
 - Workflow, workflow, workflow
- Clean/complete orders from providers (eRx & Lab) a big issue
- Lab & pharmacies are just departments in larger organizations

Public Comment

Next Steps

Next HITOC Meeting:

Thursday, July 7, 2011

1:00 pm – 5:00 pm

Portland State Office Building, 1D

800 NE Oregon St.

Portland, Oregon 97232

Questions or Comments:

Carol Robinson

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