

Health Information Technology Oversight Council

Thursday, March 3, 2011

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

Council Members Present: Steve Gordon, Dave Widen, Gregory Fraser, Robert Rizk, Bridget Barnes
Council Members Participating by Phone:

Ex-officio Members Present: Judy Mohr-Peterson, Mel Kohn

Council and Ex-officio Members Absent: Brian DeVore, John Koreski, Sharon Stanphill, Bill Hockett, Bob Brown

Staff Present: Carol Robinson, Oliver Droppers, Kahreen Tebeau, Tom Wunderlich, Julie Harrelson, Chris Coughlin, Dave Witter, John Hall, Mindy Montgomery, Luke Glowasky, Jan Greene

Guests Present: Clayton Gillette (O-HITEC), Nora Leibowitz (HIX), Susan Otter (by phone), Rod Meyer (CareOregon), Gwen Dayton (Oregon Medical Association)

Opening and Welcome – Steve Gordon (Chair)

- Due to several absences, HITOC had no quorum. Confirmation of HITOC's February 3rd meeting minutes will occur at the next HITOC March 2011 meeting.

Updates – Clayton Gillett, Nora Leibowitz, Steve Gordon, Susan Otter, Carol Robinson

Refer to meeting materials: "Responses to HITOC Request for Comment for Stage 2 Meaningful Use Draft Requirements, Feb. 2011."

O-HITEC – Clayton Gillett (slides 5-24)

- Two large providers are replacing systems, which may have an impact around the state, and a number of small providers are doing the same with impacts only to their own practices.
- O-HITEC judges its progress to be generally in the middle of the national pack for Regional Extension Centers (RECs).
- "O-HITEC Light", a smaller package of REC services are being offered in partnership with Oregon Medical Association (OMA) and is free to OMA members. Other similar partnerships are in the works.
- Question: How many of Oregon's Critical Access Hospitals will have certified EHR systems, and how does this affect vendor selection? Response: Discussions are underway with such hospitals, but none are signed as O-HITEC members. They are generally considering the three largest vendors.
- O-HITEC offers premium products that have more extensive services.
- The timeline from contract signing to implementation implies that the window is closing for providers to receive incentive payments if they have not already begun to adopt EHRs.

Oregon's HIX "Early Innovator" Grant – Nora Leibowitz (Development Director for the Health Insurance Exchange)

- Health Insurance Exchange (HIX) is a place to shop for health care coverage with "apples to apples" comparisons, it provides access to financial subsidies for coverage, and it is a tool to enroll in an insurance plan.
- The "Early Innovator" grant is for an Information Technology project that affects Medicaid as well as commercial insurance. The project will develop a system solution for eligibility determination, enrollment, and user interface for Medicaid and commercial populations.
- Grantees agree to share their intellectual property of developed models with other states.
- Oregon applied as a model of a state wherein the state is not-modern, and has a characteristically paper-heavy process for applicants.
- Oregon's modernization project that was previously underway will marry with the Early Innovator project in order to streamline both the commercial and Medicaid enrollment processes.
- Oregon's solution will involve "off-the-shelf" technology.

- There may be some overlap of technology with HIE. The HIE and HIX projects are currently engaged in issue identification for these areas of overlap.
- This grant has a two-year project window. The project will include software procurement and system integrator efforts. Finally, the project will entail translating different sets of requirements for all agencies involved in order to communicate coverage options to consumers on the exchange.
- Question: Are there any key areas of overlap between HIX and HIE that you have already identified? Response: Yes. We have considered the potential for cost savings through shared services architecture between the two systems. We have questions about how to set up contracting for shared services. New England early innovator grantees are considering these questions as well.
- Question: How can HITOC track the progress of the HIX? Response: The HIX website contains quarterly updates to Centers for Medicare and Medicaid Services (CMS) including progress, concerns and next steps. Regular reporting will occur from the HIX development team to HITOC.

O-HITEC – Clayton Gillett

- Question: Is O-HITEC involved with Medical Group Management Association (MGMA)? Response: Yes, O-HITEC is currently having discussions with MGMA.
- Question: What is HITOC's role and official relationship with O-HITEC? Response: O-HITEC has received an independent grant. There are three avenues of funding: 1) Incentive money goes directly to providers, 2) there is a Cooperative Agreement for HIE, and 3) there is a separate grant for the REC. O-HITEC recognizes that the success of their efforts will depend on the success of HIE and vice versa.
- O-HITEC has negotiated with ONC for greater leeway in application of grant funding.
- HITOC's Congressional delegation letter will request legislative changes to seek solutions for disadvantages in Oregon incentive payments.
- Public Health Surveillance relies on quantity of data as well as completeness of data. REC support of these efforts is appreciated by Public Health advocates. O-HITEC is exploring methods of getting the attention of practice managers.
- Response: How can HITOC be helpful to O-HITEC? Response: 1) Better mass communication to providers so that REC outreach may be accelerated, and 2) Discussions about making state specific changes that are different than the standard interfaces. A provider may need to modify products to meet these specifications, with modifications requiring extensive resources. Similar concerns are coming from providers; having more discussions that include those concerns would be helpful.
- Harrelson Group will work with Grove Insight for provider messaging, and is having ongoing meetings with OMA and others, which will allow for further discussion on this topic.

Oregon Health Policy Board (OHPB) Health System Transformation Team – Steve Gordon

- The Team's stated objective is to address budget cuts and identify strategies to mitigate impacts and create future solutions.
- The Team's work plan will produce 3 key deliverables: 1) state legislation that may be beneficial to facilitate payment and delivery system transformation, 2) Waiver request content and direction to the federal government to enable flexibility and innovation on a local level, and 3) RFP for organizations interested in taking on greater accountability for provision of services on a local level, particularly for clients of multiple state funding sources.
- Early sessions of this group has been included visioning solutions, public input, and metrics conversations.
- The legislative concept document has two statements about HIE as an essential element of ACOs: they will utilize HIT and quality indicators. These statements may need to be more

specific if they will actually produce transformations.

- Information about the Team is available on Oregon Health Authority (OHA) website, and comments for the Team can be submitted there.

Medicaid HIT Project – Susan Otter (refer to slides 27-32)

- EHR Incentive program: CMS registration is now open; hospitals are being advised to register for both Medicaid and Medicare incentive programs in order to minimize risk.
- Eligible professionals are advised to wait until Oregon has launched the Medicaid program to register through the website.
- Question: Is enrolment a one-time process? Response: It is an annual process, with two 2 steps: Step 1 is to register with CMS including which program, which state, etc, and step two is to register for the incentives.
- Draft Oregon Administrative Rules will go out for a public comment period, with the hope to launch in June 2011 for the beginning of the program planned for summer.
- The State Medicaid Health Information Technology Plan has been submitted.
- The Implementation Advanced Planning Document (IAPD) is iterative; updates will be submitted annually as well.
- MHIT group is considering options for Children’s Health Insurance Program (CHIP) auditing.
- The Medical Assistance Provider Incentive Repository (MAPIR) is collaboratively working with a vendor to develop an integrated web application for providers.

Summary of Stage 2 Meaningful Use stakeholder comments – Carol Robinson (refer to slides 33)

- HITOC asked stakeholders who were making comments to submit copies to HITOC.
- Comments are posted on HITOC’s website, there were a broad range of sentiments in the comments

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

Refer to meeting materials: “Consumer Advisory Panel, January 2011 Summary Progress Report; Legal and Policy Workgroup Summary Progress Report; Other States ER Consent Policies; and Alternative Definitions of Medical Emergency.”

Refer to slide deck, slides 34-35

- The Legal and Policy Workgroup’s recommendation is for an opt-out with exceptions model, but issues of emergency treatment remain.
- The Legal and Policy Workgroup voted for a policy for emergency treatment that does not allow for an emergency exception to opt-out consent status.
- HITOC did not vote on this issue during the meeting because there was no quorum. The issue will be revisited at the next meeting and will include the perspective of the Consumer Advisory Panel.
- Opt out without “break the glass” capability does not remove any of the capabilities that providers currently use through phone or fax to other providers. This only affects electronic exchange.

Public Input

- Dr. Saslow: The Consumer Advisory Panel may benefit from a presentation of the Legal & Policy position, including an explanation of the reasoning behind their recommendation.

Key Takeaways from 2011 HIMSS — Carol Robinson, John Hall, and Brian Ahier

Refer to slide deck, slides 40-47

- A significant increase in attendance and exhibitors at HIMSS over previous years.
- A key focus on this year’s conference was on products and methods for meeting stage 1 Meaningful Use (MU)
- Mobile computing- high percentage of doctors using smart-phones and significant number using

tablets to access medical information.

- Carol Robinson was in a small meeting with Aneesh Chopra, the President's Chief Technology Officer, and it spurred and challenged state HIE leaders to think innovatively and show some tangible achievements
- Krysora and Brian Ahier will be working with the Office of the National Coordinator for Health IT (ONC) to help other states in their planning around implementing/accommodating the Direct project in their state HIE strategies, because Oregon is seen as a model in this area.
- Accountable Care Organizations (ACOs) were a predominant theme at the conference; there was an emphasis from government officials to be prepared to participate in healthcare reform and ACOs will be a part of that.
- Healthcare transformation is tech-enabled. There are implications for health IT that revolves around reform in payment and delivery.
- The work of HITOC and the HIT infrastructure are critically important to the success of healthcare reform in Oregon.

Discussion around HIMSS questions and implications:

- Question: The HIX in Oregon is a stand-alone insurance exchange and is un-related to President Obama's insurance exchange initiatives? Response: Its origin was separate but its development has converged with the Patient Protection Act and funding. Because of our early independent planning, we were well placed to apply for the grant opportunity out of the Patient Protect Act.
- Question: How do you think we can bring the message that HITOC/HIT are crucial to state health reform to the state leaders and policy makers? Response: A concerted effort from all of us. Many health reform goals, including being able to capture and report quality metrics, will require an HIE infrastructure.

Public Comment

Dr. M. Saslow:

- Convincing the state leaders about the importance of data, there is already a basic understanding there. If you want to have influence and direction, attend the Transformation Team sessions from 6-9pm on Wednesday evenings. The timeframe is very aggressive.
- Our innovative "petri-dish experiments," such as small-scale demonstrations or pilots, must have the potential to be scalable to the state level.

Workgroups, Panels and Stakeholder Groups — Dave Witter, Carol Robinson

Refer to meeting materials: "eRx Stakeholder Group Summary Progress Report; and Lab Stakeholder Group Summary Progress Report."

Refer to slide deck, slides 47-50

- These two groups have fostered a tremendous amount of learning regarding the operational and work-flow issues faced with electronic labs results delivery and e-prescribing.
- ONC has established several Communities of Practice (CoPs) through a website, and include e-Rx and Labs CoPs for sharing document and information resources.
 - Question: What does "the last mile" refer to? Response: refers to how a Health Information Organization (HIO) or a provider can connect into statewide HIE, as well as what kind of technology might they have to implement.