

Health Information Technology Oversight Council

Thursday, May 5, 2011

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

Council Members Present: Steve Gordon, Bob Brown, Bill Hockett, Dave Widen, Sharon Stanphill

Council Members Participating by Phone: Brian DeVore, Robert Rizk

Council and Ex-officio Members Absent: Gregory Fraser, Mel Kohn, Judy Mohr-Peterson, John Koreski, Bridget Barnes

HITOC Workgroups/Panels Members: Brian Ahiers, Mike Saslow, Aaron Karjala, Vaughn Holbrook

Staff Present: Carol Robinson, Kahreen Tebeau, Tom Wunderlich, Chelsea Hollingsworth, Luke Glowasky (phone), Amy Cooper (phone), Dave Witter, John Hall, Chris Coughlin, Julie Harrelson, Jan Greene (phone)

Guests Present: Sheetal Shah, Ross Martin, Sean Kolmer, Susan Otter

Opening and Welcome – Steve Gordon (Chair)
Refer to meeting materials: “April 5th HITOC Minutes” <ul style="list-style-type: none">• Action: In response to Steve Gordon’s request, Bob Brown made motion to approve HITOC’s April 5, 2011 minutes. Bill Hockett seconded the motion, which HITOC passed unanimously.
Meeting Overview and Outcomes – Carol Robinson
Refer to slides (4): <ul style="list-style-type: none">• Introduced two national representatives -<ul style="list-style-type: none">○ Sheetal Shah – project officer at the Office of National Coordinator for Health IT (ONC) for Oregon. She is also the project officer for Hawaii, Washington and Island Territories.○ Ross Martin – lead consultant from Deloitte and specialist leader for the ONC.
Updates – Sheetal Shah, Carol Robinson, Sean Kolmer, Susan Otter, & Chris Coughlin
Refer to slides (5-13) Refer to meeting materials: “HITOC May 5 2011 O-HITEC Presentation” <ul style="list-style-type: none">• ONC update – Sheetal Shah<ul style="list-style-type: none">○ The ONC is visiting each state to identify best practices for achieving Health Information Exchange (HIE) program goals and identify ways that our work is transforming health care.○ ONC wants every provider in every state to have the opportunity to meet meaningful use.○ Question: What is the national strategy on quality? Response: The ONC principles and expectations are driven by the ONC Director’s main priorities. We are also exploring other areas, such as Partnerships for Patients and the Prescription Drug Monitoring Program initiatives.○ Question: What is the connection with the quality strategies and Health & Human Services (HHS)? Response: There are a lot of intra- and inter-agency initiatives happening right now. HHS is actively working to bring agencies together and bridge the gaps.• Governor’s Update – Sean Kolmer<ul style="list-style-type: none">○ The Governor seeks an integrated and coordinated system of health care.○ Two priorities we face during this legislative session are to build the Health Insurance Exchange (HIX) and transform the delivery system. Both require Health IT to provide coordination and quality metrics. To achieve better care – information is required.○ Two relevant bills are Senate Bill 99 (HIX) and House Bill 3650 (Health Transformation)○ Question: Do you have a sense of the amendments on these two bills? Response: The current thinking is to pass legislation now so we can develop the framework and then come back either in February for legislative approval on the plan.• EHR Incentives Program update – Susan Otter<ul style="list-style-type: none">○ The State Medicaid Health IT Plan (SMHP) was submitted and we expect to hear back from the Centers for Medicare and Medicaid Services (CMS) in mid-June on approval of Oregon’s SMHP.○ Regarding differentiating the CHIP membership from other Medicaid, Oregon plans on

using a proxy percentage to decrease provider and hospital Medicaid volume by 4.4%. This plan has already been approved in other states by CMS.

- Question: Do you know what other states are doing? Response: Most states are experiencing a similar problem and a lot are deploying proxy methodologies.
- We estimate approximately 1,000 providers and 57 hospitals as being eligible for the Medicaid EHR Incentive program, resulting in \$126.8 million through the life of the program, which is through 2021. This amount does not include Medicare incentives.
- Question: What is the percentage of funding going to hospitals verses providers? Response: It's about 50:50. Providers will receive approximately \$63 million.
- Question: Are these incentive payments at risk with the budget cuts? Response: No.
- We plan to launch a new website soon with more information for providers and other audiences.

- **O-HITEC Update – Chris Coughlin**

- Overall O-HITEC's membership is growing as expected; however, the original projected provider pool is smaller than the actual pool of providers.
- One consideration is that O-HITEC has been challenged by the restrictive and evolving terms of the cooperative agreement. For example, specialists require support, but the grant funding only covers primary care providers.

Consumer Advisory Panel – Bob Brown

Refer to meeting materials: "Emergency Consent Policy Brief 2011Mar31," "HITOC Consumer Advisory Panel Summary Report"

Refer to slides 28-31

- Oregon is using an opt-out model for our electronic HIE program.
- The Consumer Advisory Panel (CAP) reviewed and expressed support of the Legal & Policy Workgroup recommendation:
 - *"If a patient opts-out of health information exchange (HIE), or if a patient with SPHI does not affirmatively opt-in, there will not be an exception or over-ride of this choice for the case of a medical emergency and the patient's health data will not be sent via HIE to the emergency medical provider."*
- **Action:** Dave Widen motioned to approve the Legal & Policy recommendation. Robert Risk seconded, which HITOC passed unanimously.
- Question: Are other states taking this approach? Response: Of those that have addressed the topic, it is a 50:50 split with treating medical emergency as an exception.
- This is a challenging topic and it will be important to inform patient safety groups and the broader stakeholder community about this recommendation.
- The next steps are to begin the rule making process and develop communication materials around the rules, which will take effect before core HIE services are in place.

BREAK

Accelerate-Innovate-Motivate (AIM) – Carol Robinson, Julie Harrelson

Refer to meeting materials: "April 20 HITOC Tech WG Summary Report," "HITOC Finance Work Group Summary Report," "HIE Saving Potential-Plans," "Budget Overview Statewide HIE 2011" and "Oregon HIE Technology Plan Draft"

Refer to slides 14-27

- Change management is important to our next step towards implementation.
- On September 14th 2011, Oregon will host the AIM Conference with National Coordinator for Health IT, Farzad Mostashari, as our keynote speaker.
- Proceeds will go to scholarships and activities that support health information exchange.
- Question: Who is the audience for this event? Response: All Oregonians.
- Oregon plans to announce early partners in our Direct Project implementation efforts at the conference.
- Question: What are Direct Project Pilots focusing on now? Response: The current pilots are focused on the July 2010 ONC Program Information Notice (PIN) objectives – lab results and patient summaries. Public health functionalities and personal health records are also actively being considered.

<p>Technology Plan and Launch – John Hall</p> <ul style="list-style-type: none"> • The ONC Direct Boot Camp began the push for implementation across the nation. The camp included lively discussions, high-energy demos, and facilitated collaboration. • Direct was first thought to be competition for local Health Information Organizations (HIO). However after the Boot Camp, it was realized that Direct is a low cost way to engage providers and move information quickly. • Oregon is developing a Request for Proposal (RFP) for core HIE services. This will not be a hosted solution by the State. • The RFP is on track and will be released this summer and awarded in the fall. We expect to have our core HIE services up and running in the last quarter of 2011. <p>Finance Update – Dave Witter</p> <ul style="list-style-type: none"> • We are waiting on the ONC for an updated deadline for our finance savings plan. • We recently presented an updated budget document to Finance Workgroup. • Updates will continue to be brought to HITOC.
<p>Direct Project Overview – John Hall</p> <p>Refer to slides 41- 63</p> <ul style="list-style-type: none"> • Direct messages are simple, secure, scalable and standards-based connection between healthcare stakeholders. Providers are not the only audience, entities such as consumers, labs and public health are also included. • Direct will help providers meet the meaningful use requirements for health information exchange. • Question: Are patients included as stakeholders? Response: Yes, a few personal health record (PHR) vendors have endorsed Direct. However, patients cannot send data, they can only receive. • Question: Does Oregon have a Health Information Service Provider (HISP) to facilitate this exchange? Response: A statewide HISP will be available to everyone. We believe the statewide HISP will provide services to the rural areas of Oregon. Across the nation, there are three implementation patterns emerging: (1) a market based solution, (2) a centralized state HISP, and (3) a “fill in the gaps” state services for the underserved. Oregon chose the “fill in the gaps” solution. • As of April 1st, 50 vendors and 30 states have committed to using Direct. • Question: Why isn’t there a nationwide HISP? Response: ONC received feedback that individuals preferred a choice and not a centralized solution. HISPs are not restricted by region. For example, Nebraska is marketing their HISP solution to other states.
<p>Oregon Regional Strategy: Legislative Strategy, HIE Core Services and Direct</p> <p>Refer to meeting materials: “Draft Brief – HIE in Health Care Transformation”</p> <p>Refer to slides 64-76</p> <ul style="list-style-type: none"> • The brief provides an overview of our core services and how HIE is an on-ramp for providers and describe the link between HIE and health care transformation. • Question: What does it mean to be a Coordinated Care Organization (CCO) Early Adopter? Response: Early adopters are taking on the CCO model before statewide implementation.
<p>Public Comment</p> <p>Dr. Saslow: The Long Term Care (LTC) community is not included in the CCO bill at this point. This creates a challenge we must keep in mind. We need to challenge the Oregon Department of Human Services to realize the important role they need to play in giving the LTC community access to Health IT and CCOs.</p>