

Health Information Technology Oversight Council

Thursday, September 8, 2011

1:00 pm - 5:00 pm

Council and Ex-officio Members Present: Steve Gordon (Chair), Sharon Stanphill, Rob Rizk, Bill Hockett, Bob Brown, Brian Devore, Dave Widen, Greg Fraser

Council Members Participating by Phone:

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

Guest Speakers Present: Carolyn Lawson (CIO of OIS), Sean Kolmer (Governor Kitzhaber's Office)

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

Welcome, Opening Comments, and Approval of Minutes – Steve Gordon (Chair)
Refer to meeting materials: “July 7, 2011 HITOC Minutes” <ul style="list-style-type: none">• Action: In response to Steve Gordon’s request, Dave Widen made the motion to approve HITOC’s July meeting minutes. Rob Rizk seconded the motion, which HITOC passed unanimously.
Meeting Objectives and Updates – Carol Robinson
See meeting materials: “Oregon Office of Health Information Technology 2011 Legislative Report” Refer to slides 3-8 <ul style="list-style-type: none">• Technology RFP:<ul style="list-style-type: none">○ Q: At what point will we get briefed on what the contract is, who the vendor is, and what the deliverables are? A: The Office of Contracts and Procurement (OCP) manage the process; all responses and questions from applicants are managed by OCP. There will be a contract negotiation period. At the October HITOC meeting we may know more to share. Q: Will the announcement be made at a HITOC meeting? A: The notice of award will go through the state ORPIN site, and will be publicly announced by Office of Health IT (OHIT) at that point.• OHIT Legislative Report:<ul style="list-style-type: none">○ Steve Gordon, Chair: Two years ago HITOC launched a dual approach- to be a forum for developing a strategic approach, and to work with the federal government as opportunities emerged.○ Q: Why is SB 97 not on the list? A: It didn't pass but it remains an important priority of the Governor and OHA Director's office; we will monitor SB 97.• Long-term care survey:<ul style="list-style-type: none">○ A report on the analysis and key findings will be presented at the October HITOC meeting.○ Preliminary finding is Internet connectivity exists, which is good news for being able to support Direct messaging services.○ Q: Who/how many were invited to respond? How representative is the sample? A: Around 580. Some of the responses are from systems with multiple facilities. The analysis and final report will address these questions.• HIE Participation Agreement<ul style="list-style-type: none">○ Q: How many entities do we expect to be signing the agreement? A: It's very difficult to estimate at this point, but we anticipate there will be a broad diversity of entity types.
AIM Conference – Carol Robinson
See meeting materials: “AIM Conference Agenda” Refer to slides 9-13 <ul style="list-style-type: none">• Role for HITOC members attending: introduce HITOC members, ask to stand, introduce the role of HITOC in the state, and serve as ambassadors and representatives.
Medicaid EHR Incentive Program Update – Lisa Parker
Refer to slides 14-19 <ul style="list-style-type: none">• Continue to work on MAPIR with other states and Hewlett Packard (HP)-

- Q: who maintains the system? A: HP maintains it; Pennsylvania has some of the hardware but we get a copy, and work with HP on enhancements and fixes. Pennsylvania is leading the effort with the states. Several states have MAPIR live and implemented, and three other states initiated their registration with Centers for Medicare and Medicaid Services (CMS) on Monday, Sept. 5. States own the actual source code; each state has their own HP team, because each state has areas of state discretion over certain areas so each state's system is slightly different. Oregon did not customize anything on the core product. Everything is on track to launch attestation on Sept. 26.
- Q: When will the first check go out? A: Beginning of October.
- Q: Are there any metrics for measuring the success of the program moving forward? A: We've done analysis of how many providers we think could be eligible, but it's difficult at this point to accurately estimate. We continue to work with CMS to clarify eligibility questions, for example, how "uncompensated care" is defined. Our goal is to try to maximize the number of professionals that are eligible.
- We are hoping to replicate the hospital and provider surveys in the next few months to get a better assessment of Meaningful Use (MU).
- Q: If people only have to attest to MU for Medicaid, then why wouldn't everyone sign up? A: They have to be using a certified EHR product.
- Q: What is the significance of uncompensated care? A: It figures into determining your Medicaid patient mix. Many patients who get uncompensated care would be Medicaid eligible if we expanded the Medicaid program; so the question is whether providers can get credit for that care for the purposes of the incentive program.
- From a policy perspective, we are interested not only in those that qualify for incentive payments, but those that can demonstrate meaningful use as the two populations do not necessarily overlap completely. We need a better way to track the latter.
- Oregon will continue to ensure that we maximize the number of eligible providers in the state; not all states are taking a similar approach.

OHITEC Report – Clayton Gillett

Refer to slides 20-34

- We're going to be in the top 7 of all Regional Extension Centers (RECs) in the country in terms of meeting our goal.
- Members of HITOC request to see the REC provider data spread over an Oregon map to identify concerns about rural areas: A: Bend is pretty well covered. Eastern Oregon is pretty well penetrated with the help of NEON. Portland is more under-represented than any other area.

Consent Policy and Rule-making Process – Carol Robinson

See meeting materials: "HIE Consent Policy Update and OHIT Staff Recommendation"

Refer to slides 35-38

- The consent policy was initially discussed with our Strategic Workgroup in April 2010, with ongoing review and input by HITOC workgroups and panels: the Legal & Policy Workgroup and Consumer Advisory Panel in particular, and went to HITOC in Feb. and April 2011 for consideration.
- The Rules Advisory Committee (RAC) was convened in June 2011, with approximately 60 members of the public participating- which is an extraordinarily large number for a RAC.
- Feedback has been received during the public comment period. The opt-out policy as adopted by HITOC did receive support from public comment; however we also received comments outlining perceived challenges in how to operationalize it in a way that will work for all stakeholders, particularly within the context of emerging Coordinated Care Organizations (CCOs). Feedback received highlighted potential challenges in operationalizing the consent policy at the provider or hospital level including tracking and managing patient consent. There are still questions about how consent management technology will work.
- Traditionally consent has been a paper form that's filed in the back of a patient chart; but the needs for managing patient consent have increased dramatically with the emergence of nationwide HIE.
- Q: Would this impact public health's ability to query? A: No, the rules would not affect public

health access to information or how public health reporting is done.

- Q: Is any consent needed for Direct messaging? A: No, it's no different than sending a fax and already covered under HIPAA.
- It's important to understand that the CCO process is moving forward quickly; and we want to be careful not to fall behind the curve.
- Q: Do we have a sense that the HIOs in the state are relying on us to give them guidance on their consent policies and procedures? If we step back, will the HIOs step back as well? A: We're meeting with the HIO Executive Panel next Thursday and will discuss HITOC's decision at that time. We're also going to ask members again to give us more clarity on existing developmental activity in their communities in order to give a better sense of the timing of all of our HIE services, including guidance on a statewide consent policy.
- Q: Are there interdependencies between the consent policy and communications with patients? Will it affect the market? A: The consent policy could be a marketing tool however we're not ready to implement it at this time.
- Public Comment:
 - Robin Moody, Oregon Association of Hospitals and Health Systems: She commends the group for bringing this decision to HITOC- it's a really huge issue for her members and it's good to recognize that we are earlier in our HIE stages in terms of Direct services. We have a good start but do not want to put the cart before the horse.
- **Action:** Steve Gordon motioned staff recommendation; Bill Hockett moved to approve staff recommendation to defer the adoption of OAR to implement the opt-out consent policy, adding a request to hear HIO Executive Panel feedback on the recommendation from their next meeting on Sept. 15, 2011. The motion was seconded by Dave Widen, and the staff recommendation received unanimous approval from HITOC, with direction to staff to be proactive about communicating with the Legal and Policy Workgroup and Consumer Advisory Panel about HITOC's vote and to continue to keep HITOC informed about comments coming in, any stakeholders that are concerned about the delay, and any other developments around the consent policy and implementing the rules.

Finance Update – Dave Witter

Refer to meeting materials: “Finance Workgroup Meeting Summary Progress Report (August 24, 2011)”

Refer to slides 39-45

- Comment: It would be good for us to pay attention to what's going on in the CCO metrics workgroup; CCO development is a driver but initial implementation of CCOs is likely to be somewhat narrow in scope and we need to remember that.

Labs Draft Outreach Plan & e-Rx Outreach Plan – Dave Witter

Refer to meeting materials: “A Plan to Increase Adoption and Use of Electronic Delivery of Laboratory Results to Providers and Public Health Agencies in Oregon” and “A Plan to Increase the Adoption and Use of e-Prescribing in Oregon.”

Refer to slides 47-54

Overview of HB 3560 Transformation Workgroups and Process – Sean Kolmer

Refer to meeting materials: “Coordinated Care Organizations- Timeline; Oregon Health Policy Board (OHPB) Coordinated Care Organization (CCO) Criteria for Qualification Work Group Charter and Roster; OHPB Global Budget Methodology Work Group Charter and Roster; OHPB Integration of Care for Individuals Eligible for both Medicare and Medicaid Work Group Charter and Roster; OHPB Outcomes, Quality and Efficiency Metrics Work Group Charter and Roster”

Refer to slides 55-56

- Update from Governor's Office; Overview of Workgroups, timeline, deliverables; and OHIT staff support for planning:
 - There were over 500 applicants to the CCO Work Groups; with 133 people now serving on the four work groups.
 - The work groups are going to help operationalize details of implementing HB 3650. The process is for each group to send recommendations or advice up to the Oregon Health Policy Board (HPB); the HPB will synthesize the advice coming from the work groups

sand staff, and make final decisions.

- The work group meetings are open to the public but public comment is not taken at the work group meetings. Opportunity for public input is at the HPB meetings, and the public can submit written comments at health.oregon.gov, which will be summarized and routed to the OHPB.
- The work is moving very quickly and that's important to recognize. By February 2012 the CCO proposal will go to the legislature.
- The metrics being developed are to hold the CCOs accountable; they're performance measures.
- Q: Who's coordinating efforts around metrics development with the private sector? The private sector is also developing metrics- we don't want to end up with two different systems? A: Q-Corp is performing that function.
- How are the metrics going to be reported electronically?
- Q: There are existing standards and metrics, like HEDIS- are those being considered? A: Yes, but for some of the things we want and need to measure, the metrics don't yet exist.
- Part of giving CCOs a global budget is to give them resources and let them figure out how to achieve the outcomes, without being too prescriptive about how they will achieve those outcomes. Some may go the route of Direct; some may decide they need a real-time query based system.
- HIT and HIE are called out specifically in the draft criteria for CCOs.

Public Comment

- Mike Saslow: We need to figure out what it takes to have a long-term care arm for CCOs. Analysis of the survey is needed to figure out what it means. There will be resistance to HIE and care coordination from long-term care facilities because of financing reasons. We could do a regional project of vertically integrated care with EHRs and HIE.

Closing Comment – Steve Gordon

- Thanks to the staff for preparation for next week's AIM Conference.