

Health Information Technology Oversight Council

Thursday, January 5, 2012

1:00 pm – 5:00 pm

Council and Ex-officio Members Present: Steve Gordon (chair), Bob Brown, Brian DeVore, Bill Hockett, Mel Kohn, Ellen Larsen, Carolyn Lawson, Robert Rizk, Sharon Stanphill, Dave Widen

Council and Ex-officio Members Absent: Greg Fraser, Bridget Barnes

Guests Present: Dawn Bonder, Jeanene Smith

Staff Present: Carol Robinson, Chris Coughlin, John Hall, Julie Harrelson, Chelsea Hollingsworth, Steve Johnson, Kate Lonborg, Kahreen Tebeau, Dave Witter, Tom Wunderlich, Ronit Zusman

Welcome, Opening Comments, and Approval of Minutes – Steve Gordon (Chair)

Refer to meeting materials: “December 1, 2011 HITOC Minutes”

- **Action:** In response to Steve Gordon’s request, Dave Widen made a motion to approve the minutes from the December 1 HITOC meeting. Ellen Larsen seconded the motion, which HITOC passed unanimously.

Meeting Objectives and Updates – Carol Robinson, Kahreen Tebeau, Dave Witter and Tom Wunderlich

Refer to slides 3-10.

Refer to meeting materials: “Consent Implementation Summary Progress Report December 14, 2011” and “Finance Workgroup Webinar Summary Progress Report”

- HITOC memberships
 - Some memberships are expiring. The Governor’s Office is collecting interest forms, and the deadline to submit a form is January 6.
- HIE Technology Services Contract
 - The contract is flexible enough to allow additional technology services as stakeholder demand arises.
 - Question: Can Direct be used to provide patients access to their records? Answer: Providers can use Direct to move information from electronic health records to personal health records.
- Health Policy Board and HIT for CCOs
- March HITOC Retreat
- HIE Consent Policy Implementation
 - A webinar is being planned for late February to gather further input from all of the HITOC workgroup and panel members on the recommendations that will be developed by the Consent Implementation Subcommittee; both the recommendations and larger group input will go to HITOC for review at the March 7 HITOC Retreat.
- Finance Workgroup
 - The draft financial sustainability plan will need to be updated in light of the execution of the HIE Technology Services contract.
 - The process of achieving potential savings through widespread adoption and use of HIE technology will take years. The methodology of the HIE savings analysis accounts for that and takes a conservative approach to estimates.
- CMMI Grant Opportunity
 - The Innovation Challenge Grant provides up to \$1 billion over three years. States are not eligible to apply. The state is providing guidance and support, including letters of support and technical support, to applicants.
 - The application deadline is January 27, and awards will be announced in March.

<ul style="list-style-type: none"> ○ Question: How many grants will be made per state? Answer: That is unknown at this time.
<p>Medicaid EHR Incentive Program Update – Chris Coughlin</p>
<p>Refer to slides 11-14.</p> <ul style="list-style-type: none"> • The incentive payment numbers are as of the end of 2011. • Members discussed how incentive payments are being reinvested and the value of sharing success stories around meaningful use.
<p>O-HITEC Report – Dawn Bonder</p>
<p>Refer to slides 15-25.</p> <ul style="list-style-type: none"> • The deadline for reporting meaningful use attestation caused the number of attestations to appear lower than expected. • Question: What challenges does O-HITEC expect to face? Answer: Challenges include keeping recipients of incentive payments focused and moving forward toward meaningful use or the next stage.
<p>Oregon's Efforts to Promote Interstate HIE – Kahreen Tebeau</p>
<p>Refer to slides 26-29.</p> <ul style="list-style-type: none"> • Arizona should be added to the list of states in the Consortium. • A California provider has been identified for a pilot interstate HIE. • Question: Is this more a building block or a proof of concept project? Answer: It is more a building block.
<p>Break</p>
<p>Update on Administrative Simplification Efforts in Oregon – Jeanene Smith</p>
<p>Refer to slides 31-49.</p> <ul style="list-style-type: none"> • The shift to uniformity was a big change, and getting there a year earlier than required by federal standards was significant. • Question: Where are the opportunities to support health equity in this context? Answer: That is a good issue to discuss in context of the state strategic plan for HIT. • Question: Is there any quantification of potential cost savings from increased administrative simplification? Answer: There are estimates, but it is hard to capture.
<p>Oregon's Strategic Plan for HIT – Carol Robinson</p>
<p>Refer to slides 50-57.</p> <ul style="list-style-type: none"> • Members discussed questions about development of a strategic plan for HIT for the state. • Further discussion of these questions is planned for the February HITOC meeting. The strategic plan will be a focus of the March HITOC retreat. • Members discussed that this seems like the right time to develop a strategic plan. Considerations raised included that a strategic plan may be needed to complete various projects, a plan may help to support investment, and we are now at a point to think strategically about how technology can link and integrate. Other considerations identified were the need for more consumer integration and whether to focus on short-term goals. • Members identified as possible goals the integration of silos or the maintenance of some silos that can talk with each other, the potential to set minimum data sets, enabling Oregonians to interface into data systems, building a system that allows monitoring of population health and public health surveillance, the triple aim, measuring progress, standardization of data sets and analysis tools, and the ability to report out to get useful information out of the data. Members discussed setting high-level goals. • In discussing audience, members raised the ideas of identifying users of the plan, focusing toward policymakers but speaking to technology implementation, setting a plan that is a guide and a game changer for strategic conversations in various projects, providing support to policy makers and the Oregon Health Policy Board, developing a plan that can be easily understood and used by policymakers, basing the development of goals on the identification of the plan's users, and

having a focus on deliverables for individual patients, health care entities, etc.

- Discussing stakeholders, members noted that it would be useful to know about all the different HIT efforts in the state. Members discussed the involvement of HITOC panels and workgroups, federal HIT grantees, and software developers. Members discussed the need to avoid an overly static approach, the need to be prepared to revisit and revise any plan, the need to potentially change or add to stakeholder groups that are already in place, and the appropriate scope of stakeholder involvement.
- As to the scope of the plan, members discussed how much to get into specifics, whether to go wide or narrow, setting direction for both public and private sectors, identifying goals based on what we care about and are trying to accomplish, whether technology goals are too narrow, the need for flexibility to find a balance between the specific and the overly general, establishing a roadmap, using a framework of thinking about what we want HIT to accomplish, establishing buckets and metrics, the need for a map and the right level of detail, and the need to avoid systems that don't serve our partners and clients.
- In discussing the plan's duration, members raised the points that one year would be too short, that we need to decide where we want the plan to take us, that there will be a need for updates and a need to evaluate and measure, that three years might be the minimum duration, that a longer term focus is needed when dealing with such a broad "circus tent" environment, whether any federal timelines need to be taken into account, that 3 years would be short and 5 years medium, that a timeline with key points of when we need to have things in place might be needed, and that there are many unknowns.

Measurable Results for 2012 – Carol Robinson

Refer to slides 58-60

Public Comment

- Andy Smith: Lobbying efforts are underway for federal funds for HIT for behavioral health providers. The strategic plan should include a behavioral health component.
- Mike Saslow: The strategic plan should address behavioral health and long term care. Direct could provide great benefits by including templates or attachments for e-prescribing, labs, care summaries and quality reporting.
- Iguo Udosenanta: The strategic plan can be a game changer and should be done as soon as possible.
- Scott Zacks: How can technology we build help support the goals of the HPB Health Improvement Plan?