

Health Information Technology Oversight Council

Tuesday, July 27, 2010

10:00 a.m. - Noon

Webinar

Council Members Present: Dave Widen, Bob Brown, Brian DeVore, Bridget Haggerty, Marie Laper, Sharon Stanphill, Greg Fraser, Bill Hockett, Robert Rizk, Steve Gordon

Council Members Absent: Rick Howard

Staff: Carol Robinson, Oliver Droppers, John Hall, Jan Greene, Chris Coughlin, Dave Witter, Julie Harrelson, Rochelle Graff

Opening and Welcome – Carol Robinson (Time code: 00:00:00)
Meeting Overview and Outcomes – Carol Robinson (Time Code: 01:48)
Refer to Agenda and slide deck, slides 2- 5 <ul style="list-style-type: none">Detailed project management plan to be provided in the final operational planProgram Information Notice (PIN), released by the ONC on July 6, 2010: first in a series to come, to clarify the responsibility of the state.
Plan Adjustments based on PIN – John H, all, Carol Robinson (Time Code: 11:40)
Refer to meeting materials: “ Oregon HIE Operational Plan” Refer to Slide deck, slides 6-9 <ul style="list-style-type: none">Overview of timelines & servicesQuestion: Do you plan on charging for the push service? Is this how the HIE will make money? Staff response: The finance workgroup will be named by HITOC in August, and will begin its work in September. The kinds of transaction, subscription, or other revenue combination models is what the workgroup will consider and present back to HITOC members for recommendation to Oregon Health Authority (OHA).We have to provide ONC with an estimate of what we expect to spend over the next four years, dating back to February 2010 on statewide HIE.Question: Is it clear at this point if there are standards available today in the use of the registry? Or do you see that something the state is going to develop for guidelines in the use of the push and the pull for different HIE’s? Staff response: There are standards around the HIE registry. There are slightly different standards as to “push vs. pull”. How you store the core information are industry standards, however.
Draft Budget: Overview – Oliver Droppers (Time Code: 27:23)
Refer to meeting materials: “ Oregon HIE Strategic Plan, Draft Budget” Refer to Slide deck, slides 10-12 <ul style="list-style-type: none">The large increase in year 2 is the cost for the one time capital cost to purchase the necessary HIE Infrastructure.Year 4 indicates the ongoing costs with maintaining the HIE services.Starting September 2010, we will put together a financial workgroup whose task will be to help develop a financial sustainability plan and during that process we will identify revenue sources and make changes to the budget.Any implications or revisions to the budget are required to be reported to ONC with approval by HITOC.

Discussion:

- Question: can you give us an explanation on what is the quality measures program, and why we can be so specific on the budgetary costs? Staff response: We have been talking to both the Regional Extension Center (O-HITEC) and Quality Corp. as well to state staff around quality measures. Oregon's health reform goals will need to be driven forward through the aggregation and analysis of health data. Setting up quality metrics and looking to improve our outcomes and results and having a robust quality reporting program is an essential part of an effective HIE in Oregon.
- Staff comment: Quality Corporation has been working with health plans, including some of the Medicaid managed care organizations by pulling claims data and developing claims based measures. They have put together tools that enable physician practices to access and review their data. While its claims based, they have had on their work plan trying to figure out the incorporation of quality metrics that are driven from EHR data. As we look at the Oregon's health reform agenda, the federal health reform agenda and how to anticipate how to use clinical quality data, we need to be doing some pilots early on to see how all of this is going to play out. The numbers in the budget were the estimates from Quality Corp. for what a specific scope of work might be for these periods.
- Comment: I am pleased to see provider and consumer marketing for the plan. The concern of consumers and HITOC members, specifically, is how we are going to make sure that this plan and the information that we are trying to get out is really relayed to the folks and they have buy in to it and they really understand. For instance, the privacy and security issues, appears to be addressed.
- Question: Meaningful use criteria; there is a lot of measurement that has to take place in order to determine whether individuals meet the meaningful use criteria. Who is going to be doing these kinds of measurements, and where is it reflected in the plan? Staff response: CMS has awarded each state a grant to develop a plan and incentive program for providers. In Oregon, we have the Medicaid HIT program, with Susan Otter managing that program. HITOC will receive ongoing reports from Susan Otter. Due to the complexity of building this plan, the Provider Payments timeline have been pushed back. Medicare will be in April and May of 2011, and for Medicaid, most states will be in the summer of 2011.
- Question: Why was there a choice to use an outside evaluator? Staff response: It is important to contract with an independent evaluator and ensure objectivity. We want the necessary expertise for the evaluation during all phases of the project, and would like to also ensure we will get the information required.
- Question: What is the definition for milestones or criteria? Staff response: That is strict guidance from ONC. We are trying to make it as easy to read as possible.
- Question: Can you comment on the technology acquisition, heavily weighted up front, it seems like it would come towards the end, not in the beginning. Staff response: Modeling it as a single procurement. Within a single year period, acquiring of all the major technology required and then doing a progressive roll out. We are following the PIN guidance where we have to provide certain functionality within 2011. ONC has encouraged states to use those funds early on.
- Question: Is there a risk in acquisition of technology and we would get it wrong? Staff response: That is always a risk. Requirements and specifications should be laid out before you make the purchase. To avoid that risk, we need to align ourselves with federal and national standards. NHIN direct could be the best mechanism for doing push. I think that we have leverage in negotiations.

Public Comment (Time code: 01:15:37)

Andrea Meyer, Director ACLU of Oregon:

- ACLU is concerned with the 'Opt Out' patient consent approach rather than the "opting in" approach and that is the approach that is being perceived. I want to specifically identify what I believe is an inconsistent approach with even the "Opt out". On page 14, in reference to Oregon's HIE strategic plan, the eight principles in Privacy and Security framework. In the middle of page 14 you will find, "individual choice" sub section 4, (insert read). I want to take you back to page 13, phase 1, and the Legal and Policy Workgroup. What I am concerned about is the inconsistent approach here. This seems to pre-determine not just an "opt out", but an "opt out" system that might need to remove the special protected information (SHPI) already in Oregon law. We have been involved in the legislature enough over the years and this is not inclusive enough. It does not include reproductive rights for adults, that information is not specially protected. The SPHI needs to be woven into the plan. In summary, we are concerned about what is being laid out in page 13.
- Staff comment: There is some research and analysis being conducted right now and over the summer that will be reviewed and considered by the Legal and Policy Workgroup. There will be robust discussion around the individual choice. In addition, an advisory panel will help with this matter.

Next Steps: Carol Robinson (Time code: 1:29:34)

Refer to Slide deck, slide 13

- The final packet and slides to be posted on the website
- 11:45 a.m. - Meeting adjourned