

June 17, 2010 HITOC Meeting

Thursday, June 17, 2010

1 - 5 pm

Portland State University – Smith Memorial Center, Room 333

Portland, OR

Council Members Present:

Bob Brown, Brian DeVore, Bridget Haggerty, Dave Widen, Rick Howard, Marie Laper, Sharon Stanphill, Steve Gordon, Bill Hockett, Rob Rizk, Greg Fraser

Council Members Absent: none

Strategic Workgroup Members Present: Brian Ahier, Steve Modesitt, Vaughn Holbrook

Staff: Carol Robinson, Kahreen Tebeau, Oliver Droppers, Chris Coughlin, John Hall, Julie Harrelson, Mindy Montgomery, Dave Witter, Jan Greene (via phone)

Opening and Welcome – Steve Gordon, M.D. (0.00.00)

Refer to meeting materials: "Health Information Exchange: A Strategic Plan for Oregon, *Draft*"

Refer to slide deck, slide 1

- First of six public meetings for review and input on draft strategic HIE Plan.
- Final plan submitted in late August 2010 will be shaped by public input.
- At the 9th annual Health Information Management Systems Society (HIMSS) summit on June 16, 2010, Oregon was recognized as the state leader nationally for Health Information Technology by HIMSS.
- Approval of Minutes: to be reviewed at next meeting.

General Updates – Carol Robinson: (0.05.05)

Refer to slide deck, slides 2-3

Oregon Health Policy Board Meeting

- Board showed a strong interest in the HIE plan and had good questions. HITOC will go back to the Policy Board after HITOC approves strategic plan in August.

Patient Safety Commission

- Will provide a letter of support for the HIE plan.

Multiple outreach efforts underway

- Four weeks for public comment on plan, in addition to six public meetings across the state, and webinars.

Beacon Applications:

- Round two of Beacon applications due June 28. Communities across the state are applying as Oregon did not receive any awards during first round; ONC announced two more Beacon grants after first round. Ongoing discussions about how to best assist and support communities which elect to reapply.

- Question: During the first round we wrote a letter of support for each applicant. Did that process work? Is the objective to make the applications better or to decide on additional applicants? Staff response: four of the original six intend to apply again. ONC is not opposed to supporting multiple strong applications.
- Question: Should we expect the Beacon applications to be the same as before? Staff response: no, they are being revised. Working with a very short time frame, so a formal process isn't practical; however, there is willingness by those who participated in the first round assessment to be involved again. General agreement to support, to the extent possible, every community that applies.

Strategic Plan Overview – Steve Gordon (0.31.20)

Refer to slidedeck, slides 4-6

- Background on health IT and health information exchange initiatives in Oregon and nationally.
- Overview of OHA's Triple Aim goals
- Oregon's draft HIE plan aligns with both the HITECH and federal reform initiatives as well as with the OHA's Triple Aim and state reform initiatives.

Plan Development Process – Chris Coughlin (0.40.20)

Refer to meeting materials: "HITOC Highlights."

Refer to slide deck, slides 7-10

- States all taking different approaches in developing strategic and operational plans. Oregon adopted an open, transparent, and public process, as much as possible, including webinars and having the strategic workgroup provide feedback throughout the planning process.
- Ongoing gathering of input at various community forums, people able to submit input via e-mail.
- Question: What is the cut-off point for comments? Staff response: the cut-off point for public input is July 14. The comment period will end with the meeting in Bend.
- Question: In Portland there are a lot of open source groups who are unaware of this effort. Is there any way to connect them to this process? Staff response: we have presented to our state HIMSS group several times. We have also had a representative from AHIMA on our workgroup who was serving as a conduit to members of those organizations.
- Comment: The open source lab at OHSU should be involved in this effort.

Plan Strategic Intent – Carol Robinson, Julie Harrelson (0.51.15)

Refer to slide deck, slides 11-12

- At May HITOC meeting, members asked to brainstorm for a strategic vision for HIE. Over time this will be broadened to the strategic mission in-depth about a state HIT vision.
- Question: Does the HITOC think that we've captured a strategic vision? Staff response: yes.
- HITOC staff will not make any edits to the draft plan on the website until after the public comment period, relying upon a process to incorporate public input.

Refer to slidedeck, slide 14

- Overview of core components of the Plan: phased approach to implementation and planning, anticipates the Oregon Health Authority serving to facilitate, coordinate, communicate, and provide oversight, adhere to federal standards and certifications in development of Oregon-specific standards, and light central services to support local HIE efforts underway across the state to get coverage as quickly as possible.

Plan Phases – John Hall and Dave Witter (0.57.10)

Refer to meeting materials: “Health Information Exchange: A Strategic Plan for Oregon, *Draft*”

Refer to slide deck, slides 13-14

- Oregon has taken a different approach to some other states with a phased approach.
- National efforts are showing that we don't know how things will evolve and develop over time.
- Plan to provide a light set of centralized services, and will develop a standards and certification program.
- View the role of the State as communicating, coordinating, facilitating local and regional HIO development; ensuring common standards are met and strategies are in place for addressing gaps, both by geography and provider type to accomplish the goals of the Triple Aim on an overall statewide basis.
- State will provide oversight of functionality, monitor risks and develop strategies for mitigating those risks on an on-going basis.
- Phase 1 is foundational: frameworks, standards, definition of central services, interstate agreements, security and privacy policies, and business operations.
- Phase 2 is ramping up to on-going operations, transition governance into a non-profit state-designated entity (SDE) selected by various criteria, including a financially sustainable plan for on-going operations.
- Non-profit organization will determine which additional standards and services might be needed.
- Question: Have any organizations been identified as candidates for the State Designated Entity (SDE) in phase 2? Staff response: phase 2 won't begin for 12-18 months after the plans are approved. Considering the speed of evolution in the industry, we don't feel it's responsible to speculate now about what the appropriate organization might be.
- Question: Patients have very different conditions/treatment needs. Is that addressed here? Are there legal specifications and regulations regarding competent data? Staff response: Personal Health Records (PHRs) are mentioned in the plan, with integration of security standards woven into the fabric of the technology.
- Question: have not heard anything at HITOC about PHRs before? What is the approach of HITOC to this? Staff response: PHRs are identified as a potential service offering for phase 2, investigated during phase 1. Recommended by the Strategic Workgroup that during phase 1, PHR integration be considered. Will continue to incorporate the discussion of PHRs.

Public Input Regarding Strategic Plan (1.18.30)

Sonney Sagra, Interim CIO of Tuality Healthcare:

- Grateful to the HITOC members and for their work on an extremely aggressive timeline. The Oregon hospitals are excited about the prospect of expanding HIE throughout the

state. Tuality Healthcare hospital CIO technical advisory committee will be meeting next week to review the plan at this. We will offer written feedback to HITOC.

Tristan Van Horne, Ingenix:

- Applauds Oregon for the Health Information Management Systems Society (HIMSS) award. Looking at potential finance areas, encourages value-added services be expounded upon. Suggest looking at existing infrastructure within the state for consolidation. Current trend such as in Utah (UHIN) with A 35 - A37 claims processing, and encourages Oregon to look at that as a potential source of financing, sustainability. Also, the all-payer claims database and how it could be potentially coupled with existing plan could be a powerful transformative tool set.
- Written testimony provided by Tristan Van Horne. Copies are available to the public upon request.

Dr. Mike Saslow, Oregon Health Care Association (OHCA):

- Delighted to hear the federal government sees Oregon as a progressive and innovative state. Oregon is innovative in two important ways as a demonstrator of sound planning: 1) the phased approach; and 2) the recognition of differences across provider types and densities across the state.
- The broad and robust planning process needs to give more attention to substantive priorities about providers and patient care, in addition to methodologies. Considering Blumenthal's priorities, we haven't given full attention to the values stated, especially care coordination. We've omitted a substantial sector, the sector that can do the most to save lives and promote cost effectiveness. That is Long Term Care and the potential cost effectiveness and saved lives from facilitating proper patient transitions. 1) Consider what EMRs can do to reduce the admissions from prevention programs and chronic long term care programs. Think what can be done to reduce unnecessary hospital admissions, one of the greatest generators of threat to life and incurring of costs. 2) Think of what EMRs can do to reduce hospital re-admissions by properly coordinating among long term care associations -- nursing homes, foster care, in-home care, etc. 3) EMRs have the potential to reduce hospital lengths of stay.
- There has not been anywhere near adequate sufficient active participation by long term care providers and associations; it doesn't need to continue that way.
- Written testimony provided by Dr. Mike Saslow. Copies are available to the public upon request.

Andrea Meyer, American Civil Liberties Union (ACLU):

- Medical information is arguably one of the most personal and private sources of data about us and we appreciate the efforts of you all to hear consumer advocates including the ACLU and others in this process. We continue to strongly recommend strengthening your commitment overall to consumers or patients, as well as privacy, confidentiality, and security of these citizens. Privacy must be a higher priority in any Oregon electronic health information system and the plan must go further in demonstrating meaningful commitment to patients and consumers.
- Ensuring health information technology applications have appropriate privacy and security controls and that data cannot be used for purposes other than patient care, or

as otherwise allowed by law.

- Educate the public and health care providers on the benefits and risks of information technology infrastructure investment.
- ACLU continues to support a truly voluntary participation in health electronic exchange record systems and so we would urge an adoption of an opt-in approach whereby consumers would affirmatively consent to participate in the program because that affirmative informed consent is the best model for building patient trust and preserving Oregon's commitment to patient control and autonomy.
- The plan must include a commitment by the state to notifying patients when there is a breach and notice to the patient must be timely, meaningful and mandatory for the HIE and participating providers and it should be required regardless of anyone else's determination of whether there has been a harm to someone.
- It's important to acknowledge the importance of the ability of patients to see their records, access their records, all of their health care records with no exceptions, as well as to correct or have notes, and be able to meaningfully participate in controlling who sees it.
- Written testimony provided by Andrea Meyer, ACLU. Copies are available to the public upon request.

Community Meetings Update and Logistics – Chris Coughlin (2.12.25)

Refer to slidedeck, slide 15

- Overview of upcoming community meetings and logistics.
- A packet of materials will be to the HITOC members about their role. Input will be collected and organized and integrated into the plan, which will then go back to HITOC on August 5.

Operational Plan Overview – John Hall (2.18.25)

Refer to meeting materials: "Oregon HIE Strategic and Operational Plan: Preliminary Outline, Operational Plan."

Refer to slidedeck, slides 17-20

- To date, primary focus has been the strategic plan, which is a prerequisite to the operational plan.
- Overview on how operational plan differs from the strategic plan.
- Question: Please clarify the last point about non-federal matching funds. Staff response: we have to match ONC funds, in differing ratios depending on the grant year. We can't match federal money with federal money, regardless of the source.
- Question: Are there pieces of the operational plan that we can go ahead and start working on right now, assuming that the ONC will certainly support certain things? Staff response: the ONC has made it clear they strongly encourage clinical summaries, labs, and e-prescribing.
- Question: Are you waiting for the ONC to sign off on the whole thing before you get more specific in fleshing out the details of the operational plan? Staff response: yes, we are definitely moving forward in certain areas.
- Question: How are you going to engage technology consultants? Staff response: we will

be announcing a process by which vendors can get more engaged. Mt. Tabor Online Services is currently the lead technology consultant. An RFI will be released sometime this summer. We anticipate some technology needs by the SDE for the centralized services, however, Oregon's approach for HIE is federated.

Public Comment (2.37.30)

- Comment: HITOC should create a meet-up.com group specifically for HITOC in order to engage more members of the public.
- Dr. Fraser, HITOC member: thanks everyone from the public for attending and participating today. Decisions are made by those that show up; thank you for showing up.
- Bob Brown, HITOC member: It's very interesting to hear comments with a very specific focus in mind; it brings richness to the discussion and gives us all something to think about.
- Public comment: NHIN Direct is worried too much about protocol, but what they're not worried enough about is an issue like consent, which is really going to be the tough issue to address.

Next Steps –Chris Coughlin (2:45:44)

Refer to slidedeck, slide 21

- Next steps
- Meeting adjourned