

Health Information Technology Oversight Council

Thursday, June 3, 2010

Oregon State Library, Rooms 102 -103

250 Winter St NE

Salem, OR 97301

Council Members Present: Dr. Steve Gordon, Bob Brown, Rick Howard, Sharon Stanphill, Bridget Haggerty, Greg Fraser, Robert Rizk, Brian DeVore, Dave Widen, Bill Hockett

Council Members Absent:

Marie Laper

Invited: Clayton Gillett and Dr. Chip Taylor (O-HITEC)

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

Opening and Welcome – Steve Gordon, M.D. (Time code: 00:00:00)

Review and Approve May Meeting Minutes

- S. Gordon introduces motion to approve Minutes from the May 6th, 2010 HITOC meeting.
- Dave Widen – motion to approve; Greg Fraser – second; no discussion; all in favor; motion approved unanimously.

Updates – Carol Robinson, Chris Coughlin, Clayton Gillett, Rick Howard (Time code: 00:01:24)

Announcements:

- The SWG process worked very well. Thanks to the SWG members and to the Planning Team for their hard work.
- Next six weeks will be very important in producing the final Plan to submit to the ONC.
- OCHIN received another \$3million in grant funding. OCHIN is now 4 for 4 for implementation grant applications. New grant is to implement EHRs in FQHCs (federally qualified health centers) and rural health centers.
- A more developed version of the Strategic Plan and the Operational Plan will be released at June 17th HITOC mtg. June and July public input meetings on draft plan will be held in five communities across Oregon after the June 17th HITOC meeting. Extended public comment will be invited for the June 17th meeting.
- Motion to establish a HITOC subcommittee to provide counsel to staff on plan revisions during our public input process.
- HITOC (Carol and Steve) present to the Health Policy Board on June 6 regarding the HIE Plan, along with several other upcoming meetings (see slide 4).

Update: Privacy and Security Forum - Chris Coughlin

- Selected highlights of the upcoming schedule of HITOC activities.
- Over 150 people attended the Privacy & Security Forum at the Oregon Convention Center. It was the first step in our consumer engagement process at a broader level. It provided an opportunity for input on Privacy & Security issues, and specifically consent, and was also a chance to let them know about all the other upcoming opportunities for input.

- Overall consensus: plan was directionally correct, and there was support for the consent model as currently proposed. A lot more work ahead in terms of consumer engagement.
- Comment: perhaps we could engage the State Attorney General (AG) to discuss breach notification with consumers. Staff response: we have been working with Micky Logan at the AG's office and she recommended people to help with consumer engagement.
- Question: what are the demographics of the participants? Were they representative? Staff response: We worked with a variety of outreach organizations and community organizations, as well as with our own stakeholder groups and lists. We need to do more outreach to certain groups, such as communities of color. There were also probably a disproportionate number of both providers and consumer advocacy groups. There is more work to be done on the outreach. We did a lot of work into getting the word out.

O-HITEC: Clayton Gillett

Refer to agenda and slide deck

- O-HITEC has operational website (www.o-hitec.org), an initial survey and a self-assessment going out in the next couple weeks. OHSU has helped develop a new improved, larger self-assessment.
- The funding is all about the milestones - physician enrollment, physical EHR install, and Meaningful Use (MU).
- We do not yet know what MU really means in practical terms. There are significant rule definitions under discussion, such as what makes a location a primary care provider. This will affect the flow of funds.
- The first O-HITEC webinar is June 24, with hopes MU has been well defined by then. Difficult for O-HITEC to give good advice to clinics until they have info from the ONC on MU rules.
- O-HITEC products: three strategic groups. Services for providers with no EHR whatsoever; for those on EHR; and those who have EHR with problem implementation. The vendor selection process is underway.
- Every time they provide a service, they will get feedback about the service.
- Question: Is OCHIN focusing on providers that will be eligible for incentive payments if they meet MU criteria? Response: yes, that's the focus.
- Question: what's the connection between the work O-HITEC is doing and the work HITOC is doing? What should HITOC be paying attention to? Response: make sure the HIE components of MU are addressed.
- Question: What's the June 24 webinar about? Response: MU requirements.
- Question: A slide referred to Group Purchasing. One of the mandates for HITOC in HB 2009 is group purchasing. Can we "check that off" since O-HITEC is doing that? Response: In terms of a group purchasing process, we may find the REC provides that for the state, and that may be something HITOC watches and makes sure it's working adequately, or HITOC may decide that there needs to be additional group purchasing. Many of the mandates in HB 2009 may be shifted to other organizations as things evolve and develop.

Overall Plan Orientation – Dave Witter, John Hall, and Julie Harrelson (Time code: 00:53:40)

Refer to meeting materials: "Preliminary Overview Oregon HIE Strategic and Operational Plan: Preliminary Working Update."

Refer to agenda and slide deck, slides 9-10

Presentation: John Hall

- The overall theme for Oregon's Plan is to leverage existing local HIOs (mostly in urban areas) and

support them, and fill in the gaps where no local HIOs exist (mostly in rural areas).

- Phased approach is to support and connect what's in place; not to build a heavy state-centered HIE, but to provide light central services to support local HIOs.
- Develop standards for the local HIOs and a certification program to make sure they meet that set of standards, so that the providers in those HIOs can meet the MU criteria.
- The key roles for the State are to facilitate, coordinate, communicate and provide oversight.
- Understand there will be gaps, both geographic and functional. Part of the role of HITOC is to monitor where the Oregon local and regional efforts are in making sure HIE services are available across the State and to develop strategies to ensure that the gaps in services are addressed effectively.
- Phase 1: focus is on HITOC as the governing entity, developing a sustainable finance plan for ongoing statewide HIE, the standards to ensure that local and regional HIOs are sharing information across geographic and jurisdictional boundaries, policies that address secure data sharing, privacy and patient consent, interstate data exchange, etc., and beginning to develop the central services that will be most useful to the stakeholders in Oregon.
- Phase 2: defined by a non-profit state-designated entity providing the services that are determined during phase 1.
- Phase 3: previously defined and referred to a "Phase 3", but now changed that language and concept to an "ongoing" process/phase, as an activity in which there we'll be periodically assessing the success and issues with the services that are being provided, and adapting those to the needs of the marketplace.
- In order to move from Phase 1 to 2, need a sustainable financial plan for the non-profit. Also, some legal and policy issues will have to be addressed, some by the legislature. The Strategic Workgroup thinks phase 1 should last from 12-18 months (see document on phase transitions).
- Overview of the domains: governance, technology, business architecture and operations, legal and policy, and finance overview

Plan Review Subcommittee – Carol Robinson, Julie Harrelson, Steve Gordon (Time code: 01:10:00)

- Creating a process that will allow HITOC planning team to evaluate and reflect the stakeholder input gathered throughout this process.
- We're asking the public for a great deal of input, and we need to be able to integrate that into the plan. By July we need to be able to work together on a real-time basis.
- We want to make sure the process is transparent to the HITOC and that they're fully aware of the public input process and outcome.
- One potential idea is that we could do all the public input meetings, assimilate that feedback, and have one big meeting with HITOC to go over the input before we bring the final draft plan to HITOC on August 5.
- Question: was this option posed to the Strategic Workgroup? Staff response: No, but it could be an option to involve other people besides HITOC members.
- Question: how do we provide a summary of the 100-page plan so that people can realistically review it and provide feedback? Staff response: that is on our work plan to be done prior to the 17th.
- HITOC volunteers for the plan review subcommittee: Greg Fraser, Bob Brown, Rob Rizk, Dave Widen, Bill Hockett.
- Steve: there should also be Strategic Workgroup representation in the group that reviews the public input.

Phase One – Julie Harrelson, John Hall (Time code: 01:16:30)

Refer to meeting materials: “Statewide Entity Phase Transitions/Overview.”

Refer to agenda and slide deck, slides 10-17

Presentation – Suggested Outcomes for Phase 1: John Hall

- Planning team asked the Strategic Workgroup (SWG) for their input on risks and outcomes.
- Overview of outcomes for Phase 1, as suggested by the SWG (see slide 16).
- Comment: surprised to see so many expected outcomes during phase 1 and doesn't think it's realistic for HIO-to-HIO exchange to be taking place in any significant volume during phase 1. Is it just beginning? Is it simply proof of concept? Staff response: the SWG wanted to see the standards being implemented operationally, but they did not articulate any expected or appropriate amount of HIO-to-HIO exchange. Thus, need to specify and re-word to “some” HIO-HIO exchange should be taking place.
- Question: is it even useful to have direct HIO-to-HIO communication in Phase 1 without the centralized services being offered in phase 2?
- Discussion: yes, it is useful to see active exchange happening without centralized services because it will help us determine what centralized services will be needed. Also, it will be some positive tangible activity.
- Question: is it too early to do measuring and benchmarking during phase 1? Can we benchmark anything so soon, or just generate a baseline? Staff response: the measurement of HIE participation will be an important tool in terms of understanding our finance plan; we need to know adoption rates and functionalities. The key is to set in place and establish a process for benchmarking, what metrics need to be established. Some benchmarking can begin, but it will be an ongoing process and we'll have more information and exchange and activity to monitor during phase 2.
- The ONC's emphasis on labs, eRx, and clinical summaries should be specified as important metrics.
- Comment: the other distinction between phase 1 and phase 2 is whether any centralized services exist. In phase 1, there aren't any centralized services. The HIO-to-HIO communications in phase 1 are really based on two HIOs deciding to work together on how interfaces work and to try things, but they're going to be doing so without the support of the centralized services of the record locator service or master provider index, etc. It's still in a phased-in mode.
- Question: measuring and benchmarking, is it too early? We might be a little down the road from proof of concept. We can generate a baseline at that time but benchmark quite a bit later. Staff response: You're setting up a testing model essentially, with HIOs burgeoning in communities, and policies and ground rules to make them better before we move into in phase 2. Measuring HIE participation, lab, pharmacy participation; provider participation, from community to community, core functionality between labs is an important measuring stick to understand the finance plan. Difficult to get a finance plan until we see what kind of uptake we're getting, functionalities, and adoption rates.
- Question: please address the gap strategies. Staff response: a number of strategies have been discussed with the SWG, such as that the centralized SDE can be a “pseudo-local HIO” and provide those services directly in under-served areas, or to seed a new local HIO, or to incentivize an existing HIO to expand its coverage to a gap area.
- The SWG emphasized the need to continually monitor the MU criteria and to adapt in order to facilitate participants meeting those criteria.

Presentation -- Potential Risks for Phase 1: John Hall

- Overview of risks for Phase 1, as suggested by the SWG (see slide 17).
- Question: the risk that HIOs are weak/failing; is there an ongoing effort to monitor the health of local HIOs? Staff response: we do have questions out to our local HIOs right now, and as part of our plan we will provide a table that shows their self-assessment of where they are. It will be an ongoing effort.
- Question: one of the things that could be a risk is that we might be asking people to change their standards -- and they might not want to change their standards. Staff response: there will need to be participation from HIOs in developing the standards but common standards will help ensure statewide success for HIE.
- Question: is there any HIO-HIO communication going on right now? Staff response: there is some.
- Comment: an additional risk is that there are other reform initiatives/incentives that may well influence (in unintended and unanticipated ways) what our HIE participants do (like the current federal health reform legislation, and other potential future reform legislation).
- Break

Phase Two and Beyond – Dave Witter (Time code: 01:53:30)

Refer to meeting materials: “Preliminary Overview Oregon HIE Strategic and Operational Plan: Preliminary Working Update” and “California Strategic Plan: Issue Resolution and Risk Mitigation”
Refer to agenda and slide deck, slides 18-20

Presentation – Suggested Outcomes for Phase 2: Dave Witter

- Question: one of the risks for phase 1 is lack of participation. Is this same issue built into phase 2? Staff response: Yes, we want to monitor HIO services and number of certified HIOs. Specific outcome measures were not discussed w/SWG.
- Question: where are centralized services development? Staff response: centralized services are developed and implemented by SDE. It is included by service offerings in phase one.
- Comment: concerned with Triple-Aim outcomes attributable to HIE. Response: we really haven't identified a transition from phase 2 to the next transition. In phase two, we will be doing implementation work to establish centralized services. Then we are working on stable, ongoing operations. Only then will we be able to accomplish the Triple Aim goals.
- Strike the word “would” and insert “might.” (transitions document, page 2 comment).
- Question: what about interstate connectivity? Staff response: we do address interstate connectivity.
- Question: are we not supposed to address interstate connectivity? Response: Yes, but we want to maintain a level of flexibility, because we do not know the best approach to achieving interstate connectivity. Interstate HIE may occur through NHIN, IHS, and some of Oregon's Integrated Delivery Networks that operate in multiple states.
- It is less about specific technology for interstate HIE but rather focused on removing policy and other related barriers to interstate HIE. We are working on interstate HIE. For example, through an interstate consortium grant through RTI. We are working with Alaska, Washington, Idaho, and California.

Presentation -- Potential Risks for Phase 2: Dave Witter

- Comment: can we call them something other than “suggested risks?” Staff response: they were named suggested risks in the handout because they were the actual “suggested risks” from the

SWG to HITOC. HITOC is to weigh the suggested risks and what risks should be included or not included, and identify additional other risks not suggested by the SWG. Then name would be changed to Risks and Mitigations.

- Question: would the HIO be subject to liability? Staff response: yes, there will need to be liability insurance for HIOs around this issue.
- Comment: one of the risks, talk about legal obstacles. I don't see any legal outcomes in phase 2? Should there be any risks with phase 2 around legal and policy? Staff response: yes, the consent policy we are recommending, and how our approach intersects with other states and federal law, a future workgroup will have to address unresolved legal obstacles in phase 2. These have not been determined at this point.
- Comment: we want to hear from the broader public about the suggested outcomes and risks.
- We will develop mitigation for identified "suggested risks" for phases 1 and 2.

Presentation on Ongoing Activities and Services: Dave Witter

- Ongoing cycle to monitor and adapt in phases 1 and 2.
- The SDE will conduct a continuous "monitor and adapt" cycle defined by three elements (refer to slide 20). Perform environmental assessments, based on the results of those assessment, and creation of new operational services and offerings.
- Comment: the OHA will probably want some ongoing report outs. What they are going to look for is the goals and how we achieved our goals. We might want to list benchmarks and goals. "Not only adapt, but to monitor, measure, and adapt."

HITOC's HIE Vision –Julie Harrelson (Time code: 02:26:30)

Refer to agenda and slide deck, slide 21

Members of HITOC asked to provide input in developing HITOC's HIE Vision language

- Key words from HITOC members: value added services, improving health care delivery, patient experience, through facilitating information exchange, information for a healthy Oregon.
- Comment: want to encompass a lot but not too much granularity.
- Overview of what a vision statement does and its purpose.
- Need both a vision and mission statement. Crafting a vision statement for the strategic plan. What is our aspiration and purpose? That is the language we are looking for.
- Connecting Oregonians with the information to optimize health.
- Review examples of vision statements from California and Minnesota.

Public Comment (Time code: 02:57:00)

- Bob Thorn: harmonization of Oregon laws to tie into HIPAA. Need to establish an ad hoc committee to address this issue, prior to phase 1. Response: we have three placeholder bills, in place. There are various processes or options available to achieve this goal.
- Acknowledged receipt of written testimony from Dr. Thomas Clark, CEO, Patient Measurement and Monitoring Corporation.

Close – Steve Gordon (Time code: 03:02:00)

- Presentation to the Health Policy Board week of June 7th
- Next HITOC meeting, June 17th at Portland State University