

## Health Information Technology Oversight Council

May 6<sup>th</sup>, 2010

10:00 – 5:00 pm

Oregon State Library  
250 Winter St NE Rm 103  
Salem, OR 97301-3950

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

**Council Members Absent:**

**Strategic Workgroup Members Present:**

**Invited:** Paul Wild, Portland Community College (PCC); Paul Gorman, Oregon Health Science University (OHSU)

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

### **Opening and Welcome – Steve Gordon and Carol Robinson (Time code: 00:00:00.0)**

Refer to agenda and slide deck, slides 2-4

- Review of agenda and proposed meetings outcomes.

Approval of Minutes:

- S. Gordon introduces motion to approve Minutes from the April 1<sup>st</sup> 2010 HITOC meeting.
- Marie Laper – motion to approve; Greg Fraser – second; no discussion; all in favor; approved without any further discussion.

### **Team Update – Carol Robinson, Julie Harrelson, John Hall, Chris Coughlin (Time code: 00:00:00.0)**

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

Refer to slide deck, slides 2-4

Overview of Executive Summary:

- Summary is intended to reflect the state of affairs as of May 6, 210; full summary will be provided June 3 with full draft by June 17.
- Question: What is the sense of Oregon's general direction as reflected in this summary? Staff response: the document is a good blue print, with some structure/infrastructure in place, and reflects the considerable amount of work completed to date. Sections on each of the five domains will be completed after HITOC makes decisions based upon specific input provided by the Strategic Workgroup, specifically the Business & Operations and Legal & Policy domains.
- Comment: preliminary overview is very well structured with good writing style.
- Question: In reference to the phased approach, what are the inter-relationships between the phases? What's the outcome we're trying to accomplish by the end of phase 1? When will the exchange be operational in phase 1? Where do we want it to be? Staff response: presentations this afternoon, specifically on Business & Operations and Finance, will address triggers between phases.

- Comment: the State can either help or hinder existing HIO efforts. There's a line between reasonable State oversight/regulation to protect the public interest and a point at which it can be excessive and hinder those efforts.
- Comment: would like more concrete details about what we're hoping to achieve at different mile-markers. What will the State HIO actually do? Staff response: the development of standards and certification will be a process that involves stakeholder input and influence, supports existing efforts.
- Comment: it will require some participants to change, and some people/HIOs aren't going to be happy with this -- it's a communication issue. Staff response: many participants are asking for guidance on what the standards will be, from the feds and from Oregon. There is a lot of uncertainty, and people are asking for guidance, which is understandable at this time.
- Staff comment: it was not our strategy from the start to hand this over to consultants to develop a strategy for us; Oregon is a politically participative state; public meetings and input are important, and that has been our approach. It's more time consuming and difficult, but in the long run it will produce stronger buy-in from more stake holders. That's what we're striving for.
- Staff comment: the key thing the strategic plan has to do is set the direction. A substantial amount of the planning work will be deferred to Phase 1.

#### Beacon Update: Carol Robinson

- Carol Robinson acknowledges all six Beacon applications submitted by various Oregon communities. Oregon is proud of all six applicants and their respective communities, which produced outstanding proposals to advance health IT and HIE in the state.
- The Beacon process brought a tremendous amount of cooperation and collaboration between diverse and varied stakeholders.

#### Governance and Technology Phasing: John Hall

Refer to slide deck, slides 7-9

- Recap of governance and technology domains.
- Question: Can everything move forward all at once? Government and markets move in chunks; we have to prioritize which chunks. Staff response: change and progress are incremental.
- Question: What does "set" means in phase 1 of governance? Could we be more specific about setting standards/policies/requirements/etc? Staff response: governance in phase 1 is really about the state convening and coordinating.
- Comment: something should be included about what regional HIOs are responsible for in terms of governance during Phase 1.
- Question: How much specificity is encouraged by the ONC for our plan? Staff response: if details are unknown about particular items, we still need to specify how we're going to figure it out, including process/timeline and which specific workgroups will be established. ONC commented recently indicating we have more flexibility than previously thought.
- Question: When are we going to talk about the seven priority areas in the FOA under technical architecture? Staff response: the seven priority areas were reviewed during previous HITOC meetings. All seven will be addressed in the strategic and operational plan.

#### Key milestones: Chris Coughlin

Refer to slide deck, slides 10-12

- Question: Will the workgroups established be set by the HITOC? Staff response: yes, the current SWG will have their last meeting in May. After that, specialized workgroups will be created for phase 1 by HITOC.

**Administrative Simplification Committee Presentation – Lynn-Marie Crider (Time code: 00:00:00.0)**

Please refer to handout: “Administrative Simplification Work Group Update.”

Presentation on Administrative Simplification: Lynn-Marie Crider

- Administrative Simplification Committee established to develop uniform standards for Oregon insurers -- related to claims processes, eligibility verification, and payment, i.e., administrative communications between providers and payers.
- Question: Has the Committee considered what other standards groups are doing in Oregon? Response: yes, ongoing coordination between feds, Oregon, and other states.
- Question: Is the Committee leveraging key efficiencies with consumers, or operating mostly behind the scenes? Response: mostly behind the scenes and coordinating with providers; could eventually be shared with consumers as well.
- Question: Is the Committee considering having administrative data exchanged via the HIE structure we're using? Response: in the short term, Committee didn't feel comfortable making a recommendation to build something.
- Staff Comment: these have been parallel planning tracks. It was in statutes that both of these processes had to take place, with ongoing coordination. Many states are grappling with these exact issues, right now.
- Question: Are these separate streams? Staff response: the ideal would be for them to be attached, but it's a complex issue whether these things become fused or continue to operate in separate paths. This is an area of a lot of financial potential.

**Health IT Workforce – Paul Wild and Paul Gorman (Time code: 00:00:00.0)**

Invited Presentation by Paul Wild: Portland Community College

Refer to meeting materials, PowerPoint presentation titled: “Oregon’s Community College Consortium.”

- Question: Is there competition for students between the members in the consortium? Response: students at community colleges tend to stay local.
- Any materials produced for this program become public domain materials accessible and available to the general public.
- ONC or federal funding greatly accelerates training and preparation of Oregon's health care IT workforce. Without funding, it would take a lot of longer to develop training programs, curriculum, and certificate programs.
- Potential leverage points with RECs.
- Question: When might someone enroll? Response: first enrollment is this fall 2010 with course offerings online.

Invited Presentation by Paul Gorman: Oregon Health and Science University

Refer to slide deck, slides 16-24

- Health IT is an emerging field with disparate skill sets. Goal is to ensure the curriculum and training is relevant to employers.

**Legal and Policy Strategic Workgroup Input –Kahreen Tebeau (Time code: 00:00:00.0)**

Refer to meeting materials: “HITOC Strategic Workgroup Summary – Topic: Legal and Policy.”

Refer to slide deck, slides 25-42

#### Overview of Workgroup Input on Privacy and Security: Kahreen Tebeau

- Oregon's plan for moving forward is to insure three key measures/criteria: (1) safeguards and consistency across Oregon HIE efforts, (2) public Interest is met, and (3) meaningful use is facilitated by HIOs.
- Proposed adoption and use of national standards, including EHNAC criteria.
- Question: For standards and requirements, are EHNAC criteria completed? Staff response: they are in draft form but have not been finalized -- are still under development.
- Question: Baseline requirements for state-accredited HIOs: requirements for what and why? Staff response: for stage 2 meaningful use, Oregon will need to have auditing mechanisms in place. Creating a process now is important so that something is in place prior to MU incentive payments.
- Comment: there is a central assumption that ought to be made explicit in the plan, which is: In stage 2 MU, which has yet to be determined, entity-to-entity exchange will be insufficient and that exchange will need to be achieved or facilitated by HIOs. HIOs might be a tool to help achieve demonstration of MU criteria among Oregon's providers, especially Medicaid providers.
- Accredited HIOs might have an added "value" compared with/to non-accredited HIOs.
- Comment: role of HIOs in facilitating and validating MU criteria achievement among providers is an assumption that should be made explicit. Business value could be HIOs doing the auditing of MU among providers.
- An important role for the State is auditing providers and ensuring they are not "double-dipping" by seeking Medicaid and Medicare MU incentive payments.

#### Presentation on Consent: Kahreen Tebeau

- Overview of consent options and definitions: no consent, opt-out, opt-out with exceptions, out-in, and opt-in with exceptions.
- Benefits and limitations with each of the five models or options for consent and HIE.
- Question: What is no-consent? Staff response: implies that patient data will be exchanged for treatment, payment, or operations, with HIPAA as the basis for limiting exchange of patient health information.
- Consent recommendation from Workgroup based on five key criteria: ONC analysis, North Carolina's HISPC analysis, trend among other states' HIE planning and existing operations, general value of HIE to key stakeholders, and OHA's Triple Aim.
- Workgroup recommended "opt-out with exceptions" for Oregon's consent model (opt-out for general PHI, medical emergency, and operations).
- Consent model can be used by the patient at the time they seek care or when required/requested by another provider or entity.

#### Discussion:

- Question: Where is Specially Protected Health Information (SPHI) defined? Staff response: at both the federal and state level.
- Need and desire for on-going analysis around legal and policy issues related to HIE in Oregon.
- Question: Would HIEs need to carry liability insurance? Response: Yes.
- Question: Will provider manage the burden required to spend on the consent model? Staff response: that is an open question at this point.
- Question: How will it be explained to the patient? For example, if an individual "opt-outs" but then changes their mind and wants to then share their information at the point of

- Question: What about medical emergencies? Staff response: there are a number of legislative issues embedded in this particular issue.
- Discussion regarding consent and Protected Health Information (PHI). Issue is whether it's practical to exclude SPHI from the exchange; at least at this point in terms of the practicality or feasibility of excluding SPHI from HIE.
- General acknowledgment among HITOC members that statutory changes would be necessary if Oregon were to decide to move to a full opt-out model.
- Workgroup acknowledged that opt-in models appear to result in low participation rates.
- Comment: consumer education will need to be an ongoing effort.
- Question: What are neighboring states considering? How will Oregon's model impact inter-state HIE activities? Staff response: additional analysis is needed to identify what neighboring states are doing.
- Duration of opt-out or opt-in model could also be considered in terms of opt-in for specific medical conditions or clinical needs but then no longer once medical condition(s) is treated.
- Question: Is there an audit mechanism for patients? Staff response: this could be a requirement or part of the infrastructure in Oregon's phased approach.

Approval of Strategic Workgroup Recommendation:

- S. Gordon introduces motion to recommendations from Strategic Workgroup.
- Motion to approve – all in favor, all ayes; no discussion; approval of "Opt-out with exceptions" with expectation that future analysis and work will be done.

**Business Architecture and Operations Strategic Workgroup Input – Mindy Montgomery, John Hall, Dave Witter (Time code: 00:00:00.0)**

Refer to meeting materials: "HITOC Strategic Workgroup Summary: Business Architecture and Operations."

Refer to slide deck, slides 43-50

Business Architecture and Operations Presentation: Mindy Montgomery

- Four key assumptions used in developing recommendations for Workgroup: certification and accreditation program for all HIOs, lean staffing, hosting and support for technology services will be contracted to a third-party, and technology services will leverage existing and planned efforts to facilitate exchange.
- Question: Why this approach? Staff response: avoiding duplication of work, utilization of resources, and allowing for a market approach to mature around HIO development in Oregon. These services or assumptions are to facilitate exchange and communication from HIO-to-HIO.
- Phase 1 offerings and activities include definition of standards for HIO data exchange and certification of HIOs for data exchange.
- Question: How is certification of HIOs different from the accountability and oversight program? Staff response: not necessarily different. Business & Operations is a "glue" domain intended to manage standards and set up the certification program for HIOs.
- Analysis of sustainable financial plan could also consider additional technology services.
- Question: Would the statewide HIO fit under or meet EHNAC criteria? MM Response: if the statewide HIO offers HIO services, then it should be required to meet EHNAC criteria.
- Lightweight operations and certification program during phase 1.
- Question: if NHIN Direct gets up and going, are offerings 1 and 3 still needed (refer to

slide 47)? Staff response: yes. The other potential offerings or services are about helping enable local HIOs. Workgroup decided that local HIOs would not have to exchange information with a statewide HIO.

- Phase 3 potential offerings: coverage of geographical and functional gaps fulfillment and opportunistic follow-on services.
- Question: What are the servings being offered and that can generate revenue for local HIOs? If we don't know provision of services, potential or otherwise, then how can we expect HIOs to develop a sustainable financing model? Is it the responsibility of HITOC to assist in developing a sustainable financing model? Staff response: these questions cannot be answered at this point. Rather transparent conversations, overtime, with all payers will help to develop trust around understanding revenue or financial models (mix of services).
- Detailed financial plan is not due to ONC until February 2011. Considerable work yet needs to be done to develop a comprehensive and informed sustainable financing model.

Approval of Strategic Workgroup Recommendation:

- S. Gordon introduces motion to affirm “directional correctness” provided by Strategic Workgroup.
- Motion to approve – all in favor, all ayes; no discussion; approval of “directional correctness.”
- Need to have further discussion about service offerings by statewide HIO during phase 1.

#### **Financing – Dave Witter (Time code: 00:00:00.0)**

Refer to meeting materials: “Oregon HIE Adoption Impact: Potential Avoidable Service and Productivity Savings from Widespread adoption.”

Refer to slide deck, slides 51-78

Finance Presentation: Dave Witter

- Review of potential ARRA incentive payments in Oregon.
- Range of potential annual savings from widespread HIE adoption are conservative and are not all-inclusive.
- Oregon HIE savings will accrue across all stakeholders: commercial payers; Medicare/Medicare Advantage; Medicaid payers; physician practices, clinics, and hospitals; and patients.
- Traditional HIE financing issues: financing start-up, sustainable operations financing, and misalignment of costs and benefits.
- Now, new HIE financing challenges: Oregon 2009 legislation, federal health reform, ARRA-driven changes, and equity of past and future investments in health IT.
- Analyzed financing in other states and review of financing options in Oregon for statewide HIE and supporting local HIEs. Financing options include: ARRA HIE funds, Medicaid APD and stakeholder financing.
- Important to consider the mechanisms that will encourage participation, especially among PEBB/OEBB, PERS, Oregon Health Plan –Managed Care Organizations (MCOs), insurance change(s), and health plans.
- Question: Would you say mechanism(s) to encourage participation is providing “value added services?” Staff response: nobody will participate without value added services. Need to determine the fair value and costs for participation.

**Updates – Chip Taylor, Kim Lamb, Chris Coughlin (Time code: 00:00:00.0)**

Refer to slide deck, slides 79-97

O-HITEC Update: Dr. Chip Taylor

- O-HITEC might be going after same pool of financial resources as statewide HIO.
- O-HITEC has defined goals, staffing and resource plan now complete, have determined subscription costs, but still manipulating services offerings and costs.
- Near term: vendor selection process underway (different vendors for different provider types and geographic services areas), pilot assessment of meaningful use status, and partnering with interested parties.
- Question: some of the financing issues, as you identify EHR solutions; don't these vendors already have financing options? Response: yes, but it more costly for providers.

Oregon Health Network (OHN) Update: Kim Lamb

- Federal Rural Healthcare Pilot Program to build a state, regional and nationwide broadband health care network, with OHN being awarded \$20.2 million and was awarded the 5th largest award out of the 62 entities awarded.
- Program is not a grant but is a subsidy from the Universal Services Fund and is a five-year program.
- Overview of active participations and phase 1 goal by 6/30/2011.
- Benefits of participation: opportunity to have 100% of high-quality broadband installation costs covered, keeping patients, providers in the community, support current and future telemedicine applications goals and HIT programs, and state-wide referral partnerships to support facility and surrounding community.
- Question: What will membership fees be based upon? Response: for those eligible, two fees: flat rate fee and connection fee.

Opportunities for stakeholder input: Chris Coughlin

- Participants of HITOC stakeholder webinars have provided positive feedback.
- Additional webinars will be facilitated during review period of the draft plan.
- Recap of the April 2010 HIO Summit.
- Acknowledgement of ongoing importance for consumer education and outreach.
- Privacy and Security Forum to be held May 25.
- Five stakeholder meetings will be facilitated after release of the draft Strategic and Operational Plan. Meetings will occur in the months of June and July around the State to foster stakeholder participation and input among community members for the Strategic and Operational Plan.

**Public Comments: (Time code: 6:26:35.0)**

- Dr. Mike Saslow of Oregon Health Care Association: In reference to slide 55. We already have federal mandates for Medicare and Medicaid requirements. We are interested and would like to be proactively involved in HITOC's efforts.
- HITOC received written comment from Oregon Association of Hospitals and Health Systems (OAHHS). Early comments were about HITOC's general direction. OAHHS indicated they will probably provide additional comments in the near future.