

Health Information Technology Oversight Council

December 09, 2009

1:00 – 5:00 pm

NW Vitaculture Center, Salem

Council Members Present:

Steve Gordon, MD, Rick Howard, Bridget Haggerty, Marie Laper, Greg Fraser, MD, Robert Rizk, Dave Widen, Bob Brown. Bill Hockett; Sharon Stanphill, Brian Devore attended via phone

Staff:

Carol Robinson, Dawn Bonder, Jeanene Smith, MD, Sean Kolmer

Welcome and Introductions
Steve Gordon Welcomed HITOC members and staff HITOC members and staff introduced themselves.
Review of Agenda
Members discussed update and progress to date. November minutes read and approved.
Currently available funding from ONC
Carol Robinson <ul style="list-style-type: none">• HIT extension program (cycle 2)<ul style="list-style-type: none">○ Refer to slide• Beacon Community Program (BCP)<ul style="list-style-type: none">○ Refer to slide• Curriculum Development Centers<ul style="list-style-type: none">○ Refer to slide○ Bill Hersch at the Department of Informatics at OHSU• Community College Consortia (CCC) Regional Information<ul style="list-style-type: none">○ Serve to support RECs in terms of technical assistance○ Oregon is in the smallest of regions○ PCC has accepted to be the lead community college to spearhead this effort Oregon○ Also a strong HIT program at a community college in WA that could also serve as a lead○ Q: What is the relationship between the BCP and CCC with regards to HITOC?○ A: Conversations regarding HITOC's ultimate role is undergoing development. Pertaining to workforce HITOC has a strong vested interest in seeing the development and outputs of these programs.<ul style="list-style-type: none">▪ HITOC may endorse a particular approach.▪ Requirements in each of these grant endeavors within the FOAs to coordinate and integrate with HITOC's efforts.▪ A recommendation to eventually have these groups in attendance at HITOC's meetings to improve communication and coordination amongst these groups.○ (First meeting for workforce committee from 1-4 Dec. 10.)○ Six HIT workforce roles per ONC are not degree programs, but are certificate programs.
Reviewing HITOC's Charge
<ul style="list-style-type: none">○ Setting Priorities and Vision for HITOC (Steve Gordon)

- Tremendous amount of work has already taken place within this state to resolve HIT concerns and challenges.
- Fed government “overnight” produced a lot of strategies.
- Background: HIIAC Health Infrastructure Development Goals
 - Refer to slide
 - Alignment with ONC’s stated goals for HIT
- HIIAC Logic Model For an Oregon Health Information Infrastructure
 - Refer to slide
- HITOC’s Role: Oregon’s HIT/HIE Infrastructure
 - Covered HITOC’s duties in previous meetings as stated in HB 2009 language
- Strategic planning begins now, will be ongoing, and will encompass many elements.
 - Refer to slide
 - Central portion (State Health IT Plan) must coordinate and integrate the respective elements depicted in the picture.
 - HITOC’s challenge is to see and oversee how each of these respective elements coordinate and work together towards meeting various stated goals.
 - Meet the fed’s long-term goal by 2015 to have all medical records in electronic format.
 - Comments, questions, discussion:
- Judy Moore Peterson (Director of Medicaid)
 - State Medicaid plan for HIT.

HIE Governance

- Determining an Appropriate Oversight and Operating Governance Model for HIE in Oregon (Shaun, consultant)
 - Question about clarifying HIE plan vs HIT plan vs meaningful use. Meaningful use is shorthand for set of clinical outcomes we are striving to meet. Meaningful use is first piece, not end point. Federal goal of 2015 for 100% electronic health records adoption may change. HIE plan is initial work of HITOC, can then be expanded to become a state HIT plan.
 - Slide 19 – Governance requirements. Question of what Operational Development means – governance is not static, roles of various stakeholders may change over time.
 - Slide 20 – Goals for governance by 2012.
 - Slide 21 – Oregon’s Reporting Requirements for HIW Governance
 - Slide 22 – What is Governance?
 - Slide 23 – Governance Functions
 - Slide 24 – HITECH Case for State-level HIE Governance
 - Slide 25 – State HIE Roadmaps and Plans: Common Threshold Issues to Address
 - Slide 26 – Considerations for Oregon’s HIE Governance
 - Slide 27 – One Possible Model: The Oregon Health Information Exchange (HIE)
 - Meaningful use
 - Slide 28 – Proposed Oregon HIE Public/Private Governance Model
 - Public-Private model, with HITOC in the middle coordinating efforts
 - CDC is not called in ONCs requirements, but outreach and integrating to public health is imperative
 - Slide is missing long-term care and nursing homes because it is being overlooked and there aren’t dollars for it, this is also the same for mental health and foster children
 - Payers are also not on the slide, but they pay a critical role and must be involved in the process
 - Privacy and security issues and responsibility fall on OHA, HITOC and ORHIE
 - OHA has a sister relationship with DHS, so they should be included with OHA.

- Slide 29 – Issues for Discussion and Deliberation (Carol)
 - 2 great opportunities came from this: 1) to share with various stakeholder about what HITOC is doing and 2) to express that we haven't established a concrete governance model and are beginning that process and hope to continue to engage these stakeholders and have them involved in the process
 - Federated model was the model of choice
 - MPI seemed inevitable
 - Everyone was concerned about funding issues
 - Lot's of concerns surrounding who owns or has access to respective entities data
 - Biggest take away was that we need to use an incremental approach
 - Government run HIE efforts could change with administration, whereas something privately run with government input, priorities could maintain even though government's priorities have shifted and monies are potentially reallocated towards other areas (Brian DeVore)
 - Rural area where the gaps are in order to be equitable to the operational HIEs we'd have to build some sort of operational HIE.
 - Most states are recognizing that the monies they are getting from the feds aren't enough, so they are trying to build off what they already have (Shaun)
 - Brian DeVore recommended listening to what other states have already accomplished (NY, Maine, Vermont)
 - Jay Hammelstein – regarding Steve's bubble diagram: focus on the HIE...
 - Julie Harrelson –
 - HRBO – a pilot project that is going to sit under an HIE structure (Carol)

HIE Planning Workshop

- Slide 30 – HIE Strategic Planning Workgroup
 - Brian DeVore - Consider what are the five biggest problems in Oregon? Still not clear what exactly the specific goals for HIE are in this state.
 - Carol – Really addressing the five domains of ONC HIE requirements. (expand)
- Slide 31 – Stakeholder Engagement – Ask, Listen, Respond
 - Review of the HITOC Stakeholder internet Survey
- Engagement Process
 - Webinar once per month
 - Tentatively looking at the last Friday of each month to host the webinars
 - Q: How do we know if we're getting the right stakeholders?
 - A: We know that we've engaged those already heavily involved in the process via our stakeholder engagement efforts thus far.
 - Motion to approve the charter of the strategic planning workgroup by Steve Gordon
 - 1st motion: Dave Widen
 - 2nd motion: Bridget Haggerty
 - All approve, none oppose

Oregon Health Authority Presentation (Dr. Bruce Goldberg)

- Bruce Goldberg, DHS Director and of the Oregon Health Authority
 - OHA – all the state's purchasing of health care, about 850,000 people and 25% of the health care market (by lives)
 - Mental health, public health, policy and plan
 - Works closely with the OHPB
 - HITOC
 - How we as a state can dovetail with the direction and resources of the Federal government regarding HIT
 - Focus on interoperability

- Regarding “Why Health IT” doc, does not see enough of a focus on health/public health; focus of interoperability not just within the health care domains, but regarding to the data and activities that will truly help make communities healthy.
- Short term: never has enough resources for health and human services and does not see that getting considerably better. Need the expertise from HITOC and HTI planning efforts to maximize the current resources.
- Long term: achieving North Star goals with our efforts.
- Five top issues from the state’s perspective: 1) how we organize and deliver care, we do not have the optimal health care delivery system to make us healthier. We do not need to build an information system that allows us to do what we do faster. 2) Look at the issues around prevention and not just treatment. Obesity and smoking. 3) Concerned about the age demographic of our population. Concerned about healthy again. Concerned about the interface between long-term care and acute care. 4) Mental health and addictions treatment. Kids in our foster care system and parents in our criminal justice system are the result of neglecting mental health addictions issues. 5) We have an access problem because we have a cost problem and a quality problem.
- Health care has been slow not just regarding technology adoption and utilization, but also regarding waste reduction – administration simplification, etc.
- We need to produce clinicians that have a focus on wellness. It needs to be a part of the educational and training focus and our efforts need to feed into that.

Public Written Testimony received to date:

- Chris Apgar and Associates, January 2, 2010
- ACLU, December 9, 2009
- Chris Apgar and Associates, November 22, 2009
- Chris Apgar and Associates, October 9, 2009

Testimony is publically available upon request to HITOC Staff

Next Steps, questions

Public Comment