
Health Information Technology Oversight Council

Conference Call

October 25, 2011

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon
Health
Authority

Agenda

- 2:00 pm **Welcome, Opening Comments**– Steve Gordon
- 2:05 pm **Meeting Objectives and Background** – Carol Robinson
- 2:30 pm **Discussion: Draft Framework for CCO HIT Domains of Responsibility**
- 3:30 pm **Discussion: Next Steps for Developing Domains of Responsibility**
- 3:50 pm **Public Comment**
- 3:55 pm **Closing Comments** – Steve Gordon & Carol Robinson
- 4:00 pm **Close**

Meeting Objectives

- Communicate the request made of HITOC by the Health Policy Board
- Understand the Health Policy Board's role/responsibilities/process for CCO development
- Review draft framework for CCO HIT domains of responsibility
- Determine next steps for developing CCO HIT domains of responsibility

Background

OHPB Meeting 10/11/11:

- Several CCO workgroups have included conversations about HIT/HIE
- HPB will consider input from CCO workgroups in order to deliver products to 2012 legislature
- Request for HITOC: provide some advice and input on HIT/HIE criteria for CCOs, including thoughts on how to incorporate accountability

Oregon Health Policy Board Products

OHPB will deliver the following products to the Legislature in February 2012:

- Draft legislative language for implementation of Coordinated Care Organizations (CCOs)
- A business plan for CCO development
- Medical liability/cost containment strategies
- Standards for specified health care workers: community health workers, peer wellness specialists, personal health navigators

Elements of a Business Plan for Oregon Health System Transformation

HB 3650 directly requires that OHA and OHPB address the following issues, which will be elements in the business plan:

- Coordinated Care Organization (CCO) qualification process and criteria
- Global budget methodology
- Savings models and financial reporting requirements
- Health equity and health disparity strategies
- Plans for contracting with PEBB/OEBB and other public health benefit purchasers
- Outcomes, quality and efficiency metrics
- Coordination of care for individuals who are dually eligible for Medicare and Medicaid
- Transition to CCOs
- Alternative dispute resolution

Timeline

- Through Nov. 2011: Public input opportunities and information sharing
 - 4 Governor work groups
 - Statewide community input
- Nov. 2011 – Update to Legislature
- Jan. 2012: OHPB products finalized and delivered to the Legislature
- Feb. 2012: Legislative Session
- Mar. 2012: If approved, send CCO plan to CMS
- Late Spring/Summer 2012: First CCO launches

CCO Workgroup Updates

- Refer to CCO Criteria Workgroup and CCO Outcomes Quality and Efficiency Metrics Workgroup summaries
- Refer to Metrics Workgroup matrix

Criteria vs. Domains of Responsibility

- CCO Criteria Workgroup conversations have included sentiments that too much specificity in criteria may stifle innovation
- CCO criteria, especially as defined in the business plan may not be specific with regard to HIT/HIE
- CCO criteria may be as broad as requiring that a CCO have a strategic plan for HIT/HIE
- Well-defined Domains of Responsibility could be used in those plans, contracts, or criteria

Draft Framework for CCO HIT Domains of Responsibility

- A. EHR: Facilitate providers' adoption and meaningful use of EHRs
- B. HIE: Facilitate the exchange of health information electronically to coordinate care
 1. Transaction
 2. Mechanism
 3. Setting
- C. Analytics: Have the technical systems and staffing capacity (either in-house or contract with an third party organization) to use patient-level data to assess provider performance; effectiveness and efficiency of courses of treatment, etc.

Draft Framework for CCO HIT Domains of Responsibility

D. Quality Reporting: Have the technical systems and staffing capacity necessary to supply quality of care data to allow the state to monitor the performance of the CCO and to support future health analytics efforts.

E. Patient Engagement: Identify plans to ensure that patients, and especially vulnerable populations have adequate access to IT tools to participate in their own coordinated care.

F. Other HIT: Identify current and future CCO needs for HIT/HIE to better facilitate effective care delivery, such as telehealth, telemedicine, patient applications for smartphones, etc.

Draft Framework for CCO HIT Domains of Responsibility

- A. EHR
- B. HIE
- C. Analytics
- D. Quality Reporting
- E. Patient Engagement
- F. Other HIT

- Are these Domains appropriate for CCOs?
- Is a phased/tiered approach appropriate?
- Should MU be used as a referential framework?

Discussion: Next Steps for Developing Domains of Responsibility

- HITOC meeting November 3rd, 2011
- Health Policy Board meeting November 8th, 2011
- Final CCO Workgroups Mid-November, 2011
- HITOC meeting December 1st, 2011
- Health Policy Board meeting December 13th, 2011

Public Comment

Closing Comments

Thursday, November 3rd 2011

1-5pm

Portland State Office Bldg, Room 1D

800 NE Oregon St.

Portland, OR 97232

Questions or Comments:

Carol Robinson

Administrator, Oregon Office of Health Information Technology

State Coordinator, Health Information Technology

Director, HITOC

carol.robinson@state.or.us

503-373-1817 (office)

503-856-6662 (cell)



The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. The entire logo is set against a light blue, curved background element.

Oregon Health Authority