

Health Information Technology Oversight Council

Webinar Meeting

Tuesday, October 25, 2011

2:00 p.m. - 4:00 p.m.

Council Members Participating by Phone: Steve Gordon, Dave Widen, Gregory Fraser, Robert Rizk, Brian Devore, Bob Brown, Bill Hockett, Carolyn Lawson

Ex-officio Members Present:

Council and Ex-officio Members Absent: Judy Mohr-Peterson, Mel Kohn, Bridget Barnes, Sharon Stanphill

Staff Present: Carol Robinson, Oliver Droppers, Kahreen Tebeau, Tom Wunderlich, Chelsea Hollingsworth, Dave Witter, Mindy Montgomery, Luke Glowasky, Chris Coughlin

Opening and Welcome – Steve Gordon (Chair)

- This is a great opportunity for HITOC to provide the Health Policy Board (HPB) guidance and advice on the proposal for Coordinated Care Organizations (CCOs) with regard to HIT.
- The evolution of the CCOs and payment reform are additional avenues to advance HITOC's vision of information, when and where it's needed, for health and healthcare.

Meeting Objectives and Background – Carol Robinson

See meeting materials: "CCO Overview" "Health System Transformation Summary of August and September Work Group Meetings," and "Draft Matrix of Suggested CCO Criteria"

Refer to slides 1-8

- Oregon Health Policy Board (HPB) Request
 - Several of the Coordinated Care Organizations (CCO) Work Group discussions have included discussion of health information technology (HIT) and health information exchange (HIE).
 - The HPB is considering input from the four CCO Work Groups to develop products needed for the 2012 legislative session. The HPB asked HITOC to provide input and advice on HIT criteria, and accountability measures for such criteria.
 - Distinction between the CCO Criteria Work Group, and about the CCO Quality and Metrics Workgroup. The former is about criteria for becoming a CCO, the latter is about performance measures for operational CCOs. The two groups do have some overlap, and some gaps. HIT/HIE touches on both of them.
 - There are many ways to categorize metrics- by domain (access, equity, etc.), by process versus outcome, and by whether they will apply to all CCOs or only to a specific CCO.
- HPB Roles/Responsibilities and Process, and CCO Work Group Update
 - HITOC has been asked to outline baseline & transformational expectations for HIT and HIE. Process question is how should HITOC establish these criteria and expectations?
 - It is recognized that the CCO timeline is ambitious. The four governor-appointed workgroups are meeting through November (see slide 7). At the November 8, 2011 HPB meeting the draft outline of the business plan will be presented, at which point HITOC will have made recommendations and provided input to the HPB that may be included in the draft outline or in future iterations.
- Criteria versus Domains of Responsibility
 - A question for members of HITOC staff is to consider the right categories of criteria for CCOs that should be considered as part the overall certification process and providing input on the next set steps for developing those. The majority of the Nov. 3 HITOC agenda will be focused on this work.
 - HITOC staff has framed the current thinking in terms of "domains of responsibility" instead of criteria, since HITOC was not requested to provide specific criteria. Also, both criteria and metrics are focused on having only a few specific things.
 - If we outline what CCOs might be asked to be responsible for, that could be considered

by the HPB in any number of ways to inform development of the CCO criteria, metrics, and/or business plan.

- What was heard at the HPB meeting is that assumptions are being made, and HITOC is the appropriate body to develop guide on and provide input to the HPB in be considering HIT and HIE from the perspective of ensuring that the critical infrastructure will be deployed to advance and maximize the success of CCOs. The HPB specifically asked for advice and input.

Discussion: Draft Framework for CCO HIT Domains of Responsibility – Plenary Discussion

See meeting materials: “Draft Framework for HIT/HIE Domains for Coordinated Care Organizations”

Refer to slides 9-13

- There are a host of capabilities that are specifically IT related that a successful CCO would likely need to have initially and overtime.
- From the Advisory Board Company- the 5 core competencies that would support an ACO?- to move from a volume based to a value based payment system. 5 categories:
 1. Network interconnectivity: seamless patient data exchange across the continuum of care
 2. Clinical knowledge management: mechanisms for instilling evidence based medicine, cost and quality analytics, and decision support tools
 3. Patient activation
 4. Adopt financial systems for flexibility under new payment
 5. Analytics: use them to assess and manage population health
- There are three potential ways to think about the issue of analytics: 1) retrospective- does the CCO have the tools necessary to look back in time to see how systems have performed (clinically or financially), 2) real-time analytics, and 3) predictive modeling.
- CCOs may need to have all some of all of these capabilities. Therefore the question is what degree does the HPB need to codify any or all of these capabilities?
- HITOC members indicated that the staff-developed framework for outlining domains of responsibility for CCOs in the areas of HIT/HIE was a good start, with the following points:
 - Identified domains seem appropriate, but further detail about whether and how each domain pertains to the provider and/or network (CCO) level would be helpful additional information.
 - There should be an emphasis on a phased, evolutionary approach to HIT adoption and use; don’t want to be too prescriptive.
- One way of organizing the information HITOC provides to the HPB would be the following:
 1. Baseline HIT criteria for CCO certification
 2. Transformational HIT criteria to be addressed by CCOs in their strategic plans, and progress monitored through accountability mechanisms
 3. Additional considerations or background information that may be helpful to the HPB
- Human resources, training, technical assistance and workforce development may fit into one of the three organizing principles listed above.

Public Comment

- Mike Saslow: see attached written testimony.
- Brian Ahier: emphasized the need for robust analytic tools, and the HIT requirements for aggregating data and active use of analytic tools, to identify any shared savings areas, to actually be able to coordinate care across different systems, to calculate the savings that have occurred, and to be able to distribute the savings.

Closing Comment – Steve Gordon, Chair & Carol Robinson

Would like to express gratitude for the council members’ time, appreciate public comment and participation, and supportive of the HITOC staff and their ongoing work.