

Health Information Technology Oversight Council

Thursday, November 4, 2010

1:00 p.m. - 5:00 p.m.

Wilsonville Training Center

Council Members Present: Bob Brown, Brian DeVore, Dave Widen, Greg Fraser, John Koreski, Robert Rizk (via phone), Sharon Stanphill, Steve Gordon, William Hockett, and Bridget Haggerty (via phone)

Ex-officio Members Present: Judy Mohr-Peterson (via phone) and Mel Kohn

Council Members Absent: Marie Laper

Staff Present: Carol Robinson, John Hall, Chris Coughlin, Dave Witter, Julie Harrelson, Rochelle Graff, Kahreen Tebeau, Oliver Droppers, Luke Glowasky, Amy Cooper and Mindy Montgomery

Guests Present: Brian Ahier, Susan Otter, Tammy Bray, Lila Wickham, BJ Cavnor (via phone), Gwen Dayton

Opening and Welcome – Steve Gordon
Approval of Minutes from Oct. 7 HITOC Meeting <ul style="list-style-type: none">Motion to approve: Steve Gordon; second: Rob Rizk, all in favor; approved without any further discussion.
Meeting Overview and Outcomes – Carol Robinson
Refer to slide deck, slide 2 <ul style="list-style-type: none">Introduction of Dr. Mel Kohn, Director and State Health Officer, Public Health Division, Oregon Department of Human Services
Updates – Carol Robinson
Refer to slide deck, slides 3-4 <ul style="list-style-type: none">State Coordinator for Health IT, Carol Robinson, received verbal information from the Office of the National Coordinator for Health IT (ONC), which completed a detailed review of Oregon's Strategic and Operational Plans for HIE. Written questions were expected to come back from ONC soon.Options for submitting responses to ONC based upon written feedback: (1) circulate and hold a webinar or teleconference, (2) have a subgroup review before staff proceeds to draft Oregon's responses, or (3) staff proceed to draft responses and review with Chair for potential subcommittee only if substantive changes to the plan are identified.Members agree that the third approach is most appropriate.
Medicaid HIT Update – Susan Otter
Refer to slide deck, slides 5-16 <ul style="list-style-type: none">Question: How is the Medicaid Health Information Technology (MHIT) Project in comparison to other states? Is the project on schedule? Staff response: Oregon is in the middle; some states are ahead in terms of the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Programs. CMS expects the Incentive Program to go live sometime next year. Oregon's initiatives are on schedule with CMS's timeline.Question: Are monthly MHIT Project updates to HITOC the right frequency? Staff response: if Susan Otter, Director of MHIT, is able to attend, and there are substantive updates – monthly updates will continue to be provided to HITOC.Question: What is the connection between the MHIT Project and HIE? Staff response: MHIT is focusing on EHR adoption through the CMS Incentive Program. However, there are Medicaid and state IT systems that are anticipated to participate in HIE. In addition, there is a potential for additional federal funding from the MHIT Project to support HIE.Twelve other states are purchasing the same technical architecture for the CMS Incentive Program because these states use the same Medicaid Management Information System

(MMIS) system, designed by Hewlett Packard. The outcome of this multi-state initiative is to reduce costs for all partners participating in this purchasing collaborative.

- Question: If the 2 Stage of Meaningful Use (MU) starts in year 3, when does Stage 3 begin? Staff response: Stage 3 is anticipated to begin in 2015.
- Question: Is Oregon considering anything in terms of a loan program or funding to help Long Term Care providers in Oregon around EHR adoption. Staff response: There is a potential for federal money to help support EHR adoption and Long Term Care, but any such funding will pass through the state. Oregon is looking for additional grant opportunities around Long Term Care and EHR adoption.

Workgroups & Panels: Overview to Date – Carol Robinson

Refer to slide deck, slides 17-18

- Anticipated interdependencies among the workgroups and panels are increasingly becoming apparent. The Legal and Policy and Finance Workgroups both requested a presentation on technology. Both of these requests were accommodated.

Technology WG Update – Brian Ahier and John Hall

Refer to meeting materials: “Technology Workgroup Summary Progress Report, Oct. 13”

Refer to slide deck, slides 19-21

- Question: What does the following statement on slide 20 refer to: “Agreement that the list of core services is complete?” Staff response: core services are an initial set of technology services and standards Oregon will need to support HIE including provider registry, HIE registry, push technology, and trust services.

Finance Workgroup Update – Dave Witter

Refer to meeting materials: “Finance Workgroup Summary Progress Report, Oct. 19th”

Refer to slide deck, slides 22-24

- The Finance Workgroup requested more information about the proposed technology in order to understand why core services are necessary as well as any related costs.
- HITOC staff scheduled a joint meeting between the Technology and Finance Workgroups, and are developing background materials to better describe the core services.

Legal & Policy Workgroup Update – Gwen Dayton, BJ Cavnor and Chris Coughlin

Refer to meeting materials: “Legal and Policy Workgroup Summary Progress Reports for Oct. 12th and Oct. 20th”

Refer to slide deck, slides 25-27

- Oregon is actively working on incorporating input and feedback from as many consumer related stakeholder groups and associations as possible in developing the proposed consent model. It is important for HITOC to incorporate viewpoints from different communities in Oregon as HITOC move forward with recommendations.
- Question: Do we anticipate consensus around the consent policy? Staff response: a majority consensus is possible. If a consensus cannot be reached, there could be a minority report.
- Question: Does the Legal and Policy Workgroup need to determine any Oregon-specific breach remedies before they decide on a consent policy? Staff response: the workgroup can indicate whether and what conditions (in terms of security standards/policies and breach remedies, for example) are attached to their recommendations.

Panels and Committee Updates – Carol Robinson and Chris Coughlin

Refer to meeting materials: “Health Information Exchange Accreditation Program, EHNAC HIE Accreditation Program Criteria, and HIO Executive Panel Summary Progress Report”

Refer to slide deck, slides 28-34

HIO Executive Panel Update:

- At the Oct. 28th meeting of the HIO Executive Panel, an exercise was conducted to collect information from members of the HIO Panel. The purpose of exercise was to gather information from HIOs regarding existing governance, financing, and technology models. Based upon information received during the exercise, a number of common challenges were identified related to governance and finance mechanisms. This exercise will be conducted

periodically as part of our ongoing environmental scanning and assessment activities.

HIE Accreditation Subcommittee Update:

- A finalized draft for the HIE Accreditation Program will be reviewed at the January 20th, 2011 HITOC retreat.
- Question: Do we know anything more about the Federal standards? Staff response: Electronic Healthcare Network Accreditation Commission (EHNAC) is the only set of nationally recognized standards for HIO accreditation that currently exist. The federal government is developing specific standards around technology requirements but it's uncertain as to when a set of federal standards for HIE will be finalized.

Consumer Advisory Panel Update:

- The Consumer Advisory Panel's orientation meeting is scheduled for Nov.16, 2010.

Public Input

Andrea Meyer, ACLU of Oregon:

- Expressed interest in how to get consumers to buy in and trust HIE, regardless of which consent policy is recommended. The consent policy is interrelated with other issues, such as what happens when there is a breach. The most likely source of risk is often internal to authorized organizations, with individuals accessing the information inappropriately. HITOC should consider what requirements and oversight will be in place to prevent unauthorized access and how to remedy it when such incidents occur. She urges HITOC to review the ONC white paper on consent with the consumer perspective in mind.

Mike Saslow:

- Suggests improvements to the draft Oregon Health Improvement Plan 2011-2020 around Long Term Care. References page 4 in terms of escalating costs associated with chronic disease prevention. He believes the strategy to combat these costs conspicuously omits long term care as an important place to begin cutting costs. It is possible to reduce hospital admissions, re-admissions, and lengths of stay, which are wins the public can readily understand.

Draft Oregon Health Improvement Plan (HIP) Recommended Actions to HITOC - Tammy Bray, HIP Committee Chair, and Lila Wickham, HIP Committee Vice-Chair

Refer to meeting materials: "Draft Oregon Health Improvement Plan, 2011-2020

Refer to slide deck, slides 35-36

Tammy Bray: Chair of the HIP Committee, Dean of Health Sciences at Oregon State University

- Three things are important to note: 1) health and social policies that guide health; 2) data collection and technology; and 3) citizen involvement and engaged communities in Oregon.
- Health and health care really need to be at the community level. Consequently, the Oregon Health Improvement Plan Committee (HIP) conducted listening sessions in 27 of the 36 counties to hear about their concerns.
- The charge of the HIP Committee is Chronic Disease prevention and management – cancer, heart disease, tobacco, alcohol abuse, obesity, stroke, asthma – they are usually preventable and can decrease the costs through proper management.

Lila Wickham: Co-chair of the HIP Committee, Director of Environmental Health for Multnomah County

- Data at the local level is needed in order to identify health related problems, develop action plans, and evaluate the success of interventions.
- In terms of health equity, more and better data are needed on both access to health care services as well as health outcomes.
- Request from HITOC: HITOC would like to know more about what the data needs are of the HIPC Committee.

Discussion about Recommended Actions:

- There may be incongruence between what Oregon's technology approach is, and what the HIP Committee expects in terms of data collection and utilization. HITOC will need to consider about how to accommodate their quality improvement metrics as outlined in the draft plan.

- One potential step would be a cross-walk between what is known about public health related expectations in MU criteria for Stage 1 and anticipated for Stages 2 and 3, and assess whether they intersect with the HIP Committee's informational needs.
- Question: What is their process and timeframe as a committee? Response: November 9, 2010 is when the Committee reports to the Oregon Health Policy Board. After the draft plan is approved, then they will transition to implementation.
- This presentation raises a number of additional questions including: (1) how does the All-Payer All-Claims Database relate, (2) what are Oregon's existing datasets, and (3) what is HITOC's scope and responsibility with issues such as these?
- It's premature for HITOC to definitively respond to any of these requests, but look forward to receiving additional requests from the HIP Committee.
- If HITOC is serious about addressing the Triple Aim, we can't just focus on individual care; we have to use better utilize data for broader public health purposes.
- It is also part of HITOC's responsibility to incentivize providers to enter equity related data, and to care about the quality of data collected, stored, and exchanged.