

Health Information Technology Oversight Council

Thursday, October 7, 2010

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

Portland State Office Building 1B

Council Members Present: Brian DeVore, Dave Widen, Greg Fraser, John Koreski, Marie Laper, Robert Rizk, Sharon Stanphill, Steve Gordon, William Hockett

Ex-officio Members Present: Judy Mohr-Peterson, (via phone)

Council Members Absent: Bob Brown, Bridget Haggerty

Ex-officio Members Absent: Mel Kohn

Staff Present: Carol Robinson, John Hall, Chris Coughlin, Dave Witter, Julie Harrelson, Rochelle Graff, Kahreen Tebeau, Mindy Montgomery, Dawn Bonder

Opening and Welcome – Steve Gordon (Time code: 00:00:00)

Refer to meeting materials “Minutes from September 2, 2010 HITOC Mtg.”

Approval of Minutes

- Steve Gordon introduced motion to approve minutes from September 2nd HITOC meeting.
- Bill Hockett – motion to approve; no discussion; all in favor; approved without any further discussion.

Meeting Overview and Outcomes – Carol Robinson (Time Code: 04:25)

Refer to slide deck, slides 2-3

Updates – Carol Robinson (Time Code: 07:58)

Refer to slide deck, Slides 4-6

HIE Plan approval status:

- Oregon’s Strategic and Operational Plan advanced to the ONC “Detail Review Committee”

Federal HIT Grantee Coordination meeting

- In general, recognition of the need for additional grant funding opportunities, workforce development, and internship opportunities for current students.

CMS Meaningful Use Final Rule revision

- There will be modifications forthcoming from CMS to the Final Rule as there are still unsettled issues; will monitor for clarification and guidance from CMS when such information becomes available.

E-prescribe stakeholder brainstorming session

- E-prescribing is one of the major emphasis areas from ONC. Oregon will need to continue working with the small independent pharmacies. An ad-hoc group will be brought together for further discussions.

EHR Certification

- EHR production certification: products being certified are primarily from the major systems with some already installed versions now receiving certification.
- Question: What is happening in terms of meeting Meaning Use (MU) incentive payments? Staff response: EHR adoption is a significant transformation for providers and will take time. Now that there is a list of certified products, providers can begin to explore options. O-HITEC and IPAs are working with providers to provide technical assistance. Acknowledgment that some providers are concerned that they have already invested in an EHR and may have to replace it if it isn’t certified. Comment that some providers may go with an open source EHR solution after some of these products are certified.

Medicaid HIT Update – Susan Otter (Time code: 56:15)

Refer to slide deck, Slides 7-24

- Clarification on the differences between Medicare and Medicaid Incentive Programs.
- Medicaid HIT intersections with HITOC around EHR adoption. MHIT project will be looking to HITOC for guidance on areas of state discretion for the EHR Incentive Program.
- Question: certain quality measures will be reported to CMS through the Medicare EHR incentive program for meaningful use. It will be helpful to understand how clinical quality reporting interfaces with the strategies being developed by the Oregon Health Authority (OHA)/Oregon Health Policy Board (OHPB) around public health or population health improvements. How is the data being reported in the EHRs and can it be used? Staff response: year one under Medicaid is focused on adopt, implement and upgrade, so clinical quality reporting won't begin until 2012. It will be part of the planning, but that is in progress.
- Question: regarding American Recovery and Reinvestment Act (ARRA) impact assessment, what percentages of Oregon providers/hospitals were estimated to be eligible for Medicaid incentive payments? Staff response: it was initially estimated that nine hospitals would not meet the 10% Medicaid threshold, but some may not have reported the data accurately. The updated numbers for eligible professionals should be available soon, but it is expected that most will be eligible under either Medicare or Medicaid.
- Question: how much federal funding is available for other activities envisioned in the MHIT Planning Advance Planning Document (P-APD), other than the incentive payment program? Staff response: Since we are still developing the plan, we do not know what the implementation funds will be at this time.
- Question: what does "Fair Share principle of cost allocation" refer to? Staff response: if you have an initiative that benefits other programs in your state, for example foster care, then CMS would expect to see the other state programs participating financially.
- Dentists: there are no ONC standards for electronic dental records. ONC has said that they would certify such products as a module of an EHR, but there really is not a dental system that is a module of an EHR.

O-HITEC Update – Clayton Gillet and Chip Taylor (Time code:00:00 Part B)

- A considerable amount of provider activity around MU.
- Question: Who is involved in selecting criteria for vendor selection and is there a process for reviewing that? Response: O-HITEC is responsible for getting a vendor selection policy approved through ONC.
- Clayton Gillet, O-HITEC Director, is the chair of the MU Community of Care at the ONC.

Workgroups and Panels: Updates and Action Items – Carol Robinson (Time code: recording not available)

Refer to meeting materials: "Finance Workgroup, Legal and Policy Workgroup, Technology Workgroup, and HIO Executive Panel Summary Progress Reports"

Refer to slide deck, slides 26-36

- M. Laper participated during the Legal and Policy Workgroup session. Members of the workgroup communicated an understanding of the interdependencies between the three workgroups.
- G. Fraser was impressed with the turnout and engagement at the Health Information Organization (HIO) Executive Panel. Most of the HIOs are hospital led organizations; some might not be functioning currently as an HIO because they do not yet exchange data across organizational boundaries.
- The conversation among Oregon's HIOs seems to be evolving, an evolution of increased desire for collaboration in communities and away from feeling proprietary about patient data.

The Chair of HITOC announced four new members to the existing workgroups. S. Gordon explained that the charters allow him to make appointments between meetings, and he will report to HITOC.

Consumer Advisory Panel:

- The longer outreach process for applications to the Consumer Advisory Panel was effective, with some exceptions. Members of the selection subcommittee narrowed the pool of applicants to 12 members and have reserved a couple of positions for future appointments. Two demographics to which additional outreach is needed are communities of color and experience with behavioral health care. Steve Gordon asked for a motion to approve new members. Rob Rizk – motion to approve; Bill Hockett, second; all in favor; approved without further discussion.

HIE Article Conversation – Greg Fraser, MD (Time code: recording not available))

Refer to meeting materials: “Article Summary and Questions Tool” and “HIE: Persistent Challenges and New Strategies, Vest and Gamm 2010”

Refer to slide deck, slide 37

Key comments from the discussion included:

- Article provides an excellent review of various HIE efforts that have taken place in the country over the last several decades. Although a majority of these past efforts have failed, there are strategies to be learned from past efforts which might help inform current HIE efforts, particularly how to avoid some of past pitfalls related to HIE.
- Everyone agrees there is value from HIE to the health care system, and that there is not enough value for any one entity to finance the entire costs associated. On the other hand, if there is a public utility model, everyone will benefit from as well as pay into it over time.
- The purpose of all of this is to deliver better patient care. For Oregon to be successful, we have to keep coming back to the Triple Aim.
- Lack of sustainability was the issue that led to failure in many of the cases identified. Important to build flexibility in Oregon’s approach to HIE, especially around putting in place sustainability models.
- In order to achieve support from Oregonians, we need to articulate the metrics that we are going to be looking at in terms of meeting the goals around the Triple Aim.
- Suggestion that one way to accelerate the adoption of MU standards would be to have payers “gold star” providers that meet MU.

Public Input

Kim Mullett, Ignis Systems:

- A common thread in past HIO failures has been the last mile effect; the cost of the system can be dominated by the connection costs at the end. Oregon needs to pay attention to what the end point costs are, not the initial capital investments.

Betsy Boyd Flynn, Director of Communications, Oregon Medical Association (OMA):

- As a member of the HITOC Finance Workgroup, it seems that most of the discussion is focused on the hurdle of getting this going. We need to focus on what it will cost to support it on an ongoing basis. New medical students are not going to start a paper-based medical practice – that is in the past. Rather, we should be asking ourselves what can the state provide to those new practices and what will they need. So we have to ask ourselves what we want the healthcare system to look like.

Pat Wolfram, Ignis Systems:

- Every hospital system has different codes for lab results. How are they going to communicate those between EHRs? The only way the data will be useful to providers is if it is structured. Of the three identified ONC priorities for HIE, two of them already have a sustainable model -- labs and Rx.

Mike Saslow:

- We need to be bold. The place to begin is to make it clear what this means to patients and families. The public has to know that it helps them. We need Dr. Gordon to repeat his presentation at the Consumer Advisory Panel orientation, record it and use it to build public support.

