

# Health Information Technology Oversight Council

**November  
2009  
Update**

## About the Health Information Technology Oversight Council (HITOC)

The Health Information Technology Oversight Council (HITOC) was created by the passage of HB 2009 within the Oregon Health Authority. It is charged with developing a statewide strategic plan for electronic health information exchange, coordinating public and private efforts to increase adoption of electronic health records, setting technology standards, ensuring privacy and security controls, and creating a sustainable business plan to support meaningful use of health information technology to lower costs and improve quality of care.

The Council is comprised of eleven individuals appointed by Governor Ted Kulongoski, who bring the diverse experience outlined by the legislation in health information technology as well as in health care delivery, policy and research. They represent consumer and business perspectives, public and private sectors, and the geographic and demographic differences of Oregon's health care providers and the patients they serve.

### [HITOC Members](#)

## Upcoming HITOC Meetings

### **Wednesday December 9, 2009**

1:00 pm – 5:00pm  
Portland State Office Building 1B  
800 NE Oregon St.  
Portland, Oregon 97232

### **Thursday, January 7, 2010**

10:00 am – 5:00pm  
Clackamas Community College  
Wilsonville Training Center  
Rooms 111-112  
29353 SW Town Center Loop E.  
Wilsonville, Oregon 97070

### [2010 Meeting Schedule](#)

## HITOC Members Launch Work

*By Steve Gordon, M.D., Eugene, VP, Chief Quality Officer, PeaceHealth Oregon Region  
Chair, Health Information Technology Oversight Council*

In the first two meetings of the HITOC, I have worked with the ten other members to lay the foundation for the work ahead of us. From my perspective as we head into our third meeting, HITOC has successfully achieved a dual launch of distinct, but overlapping efforts.

One is a short-term critically important project to plan for sustainable, statewide health information exchange (Oregon HIE) to meet the requirements laid out by the Office of the National Coordinator for Health Information Technology (ONC.) As you read about in last month's update, Oregon has submitted an application to the ONC for an \$8.58 million cooperative agreement grant program to support our efforts to plan and launch Oregon HIE. This opportunity is a key element of federal health reform efforts and arrived on our doorstep with the passage of the American Reinvestment and Recovery Act (ARRA.) Like many states across the country, we are now on a fast-track to put a comprehensive plan in place to develop Oregon HIE.

On a parallel track, the Oregon Legislature, through HB2009, called out effective adoption and use of health information technology as an essential part of the overall effort in Oregon to improve the quality of health care and slow the growth of health care costs. HB2009 defined the role of the HITOC to provide the necessary oversight on the many issues around health information technology. This role will continue well beyond the planning and launch of the Oregon HIE.

While the planning for the Oregon HIE clearly has to be the primary focus of the HITOC over the coming months, the members and I will continue to keep in mind HITOC's role of providing ongoing oversight on the broad range of issues around health information technology as defined in HB2009.

In both our short-term planning around Oregon HIE and our on-going oversight of HIT issues, two-way communication with stakeholders is critical. At the November HITOC meeting we gave some initial direction to staff about stakeholder engagement, and at our meeting on December 9 we expect to approve a structure for stakeholder engagement to be used during the HIE planning process between now and July, 2010. There are multiple opportunities for stakeholders to engage and provide input to the HITOC, both in this initial planning phase and beyond. I have a personal commitment and believe it is essential for the success of our work to provide opportunities for stakeholder engagement and input through various avenues throughout the process.

The next few months will be very busy as we move forward on the Oregon HIE planning. We must all acknowledge that the work in this arena will be evolving as we get additional information from the ONC and additional federal health care reforms take shape. Although Oregon laid out an ambitious state agenda for health reform with the passage of HB2009, the requirements and timing coming from the ONC means that we will at times be playing catch-up. Nevertheless, as HITOC works on both the short-term planning for Oregon HIE and its role of HIT oversight, we will do so in as thoughtful, planned way as possible, and guided by the principles we adopted at our November meeting.

## ***National HIT NEWS – Message from ONC***



*Dr. David Blumenthal*

### **The HITECH Foundation for Information Exchange**

*November 12, 2009*

#### **A Message from Dr. David Blumenthal, National Coordinator for Health Information Technology**

As the many activities mandated by the HITECH Act move forward, I want to take a moment to share my vision of the overarching goal and some of its implications. Our goal, above all else, is to make care better for patients, and to make it patient-centered. Information policy and health IT policy should serve that goal.

A key premise: information should follow the patient, and artificial obstacles – technical, business related, bureaucratic – should not get in the way. As a doctor, I have many times wanted access to data that I knew were buried in the computers or paper records of another health system across town. Neither my care nor my patients were well served in those instances. That is what we must get beyond. That is the goal we will pursue, and it will inform all our policy choices now and going forward. This means that information exchange must cross institutional and business boundaries. Because that is what patients need. Exchange within business groups will not be sufficient – the goal is to have information flow seamlessly and effortlessly to every nook and cranny of our health system, when and where it is needed, just like the blood within our arteries and veins meets our bodies' vital needs.

If we are to reap the benefit of information exchange, Americans must also be assured that the most advanced technology and proven business practices will be employed to secure the privacy and security of their personal health information, both within and across electronic systems, and that persons and organizations who hold personal health data are trustworthy custodians of the information. We must have comprehensive, clear, and sustainable policies that strengthen existing protections, fill gaps as they emerge, fortify new opportunities for patients' access to and control of their information, and align with evolving technologies. I will devote a separate letter to this critical issue and the many activities mandated by the HITECH Act that we are developing.

On the question of exchange, however, the HITECH Act is pretty specific about eliminating inappropriate barriers.

**It squarely tackles the commercial barriers.** The HITECH Act calls for the *"development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that...promotes a more effective marketplace, greater competition...[and] increased consumer choice"* among other goals. (Section 3001(b)) This means we cannot support arrangements that restrict the secure, private exchange of information required for patient care across provider or network boundaries. Some of these arrangements may improve care for those inside their walls. But ultimately, they have the potential to carve the nation up into disconnected silos of information, and thus, to undermine the vision of a secure, interoperable, nationwide health information infrastructure, which the law requires us to establish. Consumers, patients and their caretakers should never feel locked into a single health system or exchange arrangement because it does not permit or encourage the sharing of information.

**It tackles the economic barriers.** The HITECH Act incentives for providers and hospitals are powerful tools. While the official definition of "Meaningful Use" won't be finalized until next year, the HITECH Act specifically highlights "information exchange" as one requirement for the incentives.

*(Continued on page 3)*

#### **Recent Articles of Interest**

- [New ONC blog launched](#)
- [CMS Readies Definition of 'Meaningful Use,' Hears Industry Concerns](#) (iHealthBeat)
- [House Passes Bill To Create EHR Loan Program for Physicians](#) (iHealthBeat)
- [Standards group offers 10 guidelines to make HIT adoption easier](#) (HealthcareITNews)

***National HIT NEWS – continued . . .***

**It tackles the technical barriers.** The HITECH Act focuses on “interoperability” or “interoperable products.” In plain English, this means that our policies, programs, and incentives must aim for electronic health record (EHR) software and systems that can share information with different EHRs and networks so that information can follow patients wherever they go. And to build the pipelines to carry this information, HHS is directed to invest in the infrastructure to “support the nationwide electronic exchange and use of health information ...including connecting health information exchanges...” (Section 3011) This means we will work with all our partners in the health and IT industries and with organizations that are committed to information sharing to develop the technologies and policies that can help us deliver information securely, privately, and accurately to whomever needs to see it on behalf of the patient’s health. We must ensure interoperability for the future.

**It provides building blocks for information exchange across jurisdictions.** The grants for states and state-designated entities in Section 3013 – which will total \$564 million – target information exchange across boundaries, *not only within each state but explicitly as part of a nationwide framework.* We will start announcing the awards this winter. These grantees’ activities must support interoperability that lets patient data follow the patient across political and geographic boundaries. The grantees will be our partners in building the nationwide infrastructure mentioned previously.

In short, the HITECH Act not only authorizes but requires us to mobilize all our policies, programs, and incentives to give the American people the patient-centric care they deserve and expect.

I look forward to engaging all our partners in this unique opportunity.

Regards,

**David Blumenthal, M.D., M.P.P.**

National Coordinator for Health Information Technology  
U.S. Department of Health & Human Services

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**NEW Funding Opportunity Announcement Released by ONC**

The first of two Funding Opportunity Announcements (FOA) was released on November 24th from ONC for HIT Workforce Development. Titled "Information Technology Professionals in Health Care: Community College Consortia to Educate Health Information Technology Professionals," the \$80 million grant program seeks to train more than 10,000 new workers over a two year period through the nation's community college programs. Intensive six-month certificate programs in the following areas will be developed: Practice workflow and information management redesign specialists; Clinician/practitioner consultants; Implementation support specialists; Implementation managers; Technical/software support staff; and, Trainers.

ONC views the program as critical to achieving the goal of HITECH and supporting the work of the regional extension centers. Grant funding will be awarded through a “Community College Consortium”, comprised of a lead college and a number of identified member community colleges within each of 5 specified geographical regions. For more information, link to: <http://healthIT.HHS.gov/HITECHgrants>.

Key Dates:

Letter of Intent – January 6, 2010

Application Due Date – January 22, 2010

Anticipated Award Date – March 15, 2010

Technical Assistance Teleconferences- December 16, 2009 and January 15, 2010.

**Contact Information**

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