

Health Information Technology Oversight Council

Thursday, June 7, 2012

1:00 p.m. – 5:00 p.m.

Council and Ex-officio Members Present: Sharon Stanphill, Erick Doolen, Ken Carlson, Robert Rizk, Greg Fraser, Dave Widen, Carolyn Lawson (partial meeting), Bob Brown

Council and Ex-officio Members Present by Phone: Steve Gordon (chair), Mel Kohn

Council and Ex-officio Members Absent: Bridget Barnes, Ellen Larsen, Judy Mohr-Peterson

Staff Present: Carol Robinson, Lisa Parker, Chris Coughlin, Julie Harrelson, Ginny Wagner, Chelsea Hollingsworth, Kate Lonborg, Tom Wunderlich, Ronit Zusman, Judy Shioishi, Pete Mallord, Matt Ausec

Guests Present: Dawn Bonder (O-HITEC) (by phone)

Welcome, Opening Comments, and Approval of Minutes – Steve Gordon (Chair)
Refer to meeting materials: “May 3, 2012, HITOC Minutes”; “May 29, 2012, HITOC minutes” <ul style="list-style-type: none">• Action: In response to Steve Gordon’s request, Robert Rizk moved to approve both sets of minutes of the May 2012 HITOC meetings. Dave Widen seconded the motion, which HITOC passed unanimously.
Meeting Objective and Updates - Carol Robinson
Refer to slides 4-9; meeting materials “Health Policy Board letter.” <ul style="list-style-type: none">• Pete Mallord, new OHIT staff member, was introduced.• Question: What were the key points for HITOC from the federal grantee coordination webinar? Answer: There was positive feedback and an appreciation for seeing things brought together.• A key point from the Direct Implementation and Adoption Summit (May 31-June 1, Washington, D.C.) was that all states are facing challenges with health information service provider (HISP) to HISP communication. States are asking what role the federal government will play.• HITOC members commented that the Health Policy Board (HPB) letter does not suggest structural changes in the relationship between HITOC and HPB, but HITOC should take HPB’s offer to present information as needed.• HITOC members commented about the complexity of meaningful use attestations.
CareAccord Updates/Metrics - Carol Robinson, Chelsea Hollingsworth
Refer to slides 11-15; meeting materials “Draft CareAccord Dashboard”; “CareAccord Use Cases.” <ul style="list-style-type: none">• HITOC discussed requests that are in coming for Phase 2 services, particularly from coordinated care organizations (CCOs).• HITOC members proposed that the dashboard include information about progress in converting contacts into accounts.• Question: Could a use case repository be developed to allow CareAccord users to share information about how to adopt CareAccord? Answer: A list could be maintained on the website.• Question: Are all use cases listed in the CareAccord Use Cases document, including provider-to-patient communications, available now? Answer: No, the technology supports this use, but policies for security and identity validation between CareAccord and Microsoft Health Vault and/or other personal health record HISPs would need to be developed.• HITOC members suggested limiting the use case list to those that are fully supported by CareAccord at this time.• Question: Do any CCO applicants plan to use their own health information organizations (HIOs)? Answer: The content of applications cannot be disclosed during negotiations. Environmental scans provide some information about existing or aspirational HIOs, and more conversations will be held as contracts are signed.• A process to allow bulk registration of CareAccord users is being developed now.• HITOC members commented that the dashboard should show trends and progress toward goals

over time.

- The Office of the National Coordination for Health IT (ONC) now wants a demonstration that lab results are being communicated using Direct; some labs have commented that they do not see Direct improving their workflow, so that may be a challenge.
- HITOC members commented that success stories with CCOs sharing information need to be promoted. To be successful, CareAccord must meet CCOs' needs. Information about CCOs should be clearly presented on the CareAccord dashboard. Communicating with CCOs and understanding their needs is vital.
- A high-level communication strategy is being updated with consideration for CCOs.
- Question: Is CareAccord moving toward registering patients in the short term? Answer: Identity validation is a challenge for a secure system. Connecting with organizations that manage personal health records for patients such as Microsoft HealthVault will be the first avenue for Direct use cases for patients, and we will need to monitor the work being done at the federal level on patient identity validation. .

HIE Consent Policy – Carol Robinson

Refer to slides 16-21; meeting materials “Consent Implementation Subcommittee April 3rd, 2012 Meeting Summary.”

- HITOC members discussed the data sharing needs necessary for health system transformation efforts and an opt-out statewide consent policy for Oregon health information exchange. . Members discussed patients' rights under the Health Insurance Portability and Accountability Act (HIPAA) and whether HIPAA standards for consent are sufficient for more advanced health information exchange. HITOC members discussed delaying further development of a consent policy for CareAccord. Concern was expressed about delay, and other concerns were raised about CCOs' need for time to evolve and determine the data sharing needs for care coordination and reporting to OHA..
- Members discussed an opt-out policy that would apply to any exchange of information, regardless of the means of transport of the information; whether HIPAA provides sufficient protections; and whether it is possible to adopt a new consent policy at present and whether the lack of a policy will lead to fragmentation. HITOC members expressed interest in a structured process to monitor CCO needs as a way to identify an appropriate time to revisit development of the consent policy.
- CCO innovation agents may be a good resource for watching the issue.
- Staff were asked to convey HITOC's desire for involvement to Oregon Health Authority leadership and to bring back a proposal for involvement within the next few months.
- Question: Does OHA leadership understand this problem? Answer: Yes, this is an area of concern.
- Question: Do the request for applications (RFA) or CCO contracts discuss CCO consent policy? Answer: No.

Oregon's Strategic Plan for Health Information Technology: Workforce Discussion- Tom Wunderlich

Refer to slides 22-28; meeting materials “Workforce Overview.”

- HITOC members suggested goals to include ongoing professional development to keep skills up to date and making the right investments in education.
- Members discussed the need for good data about what is happening on the ground and where the workforce needs are. If there is no data to support workforce development, then this should be lowered in priority.
- Members raised the need for a vibrant health IT environment in state government; budget constraints on recruiting and other investment in health IT; concerns about upfront loss of productivity to gain training and change workflows; and the need for awareness by administration that IT is involved in all aspects of health care. Although workforce development may be less actionable in a 3-year plan, it should still be included.

- An assessment of health IT workforce needs, similar to a work assessment done by the Northwest Health Foundation regarding the nursing shortage, may be needed. Oregon’s Strategic Plan (OSP) could call for more research on workforce development.

Oregon’s Strategic Plan for Health Information Technology: Technical Assistance - Tom Wunderlich, Dawn Bonder

- Refer to slides 28-33; meeting materials “Technical Assistance Overview”; “TA in Other States.”
- Dawn Bonder explained that O-HITEC is looking for ways to serve providers who do not qualify as technical assistance (TA) funded by ONC. Provider overload also is a significant issue.
 - Question: Is O-HITEC assisting dental providers? Answer: Medicare does not offer incentives for dentists to adopt and meaningfully use electronic health records (EHRs); O-HITEC is working with some dental organizations that serve the Medicaid population. If the federal rules allow going directly to Stage 2, dentists may have an easier time meeting Stage 2 meaningful use than Stage 1.
 - Question: Are the issues in integrating EHR and dental records a matter of technical capacity or TA? Answer: Both. Existing technologies do not integrate dental records into EHRs.
 - Question: What are the demographics of O-HITEC clients? Answer: O-HITEC works with clients across Oregon, from single-doctor offices to large organizations. The TA offered depends on the needs of the providers.
 - A majority of Oregon providers do not need TA from O-HITEC to reach meaningful use Stage 1. The need for TA will increase as providers reach Stage 2, but federal funding for TA will end prior to that.
 - HITOC members discussed the termination of TA funding as a barrier to address in the OSP. TA should meet needs across the system, not just for particular disciplines.
 - Question: Where are the biggest gaps in TA? Answer: Looking at TA in the context of CCOs may help with prioritizing. Mental health and long term care (LTC) settings also have needs since most providers in those settings are not eligible for incentive payments.
 - HITOC members identified a need to articulate the appropriate role for publicly funded TA and how much TA should come through professional groups. O-HITEC works closely with professional groups, but those groups do not have experts on staff to provide TA. Professional groups could provide support for TA even if they do not deliver it themselves.

Oregon’s Strategic Plan for Health Information Technology: Next Steps- Tom Wunderlich, Chris Coughlin

- Refer to slides 34-35.
- HITOC suggested that the webinars be longer than 1 hour and that, after the OSP is drafted, time for public comment be allowed. A subcommittee could integrate comments before HITOC approves the final version.
 - HITOC members called for addressing patient activation, clinical decision support and knowledge management in the OSP.

Public Comment:
 Dr. Michael Saslow:
 1. The direction of HIE in OSP is not focused in the right areas. Going through by topics will not create connections with those that most need connections. The lack of connection of those populations will wreck CCOs. LTC providers must be connected. OHIT staff should be assigned to work with LTC associations and seek federal funding for LTC. Preventing readmissions will not be successful without including LTC.
 2. CareOregon is interested in the dental issue and OHIT staff should contact them.
 3. The Public Employees’ Benefit Board (PEBB) is issuing a request for proposals (RFP) for CCO services, and OHIT should working with PEBB to coordinate the requirements.
 4. An RFP for innovator agents for CCOs is going out in the next few weeks, and HITOC members should connect people to that RFP.

