commenter	comment	suggested revision to OSP
Faye E. Ameredes, D.O., F.A.C.O.G., Medical Director of Quality, Mercy Medical Center	"One of the issues with any medical record (whether paper or EMR) is that over the last few decades, the record has evolved to serve the lawyers more than the health care team. Additionally, the health care environment is evolving to a more team work type approach and away from one doctor who "knows" the patient. The medical record needs to become a better instrument to provide continuity of thought processes between various doctors and other providers as they come in and out of the patient's care episode. This is particularly true for hospitalized patients for whom Hospitalists are rotating in shifts to care for the patients. While we will likely never get away from the need for doctor to doctor verbal hand offs as the shifts change, the medical record should be developed in such a way to allow any provider to open it up and actually be able to tell what is happening medically with that patient at that moment in time. Currently this is very difficult. There are volumes of information in the record but the way it is organized, one has to dig through many screens to find out what medications are ordered, when they were given, what the vital signs are, what surgery was just done, what the medical diagnosis for this hospital stay is, etc. I am currently using Centricity EMR for my practice and I did achieve Meaningful Use this year. The process left me wondering to whom the use was meaningful. I would like to see Meaningful Use efforts in the future aimed at making the record, among other things, a focused at-a-glance summation of what the provider needs to know right now to care for the patient. Thanks for your work to make IT better for healthcare."	Strategy 6 already addresses technical assistance; technical assistance could include helping providers to find ways to make the most effective use of existing EHRs. Staff also recommends adding the following action step for Strategy 3, on p16: "***Either develop a forum or build upon an existing forum for providers to voice concerns about the usability of certified EHR systems and raise common concerns to EHR vendors, ONC and CMS.*** "

Dr. Dale J. Veith	"There is no way that this plan is going to achieve its stated goals. It is a thinly veiled effort to hoodwink the public into allowing their sensitive medical data to be centrally housed with the false and impossible to achieve promise that it will be safe from snooping eyes and that it will never be allowed to be used against them. I've yet to see a single invention/product/innovation that was developed with the stated intent of being used to for the betterment of the public that has not been weaponized or somehow used against them. This is another step in a big insurance, big pharma, big government effort to gain control over the population. One of the points that you use to try to sell this monstrosity is that it is going to improve the publics' health because information regarding a person's medical conditions will be available to any health care provider that might come into contact with that person. What evidence do you have that making people's medical records accessible to any health care provider that might come in contact with that person won't have the opposite effect and cause people to postpone or neglect seeking medical treatment? Working in a hospital that requires employees to be treated in that hospital system I know that many of the coworkers that I've queried admitted that they have foregone or postponed treatment because they do not want their medical information being stored in a medium that is accessible to their coworkers. This is a bad idea all around and it's going to be one more example of the government wasting billions of tax dollars on something that is not going to perform anything like what the public is being told it will do for them."	The protection of privacy and security of protected health information already is set out in the guiding principles of the OSP. Staff does not recommend changes to the OSP on this point.
Kim Lamb, Executive Director, Oregon Health Network	"Loud applause and a profound and loud expression of gratitude for a great first draft of our state's first HIT strategy. We see/acknowledge how you incorporated our work and key messages/concerns/strategies into the plan, as well as that of the other critical and interdependent core state HIT initiatives (HIE, REC, Insurance Exchange, OHN etc.). Additionally, we specifically appreciate your inclusion of OHN in Strategy 1 to help us obtain some sort of funding/support (whatever that is) within the health IT fund. The success of the each of the core State HIT initiatives is required for the success of the whole – and we see you get that! We might just be able to pull this thing off – together!"	No changes requested by this comment.

Christopher Tamarin, Telecom-munications Strategist, Oregon Business Development Department	"Thank you for sharing this draft of the Oregon Strategic Plan for Health IT and the opportunity to provide feedback and input. I was very encouraged to see the following citations in the Plan ● Broadband connectivity recognized and included as a part of Health IT infrastructure (page 4) ● Telehealth identified as a Key Subject area in the plan (page 8) ● Robust connectivity and sufficient bandwidth referenced as infrastructure necessary to support telehealth services across the state (page 9) ● Licensure and credentialing issues noted and recognized as barriers to telehealth adoption and use (page 9) ● Broadband connectivity / telehealth infrastructure included as a component to receive funding from the proposed Health IT fund (page 12) ● Coordination with telehealth and broadband connectivity efforts included as part of the plan (page 23) My feedback is to commend and reinforce the existing inclusion of broadband telecommunications and telehealth / telemedicine in the Oregon Health IT Plan and to consider expansion of the following elements in the Plan. ● Health IT workforce development should include coordination with healthcare education institutions for continuing education and certifications made available in local communities through distance-education strategies ● A common strategic broadband communications network can support multiple key areas of the Health Information Exchange, EHR adoption, telehealth, as well as healthcare education and workforce development ● Remember to include a patient component in the plan and in the healthcare IT system - Patient access to their medical records - Patient access to their health care service providers - Remote monitoring of patient health"	The OSP calls out, in the workforce development section, the need for professional development programs (p9-10) and, in Strategy 8, the need for coordination of HIT-related initiatives (p23). The following bold, italicized text could be added to existing text in the second bullet point on p10: "Oregon will have adequate professional development programs***, including distance education programs for continuing education and certifications,*** to meet emerging workforce demands with minimal lag between demand for workers and the development of a supply of workers." The OSP calls out broadband connectivity in Strategy 1 as part of the critical HIT infrastructure to be supported through a Health IT Fund and in Strategy 8 as one of the efforts around the state to be coordinated. The OSP addresses the listed patient components in Strategy 2) Advance the value of HIT for consumers.

Chris Diaz, Co-Chair for Advocacy, HIMSS Oregon	summary -- please see separate PDF for full text of comments Generally support the strategies and interested in coordinating efforts. Suggest more attention to workforce development:"One area our organization noticed was not emphasized in the strategic plan was professional and workforce development. We believe these are topics that merit discussion and thoughtful planning. Not only are the technology landscapes of our industry evolving at a rapid pace requiring HIT professional to develop new skills, clinicians and providers in all roles increasingly need to interact with technology that continues to grow in complexity. This is occurring in an environment of increased regulation with concerns about their ability to absorb these changes and the potential risks these technologies bring from a liability and financial perspective. We believe there is a role for the OHA in encouraging skill development in our workforce to keep dollars and talent in our state, and we think there is need among healthcare professionals for knowledge of how best to use and integrate technology in their work. As one of the primary missions of HIMSS is professional development, we gladly offer any assistance we can provide to grow the capabilities of the healthcare and HIT workforce in our state."	Staff believes that most of these comments are consistent with the approach already set out in the OSP. Concern about workforce development was raised by more than one commenter -- please see suggested approach with Paul Wild's comments.

Ryan James, Oregon Medical Association's Technology Committee	summary -- please see separate PDF for full text of comments Generally support the plan. On Strategy 3, make the language stronger and require interoperability; "Leadership is needed from the State to identify standards with provider input and require all software vendors, providers and systems operating in the state to adopt the standard." "If physical, dental, mental and behavioral health are to be truly coordinated, providers must be able to share and access the information they need to provide quality patient care. We feel that significant barriers to accessing needed patient information remain, and we welcome the state's guidance and even intervention to resolve these barriers. For example, it would be very helpful to have something similar to the ALERT system where providers could input and access general patient information, such as medications, in a centralized, statewide information depot."	HITOC has previously discussed the interoperability issue and strengthened to "encourage or, where possible, require stakeholders across the continuum of provider types to adopt only technology that aligns with federal standards and standards required for care coordination." If HITOC wishes to revisit that approach, staff can develop an alternative version of this strategy. Barriers to care coordination can be called out more specifically in the HIE section by adding this text on p8: "***Phase 2 HIE services would likely include items such as a record locator service and notifications to the patient's primary care physician when a patient is seen in an emergency department. In identifying the scope of additional services, priority should be given to services that are identified by stakeholders as necessary to support health system transformation.*** " A ***reference to the HIE Strategic and Operational Plans*** , approved by ONC, can be added in that same part of the OSP.

Paul Wild, HIMSS Oregon board member	summary -- please see separate PDF for full text of comments Generally support the plan's themes; "encourage the planners to leverage their power to convene and add a three-part workforce action step to one of their Strategies (#6, #7. or #8): ● Conduct an HIT workforce needs assessment based on current and future (3-5 yr time horizon) needs ● Conduct an inventory of current educational offerings in Oregon ● Convene a series of regional meetings to identify current workforce, education, and training gaps and recommend how to close those gaps." Suggests involving employers in developing approach to workforce needs.	Staff recommends ***incorporating the suggested workforce action step into Strategy 8*** , along with a milestone of "***Bring together stakeholders on HIT workforce development issues.*** "