Health Information Technology Oversight Council
Thursday, April 07, 2016; Portland, Oregon
12:30 – 4:00 pm

Council and Ex-officio Members Present: Erick Doolen (Chair), Bob Brown (Vice-Chair), Chuck Fischer, Bud Garrison, Brandon Gatke, Amy Henninger, Sonney Sapra; Mark Hetz; Rich Bodager,Valerie Fong, Maili Boynay
Council and Ex-officio Members by Phone: Greg Van Pelt, Sarah Laiosa
Council and Ex-officio Members Absent:
Staff Present: Susan Otter, Lisa Parker, Kristin Bork, Justin Keller, Kim Mounts, Marta Makarushka, Rachel Ostroy

Welcome and HITOC Business – Susan Otter, Erick Doolen (Chair), Marta Makarushka

Refer to HITOC 4FEB16 Minutes Final

- Erick started the meeting and welcomed the group; the council members and staff introduced themselves.
    - Announcements: two departures - Rich Bodager is moving out of state and Justin Keller, lead OHA HITOC staff is moving to a new position outside of OHA, this is the final meeting for both.
- Action: Approval of Minutes: The Chair presented the February HITOC meeting minutes, and Mark Hetz moved to approve the minutes and several HITOC members seconded. All HITOC members present and on the phone were in favor of approving the minutes; no one opposed. There were no additional comments or announcements.

- *HITOC Business: ONC Site Visit*: Marta described the upcoming site visit from the federal Office of the National Coordinator for HIT (ONC), related to Oregon's ONC cooperative agreement, which funds activities at Jefferson Health Information Exchange (JHIE).
    - Marta requested HITOC volunteers to participate in a meeting as part of the site visit. Several members volunteered and OHA will provide a summary of the site visit to HITOC.
- *HITOC Business: Endorse Advisory Group Charters:* Susan reminded HITOC as to the purpose and make-up of the Provider Directory Advisory Group (PDAG) and Common Credentialing Advisory Group (CCAG). Charters had been discussed in more detail in prior HITOC meetings. HITOC's role is to remain apprised of these efforts and their progress toward supporting our HIT objectives and to provide input on issues that cross programs, such as fees.
    - Question: for members of the groups, is there a term of service?
        - Answer: CCAG are 3 year terms, staggered. PDAG are through implementation of the Provider Directory. PDAG will make recommendations to OHA regarding the ongoing governance of the Provider Directory after implementation.
    - Question: The groups do overlap to an extent—how do they ensure their efforts are coordinated?
        - Answer: They do overlap – in particular, Provider Directory depends on Common Credentialing for high quality data. Both projects share staff and consultant resources, and the Common Credentialing lead participates in the PDAG meetings.
    - Some members had specific questions and the group requested a presentation at the next HITOC meeting to receive an overview and be able to ask clarifying questions.
    - Action: Rich moved to endorse both charters, Sonney seconded. All were in favor, none opposed.

2016 HIT Annual Report—Marta Makarushka, *refer to slides 10-14*

Presentation:

- HITOC members reviewed the draft report ahead of the meeting. Marta provided an overview of the purpose of the report and requirements from HB 2294 (2015), and highlighted the report contents and process for finalizing the report. OHA is seeking HITOC's approval to send to Oregon Health Policy Board for their June meeting.

Discussion:

- Overall reactions was positive – members liked the content, format and structure of the report.
- Question: Is this the first report of this kind? Has the Policy Board given input on the report format?
    - Answer: This is the first report and the structure is modeled after presentations we have made to the Board and others on the status of HIT in Oregon. After HITOC input, we will be requesting Board feedback on the structure, content, level of detail, etc. The Board will likely accept this as a written report and not request a presentation at their June meeting. Members requested they be notified in case there is a presentation at the Board meeting so they could attend if desired.
- Discussion: suggestion to highlight challenges or themes of roadblocks we face in HIT. The Board is action-oriented, and highlighting challenges where HITOC may have a future recommendation for the Board makes sense. Staff will review the report and consider how best to do this.
- Action: Mark Hetz moved to approve the draft with the understanding that staff will use their best judgment in highlighting challenges and will report back to HITOC on any feedback from the Board. Rich Bodager seconded, all approved no opposition. OHA will provide the final report to HITOC at the June meeting.

Federal Announcements—Susan Otter and Lisa A. Parker, Refer to 2016 State Medicaid Directors Letter document; *slides 15-22*

ONC Announcements—Susan Otter

Presentation:

Susan presented on ONC and CMS announcements including:

- An upcoming rule for the recently passed Medicare Access and CHIP Reauthorization Act (MACRA) that institutes programs related to value-based payment under Medicare. OHA will provide information when the rule comes out, particularly related to implications for Meaningful Use for Medicare.
- ONC Tech Lab Launch, including the Interoperability Testing Ground where organizations can share lessons learned from pilot efforts, and innovation contests related to applications (apps) using FHIR (the new HL7 standard).
- ONC Interoperability Pledge—ONC announced that many HIT vendors, health systems, and national associations have signed ONC's pledge to support consumer access, commit to transparency and not block data, and commit to using federally-recognized standards for interoperability.

Discussion:

- Discussion focused on the Interoperability Pledge and whether HITOC may want to promote the pledge for Oregon and encourage more Oregon health care entities to take the pledge.
    - In general, the group was supportive of the pledge and felt there was no apparent downside or concerns upon initial reflection. Promoting the pledge could open up discussions around interoperability with stakeholders across Oregon.
    - There was also discussion around the difference between making a pledge and implementing action. How do entities interpret the terms of the pledge? What changes might vendors or others make in their business models? For example, some of the vendors on the list have taken the pledge, but their interoperability solutions are expensive. Does ONC intend to hold entities accountable to their commitments? The pledge could be a great first step. It would be great to see non-physical health providers taking the pledge as well, such as behavioral health. Customers can use the pledge to hold their vendors accountable and peers/partners can hold health care systems/providers accountable. One member expressed that if their organization was engaging in information blocking, they would want someone to hold them accountable.
    - In taking the pledge, entities must describe some action they are taking that reflects their commitment. It could be useful to see the full list of pledge takers as a method of transparency and accountability. The members discussed methods of evaluation for how organizations are fulfilling their pledge and landed on a preference for positive reinforcement of the pledge, such as acknowledging who in Oregon is really going above and beyond – creating stories that excite and motivate others, rather than scoring.

- Members also discussed the need for some due diligence – socializing the idea of the pledge for Oregon with other Oregon organizations and associations, in case there are any concerns HITOC is not aware of. OHA will do so and report back. HITOC may want to further define this for Oregon so entities know what they are agreeing with. Exploring any concerns related to pledge concepts may also help HITOC identify what change may be needed.

State Medicaid Directors Letter—Lisa A Parker

Presentation:

Lisa provided an overview of new flexibility for Medicaid federal funding under the HITECH Act, to support health information sharing between that supports eligible providers meet Meaningful Use requirements. Funds are 90% federal match, available through 2021 or 2022 and include new flexibility to provide health information exchange (HIE) onboarding for any Medicaid provider (including behavioral health, long term care, corrections, etc.). OHA anticipates a discussion with HITOC to identify how best to leverage the funding to meet our goals.

Discussion:

- Discussion about the costs for HIE onboarding including interfaces, education, workflow design; and the great need for some of these organizations such as behavioral health, long term care, home health, corrections that are critical care partners but are currently poorly served by HIE/HIT.
- Question: How will the required 10% state fund match be identified?
  - Answer: OHA will review current and anticipated budget in the near future, and may need to request additional funds from the legislature. OHA has the opportunity to request those funds through the 2015-17 budget process or other interim legislative processes.
- Question: What are the things we would be using the funds for throughout the State? Could this be used to assist regional HIE efforts?
  - Answer: Yes, these funds can support regional and statewide efforts related to HIE or other "interoperable system" that helps an eligible provider meet Meaningful Use. OHA will propose options for HITOC in June. We also want to reach out to stakeholders to identify needs and options.

HITOC Work Ahead: 2016-17 Strategic Planning Process – Susan Otter and Justin Keller *slides 22-32*

Presentation:

- The work of the Interoperability Subject Matter Expert workgroup is on hold as OHA seeks to fill the soon-to-be vacant HITOC lead analyst position.
- In the interest of time, the Chair moved the meeting to the next agenda item. HITOC members may review the slides for other updates.

Federal Policy Changes: Notices of Proposed Rulemaking (NPRM) – Lisa Parker, Justin Keller, Veronica Guerra, *slides 32-50*

Lisa gave an overview of how comments are gathered and processed for federal policy changes and notices of proposed rulemaking. It was recommended to have federal proposed rules made a standing HITOC agenda item, so that there is space in the meeting to discuss as they are released for comment.

ONC Health IT Certification Program Proposed Rule

Presentation:

Justin provided an overview of the rule, and indicated that OHA plans to comment, largely in support of the changes. OHA encourages submission of comments directly to ONC.

Discussion:

- Concern about what happens to the users if the product is decertified, what is the burden. This is largely not addressed in the rule – ONC's approach is that most IT developers will work quickly to address nonconformities, although they do estimate costs to find a new vendor.
- Concern that HIT has become political amongst competitors and it is hoped that there would be transparency around how the insufficiency was found. There are concerns around making public certain information about insufficiencies related to security or intellectual property.

- There are also concerns around a developer passing costs of this effort on to the consumer. Concerns around the definition of "curing" an insufficiency.
- Concerns that small, specialty-specific EHRs could slip and miss something and lose certification. This could have a large impact on smaller providers.
- Concern around budgeting and contracting, holding vendors accountable and legal responsibility of a health system supporting networks of providers.
- Concerns around highly-configured solutions that an organization may have customized to resolve an issue.
- Comment: Concerns around new demands for payer data and there are concerns around the lack of standardization in this area. Susan flagging this topic for a discussion at a later meeting.

42 C.F.R. Part 2 Proposed Rule, Veronica Guerra, OHA

Presentation:

Veronica provided an overview of the proposed rule from the Substance Abuse Mental Health Services Administration (SAMSHA) for 42 CFR Part 2 which pertains to consent requirements for sharing certain patient information related to treatment of substance use disorders.

Discussion:

- Discussion – encouraging that SAMHSA is engaging in the conversation, but noted that there is a lot of work to be done on this area. Operationalization of the rule is a question, and clarity is needed in a number of areas. However, the movement to change and clarification is positive.
- Concern most EHRs don't have the ability to segment data by a defined time period if required.
    - Answer: All consents have to have a defined time within which the consent would expire. In previous FAQs, SAMHSA has said that patients can say, upon my death.
- Question: How does the prohibition on re-disclosure relate back to the HIE?
    - Answer: the rule allows patients to consent for the HIE to disclosure their information to their treating providers. The re-disclosure applies to the provider who gets that information via the HIE and cannot turn around and redisclose the substance use disorder information they have received without another explicit consent.
- Comment: This consent issue is why JHIE is using Oregon's federal ONC grant to support development of a common consent model and elements for a consent form.
- Comment: Can OHA promote comments on the proposed rule if the more people who comment the better? Historically, organizations have provided form letters or templates to highlight what should be highlighted. Should OHA provide something to associations that highlights what OHA has noted? OHA will consider whether that is something we can do, given the imminent due date for comments on this rule.

Measuring Our Progress – Susan Otter and Marta Makarushka

Environmental Scan, slides 51-61

Presentation:

- Marta provided an overview of what the environmental scan is, why we are doing it, and how it will be used. OHA is planning on collecting different groups of data in different years, behavioral health is this year, long-term care is anticipated to be conducted next year.
- Susan discussed the topic of a possible Health System scan related to HIT, with information about what it could potentially identify and how it could be used. This could include a checklist of where each system is participating in HIT to give an idea of what is going on in the State.

Discussion:

- Discussion around the health systems scan or checklist including how to reflect when systems have different hospitals in different phases, and framing the positive HIT effort - recognizing leading organizations—as opposed to a penalty approach.
- There was discussion around telehealth reimbursement, home health and post-acute care, and long-term care, and looking at bringing these areas into a scan as well, potentially in the coming years. There was interest expressed in knowing the vendors for long-term care.

- In looking at the Incentive Program, we may want to look at how organizations across the state are utilizing quality measure information and how they are doing, not only through the incentive program, but at a broader perspective as well.
- There was interest in seeing how the environment is shifting for the payer as well. Susan—The Meaningful Use program on Medicare side is shifting to MACRA. This is one component of value-based care and there is a lot of work going on in Oregon in this area and it is important to understand the context.
    - Comment: One member has a video that explains MACRA. It will be sent to OHA staff for sharing with the group.
- Comment: JHIE may be able to provide information from its grant-funded work. The group also encouraged the exploration of the potential to look at consumer advocacy. Susan mentioned that corrections would be a good group to discuss with as well, especially in terms of the initial interviews.
    - Several members expressed interest in being a resource to OHA staff on the environmental and/or behavioral health HIT scan: Maili, Brandon, Sonney and Bud volunteered.

Public Comment – Erick Doolen

No public comment

Closing Remarks – Erick Doolen

- Thoughts on time shift? Everyone thinks it works.
- The next HITOC Meeting needs to be rescheduled as it conflicts with ONC Annual Meeting. OHA will send out a poll to identify the best time for members.
- The meeting was adjourned at 3:47 p.m.

The next meeting will be held on a date TBD in Portland.