

Health Information Technology Oversight Council

Wednesday, December 17, 2014

1:00 – 4:30 pm

Council and Ex-officio Members Present: Erick Doolen, Greg Fraser, Dave Widen, Bob Brown

Council and Ex-officio Members by Phone: Priscilla Lewis

Council and Ex-officio Members Absent: Ken Carlson, Kristen Duus, Ellen Larsen

Staff Present: Susan Otter, Karen Hale (phone), Justin Keller, Marta Makarushka, Rachel Ostroy, Samina Panwhar (phone), Lisa A. Parker, Sharon Wentz (phone), Terry Bequette (Consultant)

Guests: Sharon Fox (Oregon Health Leadership Council (OHLC) – Presenter), Laureen O'Brien (Consultant to OHA and OHLC – Presenter)

Welcome, Opening Comments, Approve Minutes – Greg Fraser
Refer to September and October HITOC Meeting minutes; slide 2 <ul style="list-style-type: none">• Greg started with introductions and welcomed Rachel Ostroy, recently hired Implementation Director for the Office of Health IT.• Agenda/Minutes review. Bob moved to approve September and October minutes. Dave seconded. There were no objections.
Goals and Meeting Overview – Susan Otter
Refer to slide 3 <ul style="list-style-type: none">• Susan started by announcing that CareAccord will act as the Health Information Service Provider (HISP) for OCHIN.• Susan then reviewed the three goals of a Health IT-Optimized Health Care System.
Legislation Update – Susan Otter
Refer to slides 4-8 <u>Presentation:</u> <ul style="list-style-type: none">• Susan reviewed the primary components of the 2015 Health IT Legislation—LC 482.• Susan then announced that the bill has been sponsored by the House Committee on Health Care. From the transition from an OHA-sponsored bill to a House Committee bill, OHA had an opportunity to make some small revisions, including the name Oregon HIT Program, and the inclusion of a new clause on broad representation across HITOC membership.• Susan then continued by discussing her presentation of the LC to the Health Policy Board during their December meeting. Susan mentioned that the Board was very engaged, due in part to the fact that this presentation followed a broader review of health IT in Oregon during the Board's November meeting.• Susan reviewed other stakeholders that OHA has presented the LC to, which include: Oregon Association of Hospitals and Health Systems, Oregon Medical Association, Allies for Healthier Oregon, Oregon Primary Care Association, HIMSS, and the Oregon Health Leadership Council.<ul style="list-style-type: none">○ The Organization of Community Health Clinics was suggested as a potential stakeholder for this presentation. <u>Discussion:</u> <ul style="list-style-type: none">• Question: have there been any other legislators besides Rep. Mitch Greenlick who OHIT has talked to.<ul style="list-style-type: none">○ Answer: we met with Senator Bates during December legislative days.• Question: Has there been any pushback?<ul style="list-style-type: none">○ Answer: there have been some questions about the fees. That has been the primary question. There has been very positive feedback from provider audiences about EDIE. Susan also mentioned that there may also be a misconception about whether the legislation requires OHA to undertake new IT projects (it does not).○ Susan mentioned that Zeke (chair of OHPB) asked for clarification about the charge to

the Oregon Health Policy Board relating to HITOC if the legislation passed, which would include re-chartering HITOC and resetting membership.

- Question: there have been some deletions in the legislation, particularly the removal of a definition of personal health record.
 - Conversation around the evolution of HITOC's role, starting with an early HIT committee (HIIAC).
- Erick Doolen mentioned his observation regarding the specificity of some of the clauses—could they exclude analytics and other uses beyond health information exchange as written? These may need to be broadened in an amendment.
- Question: who is the primary lead on the legislation for OHA?
 - Answer: Susan is the lead with the full support of OHA leadership.

Featured Topic: EDIE Utility/PreManage – Sharon Fox, Lauren O'Brien, OHLC

Refer to slides 9-26

Presentation:

- Lauren reviewed EDIE and the EDIE Utility; described how EDIE works from a technical standpoint; reviewed the EDIE Utility goals and components, etc.
 - Question: is there communication from the ED who has received a notification back to primary care providers?
 - Answer: Yes – hospitals can push the notification back to the primary care provider. The Hospital Transformation Performance Program ties incentive metrics to hospitals for this. PreManage also allows for communication of notifications to subscribing primary care providers and other care team members, health plans, etc.
 - Question: Does EDIE Utility expand the users in addition to the type of data.
 - Answer: It expands to the entire hospital care team—outside of the hospital setting, PreManage allows for this access.
- Lauren described how EDIE implementation in Oregon has differed from Washington, where EDIE was mandated by legislation. She provided the status of EDIE implementation, which currently has over 95% of hospitals live and sending/receiving information.
- Sharon Fox described the governance of EDIE Utility including its governance and financing and Susan added that the ongoing funding to support the CCO/Medicaid share of the Utility is federal/state match funds from CMS.
- Sharon described PreManage, the companion product to EDIE that allows non-hospital entities access to real-time notifications—including providers, health plans/CCOs, and other entities like Health Information Exchanges (HIEs). Sharon continued by describing plans for community-level purchasing of PreManage, among commercial health plans. Susan added that OHA is exploring a state-level Medicaid subscription to PreManage as well, and that planning will begin in 2015.

Discussion:

- Question: are PreManage alerts using the same criteria for notifications as EDIE?
 - Answer: PreManage alerts are fully customizable by the subscriber, both in terms of what criteria are needed to push a notification and the destination of that notification (in terms of what form of notification and to what member of the care team).
 - Susan added that the vendor is flexible in terms of the functionality—the vendor offers the data feeds to those entities that are already pushing notifications to their communities without requiring use of the full PreManage tool.
- Question: What kinds of challenges are you facing in going forward with this and sustaining it?
 - Answer: Operational challenges appear to be the most important—as information increases in the system, standardization becomes more important. OHSU has taken the lead in trying to drive standardization for care guidelines across the hospital users.

- Sharon and Laureen concluded that it will be important to protect the scope of the alert so that it doesn't begin to duplicate the EMR—the purpose is to provide concise, actionable information.

Policy and Planning/HITOC Role– Susan Otter

Refer to slides 27-34

Presentation:

- Susan described some important highlights of the work of OHA and HITOC in 2014 and potential priorities for 2015, including membership for HITOC (with or without new legislation) and a more sophisticated understanding of the health IT environment in Oregon. In addition, Susan mentioned policy and planning areas that are of interest to the Health Policy Board— integration of behavioral health using IT tools, and patient engagement and patient portal management.
 - HITOC members discussed the Health Policy Board priorities. They agree that the areas are important but had concern that there were current challenges that may need focus for basic health information exchange in the state and some concepts seem like “down the road” concepts
- Susan continued by describing a high-level work plan for HITOC in 2015, which includes categories of work that have seemed to flow organically over the course of 2014 meetings.
 - HITOC members appreciated these categories.

Discussion:

- There was a question around how the HITOC agenda for 2015 corresponds to the OHA Health IT plan for 2015.
 - These are bridged through the Health IT Policy and Portfolio “bucket” of HITOC’s work. Susan added that the role of HITOC is not necessarily to focus on implementation efforts, but on larger policy/strategy concerns that might tie to these specific health IT projects.
- A comment was made about the concern that HITOC may be in limbo due to the limited membership that is currently active. Question: could HITOC work on membership issues that would work for both the Governor’s office and the Health Policy Board?
 - The Chair is concerned by the underrepresentation of certain perspectives on HITOC currently. Discussion continued around this topic and it was noted as an important priority for HITOC moving forward to diversify the perspectives on the Council.
 - OHA will look into moving forward with membership and report back to HITOC

Health IT Environmental Scan – Marta Makarushka

Refer to “HIT Optimized Health Care System;” slides 35-51

Presentation:

- Marta discussed the evolution of the CCO profile, which started as a tool for the Deeper Dive discussions, and later became a meaningful document for the CCOs. Susan and Marta passed around a template for the profile and discussed the content that is planned to be included in the profile [slides 40-43].

Discussion:

- Question: What is the final use of these profiles? What is the implication for this profile for the next CCO technology plan which is due in February?
 - Answer: A summary will be made public; the detailed profiles will be used internally. Susan added that in talking with the CCOs, they were curious about how they compared to each other in the context of health IT. The purpose of the profile is descriptive and not evaluative—OHA is not “grading” the CCOs in terms of their health IT capabilities.
 - The goal is that CCOs can rely on these profiles to complete the technology plan without have to reinvent the wheel.
 - Discussion about the format, suggestions for presenting information more descriptively to avoid inference of a judgment.

<ul style="list-style-type: none"> • Question: what was the original intent of the profile and who is it meant to benefit? <ul style="list-style-type: none"> ○ Answer: It is meant to benefit both OHA and HITOC who are looking at these efforts across the state, and individual CCOs who are interested in having their efforts reflected back to them, and possibly compared to other CCOs in some cases. ○ The Chair added that in the future HITOC can communicate this type of information up to the Oregon Health Policy Board. He cautioned against interpreting a snapshot of the CCOs' HIT efforts as reflective of what is happening across the state as a whole. ○ Marta described the components of an HIT-optimized health care system as laid out in the Business Plan Framework—the information in the CCO Profile is meant to crosswalk to this framework. • Marta continued by discussing the HIT Dashboard and the metrics involved in it. This is meant to be a tool for HITOC and the Health Policy Board in looking at health IT across the state—beyond the Medicaid program. <ul style="list-style-type: none"> ○ Discussion continued around metrics and the importance of denominators in making these metrics meaningful. A recommendation was made to start with areas that are well defined and develop the metrics from there.
<p>OHA HIT Updates – Marta Makarushka, Sharon Wentz, Terry Bequette, Karen Hale</p>
<p>Refer to “Revised HCOP Materials;” slides 52-69</p> <ul style="list-style-type: none"> • Marta reviewed changes that were made to the HCOP materials, reflecting suggestions made by HITOC members. • Sharon described the details around the rollout of CareAccord acting as OCHIN's HISP and described updates to the flat file directory. • Terry updated HITOC on Provider Directory and the Clinical Quality Metrics Registry. <ul style="list-style-type: none"> ○ Question: Is OHA sharing the timeline for this process? Are the urgency of these projects being communicated? <ul style="list-style-type: none"> ▪ Answer: The timeline needs to be reset based on existing knowledge of areas OHA can control and attempting to anticipate areas outside of OHA control such as external reviews required by state and CMS processes. ○ Conversation continued around stakeholder engagement for these components and the importance of validating the data gathered by reflecting this back to those stakeholders who were engaged. • Karen discussed the current disbursement numbers on the EHR incentive programs both nationally and within Oregon.
<p>Public Comment – Greg Fraser</p>
<ul style="list-style-type: none"> • With no public comment, Greg closed the public comment period at 4:27 p.m.
<p>Closing Comments – Greg Fraser</p>
<ul style="list-style-type: none"> • Greg acknowledged OHIT staff in the 2014 accomplishments and asked if there were any final comments. • The meeting was adjourned at 4:29 p.m.

Next meeting is Thursday, March 5, 2015 in Portland