
Health Information Technology Oversight Council

December 14, 2015



Agenda

- 1:00 pm Welcome, Introductions & Approve Minutes
- 1:10 pm Existing Oregon HIT Strategic Plan and Logic Model
- Overview and Goals
 - Small Group Breakouts
 - Reconvene and Discuss
- 2:30 pm Break
- 2:40 pm HIT Governance and Roles
- HCOP (Charter Approval)
 - Project-Specific Advisory groups – OHIT Staff
 - Discussion
- 3:20 pm HITOC Work Plan
- 4:05 pm Meeting Logistics – 2016
- 4:15 pm Public Comment
- 4:25 pm Conclusion and Next Steps

Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across the Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.

2. Using Aggregated Data for System Improvement

- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.
- In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.

3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

Ground Rules for HITOC

- HITOC Meetings will be public (this is also true for committees)
 - Conversations should remain vendor-agnostic and HITOC Members should refrain from disparaging specific entities in their comments
 - Meetings are recorded and these are posted online
- HITOC does not have its own budget
 - HITOC is able to provide input into how OHA seeks funding from state and federal sources to achieve the goals of HIT-optimized health care
- OHIT staff are responsible for addressing your needs—please let us know how we can best support you

Existing Oregon HIT Strategic Plan Discussion

Susan Otter, Director of HIT
Office of HIT, Oregon Health Authority



Overview of Strategic Plan

High-level walk through the strategic plan

- Please ask any clarifying questions
- Hold/note comments and ideas for group discussion

Goal 1

Aims/Objectives

Goal 2

Aims/Objectives

Goal 3

Aims/Objectives

Context for Exercise

- Responding to HITOC feedback from first meeting: you expressed a need to be oriented to and prioritize your efforts
- To give you a more spelled-out and clear description of OHIT's strategies that allows you to assess and provide feedback on how HITOC can be effective in taking action

Things to remember:

1. Based on Business Plan Framework
 - Best thinking in 2013
2. We anticipate a Strategic Plan update even if just to extend current plan (with the already-existing modifications), so more discussion on this to come.

Goals for this Exercise

For HITOC to be effective in oversight, monitoring, and reporting role, we need to have a baseline plan

1. Are the Aims/Objectives directionally correct?
2. Flag components that may need updating in the future
3. Identify significant gaps
4. Outcome of discussions will help inform:
 - A. Development of the HITOC workplan
 - B. Data that OHIT brings to HITOC for monitoring
5. We do not anticipate a full strategic planning process to occur in the very near future

Break Out Session

- Each group will have an OHIT staff person as a facilitator
- Goal is to try to come to a group consensus on the strategic plan, particularly:
 - Are the Aims/Objectives directionally correct?
 - Are there significant gaps?
 - Given that this was developed in 2013, are there significant changes that need to be acknowledged?
- ‘Parking lot’ will be established into which we will put ideas that we don’t have time to dive into today, but that we will return to in future discussions
- Focus is on Aims and Objectives.
- We will reconvene to share across groups and discuss next steps

BREAK

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" part of the word "Oregon Health". The word "Health" is in a large, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right edge of the banner.

Oregon
Health
Authority

HIT Governance and Roles

OHIT Staff



HITOC Governing Documents

- HITOC Charter –
 - belongs to the Oregon Health Policy Board, revisions require their approval
 - HITOC approved the Charter in October
- HITOC By-Laws –
 - belongs to HITOC, revisions require affirmative vote of 2/3 Council members

Charter – Responsibilities of HITOC

- Make recommendations related to Health IT to the Board to achieve the goals of health system transformation
 - Strategic plans for health IT; policy priorities and/or barriers
 - Respond to Board requests
- Regularly review and report to the Board on:
 - OHA health IT efforts including the Oregon Health IT program toward achieving goals of health system transformation
 - Efforts of local, regional, and statewide organizations to participate in health IT systems
 - Progress related to adoption and use of health IT among providers, systems, patients, and other users in Oregon
- Advise the Board or the Congressional Delegation on federal law and policy changes that impact health IT efforts in Oregon

HITOC By-Laws – Highlights

- HITOC shall have no fewer than 11 members and no more than 15
- Staggered terms initially
 - Then 3-year terms (per original HITOC)
- Chair/Vice-Chair Duties (standard)
- Expectations of Members
- By-laws can be amended by 2/3 majority of HITOC

Approval of HITOC By-Laws

Health Policy Board

The nine-member Oregon Health Policy Board (OHPB) serves as the policy-making and oversight body for the Oregon Health Authority. The Board is committed to providing access to quality, affordable health care for all Oregonians and to improving population health.

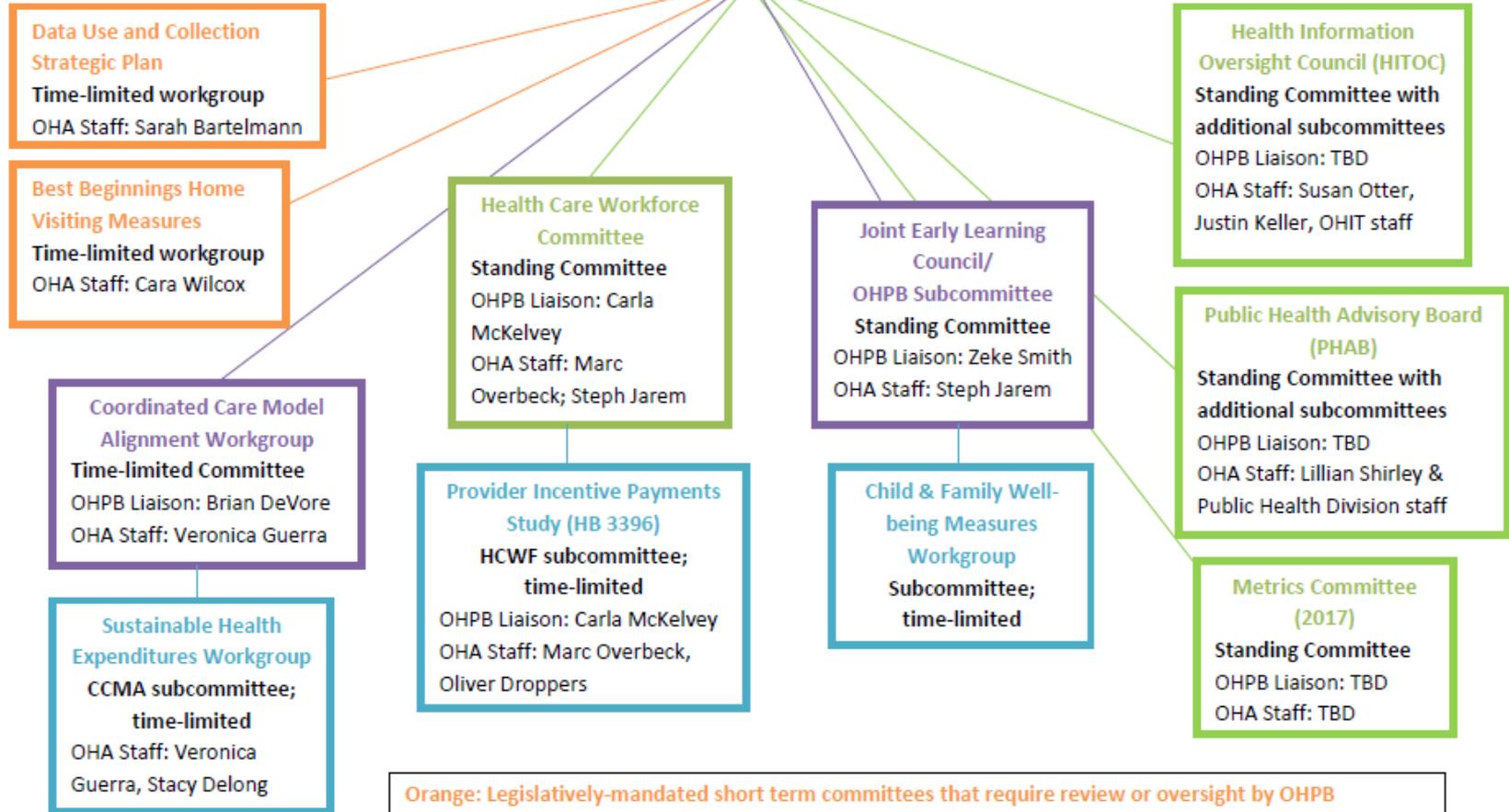
Under ORS 413.011, the Health Policy Board's duties include (but are not limited to):

- Serving as the policy-making and oversight body for the Oregon Health Authority;
- Approve and monitor community-centered health initiatives that are consistent with public health goals, strategies, programs and performance standards;
- Reporting to the Legislative Assembly;
- Establishing quality metrics (for all providers and payers);
- Establishing cost containment mechanisms;
- Establishing evidence-based clinical standards;
- Ensuring a stable health care workforce statewide.

Health Policy Board Responsibilities

- Policy-making on high-priority or urgent issues
- Oversight to ensure that policies are moving in the intended directions; systems/programs are coordinating or aligned whenever possible; and CCOs remain accountable.
- Oversight to monitor alignment and coordination between various areas of transformation in Oregon, including: public health modernization, behavioral health and oral health integration, health care transformation and early learning system transformation, including:
 - Metrics alignment
 - Workforce development and oversight
 - Service delivery
 - Access
 - Equity
 - Financial sustainability

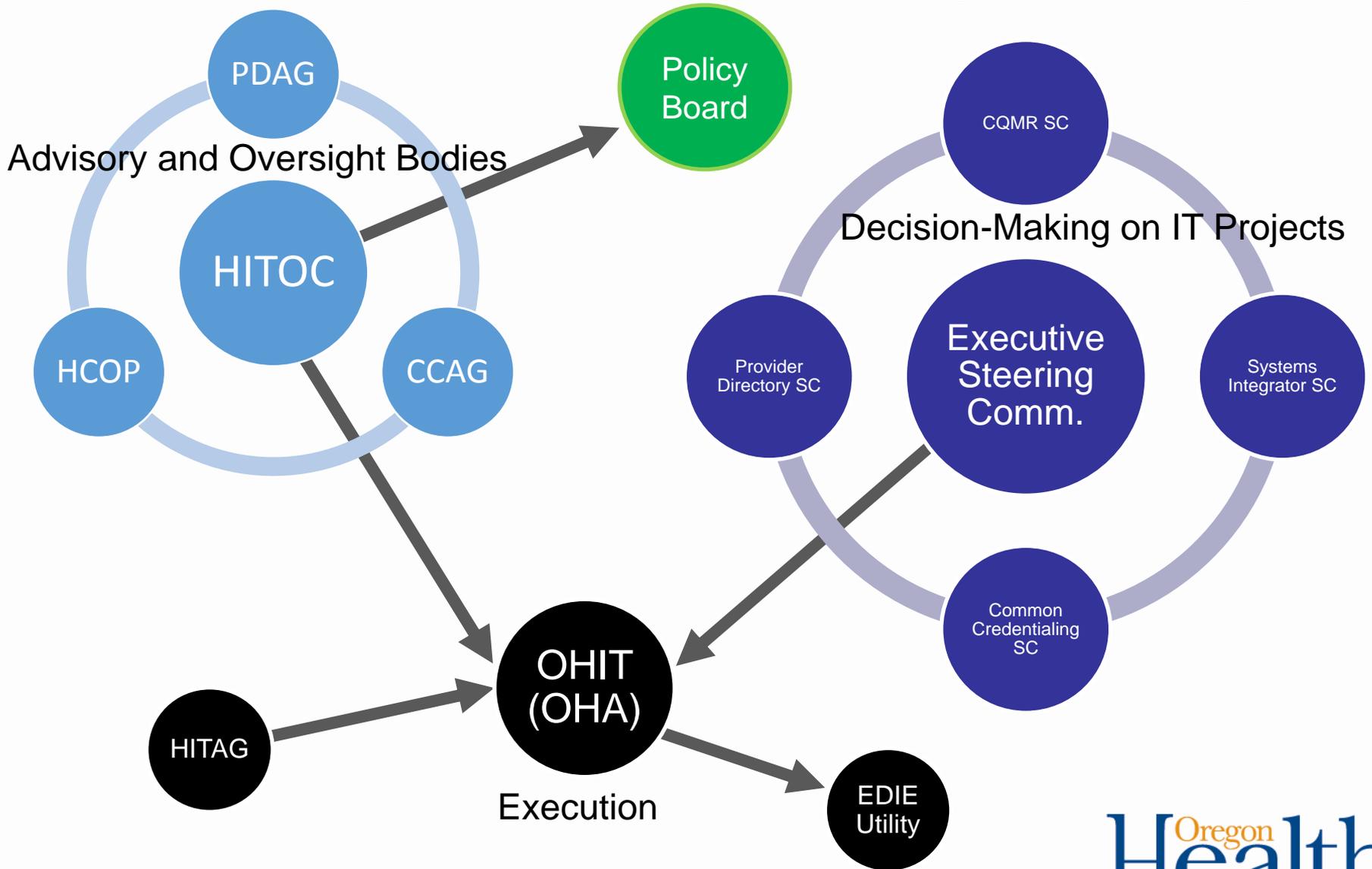
Oregon Health Policy Board



Orange: Legislatively-mandated short term committees that require review or oversight by OHPB
Green: Standing committees/councils/workgroups that are required in statute to report to the OHPB
Purple: OHPB-created committees or workgroups
Blue: Subcommittees of OHPB workgroups, time-limited

Draft 9/17/15

Health IT Governance “Galaxy” in Oregon



HIT/HIE Community & Organizational Panel (HCOP)

Formed: September 2015

Objective

- Facilitate communication and coordination among CCOs, entities that provide health information exchange, and other healthcare organizations
- Provide strategic input to HITOC and OHA regarding ongoing HIT/HIE strategy, policy, and implementation efforts.
- Identify opportunities for HITOC to consider regarding providing guidance and/or developing policy to address barriers or better support HIT/HIE efforts in Oregon

Membership

- Limited to organizations that are leading a HIT/HIE project with a cross-organizational focus
- Organizations based in Oregon
- Vendors are not eligible to be members

HCOP Relevant Topic Areas

- Barriers to interoperability and health information exchange
- Consent and privacy issues
- 42 CFR Part 2 and behavioral health sharing
- Governance and financing models
- Sample data sharing agreements, including data use and privacy/security

Endorse HCOP Charter

Project-Specific Groups: Common Credentialing Advisory Group

Formed: September 2013

Objective

- Advise OHA on program and database to provide credentialing organizations (COs) access to information necessary to credential or re-credential health care practitioners

Membership

- Comprised of external stakeholders representing a wide range of roles and affiliation
 - Roles – Practitioners, credentialing organizations, and health care regulatory boards
 - Affiliations - CCOs, health plans, hospitals and health systems, Independent Physician Associations, Ambulatory Surgical Centers, dental care organizations

CCAG Relevant Topic Areas

- Credentialing application and submittal requirements
- Process by which credentialing organizations may access the Oregon Common Credentialing Solution
- Fees and fee structure

Work produced in 2015

Use Cases, RFP requirements, fee structure preferences

Work ahead

Fee structure finalization, programmatic detail refining, rule adjustments, system implementation, and outreach and marketing

Project-Specific Groups: Provider Directory Advisory Group

Formed: April 2015

Objective:

- Advise the Oregon Health Authority on a broad range of topics relating to technology, policies, and programmatic aspects of the provider directory

Membership

- Comprised of external stakeholders representing a wide range of roles and affiliation
 - Roles – providers (including mental and dental), IT, data and analytics, billing, compliance, CIO, HIE leadership
 - Affiliations - CCOs, health plans, hospitals and health systems, HIEs, Independent Physician Association (IPA), Oregon Medical Association (OMA)

PDAG Relevant Topic Areas

- Access to provider data
- Permitted use and network participation
- Data quality standards
- Onboarding
- Security provision
- Ongoing monitoring of policies and procedures
- Functionality and value of a provider directory service
- Fees and fee structure

Work produced in 2015: Use Cases

Work ahead: Fees

Health Information Technology Advisory Group (HITAG)

Formed: October 2013

Objective

- Advise and oversee OHA's efforts in managing the \$3 million Transformation Fund investment the CCOs made in statewide health information technology (including specific components of the Oregon HIT Program)

Membership

- Made up of CCO representatives (many with a strong background in HIT)
- Currently represents at least 8 CCOs in Oregon
- Meets every other month, not public

HITAG Relevant Topic Areas

Oversight on Key Components of Oregon HIT Program, including:

- Statewide provider directory
- Statewide hospital notifications (EDIE/PreManage)
- Statewide Direct secure messaging and CareAccord
- Clinical quality metrics registry
- Technical assistance to Medicaid providers

Project-Specific Groups: EDIE Utility Governance Committee

Formed: January 2015

Objective

- Decision-making body for the EDIE Utility (will ultimately determine whether the Utility continues after 2017), including:
 - Leadership and management of EDIE Utility, data and reporting, communications, and coordination of community partners (particularly for EDIE and PreManage coordination)

Membership

- Representative body of EDIE Utility participants (those “paying into” the Utility including hospitals, commercial health plans, and CCOs)
 - In addition, OHA, OAHHS, OCEP and at-large member(s)
 - Currently has an Operations sub-Committee which includes several work groups (care guidelines; data and analytics; etc.)
 - Staffed by the Oregon Health Leadership Council

EDIE Relevant Topic Areas

- Statewide Hospital Notifications
- Statewide governance and financing of HIE efforts
- Data governance and management
- Development and coordination of work flows around HIE
- Oversight of ongoing operations of statewide HIT efforts

HITOC Work Planning: High-level Priorities

Susan Otter/Justin Keller



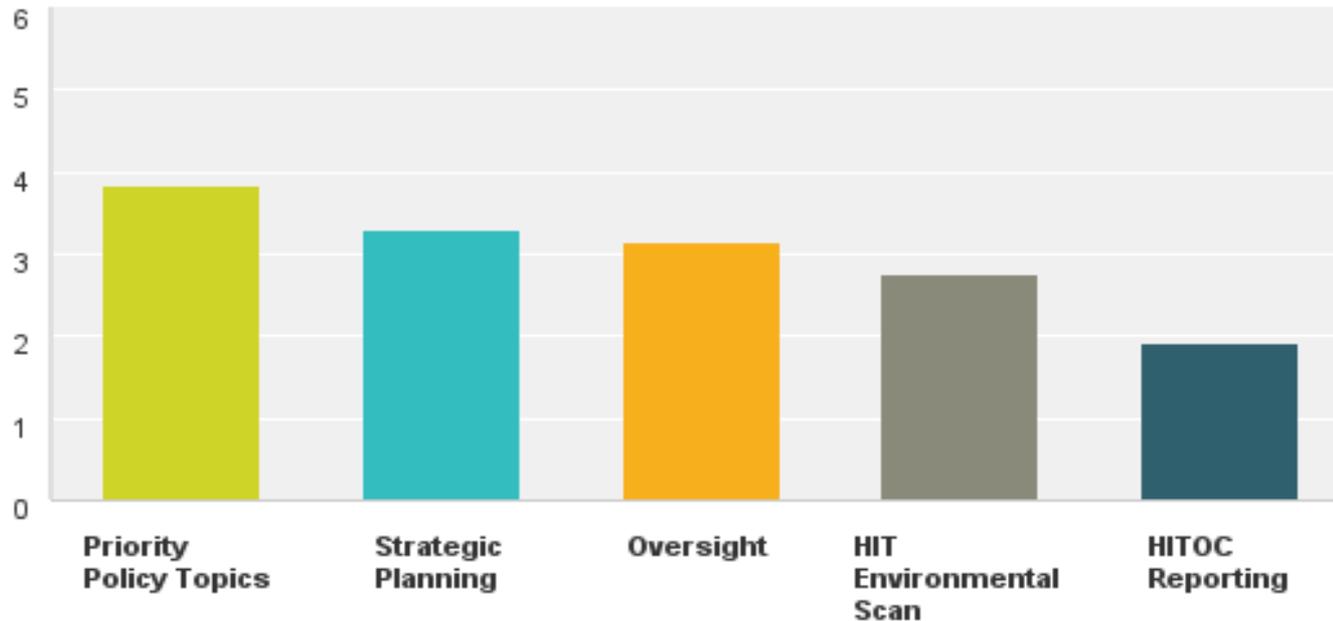
Work Planning Discussion

- Goals:
 - Reflect back on areas of clear HITOC consensus on work planning
 - Get input on approach to areas without consensus
 - Identify next steps

Work Plan Survey

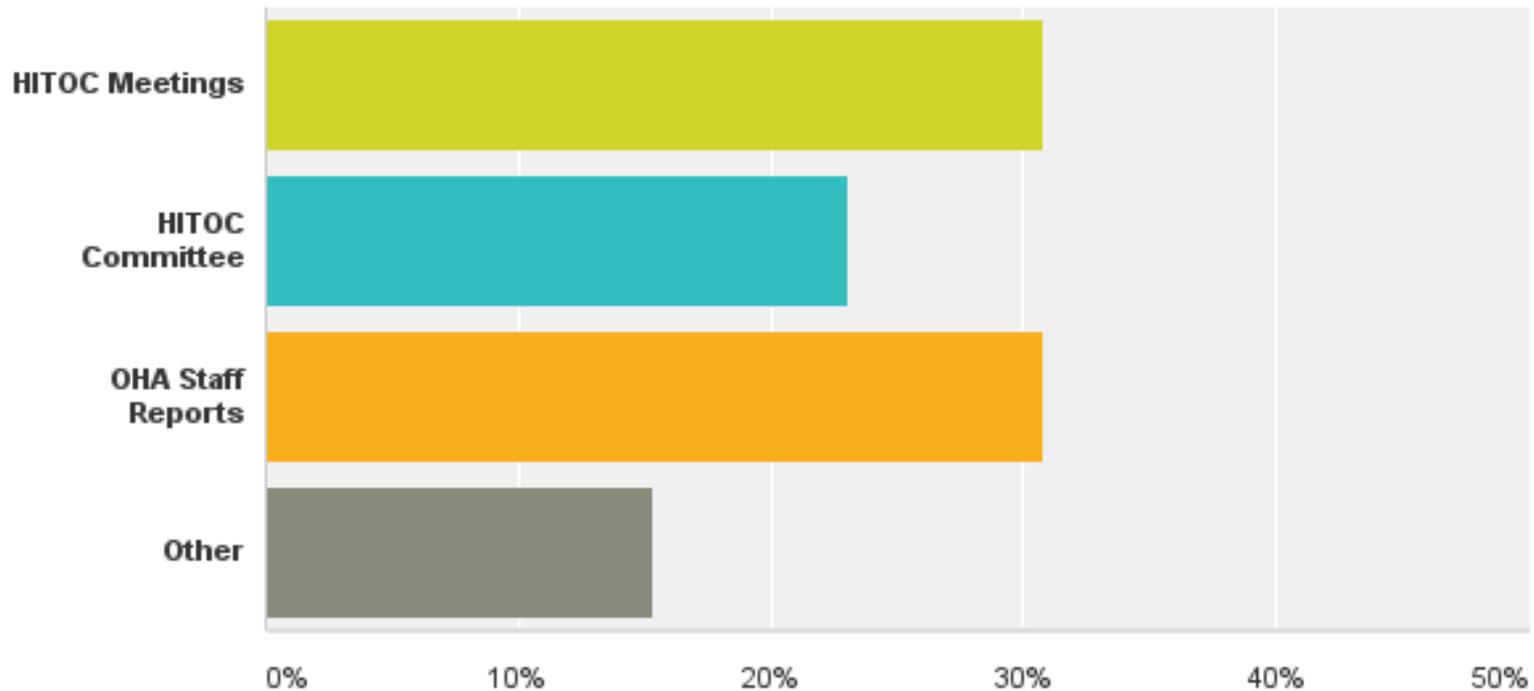
- Thanks to HITOC members for completing the survey! 100% participation among active HITOC members (n=13)
- Consensus on Oversight: Staff to report out to HITOC as needed/requested
- Consensus on Reporting: Staff to develop draft report for HITOC input/feedback

Average interest rating for HITOC work area (1-5 scale)



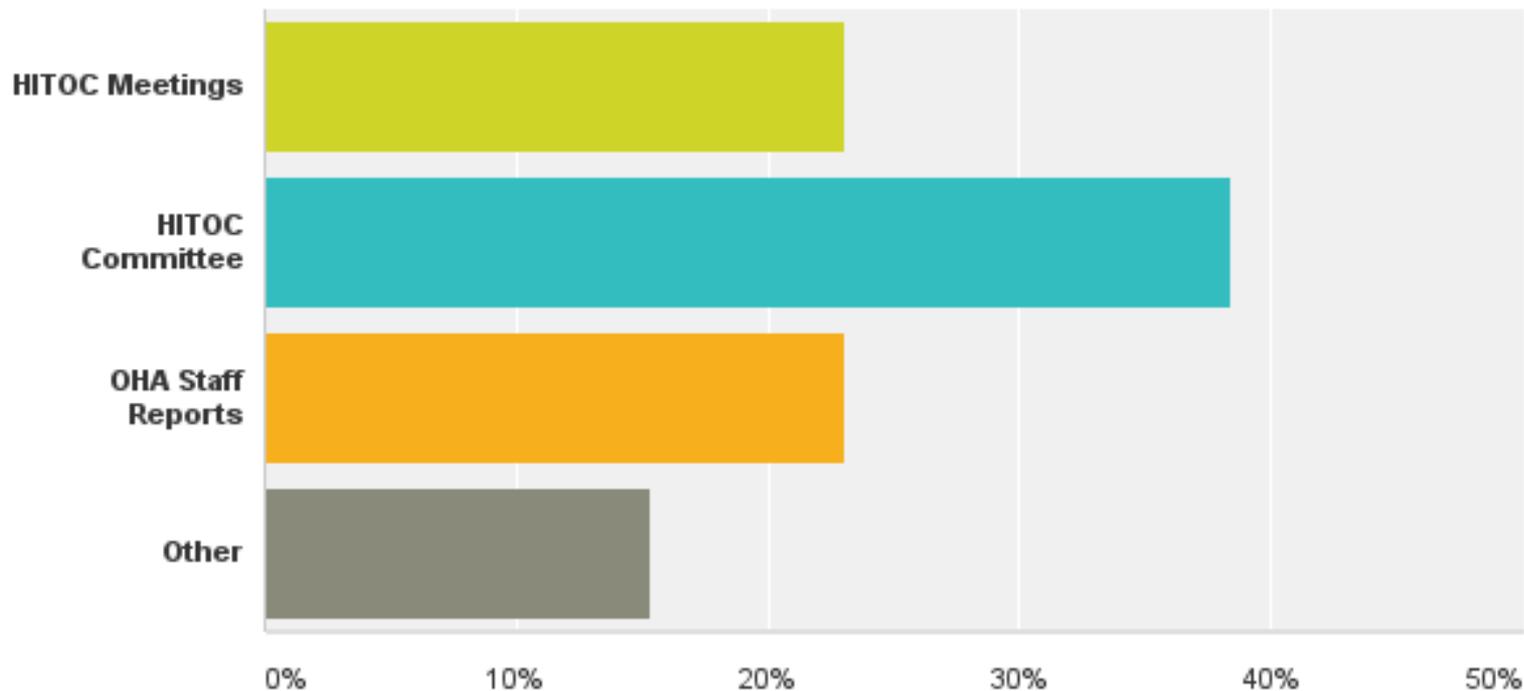
Priority Policy Topics

- Consensus: High priority
- No consensus on method of engagement
- Next Step: Focus on Interoperability and Behavioral Health work in 2016



Strategic Planning for HIT in Oregon

- 7 Members had high interest; 5 average interest; 1 low interest
- Feedback on approach was mixed: majority favored a committee
- Next Step: group discussion and reflection

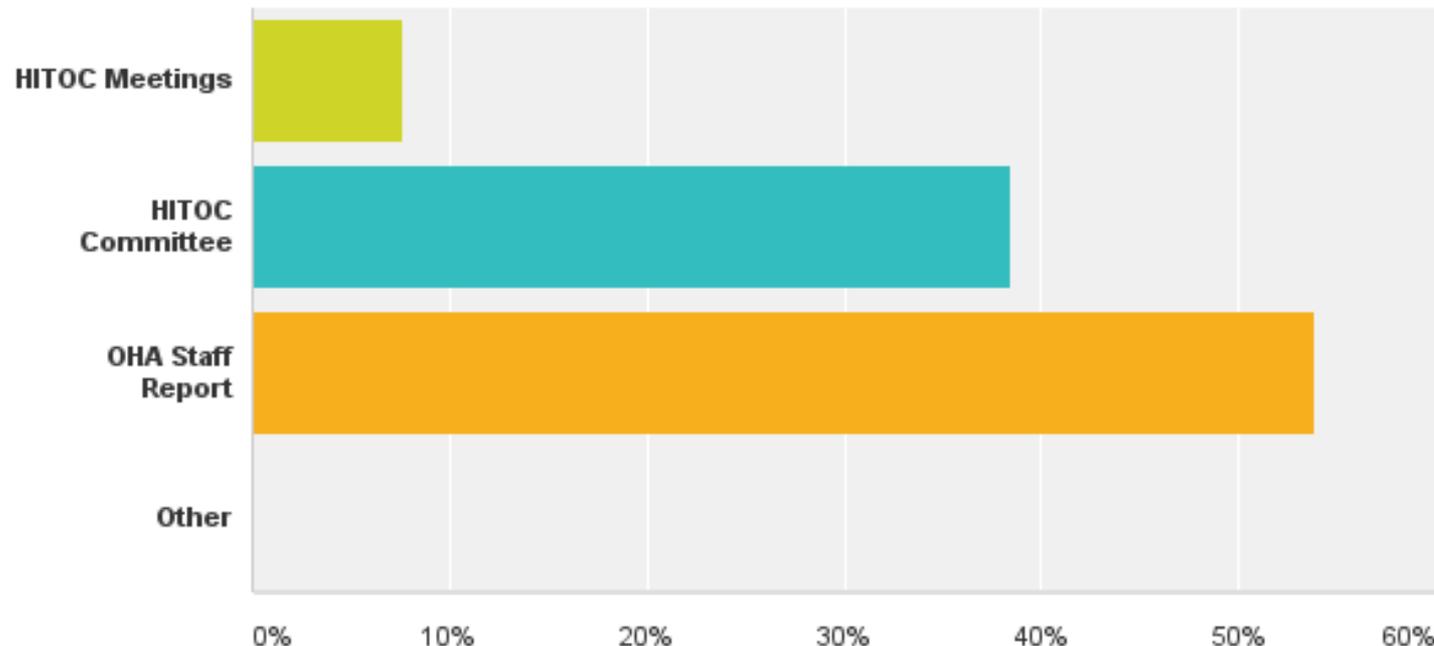


Committees

- Chartering committees came up primarily in the context of strategic planning and the environmental scan
- Discussion:
 - Role of HITOC committees
 - Vision for composition and process
 - Chartering and oversight

HIT Environmental Scan

- Mixed interest among members: 5 high; 6 average; 2 low
- Approach: not a focus of HITOC Meeting Time
- Next Step: group discussion and reflection



High Level Work Plan

2016

2017

Policy Topics	<ul style="list-style-type: none"> • Interoperability • Behavioral Health Information Sharing • Other Policy Board or HITOC-identified Topics • Chartered Committee Policy Work 			<ul style="list-style-type: none"> • Identifying new priorities for 2017-2019 biennium
Strategic Planning	<ul style="list-style-type: none"> • Rely on Existing Business Plan Framework 	<ul style="list-style-type: none"> • Process to develop next HIT strategic plan 	<ul style="list-style-type: none"> • Release of next strategic plan 	
Oversight	<ul style="list-style-type: none"> • Consideration of pressing issues as <u>Oregon HIT Program</u> develops • Regular staff updates 			
HIT Environment and Reporting	<ul style="list-style-type: none"> • Define scope of environmental scan • Define format and scope of HITOC Reporting to Board • First Report to the Policy Board due June 2016 	<ul style="list-style-type: none"> • First Report to the Legislature on Oregon HIT Program released Summer 2016 	<ul style="list-style-type: none"> • Second Report to the Board due Winter 2016-2017 	<ul style="list-style-type: none"> • Second Report to Legislature on OR HIT Program released Summer 2017
Federal Policy	<ul style="list-style-type: none"> • Federal Law/Policy Considerations (e.g. Meaningful Use; ONC Interoperability roadmap, ONC standards advisory, privacy and security requirements (42 CFR part 2, etc.)) 			

HITOC

Oregon Health IT Program

HITAG

OHA Provided Services

Partnerships & Collaboratives

HIT Initiatives

PDAG

State-level Provider Directory

CCAG

Common Credentialing Program

Clinical Quality Metrics Registry

EDIE Utility Gov. Committee

Emergency Dept. Information Exchange (EDIE) Utility

Telehealth Pilots and Inventory (SIM)

Medicaid EHR Incentive Program

CareAccord (Direct secure messaging)

Oregon Medicaid Meaningful Use Technical Assistance

PreManage (Health Plans, Providers)

Open Notes (SIM)

PreManage for Medicaid

Behavioral Health Jefferson HIE (ONC Grant)

- = Live
- = Being implemented
- = Governance/Oversight
- = HIT ESC decision making

Preview: Interoperability

- Improving interoperability across HIT/HIE investments
 - Identify barriers, priorities for interoperability
 - Support providers, stakeholders in navigating interoperability
- Potential work products for HITOC:
 - Data collection/environmental scan on interoperability in Oregon,
 - Guidelines or principles for HIT/HIE participants in Oregon
 - Compatibility Program: expectations for users of state HIT services
 - HIT vendor interoperability scorecard
- HITOC work ahead/discussion:
 - Scope and charter this work
 - Consider workgroup or sub-committee
 - Identify subject matter expertise needed

Preview: Behavioral Health Information

- ONC Cooperative Agreement awarded to OHA and sub-recipient Jefferson HIE
- Objectives:
 - Develop universal interpretation of law for exchange, disclosure, and re-disclosure of drug, alcohol and mental health data in Oregon (e.g., 42 CFR Part 2)
 - Develop a common consent management model
 - Implement consent model within Jefferson HIE technology
 - Connect with behavioral health EHRs and others
- HITOC work ahead/discussion:
 - Jefferson HIE to orient HITOC to their work
 - OHA Behavioral Health provider survey
 - Consider workgroup or sub-committee

HITOC Meeting Logistics



Recurring Meeting Time

- Goal: A consistent, reliable meeting time to assist with scheduling and travel concerns
- Candidate times:
 - First choice: First Thursday of the month (every other month beginning in February)
 - Caveat: February date does not work for our Chair
 - Second choice: Second Monday of the month (every other month beginning in February)
- Thoughts?

Next Meeting Time

- Next HITOC Meeting will be in February 2016, 1:00pm – 4:30pm in Portland, Oregon

Public Comment

