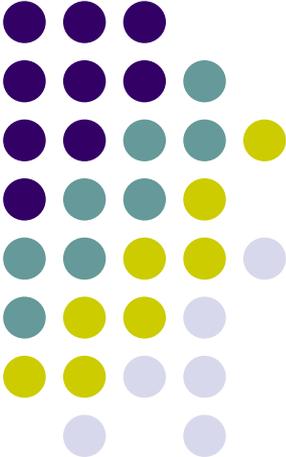
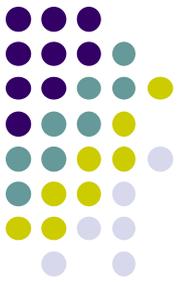


Health Information Technology Oversight Council

Monthly Meeting
March 4, 2010
1-5pm



AGENDA



1:00- 1:05 Review Agenda and Proposed Outcomes-Steve Gordon

1:05- 1:10 Amended principles-Julie Harrelson

1:10-1:40 State HIE Cooperative Agreement Award-Carol Robinson

1:40-2:20 REC Award-Clayton Gillett and Abby Sears

2:20-2:25 Break

2:35-3:15 Updates

- Beacon Update-Carol Robinson
- Medicaid HIT Planning-Susan Otter
- Other- Carol Robinson

3:25-4:00 HITOC Strategic Workgroup Meeting Synopsis-Shaun Alfreds/Julie Harrelson

- Naming Conventions
- Governance Models and decision points
- Workgroup recommendations
- Stakeholder input
- Discussion

4:00- 4:30 Technology-John Hall

4:30-4:45 Next Steps

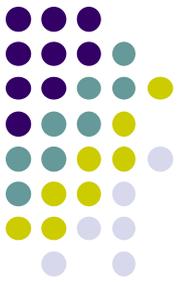
4:45-5:00 Public Comment Opportunity

Meeting Outcomes

- Update: work and opportunities in process
- Confirmation of principles amendment
- Governance Working Model confirmation
- Introduction Technology
- Preview of coming meeting



Guiding Principles for HITOC



1. We will operate in collaboration and partnership between the private and public sectors, leveraging current investments where possible.
2. We will be transparent in our work and inclusive of stakeholder input.
3. We will only support **flexible** solutions that meet or exceed **evolving best-practices, national and industry standards**.
4. We will adopt policies that protect the **integrity, availability, privacy, security and confidentiality** of the consumer's health information.
5. We will employ strategies that assist consumers and providers in making informed health decisions.
6. We will identify and align incentives for all stakeholders for the purposes of improving the quality and efficiency of health care in Oregon and across our borders.

Cooperative Agreement



General information:

- Oregon will receive \$8.58 million over 4 years
- ONC approved Oregon's application Feb. 12, 2010
- All state strategic and operational plans are due to ONC by July 30, 2010
- Applications should be approved within 6 week turnaround

New details:

- 10% of grant funding for planning, approximately 35% of the award must be used for implementation of interstate HIE, and the remaining 55% are to be used for implementing intrastate and regional HIE.
 - Interstate HIE may be achieved with connections to NHIN: more info coming in next 6 weeks on NHIN standards
 - NHIN will rely on intermediaries, could be HIOs, IDNs, vendors, within or across states – ONC considering accrediting intermediaries. NHIN is not really a physical network, more a set of standards
 - Performance measure/progress reporting guidance to come

Reporting: progress:

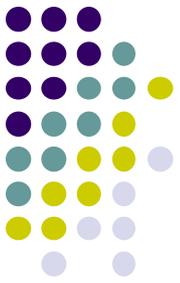
- Reports (June/Dec each year); quarterly ARRA reporting; quarterly financial status reporting by 3 buckets; annual review of state plan to include additional info each year on sustainability, legal policies, etc.

REC Award



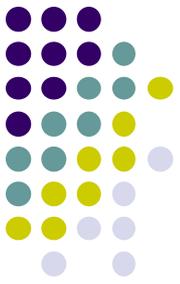
- Presentation by Clayton Gillett, Interim Executive Director and Abby Sears, CEO, OCHIN

Medicaid HIT Planning



- Oregon approved for over \$3.5 million in federal funds, with an additional state 10% matching share for Medicaid planning process through October
- Plan will include: developing the Medicaid incentive program, a state HIT plan that includes public health, behavioral health, long term care, state HIT office and shared services architecture
- Planning process will result in a state Medicaid HIT plan
- 90/10 funds will be released for plan implementation
- Developing a program to provide the incentives to providers will be a top priority for planning process

Naming Conventions: Proposed Working Names

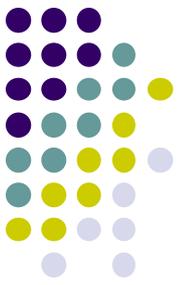


- Terminology was developed in 2008 through a collaborative process by the National Alliance for Health Information Technology and authorized by the Office of the National Coordinator for Health IT.
www.nahit.org/images/pdfs/HITTermsFinalReport_051508.pdf.
- **Health Information Exchange (HIE)** – the electronic movement of health-related information among organizations according to nationally recognized standards.
- **Health Information Organization (HIO)** – an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
 - Oregon’s State HIO could be HITOC or a separate entity
 - Local HIOs include the organizations governing local HIE activities (e.g., Salem Area Community HIE)



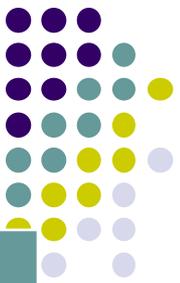
Governance Input from the Strategic Workgroup

HITOC Working Model for Long-Term HIE Governance in Oregon – Discussion to date



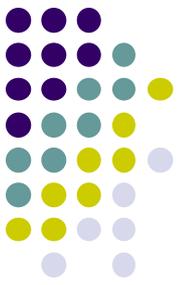
- The Oregon health information exchange organization to be created as a true “Public / Private” Partnership
 - Serve in a convening and coordinating role for HIE operations
 - Initially set the “rules of the road” for community/regional HIE operations
 - Sets policy for standards and requirements for statewide exchange
 - Meaningful use
 - Public health reporting / population health monitoring
 - Quality improvement
- Collaborates with and receives strategic direction from HITOC and the HIT Coordinator to address policy, regulatory, accountability issues
- Non-Profit organization with public and private board representation

The Current Governance Functions of HITOC



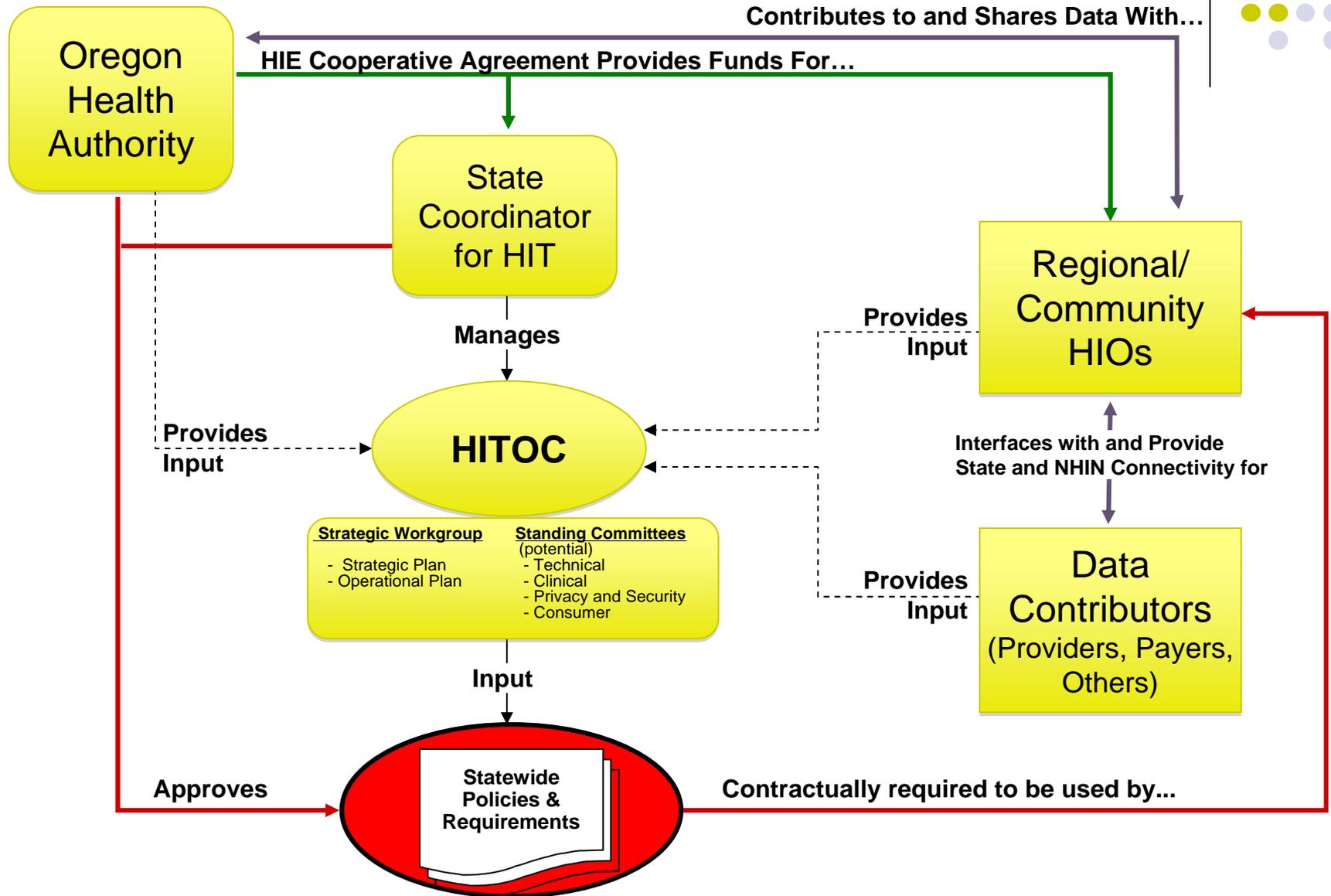
ONC Requirements for State HIE Governance Body	HITOC (Currently)	
	Yes	No
Public stakeholders represented	✓	
Private stakeholders represented	✓	
Representation of a broad array of stakeholders	✓	
State Medicaid agency has a role	✓	
Adopted strategic plan for statewide HIE		✓
Operational plan for statewide HIE approved and implementation begun		✓
Organizational meetings posted and open to public	✓	
Regional HIO initiatives have designated role		✓

Questions taken up by the Workgroup on 2/11

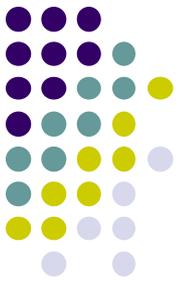


- What makes sense in the short term for Oregon HIE Governance
 - Short Term = 1 – 2 years
- What makes sense for the long - term
 - Year 3 on
- What accountability and enforcement strategies are appropriate for each stage and stakeholder?
 - State
 - HITOC
 - Private Sector
- How are the “rules of the road” (i.e. HIE Policies and Standards) agreed upon and finalized in a manner that incents all parties to play?

Working Draft Governance Model 1



Working Draft Governance Model 1: Overview



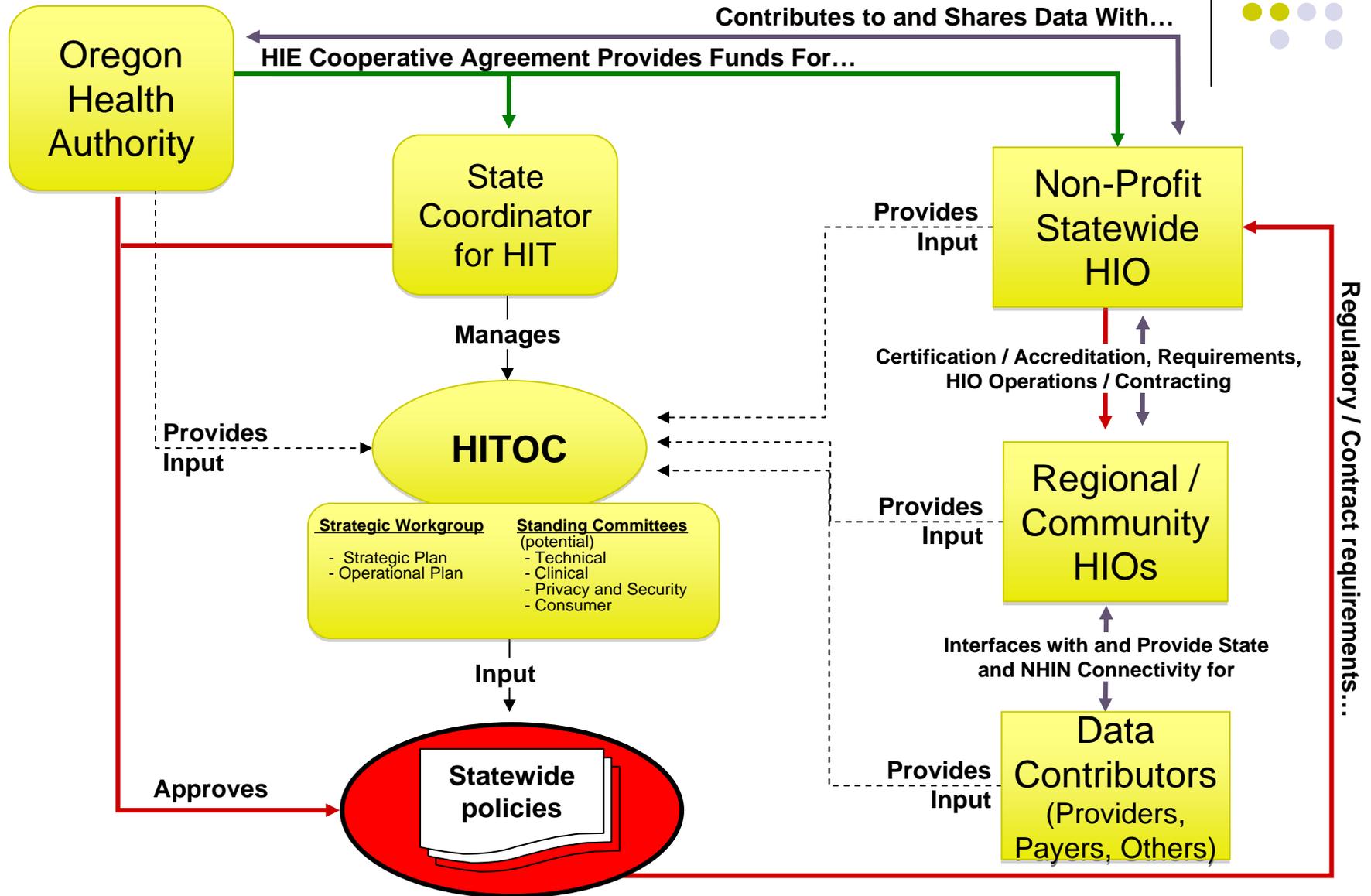
- HITOC, upon approval of OHA, sets policy and data requirements for Regional/Community HIOs
 - Standards for data exchange, privacy and security, operations all determined by HITOC
 - Contract with HIOs directly to assure alignment with HIE strategic and operational plans, MU requirements, and state govt. public health reporting
 - Contracts with HIOs form primary accountability mechanism
- Regional/Community HIOs responsible for:
 - Statewide HIE Coverage (i.e. connectivity to all providers in all regions – potentially incented for through contract with OHA)
 - Demonstrated operations and connectivity to State and NHIN
 - Requirements for Business and Operations, Sustainability, Local Governance, Privacy and Security individually required of HIOs

Working Draft Governance Model 1: Pros and Cons



Pros	Cons
Current legislative/regulatory authorities in place	Less able to cover entire state
Existing relationships and networks	Is it realistic to believe regional HIOs will cover the entire state?
Owns standards for privacy and security	Who is to fill the gap when a region's HIO fails?
Agreements and contracts already in place can be built upon	Needs to facilitate local HIO buy-in
HIOs more "in tune" with regional HIOs needs	How do we connect to communities where a local HIO does not arise spontaneously?
We need to solve standards before we go into state-wide HIO	Hard to fill existing HIO gaps
Having large health systems linked w incentives stimulates hospitals to be better to connect to specialists	Model is unbounded and multi-dimensional
Interoperable	How is it possible for any data controller to participate in either mode or models given existing privacy and security regulations (at federal level)?
Best use of taxpayers' money is to establish the standards on which private enterprise can flourish	Big disparities from 1 HIO to the next (especially uncovered areas), bad for population health.
Advantage: fewer entities to coordinate policies	Laws and rules of HIOs would be less effective SS and administration
More readily accepted by local healthcare facilities	HIO have fewer constraints, less overlaps likely
Legislative	How do regional HIOs connect to each other?
More easily implemented	Does HIOs have the capacity to play this role?
Less \$\$\$	Overlap concern, trust issue
Market-driven regional HIOs	

Working Draft Governance Model 2

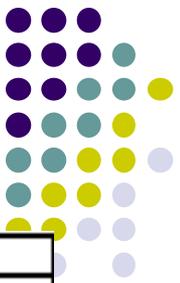


Working Draft Governance Model 2: Overview



- HITOC, upon approval of OHA, sets policies for statewide HIE
 - HITOC sets minimum requirements for HIE (MU, State Reporting, National Reporting)
 - Contract with Statewide HIO to implement state HIE Policies (Statewide HIO accountable for statewide HIE technical coverage)
- Statewide HIO responsible for:
 - Convenes and coordinates Regional/Community HIOs
 - Determine requirements to meet statewide standards
 - Architecture, P&S, Operations, Financing etc...
 - Statewide HIE Coverage
 - Internal HIE operations (to cover gaps not addressed by regional HIOs)
 - Regional/Community HIO compliance (through accreditation/certification and/or contractual relationships)
- Regional/Community HIOs responsible for:
 - Demonstrated operations and connectivity to State and NHIN
 - Local governance convening and coordination among stakeholders

Working Draft Governance Model 2: Pros and Cons



Pros	Cons
Offers more consistent management of HIE efforts	Is over to react
Common focus for a	State HIO may be unfair competition to other HIOs
Better usage of common purchasing of technical support through state contracts	Why should the state provide an HIO service that non-state organizations can provide
Advantage as a point of contact for technology governance	Local providers may be concerned about losing control of their organization's oversight
Covers entire population	How is it possible for any data controller to take care in either mode 1 or mode 2 given existing privacy and security regulations (at federal level)?
Covers practices not currently covered by Regional HIO	It is not clear if this can be offset by plans in
Trust from physicians	Too expensive
Existing models	Too much overhead
Data flow	Where to get \$\$\$
May have more incentives to build state-wide business model	Difficult to manage
More efficient \$	State has a funding model required for the state HIO
Could "re-organize" quickly, starting from basic \$ to	Another layer of governance and a bureaucracy to support
Simple to administer	Finance model required
Standards body with defined roles to accredit <ul style="list-style-type: none"> • Protocols • Security • Interoperability • Reporting 	Staffing required
Direct funding required	Governance model w/ need clear state's value input with clear review of high standards
Core services via fully state-based model	
Creates service provider model to manage accounts	
HIOC maintains policy's regulatory role	
Still allows HIOs to excel	

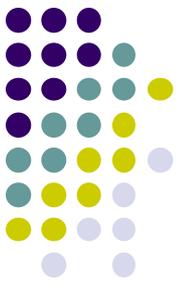
Issues Discussed by the Workgroup in Regard to the Straw Models



- How to stage appropriate development / evolution
 - What governance structure makes sense in the short term - 1-2 years (Model 1, 2, or other)
 - What governance structure makes sense for the long – term years 3 on (Model 1, 2, or other)
- Accountability locus and mechanisms (development and enforcement)
 - State regulatory role for standards/requirements: heavy or light
 - Ensuring State and Public good needs are met
 - Ensuring MU can be achieved by qualifying providers
- Addressing the gaps in coverage
 - Entities responsible for coverage of gaps
 - Level/type of state support of regional HIOs (financial / technical assistance)
- Other issues to be defined through other domains planning
 - Financing: Implications for use of ONC funding, development of other financing sources
 - Technology implications (Build new, Connect nodes, hybrid)

Workgroup Outcome: Governance

Input

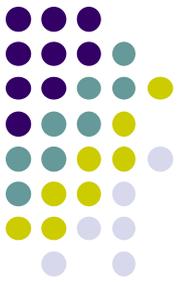


- Phase 1: The state to develop and set HIE policies, requirements, standards and agreements through the existing HITOC and OHA mechanisms (MODEL #1)
 - Potentially revisit the HITOC composition to assure that membership reflects the goals and the stakeholder mix necessary to enable statewide HIE and assure all interested parties have a place at the table
- Phase 2: Establish non-profit Statewide HIO (MODEL #2 – “Light”)
 - Use non-profit as a central contracting point for providers for data use and business associate agreements with Regional/Community HIOs and data providers
 - If necessary, the statewide HIO to develop “light” operational capacities such as provider and patient authentication/look-up capacities, reporting, etc.
- **Phase 3: If Necessary** (i.e. if Regional/Community HIOs are not able to cover gaps in statewide HIE Coverage) the Statewide HIO will develop “heavier” operations to provide clinical and administrative HIE supports that cover geographic gaps in HIE coverage.
- No consensus was determined for the timing due to additional information needed from future Workgroup domain discussions

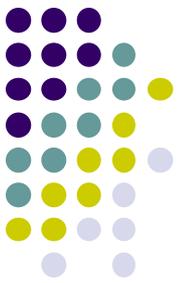
Webinar Input

Webinar will occur 2/25/10 2pm
Content to be added before HITOC
CHRIS COUGHLIN





Technology Overview

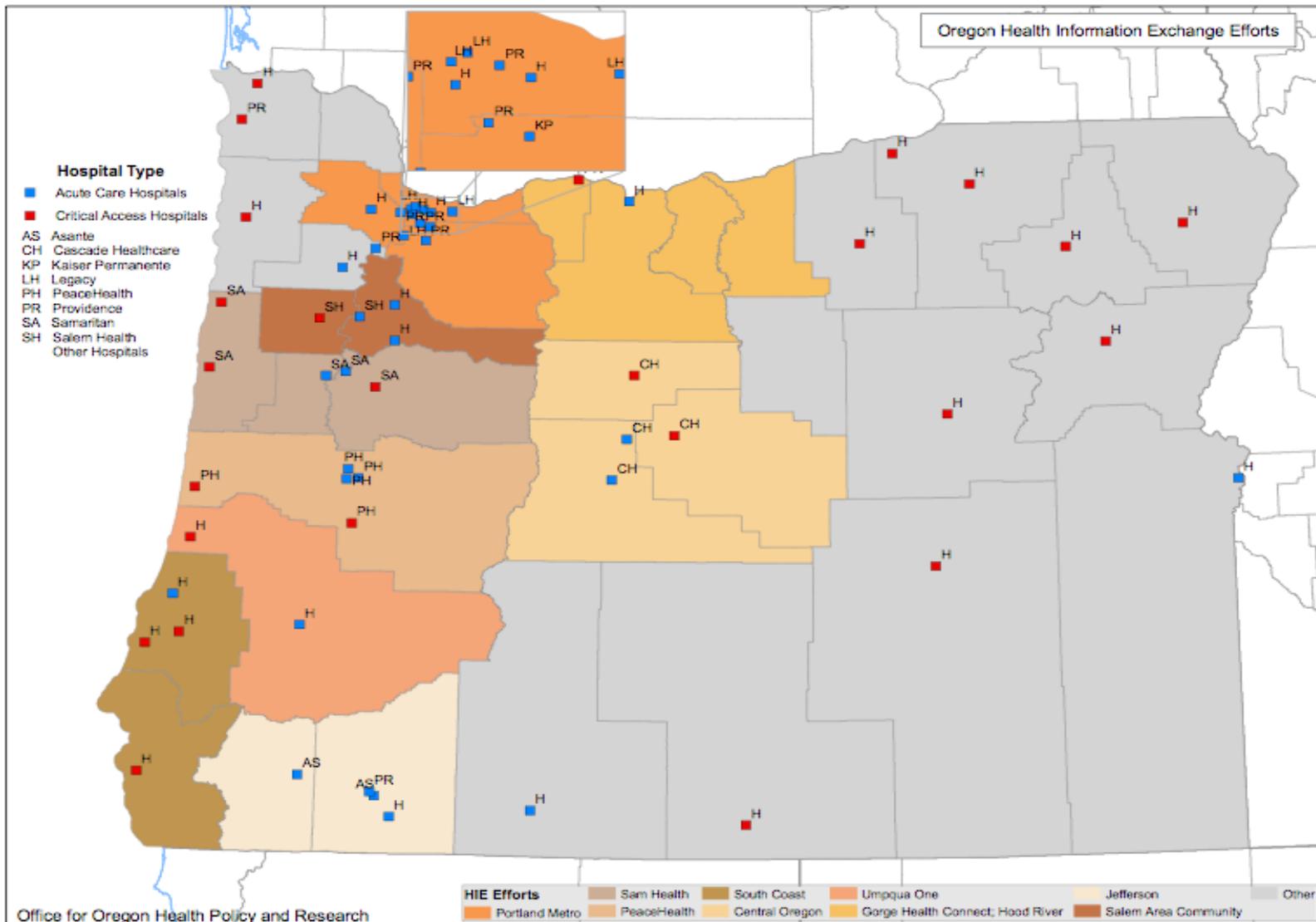


Key Terminology

For our purposes of defining the functions and services for the Oregon HIE Technology Architecture, we are using the following terminology and definitions

- **HIE – Health Information Exchange**
 - the electronic movement of health-related information among organizations according to nationally recognized standards.
- **HIO – Health Information Organization**
 - an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
- **RLS – Record Locator Service**
 - An electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers.
- **MPtI – Master Patient Index**
 - An index referencing all patients known to an area, enterprise, or organization
 - Sometimes referred to as Master Person Index or Master Consumer Index
- **MProvl – Master Provider Index**
 - An index referencing all healthcare providers known to an area, enterprise, or organization
 - This is not the National Provider Index
- **NHIN – National Health Information Network**
 - A set of policies, standards, and services that enable the Internet to be used for secure and meaningful exchange of health information to improve health and health care.

State of Oregon HIE Coverage



Data Sources, Providers and Initiatives to Consider



- Existing data sources, providers and initiatives must be considered when defining the HIE Services offerings and “ownership”
 - State-owned data sources
 - E.g. – MMIS, Immunization Registry
 - Regional/Nationwide data sources
 - E.g. – Surescripts, Consumer Aggregators
 - Data sources that could be leveraged to facilitate HIE services
 - E.g. – All Payers’ Claims Database, MMIS
 - Legislatively-mandated initiatives
 - E.g. – HB 2009, SB 355

There will be many more sources, providers and initiatives to consider during the implementation phase

Meaningful Use and HIE Services

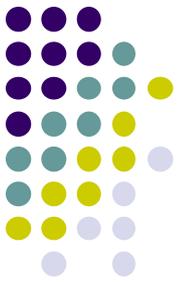


A key consideration for mapping out the technology architecture for the HIE within the state is service location

- HIE Services required for HIO-to-HIO communication
- HIE Services Required by Meaningful Use
- Possible Services that facilitate other Meaningful Use Objectives

This is not a comprehensive list, but the key focus areas necessary for successful intra-and interstate HIE

Questions to Consider



- How do you envision a statewide HIO or local HIOs connecting to NHIN?
- How do you envision the Oregon-based HIOs connecting to HIOs in other states?
- How do you envision HIO-to-HIO connections occurring in a systematic way?
- How do you envision patient information being matched with demographic data within a given HIO network?
- Will we need a Master Patient Index (MPtI), Master Provider Index (MProvl), Record Locator Service (RLS)? At what point do you envision these being needed?
- What options or models should be considered for building/buying?
- How should the areas not currently covered by an existing HIO or HIE services be served?
- How should State data repositories and HIT services interrelate with statewide and local HIOs?
- Where do PHRs fit in?
- Which standards should apply to local HIOs and users?
- What should a certification process look like, assuming there would be certification functions within a statewide organization overseeing local HIOs?
- What kind of mechanisms for audit and verification do you envision?
- Do we want to “go further” than Meaningful Use benchmarks?
- Any additional input or ideas that you’d like us to factor into the straw models.



Preview of coming meeting Legal and Policy

Next Steps



Meeting Dates:

- **Thursday, April 1, 2010**

1:00 pm – 5:00pm

**Portland State Office Building
1A**

800 NE Oregon St.

Portland, Oregon 97232

Information Needs:

HITOC.Info@state.or.us

503-373-7859