
Health Information Technology Oversight Council

October 7, 2010

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

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Agenda

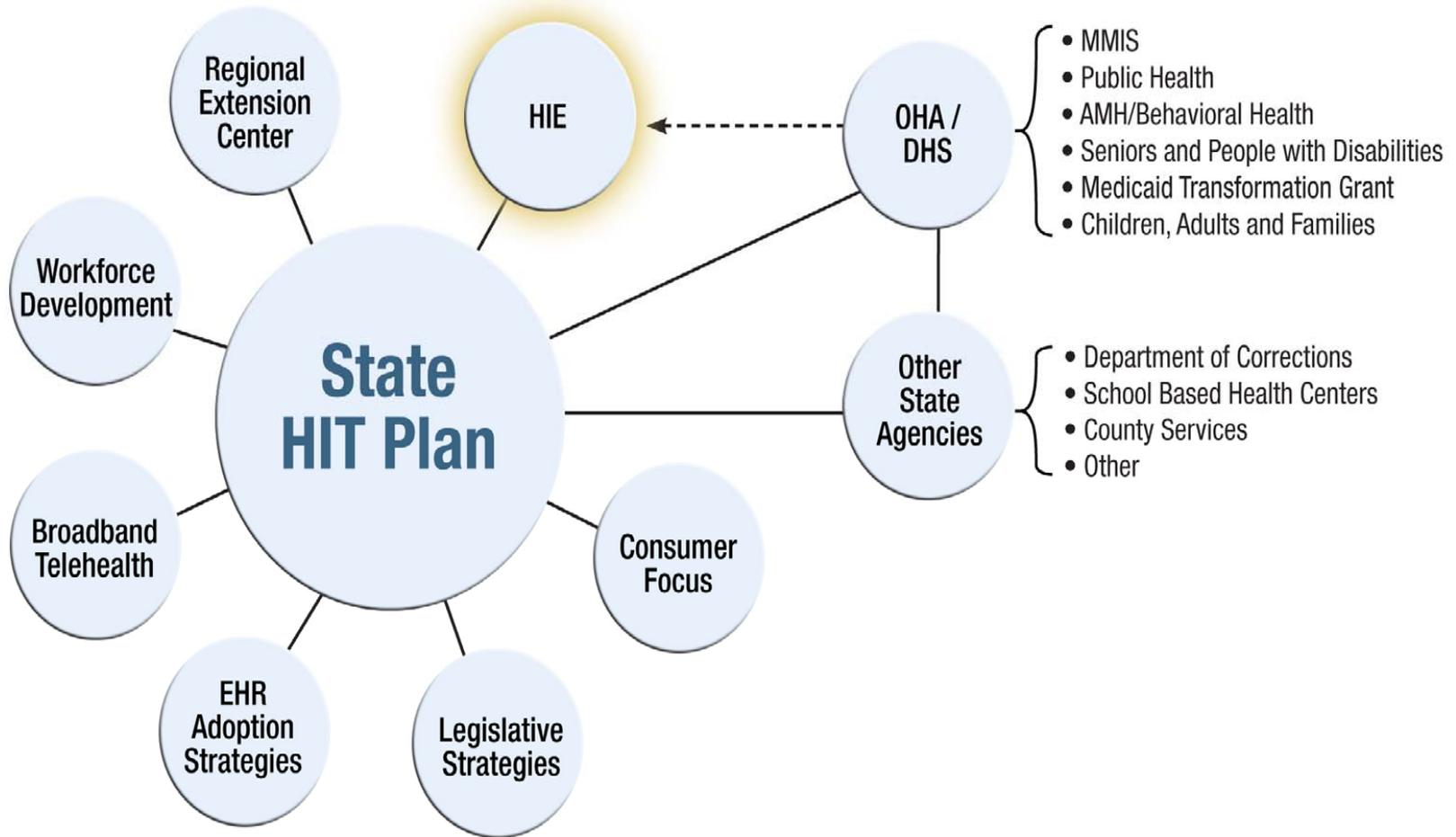
- 1:00** **Opening and Welcome – Steve Gordon, MD**
- Introduce John Koreski
 - Approval of minutes (September 2)
- 1:10** **Comments – Rick Howard**
- 1:20** **Meeting Overview and Outcomes – Carol Robinson**
- 1:25** **Updates**
- HIE plan approval status – Carol Robinson
 - House Health Care Committee – Steve Gordon/Carol Robinson
 - Federal HIT grantee coordination meeting – Carol Robinson
 - Meaningful use final rule revision – Dave Witter
 - E-prescribe stakeholder brainstorming session – Dave Witter
 - EHR product certification – Dave Witter
- 1:50** **Medicaid HIT Update – Susan Otter**
- 2:30** **O-HITEC Update – Chip Taylor, MD**
- 3:00** **Break**
- 3:10** **Workgroups and Panels: Updates and Action Items**
- Update about Orientation meeting
 - Initial update from first workgroup and HIO Panel meetings
 - Review workgroup interdependencies
 - Approve suggested additional workgroup members
 - Approve members of Consumer Advisory Panel
- 3:45** **Article Conversation – Greg Fraser, MD**
- 4:40** **Public Input**
- 4:55** **Next Steps – Carol Robinson**
- 5:00** **Close**

Meeting Outcomes

- Understanding of where we are in terms of our HIE and HIT efforts, including challenges and opportunities related to coordinating with our federal grantee partners
- Grounding in workgroup activity moving forward, including interdependencies
- Understanding of key HITOC decision points related to workgroup and panel input over the next few months
- Building dialogue and knowledge base around HIE planning moving forward

Updates

- HIE Plan approval status
- House Health Care Committee
- Federal HIT grantee coordination meeting
- Meaningful Use final rule revision
- E-prescribe stakeholder brainstorming session
- EHR product certification



Updates: Federal Coordination Meeting

Carol Robinson – State HIT Coordinator, HITOC Director	Abby Sears – OCHIN/O-HITEC
Paul Wild – Portland Community College	Dave Witter – Witter & Associates
Lisa Parker – Medicaid Health Information Technology (MHIT) Project Staff	Kahreen Tebeau – HITOC Staff
Susan Otter – Medicaid Health Information Technology (MHIT) Project Director	Carol Romm- Central City Concern
Nicole Merrithew- Tri-State Children’s Health Improvement Project, Office for Health Policy & Research	Chris Coughlin – Harrelson Group
Bill Hersh – Oregon Health and Science University	

- Meeting outcomes:
 - All participants informed about the content and status of each others’ federally funded HIT projects
 - Additional organizations identified to include in future meetings
 - Concrete points of synergy and coordination identified around:
 - Internship opportunities (HITOC, OCHIN, OHSU, PCC)
 - Workforce development through simulated EHR systems (OCHIN, OHSU)

**Oregon Medicaid
Health Information Technology (MHIT) Project
HITOC meeting**

Susan Otter, Project Director

October 7, 2010



Medicaid HIT Project Includes

- 90/10 Medicaid HIT Planning & Implementation Funds
 - \$3.53 million in federal funds for planning to Oregon
 - \$TBD in federal funds for implementation
- Medicaid Incentives for Providers achieving “meaningful use” of Electronic Health Records (EHRs)
- Other Medicaid HIT initiatives
 - Facilitating provider adoption of certified EHRs
 - Activities that Promote Electronic Data-Sharing to Improve Outcomes

Revised Deliverables & Schedule

Deliverable	Date
P-APD, approved by CMS	Feb. 12, 2010
P-APD Update, submitted to CMS	October 2010
SMHP/IAPD v1.0, submitted to CMS	February 2011
Implementation v1.0 begins, upon CMS approval of SMHP/IAPD v1.0	Spring 2011
Incentive program “go live”	Summer 2011
SMHP/IAPD v2.0, submitted to CMS	Summer 2011
Implementation of v2.0 begins, upon CMS approval of SMHP/IAPD v2.0	Fall 2011

Medicaid HIT Intersections with HITOC

- Adoption and Meaningful Use of EHRs
 - Setting EHR Adoption vision, goals, benchmarks
 - Developing strategies to accelerate meaningful use and adoption of certified EHRs
- Meaningful Use
 - Assessing 4 “menu set” public health measures
- HIE support:
 - Medicaid HIT funding and support for HIE planning (39%), implementation (TBD), and state interfaces with HIE
- Medicaid HIT funding for other HITOC mandates:
 - EHR Loan Program planning
 - Personal Health Records planning
 - Provider outreach and communications

August State Medicaid Directors Letter narrows scope of allowable activities

To qualify initiatives must:

- (1) **Directly facilitate the adoption and meaningful use of EHR**
- (2) **Be consistent with the HIE vision and specifically secure messaging, e-prescribing, and the electronic reporting of laboratory data**
- (3) Not be duplicative of other efforts
- (4) Be integrated into the Medicaid business enterprise
- (5) Not be qualified for MMIS funds, MMIS funds be used first when applicable
- **(6) Have a well defined, achievable scope with meaningful use of EHR as the goal**
- (7) Be able to sustain operations after the goal is met and HITECH funding is no longer available
- (8) Adhere to Medicaid Information Technology Architecture (MITA) principles
- **(9) Follow the fair share principle of cost allocation with other beneficiaries**
- (10) Work with CMS to determine appropriate cost allocation.

State Medicaid Directors Letter opens new opportunities

- Evaluation, Oversight, and Analysis Activities
 - Evaluation of the EHR Incentive Program
 - Data Analysis, Oversight/Auditing and Reporting on EHR Adoption and Meaningful Use
 - Ongoing costs for Quality Assurance activities
- Activities Promoting Electronic Data-Sharing to Improve Outcomes within the Medicaid HIT and State HIE Environments
 - System and resource costs associated with State interfaces of a Health Information Exchange
 - Creation or enhancement of a Data Warehouse/ Repository (should be cost allocated)
 - Development of a Master Patient Index (should be cost allocated)
 - Developing Data Sharing & Business Associate Agreements (legal support, staff)
- Linking Medicaid Providers to the “Medicaid HIT Environment”
 - Toll road analogy

PAPD: Major Changes

- Evaluation, Oversight, and Analysis Activities
 - Evaluation, Quality Assurance
 - Supporting data analytics
- Activities Promoting Electronic Data-Sharing to Improve Outcomes within the Medicaid HIT and State HIE Environments
 - State participation in HIE (Medicaid HIT Environment)
 - Interfaces:
 - Public Health systems; BHIP?; Long-Term Care?; AP/AC; MMIS?
 - Medicaid Share of HIE functionality
 - Data warehouses; RLS; Master Patient and Master Physician Indexes; Others
 - Medicaid Health Information Network
 - Organizational HIT Capacity Assessment
 - Technology Plan for coordinating systems and HIE participation
 - Privacy and security/data sharing policy assessment

Medicaid Health Information Network

- Create a coordinated network of DHS/OHA systems that directly impact Medicaid providers and their ability to achieve meaningful use of EHRs
- Connect providers to the Medicaid Health Information Network where appropriate to achieve meaningful use of EHRs
- Connect Medicaid Health Information Network systems to the Statewide health information exchange

Implications of State Medicaid Directors Letter and CMS input

- Strategic framing and coordinated approach is needed, not a laundry list of initiatives
- Much closer ties (and financing) for Health Information Exchange implementation
- CMS continues to develop clarity around scope of 90/10 funding – we can expect further clarity or changes down the road

Medicaid HIT Project Status

- Communication planning
 - Coordinating with OHITEC, HITOC/HIE, provider partners
- Staffing, resources, project management
 - Main staff hired, initial contractor onboard
 - Project plan development underway
 - Preparing P-APD Update for CMS (early October)
- Incentive Program development underway
 - Environmental scan and vision development
 - Discussions with key stakeholders, subject matter experts
 - Participation in multi-state effort to develop core provider application

EHR Incentives Program: Technology Development

- Participating in multi-state collaborative effort to develop a core, automated provider application called MAPIR
- Working with HP around state-specific requirements for customization to Oregon's MMIS
- Upcoming technical considerations:
 - “Meaningful use” clinical data submitted starting in 2012.
 - All Payer All Claims database information relevant to verifying provider eligibility for total patient volume

EHR Incentive Payment Program: Upcoming Decisions

- Public Health Meaningful Use Menu Items
 - Process
 - Working with Public Health on analysis of options
 - Initial discussion at MHIT Steering Committee in October
 - Stakeholder Outreach
 - Recommendation to HITOC, hopefully at December meeting

EHR Incentive Payment Program: Upcoming Decisions

- Program Decisions
 - Hospital Payment Structure
 - Patient Volume Calculation Methodology for Oregon Medicaid Provider Eligibility
 - Various smaller areas of state discretion
- Initial analysis and proposed approach will be developed by late October
- Approach is planned to include stakeholder input for key decisions

EHR Incentive Payment Program: Patient Volume

- Medicaid patient volume requirements
 - 30% Medicaid for Eligible Providers, except:
 - 20% for Pediatricians
 - Providers in FQHCs/RHCs consider “needy individuals” in volume: Medicaid, CHIP, free care, and sliding scale based on ability to pay
- Methodology options:
 - Encounters
 - Panel plus encounters
 - Alternate methodology
- Option to calculate as individual provider or group practice

EHR Incentive Payment Program: Communications and Outreach

- Communication Strategy Developed
- Draft Communication Plan next week
- Initial Coordinating Meetings with
 - Oregon Health Authority Communications
 - O-HITEC
 - Oregon Medical Association
 - Oregon Association of Hospitals and Health Systems
 - Presentations to the following groups:
 - Medicaid contractors: Managed care organizations (FCHPs), Dental Care Organizations, Mental Health Organizations
 - Medicaid medical directors
 - OAHHS Small and Rural Hospital meeting, Nov. 5
 - Other federal HITECH grantees (OHSU, PCC, O-HITEC, CHIPRA)

EHR Incentive Payment Program: Communications and Outreach

- Dentists
 - Meeting with O-HITEC, HITOC staff and Advantage Dental to assess Oregon's environment
 - Now gathering input through the Multi-State Collaborative of the National Association of State Medicaid Directors
 - Goal to identify which other states may have a larger number of dentists who will meet the 30% threshold, and how they are approaching the development of their incentive programs.
 - How many dentists are expected to qualify for the EHR incentive payments in your state?
 - What, if any, issues are you facing around the certification process for dental EHRs?
 - Are there any additional concerns specific to dentists?

Challenges and Opportunities

- Challenges

- Federal changes, late final rule, large amount of information to absorb
- Staying coordinated effectively in the midst of change
- Hiring versus contracting, bringing new staff up to speed quickly
- Fielding questions while developing program

- Opportunities

- Coordination with O-HITEC around technical assistance for providers, development of strategies to accelerate EHR adoption and meaningful use
- Support for HITOC and statewide HIE planning

Next steps:

- Project plan, October
- P-APD Update to CMS, October
- Stakeholder outreach on upcoming decision points
- Launch communications to providers, FAQs on website
- Further hiring, contracting, coordinating with partners
- Initial State Medicaid HIT Plan (SMHP) and Implementation APD (IAPD), February 2011
- Medicaid EHR Incentive program launched, summer 2011
- Updated SMHP/IAPD, summer 2011

Updates

- O-HITEC

Workgroups and Panels

HITOC Workgroups & Advisory Panels

GROUP TYPE	RESPONSIBILITY
Technology Workgroup	<ul style="list-style-type: none"> • Accreditation and Standards • Definition of HIE Services • Confirm HIE Services requirements and specifications
Finance Workgroup	<ul style="list-style-type: none"> • Financial Sustainability Plan for HIE Services • Review impacts of financing plan on Legislative proposals
Legal and Policy Workgroup	<ul style="list-style-type: none"> • Develop long-term consent model for HIE in Oregon • Recommendations for oversight and accountability, including privacy and security standards, and mechanisms for monitoring and enforcement • Policy/Other
HIO Executive Panel*	<ul style="list-style-type: none"> • Forum for sharing of best practices around HIE • Serve as a conduit for collaboration and coordination of intrastate and interstate HIE services including HIE gap assessment and mitigation activities
Consumer Advisory Panel	<ul style="list-style-type: none"> • Provide a consumer perspective to HITOC • Develop recommendations for specific goals, actions and timelines for the execution of the strategic and operational plans in the area of consumer education and communications • Assess and provide input regarding potential opportunities, risks and challenges

* Please note that the HIO Executive Panel will comprise of CEO or equivalent from the HIOs.

Sept. 29 Workgroup and HIO Executive Panel Orientation

- Held from 8:30am-1:00pm at the Eola Viticulture Center
- Steve Gordon and Paul Cieslak from Public Health spoke at the event
- 67 people attended
- The outcomes of the orientation were:
 - All Workgroup and HIO Panel members oriented to current context and plans
 - All Workgroup members on same page with regard to commitments, work and schedule ahead

Workgroup Updates

The Orientation consisted of a joint meeting of all workgroup and HIO panel members, followed by individual workgroup breakout sessions. The outcomes from the initial workgroup meetings included:

- Introductions of staff and workgroup members, including the background and expertise that each member brought to the group
- Review and acceptance of workgroup charters
- Review and clarification of the work plan for the next few months

Workgroup Interdependencies

- The work of the Legal and Policy, Finance, and Technology Workgroups is highly interdependent- the direction and outcomes in one will impact the direction and outcomes of the others
- The Workgroup meetings have been scheduled with this interdependency in mind - see handout
- **Key interdependencies include:**
 - The impact of the proposed consent model on the type of technology that will be needed
 - The impact of technology decisions on finance
 - The standards and details for implementing the HIE Participant Accreditation Program

Workgroup Chairs and Vice Chairs

Legal and Policy:

Name	Organization
Gwen Dayton - Chair	Oregon Medical Association
BJ Cavnor – Vice Chair	Cascade AIDS Project

Technology:

Name	Organization
Brian Ahier - Chair	Mid-Columbia Medical Center
Aaron Karjala – Vice Chair	Oregon Health Authority

Finance:

Name	Organization
Vaughn Holbrook - Chair	Regence Blue Cross Blue Shield
Martin Taylor – Vice Chair	CareOregon

Additional Workgroup Membership

- From workgroup charters:

“Applicants shall be selected based upon relevant experience, proven managerial and collaborative abilities, availability, and to provide the broadest statewide reach possible. Ad-hoc, short-term participants may be included by the Chair of the Workgroup from time to time as needed. Additional Workgroup members would need to be approved by the HITOC Chair and Vice-Chair.”
- Please see list of newly nominated workgroup members in meeting materials packet

HIO Executive Panel Update

- “Shall be composed of representatives from each of Oregon’s HIOs who will be put forth by the HIO in consultation with the HITOC Selection Panel including the Chair, Vice-Chair and at least one other HITOC member.”
- Organizations currently represented:
 - Asante Health System
 - Bay Area Community Informatics Agency (BACIA)
 - Douglas County Independent Practice Association (DCIPA)
 - Gorge Health Connect
 - OCHIN
 - Northeast Oregon Network
 - Providence Health & Services
 - Salem Area Community HIE (SACHIE)
 - Samaritan Health Services
 - St. Charles Medical Center

Sept. 29 HIO Executive Panel Meeting

- The HIO Panel held their first meeting from 1-4pm after the morning's orientation. The following are highlights from their discussion:
 - **Dual panel/workgroup membership:** decision to have a Panel member sit on the Finance Workgroup
 - **Group decision model:** agreement on a consensus model, and Dr. Fraser acting as liaison to HITOC
 - **Panel organization:** no chair or vice-chair appointed at this time
 - **Communication between HIO Panel and workgroups:** established monthly call between quarterly meetings, with Panel members and workgroup staff, to deliver feedback and questions coming out of the workgroups
 - **Accreditation Subcommittee:** The HIO Panel agreed to host and participate in a subcommittee on accreditation standards and details, with 2-3 members of each workgroup, at their Oct. 28 meeting

Consumer Advisory Panel Update

- Applications were accepted through Sept. 24
- A total of 26 applications was received
- Applications were reviewed by a panel of three HITOC members (Steve Gordon, Sharon Stanphill and Bob Brown)
- Criteria included organizational affiliation, background, experience, and geographic and gender diversity
- Several spots were left open to be filled at a later time to address current gaps in membership
- A recommendation for targeted outreach to the following sectors was suggested:
 - Behavioral Health
 - Communities of Color
- A roster of nominees has been compiled for the Council's review and vote today

Next Workgroup and Panel Meetings:

Legal and Policy Workgroup:	Oct. 12
Technology Workgroup:	Oct. 13
Finance Workgroup:	Oct. 19
HIO Executive Panel:	Oct. 28
Consumer Advisory Panel:	Nov. 16 – Orientation

Article Conversation – Greg Fraser, MD

The Strategic and Operational Plans define potential approaches for HIE. Given the issues and lessons learned identified in this article, what are your thoughts regarding:

1. The ability of the plan to support the triple aim goals?
2. The approach to finance (reference Strategic Plan, page 29)?
3. A value-based vs. utility services strategy and the development of a sustainability plan (reference Strategic Plan, page 30)?

Is our Oregon approach sufficient, what else should be considered?

Public Input

Next Steps

Next HITOC Meeting:

- **Thursday, November 4, 2010**
1:00 pm – 5:00 pm
Portland State Office Building 1A
800 NE Oregon St.
Portland, Oregon 97232

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