

Health Information Technology Oversight Council Health Information Organization Webinar June 9, 2010

Meeting Agenda:

- 2:00 **Welcome** – Carol Robinson
- 2:10 **Overall Plan Orientation** – Dave Witter
- 2:20 **Phase One**
- 2:40 **Phase Two and Beyond**
- 2:50 **Next Steps** – Carol Robinson
- 3:00 **Open Discussion** – All participants
- 3:25 **Close** – Carol Robinson

- “To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that within five years, all of America’s medical records are computerized ... It just won’t save billions of dollars and thousands of jobs – it will save lives.” (January 5, 2009)

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updated 7:42 a.m. EST, Mon January 12, 2009



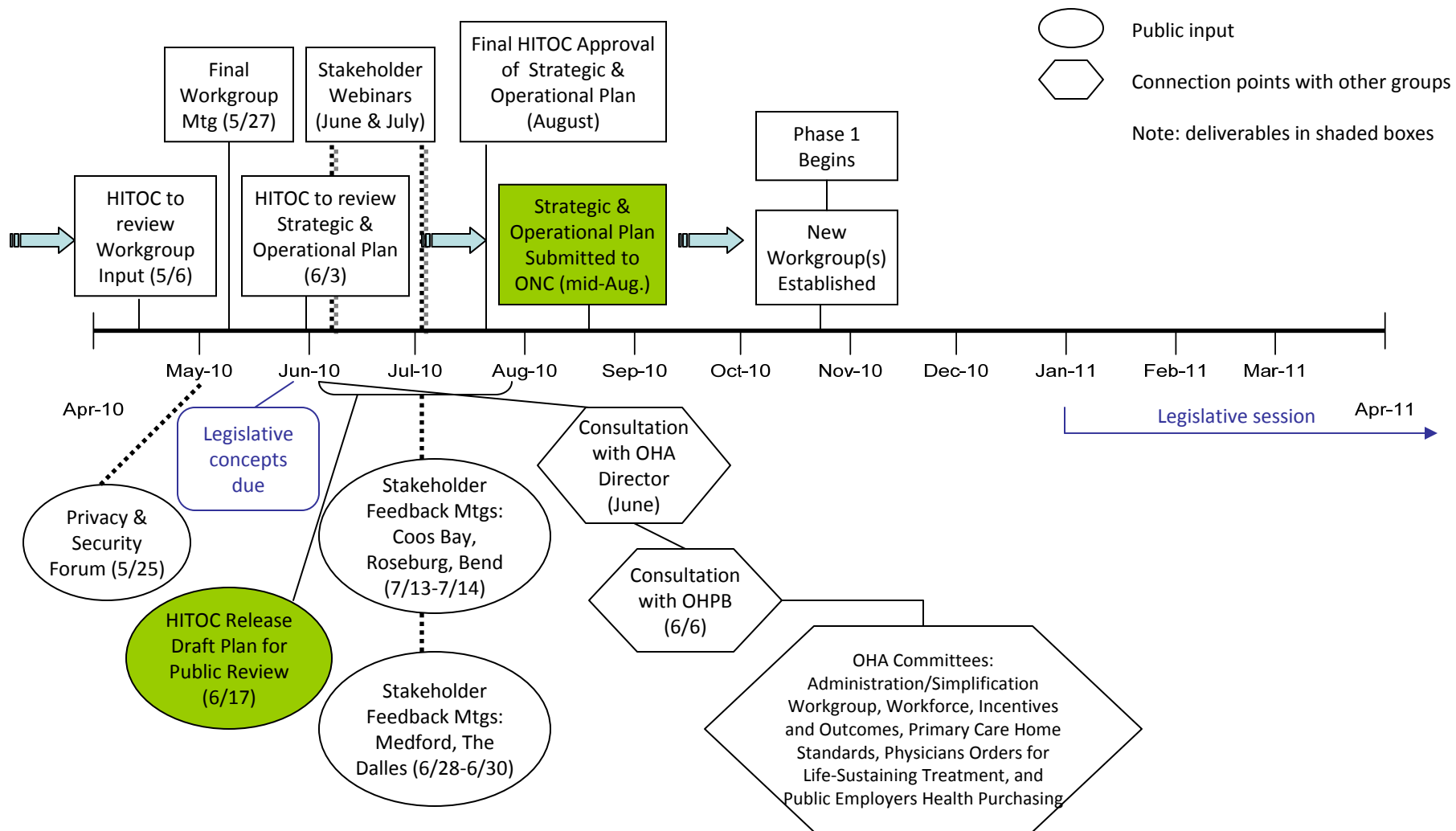
Obama's big idea: Digital health records

President-elect Barack Obama, as part of his effort to revive the economy, is proposing a massive effort to modernize health care by making all health records standardized and electronic. The government estimates about 212,000 jobs could be created by this program, CNNMoney reports. [full story](#)

Meeting Outcomes

- Provide overview of HIE Plan
- Gather input on elements of HIE Plan
- Discuss most efficient ways for this group to work together as we move into Phase 1

Timeline for Completion of HIE Plans



Oregon Health Authority Triple Aim Goal

Improved Patient Experience

Improved Population Health

Lower Per Capita Costs

1. Improve the lifelong health of all Oregonians
2. Increase the quality, reliability, and availability of care for all Oregonians
3. Lower or contain the cost of care so it is affordable to everyone

Selected Highlights

- July 2009: Initial HIT Stakeholder Meeting (75 people attended)
- Fall 2009 – ongoing: Presentations to Stakeholder Groups (over 25 meetings so far)
- September 2009: Letter of Intent submitted to ONC for Statewide HIE Cooperative Agreement
- October 2009: First HITOC meeting
- October 2009: Statewide HIE Cooperative Agreement Application submitted to ONC
- October 2009 – May 2010: Monthly HITOC Updates (sent to almost 900 stakeholders monthly)
- November 2009: HITOC Stakeholder Survey and Targeted Stakeholder Meetings (gathered input from over 175 stakeholders)

Selected Highlights

- January – May 2010: 8 Strategic Workgroup Meetings
- February 2010: Cooperative Agreement Awarded (\$8.58M)
- February 2010: OCHIN named as Oregon's REC (\$13.2M)
- February – April 2010: 3 Stakeholder Webinars to Update Progress and Gather Input (reaching 125 stakeholders)
- March 2010: Updated EHR Survey Shows Oregon Adoption Ahead of National Rates
- March 2010: Medicaid P-APD for HIT Planning Awarded
- April 2010: Survey of County Public Health Departments
- April 2010: OHSU (\$5.8M) & PCC (\$625K) receive HIT Workforce grants
- April 15, 2010: HIO Summit Held (60 people from 40 organizations)
- May 25, 2010: Privacy & Security Forum (over 150 people attended)

Stakeholder Engagement-a success

- Stakeholder meetings
 - “Great information, clearly presented.”
 - “Sincere attempt to answer the questions of the audience and enable further dialogue.”
 - “Plenty of advanced notice & communication, interactive format, ease of connecting & logging in to participate.”
 - “It was a great opportunity to be brought up to date on the work without having to travel.”
- Strategic Workgroup
 - “I read through every one of the 85 pages single-spaced, and I'm totally impressed. In general I don't have anything to add, I think it captured all the details of everything we've talked about and I'm really impressed with the hard work of the group that put this together. Considering how many meetings and how much discussion we've had, all the flavors and all the subtleties are in there. Great job to the team.” – Dick Gibson, MD, HIIAC Chair
- HITOC
 - “I'm thrilled not only with the composition of the workgroup and the work they accomplished, but also the apparent humility and mutual respect with which they conducted themselves. It makes me proud to be an Oregonian. The workgroup members, staff, and consultants all deserve our praise and thanks.” – Greg Fraser, MD MBI

Key Oregon Reports

- Impact of Potential Incentive Payments, 8/2009
- HITOC Stakeholder Survey, 9/2009
- Oregon HIT Environmental Assessment, updated 2/2010
- EHR Adoption Survey, 3/2010
- Oregon HIE Adoption Impact: Potential Avoidable Service & Productivity Savings from Widespread Adoption, 5/2010 (draft)
- Value Propositions Recap, 5/2010 (draft)
- Local Public Health Department Survey, 5/2010 (draft)

Core Components of Strategic Plan

- Incremental Phased Approach
- Support Local Health Information Organizations
- Light Central Services
- Standards & Certification
- Role of State
 - Communicate
 - Coordinate
 - Facilitate (evolving through the phases)
 - Oversight
 - Risk Mitigation and Coverage of Gaps

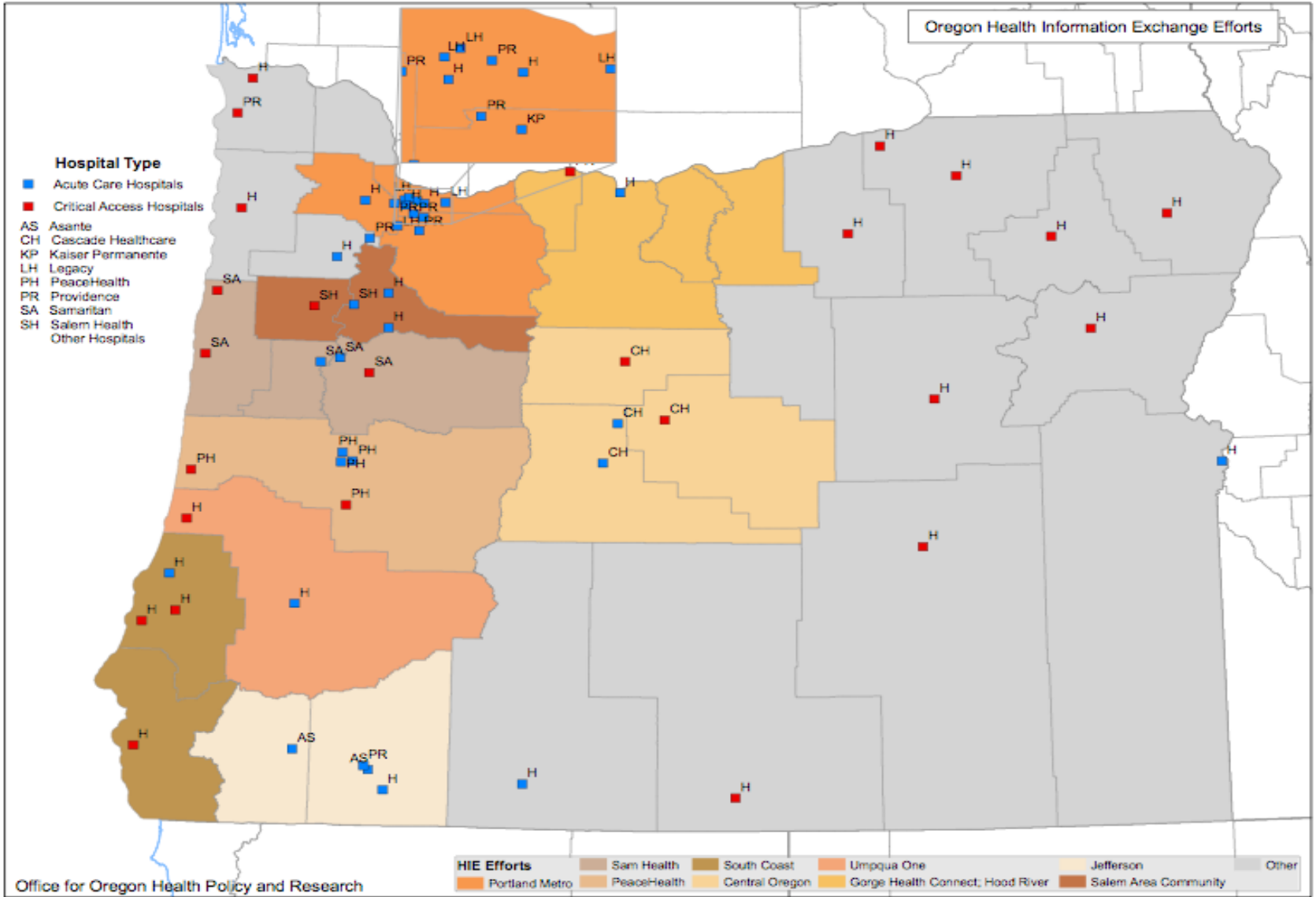
Phasing and HIE Domains

Domain	Phase 1	Phase 2	Ongoing
Governance	Adoption of policies, requirements, standards and agreements - Statewide standards and/or certifying body could be HITOC in some form	Non-profit entity created in conjunction with financial sustainability plan and legislative approval, to act as central contracting agency, with small-scale operations	Non-profit develops larger operations to support HIE, if needed
Technology	Selection and Adoption of Standards and requirements, including strategies for meeting the needs of underserved areas	Implementation and operation of centralized services, as necessary	Operation of HIE services to cover gaps and underserved areas, if needed
Legal & Policy	HITOC develops and implements Accountability & Oversight Program, interstate agreements, security protocols, and other standards and policies	To be determined in Phase 1	Undetermined
Business Architecture and Operations	Run certification program for local HIOs, design common technology-based services	Operation of common technology and technical support services	Additional services, as necessary
Finance	Finalize services costs Determine services revenue and pricing models	Create and staff non-profit organization, implement Certification Program and Technology and Support Services	Expand services and support offering, as necessary

Governance Recommendation

- Phase 1: The state to develop strategies to encourage and support Regional/Community HIOS and set HIE policies, requirements, standards and agreements through the existing HITOC and OHA mechanisms
 - 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
 - Provide strategic direction for addressing gaps in HIE availability
- Phase 2: Establish non-profit Statewide HIO
 - Use non-profit as a central contracting point for providers for data use and business associate agreements with Regional/Community HIOs and data providers
 - The statewide HIO to develop “light” operational capacities for centralized services required for HIE
- Ongoing: 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 and functional gaps in HIE coverage

State of Oregon HIE Coverage



Technology Recommendation

- Phase 1
 - Selection and adoption of standards for HIO-to-HIO communication and data transport
 - Planning for Phase 2 required HIE central services
 - Statewide directory for HIE Participant lookup and routing
 - Trust services for HIE Participant-to-Participant information exchange
 - Identification & planning for other potential Phase 2 technical services & offerings, like:
 - Central HIE service enabling location of patient records (RLS)
 - Central HIE service to facilitate exchange of public health and quality data
 - Central HIE service enabling NHIN connectivity via NHIN Connect and/or NHIN Direct
 - Reference HIE software implementing agreed-to standards
- Phase 2
 - Implementation of technology-based services & offerings
- Ongoing
 - Implement services & offerings as defined in Phase 2
 - Functional gaps fulfillment

Business Architecture and Operations Recommendation

- Phase 1
 - Define and finalize HIE Participant Certification program
 - Finalize offerings and define requirements for services to be developed in Phase 2
 - Potential Support Services to be scoped – technology-based and support services
 - Legal toolset for HIOs
 - Resources or \$ to support connection of HIOs
 - Other services identified during phased planning process
- Phase 2
 - Implement services defined in Phase 1
 - Scope additional services as necessary to further facilitate HIE or generate revenue
- Ongoing
 - Implement additional services defined in Phase 2

Final list of services to be determined based on financing model and further review of options and offerings

Legal & Policy Recommendation for Phase 1

- **Accountability & Oversight**
 - *Standards and Requirements:* Adopt EHNAC criteria and any other nationally-developed standards and federal requirements; HITOC will develop any additional state-specific requirements if necessary
 - *Validation:* HITOC will develop and implement a validation program, which will include an HIO accreditation program
 - *Enforcement:* Rely on federal and state law; HITOC will develop additional enforcement rules and mechanisms if necessary
- **Consent Policy – Opt Out for General PHI:**
 - Excludes Specially Protected Health Information (SPHI) from HIE, at least for Phase 1
 - Would include an Opt In option for inclusion of any or all SPHI
 - An examination of state laws that define SPHI would be conducted during Phase 1

Specialized Privacy & Security Workgroup to conduct further analysis of key issues during Phase 1

Financing Plan due February 2011

- Refined statewide HIO services plan and phasing
- Identify services that can support value-based pricing: transaction, subscription fees
- For the broad-based value/utility services, determine balanced stakeholder financing mechanisms
- Goal: sustainable financing plan

Phase 1: Objectives and Deliverables

- Certification standards (including technology and security) are set and certification of HIOs is under-way
- Intrastate and interstate DURSA are in place
- Some level of HIO-to-HIO exchange is taking place
- Service offerings and associated fees for Phase 2 have been determined and communicated to stakeholders
- Legislative or consent policy changes are explored
- An ongoing and iterative review process for MU criteria, beginning in Phase 1
- Strategy for under-served areas is determined
- Provider and consumer educational programs are developed
- Establish measures and benchmarks to assess HIE activity, participation and impact: provider affiliation with HIOs, patient coverage, number of queries, ER visit costs, etc.
- Establish ongoing mechanism and process by which to assess HIO viability
- Sustainable business plan for non-profit SDE has been created and approved

Phase 1: Potential Risks

- Opposition, disagreement and/or confusion about state and/or federal standards results in potential lack of interoperability
- Disagreement and confusion about state and/or federal standards results in potential lack of interoperability
- Lack of participation among organizations and patients
- Local HIOs are weak and/or failing
- Exclusion of SPHI in consent model proves difficult to implement
- Legal inconsistencies prove difficult to reconcile and harmonize
- Slow provider adoption of EHRs; general intransigence to change
- Insufficient technical infrastructure, such as broadband connectivity
- Unanticipated future policy or reform initiatives may influence HIE participation and HIO-to-HIO connectivity

Phase 2: Objectives and Deliverables

- Financial sustainability strategy in place for non-profit SDE
- HIO-to-HIO connectivity and integration
- Ongoing monitoring of HIO services availability, activity, and number of certified HIOs
- Provider and consumer educational programs are underway
- Triple aim outcomes attributable to HIE
- Early wins in HIE to prove value & benefit to provider community, such as Registries Access
- Usage of centralized services: number of provider look-ups, HIOs certified, etc.
- Measurements and benchmarks not achieved in Phase 1: provider affiliation levels, etc.
- Exchange of CCD and functioning provider directory
- Connectivity and integration with NHIN
- Demonstrable biosurveillance capacity attributable to HIE
- Better alignment of state services
- Privacy, security, and related legal and policy risks to be identified in Phase
- Implementation of legislative or consent policy changes as developed in Phase 1
- Monitor, measure, and assess gradual attainment of benchmarks identified in Phase 1 and adapt accordingly

Phase 2: Potential Risks

- Lack of compliance due to changing legal/regulatory landscape
- Tension between local and central HIO as the central HIO expands its service offerings
- Legal obstacles in phase 1 may create delays in legal/policy domain issues (i.e. inter-state exchange)
- Unresolved legal and policy issue related obstacles in Phase 2
- Inadequate financial plan for sustainable non-profit
- Certification program lacks enforcement or systems lack resources to meet standards
- Early failures of HIE efforts and public support due to security breaches
- Failure to transition from “start-up” mode to on-going operation, resulting in unreliable services and unstable standards
- Consolidation in the provider market may create changes for HIE

Ongoing Activities and Services

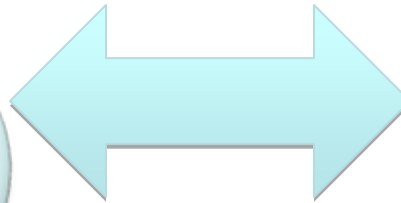
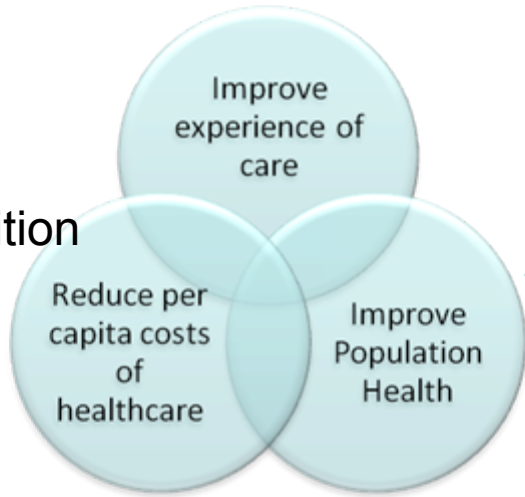
The SDE will conduct a continuous "monitor-and-adapt" cycle defined by the following elements:

1. Perform a set of environmental assessments across the state to determine HIE availability, HIE impact, and other factors;
2. Based on the results of those assessments, the SDE will develop a plan to address any areas not meeting desired benchmarks defined by its governance;
3. The SDE will then initiate its plan, potentially involving the creation of additional operational services and offerings.

Strategic Intent



Value Proposition



Goals



Imperatives

- Establish a governance structure that achieves broad-based stakeholder collaboration with transparency, buy-in, and trust.
- Set goals, objectives and performance measures for the exchange of health information that reflect consensus among the health care stakeholder groups and that accomplish statewide coverage of all providers for HIE requirements related to meaningful use criteria.
- Ensure the coordination, integration, and alignment of efforts with Medicaid and public health programs.
- Establish mechanisms to provide oversight and accountability of HIE to protect the public interest.
- Account for the flexibility needed to align with emerging nationwide HIE governance that will be specified in the future
- Incorporate national and state health reform goals

Next Steps

- Discuss what information is needed from HIOs for the HIE Plan.
- What work needs to be done?
- What structure should be developed to get that work done?
- Should HITOC set up an HIO Advisory Council? If so, what would a workable structure look like?
- What's a reasonable timeline?

Regional HIE Initiatives in Oregon¹

HIE (partial list as example)	Year	Region	Org Type	Technology Approach	Operational (Data Exchanged)	NHIN	Goals and Objectives	Participants (Initial/ Planned)	Initial Financing	Sustainability Model
Cascade Healthcare										
DCIPA										
Gorge										
Jefferson										
OCHIN										
PeaceHeath										
Providence										
SACHIE										
Samaritan										

¹ Table is adapted from the *Missouri Health Information Exchange Strategic Plan*, Feb. 19th, 2010, p.15.

Open Discussion

June – August Schedule Highlights

- 1. Gather Stakeholder Input**
- 2. HITOC Release Draft HIE Plan for Review: June 17**
- 3. Stakeholder Feedback Meetings: late-June to mid-July**
- 4. HITOC Finalize HIE Plan: August 5**
- 5. Statewide HIE Strategic and Operational Plans Due to ONC: August 31, 2010**