

**Oregon Health Policy Board  
Health Information Technology Oversight Council  
Charter**

Approved by Oregon Health Policy Board on August 4, 2015

**I. Overview and Authority**

The Health Information Technology Oversight Council (“Council”) is established by House Bill 2294 (2015), Section 4 (1) as a body that reports to the Oregon Health Policy Board (“Board”). This charter defines the objectives, responsibilities, and scope of activities of the Council. This charter will be reviewed periodically to ensure that the work of the Council is aligned with the Board’s strategic direction.

**II. Duties , Objectives, Membership**

The duties of the Council as established by House Bill 2294 and the Council’s corresponding objectives include:

<b>Council Duties per House Bill 2294</b>	<b>Council Objectives</b>
Identify and make specific recommendations to the Board related to health information technology (“HIT”) to achieve the goals of health system transformation.	<ul style="list-style-type: none"> <li>• Make recommendations to the Board, such as HIT strategic plans, policy direction and HIT priorities; make HIT-related policy and legislative recommendations to achieve goals of health system transformation and address barriers; make other recommendations to improve the effectiveness of HIT efforts in Oregon.</li> <li>• Convene workgroups or committees to focus on high priority HIT topics that may result in recommendations to the Board.</li> </ul>
Regularly review and report to the Board on: <ul style="list-style-type: none"> <li>a) OHA’s HIT efforts including the Oregon HIT Program toward achieving the goals of health system transformation;</li> <li>b) Efforts of local, regional, and statewide organizations to participate in HIT systems;</li> <li>c) This state’s progress in adopting and using HIT by providers, health systems, patients and other users.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform recommendations and strategic and policy efforts by assessing information about the state of HIT in Oregon.</li> <li>• Provide oversight and transparency of the OHA’s HIT efforts including the Oregon HIT Program by monitoring progress.</li> <li>• Develop reports to the Board and for stakeholders that effectively communicate on HIT efforts in Oregon including               <ul style="list-style-type: none"> <li>• EHR adoption and meaningful use,</li> <li>• use of HIT and participation in HIT efforts, and</li> <li>• other topics important to achieving the three goals of HIT-optimized health care (see below).</li> </ul> </li> <li>• Identify gaps or barriers or other issues with HIT in Oregon.</li> <li>• Identify where further information is needed to understand the HIT environment in Oregon.</li> </ul>

Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state’s efforts in utilizing HIT.	<ul style="list-style-type: none"> <li>• Review and respond to proposed changes in federal laws and policies that impact HIT efforts in Oregon.</li> <li>• Identify any priority federal laws and policy that impact Oregon’s HIT efforts where advice, advocacy, or other recommendations are appropriate.</li> </ul>
--	--

Membership Terms

Members shall initially serve staggered terms of up to three years and are eligible for reappointment to three-year terms upon completion of their initial term. Reappointment is at the discretion of the Member, the Council Chairs, and the Board.

Membership Composition

Per House Bill 2294, Section 4(1), the Board shall:

- a) Determine the terms of members on the Council and the organization of the council.
- b) Appoint members to the council who, collectively, have expertise, knowledge or direct experience in health care delivery, health information technology, health informatics and health care quality improvement.
- c) Ensure that there is broad representation on the council of individuals and organizations that will be impacted by the Oregon HIT Program.

In addition to statutory requirements regarding membership of the Council, the following principles are hereby adopted regarding membership composition. Council membership should include:

- A broad mix of health care perspectives from providers, hospitals, health plans, and coordinated care organizations (“CCOs”) including perspectives from various EHR/health IT tools (e.g., Epic and non-Epic users);
- Subject matter experts that account for a “whole-person care” perspective, in areas such as behavioral health, dental health, and long-term care;
- Subject matter expertise in privacy and security of electronic information.
- Representation from consumers or patient advocates; and
- Representation from individuals or organizations that work with disproportionately-affected populations including geographic diversity.

Chair/Vice-Chair

The Board will select the first Chair and Vice Chair of the Council from among the Members. After the initial term of office, the Council shall select a Chair and Vice-Chair from among its Members. The Council Chairs will serve for 24-months from the date of their election.

**III. Goals of Health IT-Optimized Health Care in Oregon**

The duties listed above frame the scope of the Council’s activities. The Council will also be guided by *Oregon’s Business Plan Framework for Health Information Technology and Health Information Exchange (2014-2017)*, released in May 2014 by the Oregon Health Authority.<sup>1</sup> This plan outlines three goals to achieve HIT-optimized health care in Oregon:

---

<sup>1</sup> See: [http://healthit.oregon.gov/Initiatives/Documents/HIT\\_Final\\_BusinessPlanFramework\\_2014-05-30.pdf](http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf)

- Providers have access to meaningful, timely, relevant, actionable patient information to coordinate and delivery “whole person” care;
- 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;
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

These goals will inform the policy recommendations made by the Council and its committees or work groups.

#### **IV. The Oregon Health Information Technology Program**

House Bill 2294, Section 1 requires OHA to establish an Oregon HIT Program (“Program”). The Program is anticipated to include:

- Existing HIT and health information exchange services provided by OHA (e.g., CareAccord);
- New HIT and HIE services in development (e.g., Common Credentialing Program, Provider Directory);
- Partnerships and collaboratives (e.g., co-sponsorship of the Emergency Department Information Exchange Utility); and
- Other HIT and HIE initiatives (e.g. pilot projects, grants, etc.).

The Program is administered by the Office of Health Information Technology within OHA.<sup>2</sup>

The Council will play a key role in defining the strategic direction and priority of HIT efforts in Oregon including services offered by the Program. Once services become operational, the Council’s role shifts to one of oversight and monitoring. The Council is responsible for reporting on the progress of these and other HIT efforts in the state to the Board.

#### **V. Actions and Work Plan**

##### Actions

The Council may take the following actions:

- Make formal recommendations and reports to the Board;
- Identifying priorities for HITOC work;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to HIT;
- Request data and reports to assist in preparing recommendations to the Board or the Congressional Delegation;
- Provide a Council Member to serve as a liaison to other committees or groups as requested.

##### Work Plan

The following work plan is offered to guide the work of the Council (2015-2017) to be updated as needed by formal action of HITOC and approval by the Board.

---

<sup>2</sup> See our website for more information about these services, programs, and initiatives: <http://healthit.oregon.gov>.

<b>Content Area</b>	<b>Topic</b>
<p><b>Policy Topics</b> HB 2294: Identify and make specific recommendations to the Board related to health information technology (“HIT”) to achieve the goals of health system transformation.</p>	<ul style="list-style-type: none"> <li>• Improving Interoperability across HIT/HIE investments in Oregon</li> <li>• Behavioral Health information sharing</li> <li>• Update Oregon HIT Strategic Plan</li> <li>• Other emerging policy issues</li> </ul>
<p><b>Oregon HIT Program</b> HB 2294: Regularly review and report to the Board on OHA’s HIT efforts including the Oregon HIT Program toward achieving the goals of health system transformation.</p>	<ul style="list-style-type: none"> <li>• Programs and Services (e.g. CareAccord, Technical Assistance, Common Credentialing, Provider Directory)</li> <li>• Partnerships/Collaboratives (e.g. Emergency Department Information Exchange (EDIE)/PreManage)</li> <li>• Initiatives and Pilots (e.g. Behavioral Health Information Sharing grant to Jefferson HIE (ONC), Telehealth pilot grants)</li> </ul>
<p><b>Health IT Environment</b> HB 2294: Regularly review and report to the Board on efforts of local, regional, and statewide organizations to participate in HIT systems; this state’s progress in adopting and using HIT by providers, health systems, patients and other users.</p>	<ul style="list-style-type: none"> <li>• Board Reporting Format Finalized</li> <li>• HIT Metrics and Dashboard Development</li> <li>• Monitoring EHR Incentive Program</li> <li>• Monitoring HIE efforts (e.g. HIT/HIE Community &amp; Organizational Panel)</li> <li>• Behavioral Health Provider Survey (anticipated)</li> <li>• Other data/survey efforts as needed</li> </ul>
<p><b>Federal Law and Policy</b> HB 2294: Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state’s efforts in utilizing HIT.</p>	<ul style="list-style-type: none"> <li>• Meaningful Use Stage 3 and other relevant federal rules and policies</li> <li>• ONC Interoperability Roadmap</li> <li>• ONC Standards Advisory</li> </ul>

To complete the work plan described above, the Council may charter committees and work groups as needed and take direction from the Board.

**V. Staff Resources**

The Council is staffed by the Office of HIT, as led by the Director of HIT, for the Oregon Health Authority. Support will be provided by other OHA leaders, staff, and consultants as requested or needed.

**VI. Expectations for Council Meetings**

In addition to the Council’s By-Laws, the following expectations apply to all Council meetings:

- The Council will meet every other month beginning in September 2015, and continue at least quarterly.
- Location of meetings will alternate between Portland and Salem (with special exceptions);
- A standard meeting time will be established (with special exceptions);
- Ad hoc meetings can be called;
- All meetings will be public and documented on the Council website and meet requirements for public meetings: [http://www.oregon.gov/oha/OHPR/HITOC/Pages/Meeting\\_Materials.aspx](http://www.oregon.gov/oha/OHPR/HITOC/Pages/Meeting_Materials.aspx);

- Council members are expected to review materials ahead of the meeting and come prepared to discuss and participate.

## **VII. Amendments and Approval**

This charter may be amended by vote of a 2/3 majority of Council members. An amended charter requires approval by the Board before it takes effect.