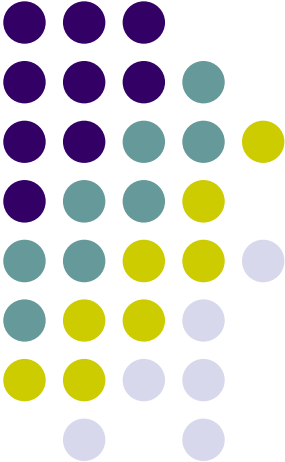
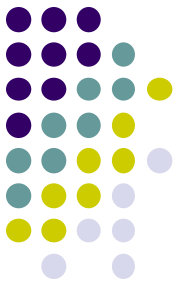


Health Information Technology Oversight Council

Webinar-Technology
April 2, 2010
9:30 – 10:30 am



AGENDA



9:30-9:35 Review Agenda

9:35- 9:40 Proposed Outcomes and Webinar Process

9:40-9:45 National Update

9:45-9:55 Oregon Planning Process Update

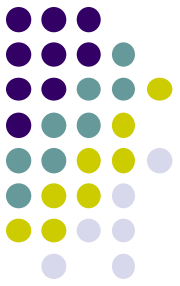
9:55-10:25 HITOC Strategic Workgroup Meeting Synopsis

- Technology Models
- Workgroup Input
- Questions

10:25-10:30 Next Steps and Resources

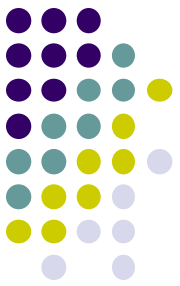
- HITOC and Strategic Workgroup Meetings
- April 30 Webinar
- HIO Stakeholder Meeting on April 15
- Privacy and Security Forum
- HITOC website

Outcomes and Process



- Outcomes
 - Update regarding work in progress and opportunities
 - Technology Working Model update
 - Awareness of next steps
- Process
 - Start on time and end on time
 - Webinar requirements
 - Q and A process overview
 - Follow-up
 - Additional feedback
 - Next Webinar April 30

Webinar Requirements



If you experience difficulties with audio and are using a phone line, please hang up and call back in. If you are using VoIP make sure that your systems meets the requirements below. The slides will be posted on the HITOC Website prior to the Webinar for access.

System Requirements

- **For PC-based Users**

- Required: Windows® 2000, XP, 2003 Server or Vista (Linux is not supported)
- Required: Internet Explorer® 6.0 or newer, or Mozilla® Firefox® 2.0 or newer (JavaScript™ and Java™ enabled). If needed, download Java here.
- Internet Connection Required: Cable modem, DSL or better recommended
- Recommended: Minimum of Pentium® class 1GHz CPU with 512 MB of RAM (2 GB of RAM for Windows Vista)

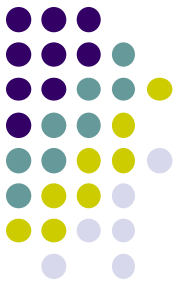
- **For Mac®-based Users**

- Required: Mac OS® X 10.4 (Tiger®) or later
- Required: Safari™ 3.0 or newer, Firefox® 2.0 or newer; (JavaScript™ and Java™ enabled)
- Internet Connection Required: Cable modem, DSL or better recommended
- Required: PowerPC G4/G5 or Intel processor, 512 MB of RAM or better

- **To Use VoIP**

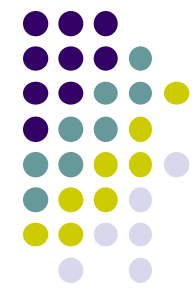
- Required: Fast Internet connection (384 kbps or more recommended)
- Required: Microphone and speakers (USB headset recommended)

HB 2009 (pre-HITECH)

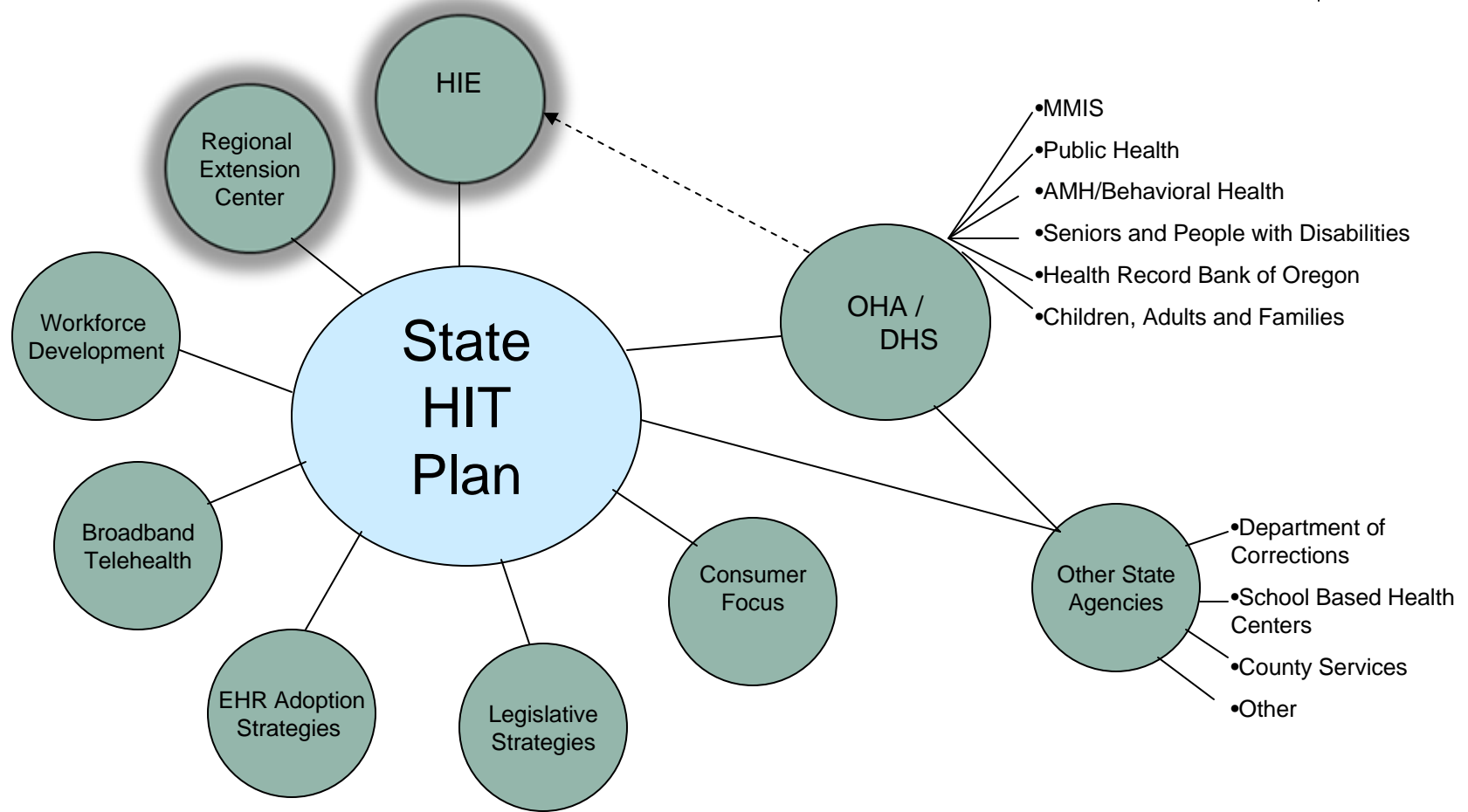


The HITOC duties set forth in HB 2009 include:

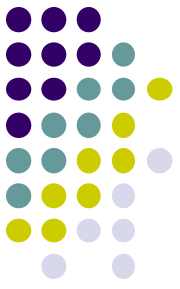
- Set Goals and Develop Strategic HIT Plan
- Coordinate and Leverage Existing Resources
- Adopt Standards for a Purchasing Collaborative for Electronic Health Records (EHR)
- Educate Public and Providers of Health Care
- Support and Oversee Health Records Bank
- Develop Reimbursement Program for EHR use and HIT Loan Program



HITOC to Coordinate State HIT Plan



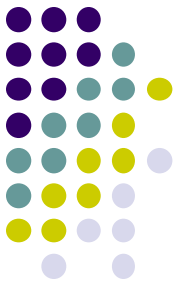
ARRA HITECH Changes the Game



Key funding opportunities for Oregon include:

- State Health Information Exchange (HIE) Cooperative Agreement Program (\$8.58 million over 4 years)
- Medicaid and Medicare Incentives for Providers using Electronic Health Records (up to \$44,000 for individual Medicare providers; up to \$63,750 for individual Medicaid providers; approximately \$236 million to Oregon hospitals)
- Medicaid Incentive Program Planning Funds (90/10 federal matching funds) for Medicaid HIT Planning activities to establish the incentive program described above. (\$3,922,419 total funds, \$3,530,176 federal funds)
- Health Information Technology Extension Program (technical assistance to support and accelerate EHR adoption and meaningful use) O-HITEC, part of OCHIN is the Oregon REC.
- Other federal funding to non-state entities:
 - HIT workforce development,
 - Community HIT infrastructure and exchange initiatives,
 - Research to achieve breakthrough strategies on HIT adoption barriers, and
 - HIT implementation funding for Tribes and health center networks.

HITOC HIE Planning Overview



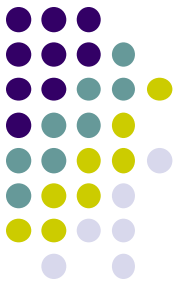
- Strategic Workgroup
 - Additional April meeting scheduled
 - Meetings: April 8, 22 and 29
 - Upcoming Topics: Legal and Policy/Business Operations/Finance
 - May meetings for wrap-up on all areas
- HITOC
 - May 6 meeting discuss Legal & Policy/Business Operations/Finance
 - June 3 meeting discuss Draft Strategic Plan
 - June 17 (tentative) Finalize Strategic Plan, discuss Operational Plan
 - No July meeting
 - August 5 meeting
- Community Stakeholder Meetings to Gather Input on Plan
 - Tentatively scheduled for weeks of June 28 and July 12
 - Five meetings in different regions
- Strategic and Operational Plans due to ONC August 31, 2010

National Updates



- Federal Health Reform
 - Focus on integration and technology
- Privacy and Security
 - New ONC Whitepaper on “Consumer Consent Options For Electronic Health Information Exchange: Policy Considerations And Analysis” was released March 23.
- ONC EHR Certification
 - Notice of Proposed Rulemaking
- EHNAC HIE Accreditation Criteria
 - Comment period for draft criteria through April 23

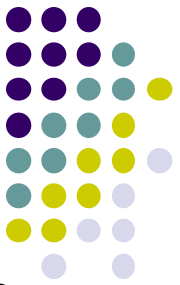
Key National Technology Developments



- NHIN Direct Announced
 - Standards around secure transport of information
 - Focusing on Provider-to-Provider and Patient-Provider communication
 - Will not focus on standards around data types and content
- Notice of Proposed Rulemaking released from ONC regarding EHR Certification
 - Announced March 2, 2010, issued March 10, 2010
 - Temporary program (30 day comment period) for ONC-Authorized Testing & Certification Body (ONC-ATCB) for Complete EHRs and/or EHR Modules
 - Permanent program (60 day comment period)
 - Temporary program lasts until first ONC-ATCB designated

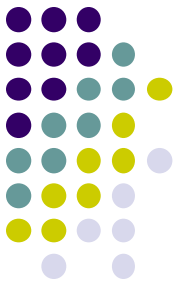
These developments will help us better define which technology and standards we need to address in the Strategic and Operational Plan

NHIN Direct



- Goal: implement support for direct communication over the Internet between providers and between providers and patients simply and securely in ways that address Stage 1 Meaningful Use requirements.
 - Policy direction defined by the NHIN Workgroup of the HIT Policy Committee.
 - Project efforts coordinated under the guidance of the ONC.
- Design principles
 - Create transport-level specifications and services that can handle multiple types of content, including unstructured text and fully structured documents.
 - Efforts will focus on areas with clear underlying law and policy and where providers have existing mechanisms (e.g., fax, postal mail).
 - First use cases involve sending/receiving information during referrals and discharges, as well as sending lab test results to ordering providers.
 - Questions of content (e.g., Continuity of Care Record vs. Continuity of Care Document) currently are out of scope.
 - Open questions of policy will be referred back to the NHIN Workgroup.
- Timeline
 - May 2010 – initial draft specifications
 - May-Early Fall 2010 – further specification development, real-world experiments
 - Early Fall 2010 – release of vetted specifications
- In terms of statewide HIE planning, it's too early to determine how NHIN Direct can fit best within statewide HIE. We'll continue to monitor its evolution.

Workgroup Discussion - Technology Models



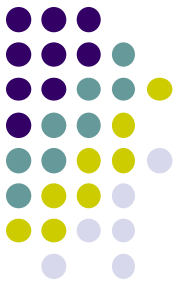
● Model 1

- Focus on technology standards & certification for interoperability between HIOs (transport, documents, data types, and vocabulary/semantics).
- No centralized services for statewide HIE; federated model.
- HIOs communicate directly between themselves, the NHIN, and adjacent state HIOs.
- Market-driven.

● Model 2

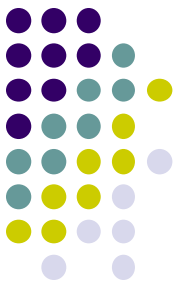
- Focus on Statewide HIO offering centralized services for statewide HIE (Record Locator Service, Patient Index, Provider Index).
- HIOs communicate through the Statewide HIO.
- Communication with the NHIN and adjacent state HIOs through the Statewide HIO.
- Driven by standards and services supported by the Statewide HIO.

Workgroup Outcome: Technology Input



- A hybrid of Model 1 and Model 2 is best for Oregon:
 - Focus on technology standards and certification for HIO interoperability.
 - HIOs communicate directly between themselves.
 - HIOs communicate directly with the NHIN and adjacent state HIOs.
 - Some centralized services from Model 2 for efficiency.
- Service offerings of the Hybrid Model:
 - Provider Index – includes all state providers
 - Patient Lookup Service – points to HIOs that might have patient information
 - Record Lookup Service – points to HIOs that might have requested records
 - Quality Data Submission
 - Public Health Data Submission
- Statewide body sets technology standards focused on information exchange, security, and interoperability between HIOs, with periodic certification to ensure HIOs have correctly implemented standards and can participate in statewide HIE.
- Strategy for HIO coverage gaps to be determined. Could involve:
 - Seeding new HIOs or expanding existing ones.
 - Statewide HIO offering local HIO services for unserved or underserved areas.

Governance-Technology Intersection



Regardless of how Governance evolves, we must be constantly reviewing Technology, Standards and Certification needs

Phase	Governance	Technology
1	Adoption of policies, requirements, standards and agreements - Statewide standards and/or certifying body could be HITOC in some form	Selection and Adoption of Standards and requirements, including strategies for meeting the needs of underserved areas
2	Non-profit as central contracting agency, small-scale operations, if needed	Implementation and operation of centralized services, if needed
3	Non-profit develops larger operations to support HIE, if needed	Operation of HIE services to cover underserved areas, if needed

Next Steps

Next Webinar Date:

April 30, 2-3 pm

April 15 HIO Stakeholder Meeting:

[HITOC website](#) for details

Privacy and Security Forum – May date TBA

Information needs or to provide input:

HITOC.Info@state.or.us

503-373-7859 (Joan Lockwood)

Resources: HITOC website

<http://www.oregon.gov/OHPPR/HITOC/index.shtml>

