

Health Information Technology Oversight Council

Thursday, June 5, 2014

1:00 – 4:30 pm

Council and Ex-officio Members Present: Dave Widen, Bob Brown, John Koreski, Erick Doolen

Council and Ex-officio Members by Phone: Greg Fraser, Ken Carlson, Ellen Larsen

Council and Ex-officio Members Absent: Judy Mohr Peterson

Staff Present: Susan Otter, Britteny Matero, Sharon Wentz, Karen Hale, Matt Ausec, Nick Kramer, Justin Keller, Terry Bequette (by phone), Marta Makarushka (by phone), Lisa Parker (by phone)

Guests: John Hall (consultant), Mindy Montgomery (consultant)

Welcome, Opening Comments – Dave Widen

- Dave opened for Greg who was on the phone.

Introduce new HITOC Member and new staff – Susan Otter

- Susan noted that March minutes would be ready for approval at the September meeting.
- Introduced John Koreski, ex-officio member of HITOC, OHA/DHS interim CIO.
- Introduced Justin Keller, new OHIT policy analyst who will be staffing HITOC in the future.
- Introduced Marta Makarushka, new OHIT Lead Analyst for OHIT Strategy Team.

Business Plan Framework from Task Force and HITOC – Susan Otter

Refer to materials “Oregon’s Business Plan Framework for Health Information Technology and Health Information Exchange (2014-2017)”;

Business Plan Framework

- Susan presented the Business Plan Framework report and mentioned that the changes were not particularly significant since the last presentation. Highlighted changes included clarity and nuanced language, navigation tools for those not that acquainted to IT (break-out boxes, etc.) and pull-quotes from CEOs around how they are using HIT to transform care. Hyperlinks were added to the appendix. A compelling story was added up front to demonstrate the value of the work. Susan noted that the three goals (provider access, systems and aggregated data, and individual access) were galvanizing for HITOC at the last meeting and reminded them of their suggestion that the work should be framed in the context of these goals.
- HITOC members discussed the Framework. They appreciate the primers and the story that highlighted the impact on patients. There was concern about the way the report printed out. Susan mentioned that the public-facing version will be PDF and not Word, which might print differently.
- Bob commented on the alignment of metrics noting that the state should create an environment that is more user-friendly as metrics change (at the federal level, state level, etc), i.e. as metrics start shifting from process/utilization metrics toward outcome metrics. Susan noted this and indicated that the hope is that these will all align over time, particularly with regard to Meaningful Use metrics. Susan noted that the desire is that outcome metrics will be used eventually.
- Question: Is the CCO Technical Advisory Group the same as HITAG? Answer: Yes. Ellen commented that it is very important to get alignment with CCO leadership.
- Question: moving forward, would technology and services also transition to a designated entity? Answer: yes, the Business Plan Framework anticipates that the designated entity would take over the management of vendors and contracts in Phase 2.0.

HITOC’s role (slide 15):

- Question: about the word “promote.” Does this mean that HITOC has a spokesperson, public-facing role in promoting EHR?
- HITOC members discussed this. Erick noted that it is not clear that HITOC has the mechanism to promote in that way. Greg read it has providing guidance and input on the promotion of these things—not doing the actual promotion. There was agreement around this understanding of

promote. Susan concurred, noting that the perspectives of the different HITOC members are important to guiding OHIT's work in promoting EHR adoption and the use of HIT/HIE.

State HIT "dashboard" or report card

- Susan noted that HITOC wanted to explore a State HIT "dashboard" or report card. She discussed individual-level goal examples of PHR pilot and Open Notes uptake in Oregon.
- Ken mentioned that these are patient engagement examples, might want to use this language in describing pilots around the individual access goal.
- Greg said there are patient engagement metrics in Meaningful Use (MU). Portal metrics from MU might make sense to work into the measurement of goal 3. Ken and others agreed.
- Ellen mentioned that stakeholders are interested in exploring Open Notes further. Susan suggested that Open Notes folks present at the September HITOC meeting. There was agreement.
- Erick suggested including Phase 1.5 implementation monitoring into the dashboard. Bob agreed.

HIO Executive Panel

- Susan then discussed the HIO Executive Panel with the group. This group would include local HIEs, health systems or CCOs that are on the ground implementing HIT/HIE.
- Bob felt that the name of a HIE Executive Panel does not indicate this concept of on-the-ground implementation. He suggested removing the word executive. Susan noted this.
- Question: how would the group be different than before? Didn't the old HIO Executive Panel fizzle? Bob's response is that the old group was focused on financing and sustainability of the effort, and that much of that focus was premature. Susan sees the new group as an open venue—focused largely on sharing of best practices around implementation.

Other Discussion:

- Greg mentioned that ONC just released a new 10-year vision for HIE infrastructure.
- Dave mentioned that a congressional committee is also challenging ONC's ability to charge fees.
- Susan highlighted the 2015 Legislative Ask—three main goals of the ask: 1) explicit authority to operate services beyond Medicaid and charge fees; 2) ability to establish or participate in public/private partnerships (establish a designated entity); and 3) update HITOC's role to a more accurate one. She will further update HITOC on this during the September meeting.
- Question: are there active resisters. Answer: there are some risks: concerns about state-run IT projects; fees and/or funding is also challenging to discuss.
- HITOC members approved the use of email updates sent to HITOC between inperson meetings. Dave asked for monthly updates to keep it fresh in his mind, Bob agreed. Susan suggested that this could be broken into different streams of work to ease complexity. Several HITOC members agreed.
- Bob had an overarching comment about health equity. He suggested that Business Plan Framework include language about supporting health equity and the importance of good data for health equity—he feels this would do much to engage a wider audience. Susan thinks this issue is in line with the Health Policy Board's goals and priorities and thinks that it is consistent with the system goal of OHIT. Susan says that it is an area for OHIT to look into.
- Question: is health equity specifically noted in the activities of the transformation center. Answer: yes, it is also within the purview of CCOs.
- Bob mentioned that CCOs do not have access to the right demographic data to address this at a population level. Susan mentioned that the CCO quality metrics are facing similar issues around demographics/information around individual vs. aggregate data.

CareAccord® update – Britteny Matero

Refer to materials "CareAccord Strategic Plan, July 2014 – June 2015"; "New Flat File Directory Service"; slides 20-39

- Britteny presented slides to the group around CareAccord and Direct secure messaging (DSM). CareAccord is successfully testing with other HISPs in the DirectTrust. Britteny presented a

vision and goals for CareAccord. Britteny discussed examples where CareAccord can achieve efficiency/value including Medicaid prior authorizations. CareAccord is testing exchanges with external systems (called trading partners).

- Question: what is an example of a trading partner for CareAccord? Answer: a behavioral health facility might need to exchange care notes with a health care provider. Susan also mentioned skilled nursing facilities and other long-term care providers—someone needs to catch a DSM from an EHR on the back end.
- Question: how many CCOs is the state talking with? Answer: all 16 are being engaged overall. Different CCOs are engaging around CareAccord in different ways depending upon their structure and partnerships (some are using HIEs, etc.).
- Regarding the long-term utility of a web-based portal, John Hall noted that it is always important to stay abreast of the technology environment. He thinks there is low risk for at least the next 3-5 years that a web portal-based technology will become obsolete, due to some providers and other health care workers not being incentivized to adopt EHR.
- Question: are there opportunities to identify points of integration where DSM is being used moving forward. Answer: CareAccord has capability to do XDR/XDM with any entity, which allows for integration within a system like an EHR.
- Susan noted that CareAccord was designed to fill the gaps and serve those that had barriers to electronic care coordination. CareAccord is an option road for those providers that aren't in Meaningful Use or can't afford HISPs.
- Question: is this an incremental cost? Answer: yes, it can be incremental. There may be additional costs to switching on the XDR/XDM component.
- Question: are there other things beyond EHR that could be integrated with CareAccord. Answer: yes
- Greg noted that the needs from a provider perspective haven't changed—DSM needs to be integrated. CCOs have widened the umbrella of what kinds of integration will need to occur. If XDR/XDM is not a capability, the provider will move on to a different HISP.
- Britteny reviewed the short-term strategy timeline. She then discussed the flat file directory service with the group. In short, the flat file directory is a manual process of updating EHR directories across systems to obtain active Direct secure email addresses.
- Question: what is the motivation for this service? Answer: the hospital Transition of Care requirement for Meaningful Use was the origin of this. There needed to be a mechanism to get Direct secure messaging email addresses to hospitals to facilitate this requirement. This is a temporary solution while a larger provider directory is being built.
- Mindy discussed the statewide provider directory project—national standards are being developed for these directories. An implementation guide will be included when the federated health care provider directory (federated HPD) standard is finalized. She mentioned that this standard may make its way into the rulemaking process for later adaptations of Meaningful Use.
- Question: is the timeline for the federal standard realistic? Answer: Yes, this timeline seems realistic given current activity at the federal level.
- Greg complimented Britteny and OHIT on the CareAccord strategic plan.
- Bob left the meeting at the end of this conversation for a prior commitment.

EHR Incentive Program update – Karen Hale

Refer to materials “Medicaid EHR Incentive Program: Hospital Participation Analysis”; slides 41-56

- Karen discussed statistics around Meaningful Use in Oregon, and then the proposed CMS rule to delay Meaningful Use requirements for Stage 2 and requirements related to using 2014 certified EHRs.
- Question: what reasons do hospitals have for waiting to start Meaningful Use? Answer: we believe these hospitals are waiting to maximize their payments.
- Question: why are hospitals skipping a Meaningful Use year (meaning that they are losing that

payment for the year)? Answer: some hospitals couldn't get the numbers ready in the 90-day reporting period to achieve the benchmarks.

- Karen discussed the CMS proposed rule regarding changes to Meaningful Use criteria. The rule creates flexibility for those providers that could not implement 2014 Certified EHRs due to delays in availability and also codifies the delay on stage 3 to 2017.
- Question: what is the take away message for HITOC and CCOs? Answer: stage 2 of Meaningful Use is being delayed.
- Question: when will the backlog be clear on applications? Answer: they might get close to caught up in fall; will check on the status. OHIT can report on this in September HITOC meeting.

Phase 1.5 Update – Susan Otter

Refer to slides 57-69

- Susan reviewed slides updating HITOC as to the status of projects that are part of implementing OHIT Phase 1.5.
- Regarding EDIE, slides 58-59. 14 hospitals are live as of now. All 59 hospitals in the state are committed to implementing EDIE by November 2014. Susan noted that the current issue is in identifying sustainable funding for EDIE moving downstream.
- Question: what is included in the EDIE utility vs. the PreManage subscription, and what different levels of the subscription are priced differently? Answer: the utility would only notify ED/hospital providers. An HIE or a CCO can only get the information through PreManage.
- Susan noted that OHIT's goal would be that notifications are available statewide, and is pleased that OHLC is taking the lead on EDIE Plus/PreManage.
- Question: how does EDIE work with the integration of HIEs/CCOs down the road? Answer: the EDIE vendor just focuses on the notifications piece, they are not an HIE vendor.
- Susan reviewed the rest of the Phase 1.5 implementation, including updates on the Provider Directory and Technical Assistance to Medicaid practices. Susan reviewed the Oregon procurement process to highlight how rigorous it is and John Koreski clarified that the process can change depending on the financial size of the project.
- Greg suggested that HITOC might want a summary of HITAG meetings in the future. HITOC members discussed this. The members concluded that an opt-in option for more detailed summaries of HITAG meetings moving forward would make sense for HITOC members.

Public Comment Period

- With no public comments, the Chair declared the public comment period called to a close at 4:15.

Closing Comments – Dave Widen

- Dave likes having the discussion prior to the Phase 1.5 update. Several HITOC members agree.
- Meeting adjourned at 4:17.