

Health Information Technology Oversight Council

Wednesday, October 8, 2014

1:00 – 2:30 pm

Council and Ex-officio Members Present: Greg Fraser (Chair), Bob Brown, Dave Widen

Council and Ex-officio Members by Phone: Erick Doolen, Ellen Larsen, Ken Carlson

Council and Ex-officio Members Absent: Kristen Duus

Staff Present: Susan Otter, Lisa A. Parker, Marta Makarushka, Nick Kramer, Justin Keller, Britteny Matero (phone), Karen Hale (phone), Terry Bequette (consultant, phone)

Welcome, Goals & Meeting Overview – Susan Otter

Refer to slides 2-3

- Greg started the meeting and went over the agenda
- Susan briefly reviewed the 3 goals of “HIT Optimized Health Care”

Legislation Update – Susan Otter

Refer to materials “Legislation Brief;” slides 4-8

- Susan began to describe the core elements of the 2015 health IT legislation reflected in the brief. The first component is a statewide HIT program established by OHA with five objectives listed in the brief.
- Question: Is number five (supporting new payment models for CCOs and health systems) too narrow? Answer: Number one (supporting Oregon’s coordinated care model) is meant to be broader. A second question about the wording of number five tying access to clinical outcome metrics to payment models was raised. Susan clarified that the specified wording at issue is not reflected in the draft language and was meant as an example.
- Susan continued by reviewing the explicit authorities that OHA is seeking to meet the objectives of the statewide HIT program.
- The group discussed the fee authority and asked whether the language should seek to charge fees to entities that are not users of statewide HIT program services. Susan mentioned that there is a lot of sensitivity around fees and that it is the intention that this is not a tax or applicable beyond users of the services.
- Susan continued by describing the section of the legislation on partnerships and collaboratives.
- Question: does the word “management” of one or more services exclude implementation? Answer: We will run this by our attorneys to confirm whether that could be the interpretation.
- Susan then continued by discussing the HITOC portions of the legislation.
- Bob suggested that the required areas of expertise should include health policy (as reflected in the existing legislation). Susan responded that from her perspective, health policy and health research are implied but that it is an important note to make. The discussion continued around the concern that HITOC not become narrowed to a specific group of stakeholders or perspectives. Bob would suggest a broad statement at the beginning that states that there is broad representation of those that would be impacted by the statewide HIT program. Ellen added that consumer empowerment should be fostered wherever possible. Greg agreed with Bob’s comment.
- Susan continued by reviewing the specific duties of HITOC. No comments.
- Susan discussed next steps, specifically the stakeholder groups that OHA is engaging around the legislation, as well as plans to engage legislators after the November election.
- Greg asked for a motion to support the legislation. Dave made a motion to support it with Bob’s friendly amendment around broad representation. Bob seconded the motion. With no opposition the motion is carried.

Other Policy & Strategy Updates – Marta Makarushka & Susan Otter

Refer to slides 9-12

- Susan discussed updates for ONC’s 10-year Interoperability Plan and the Roadmap, which

<p>includes greater detail about how ONC will achieve the Interoperability Plan.</p> <ul style="list-style-type: none"> • Marta gave updates on the status of the Deeper Dive meetings, which were completed on October 1st. She also provided a quick update to the HCOP. • Question: HCOP membership – when do decisions around this occur? Answer: We planned to invite people in two stages: first a specific invitation to groups that we want to participate and then a second, more open invitation for groups to self-select.
<p>HITOC Membership – Susan Otter & Justin Keller</p> <p>Refer to materials “HITOC Membership Grid;” slides 13-20</p> <ul style="list-style-type: none"> • Susan reviewed the three goals of HIT Optimized Health Care and framed membership in HITOC in the context of closing gaps in knowledge or experience in ensuring that the three goals are met. • Justin reviewed the existing HITOC legislation (413.300-413.308) regarding membership composition and the proposed changes in the 2015 bill. • Justin continued by reviewing the HITOC Membership Grid and identified existing gaps in HITOC membership with regard to regional representation, organizational affiliation, and key subject matter areas like behavioral health. Some modifications were suggested by members on their own information. Southern Oregon was confirmed as the key regional gap in representation, with Ellen suggesting an Eastern Oregon representative be added. Greg observed that the current membership is underrepresented in terms of the Portland area. Bob highlighted that the primary distinction with regional representation is the distinction between rural and urban environments. Ken encouraged expansion of care team members to include the patient and family. • A comment was made about making sure not to exclude those with expertise in consumer or patient advocacy that might be otherwise excluded because they lack expertise in health IT or other identified categories of experience. • Question: How many spots are currently open? Answer: With current membership and Ex-Officio members, there may be up to 4 open positions. If the 2015 Legislation passes, membership would be determined by the Health Policy Board and could exceed the current 11-member mandate. • Susan asked the group if there were some obvious choices or options for open slots that could be handled in the interim, under the current statute. Ellen suggested mental/behavioral health. Others agreed. Bob suggested local or regional HIE. This was agreed to by several members. Bob also observed that long-term care should not be ignored. Erick also suggested direct hospital representation. Greg mentioned that individuals who may have participated in the Health IT Task Force could hit the ground running if they were to be appointed to HITOC. • Question: will the current membership be changed if the legislation passes? Answer: if the legislation passes, the Health Policy Board could opt to restart the entire Council. Or they could accept the existing membership in full. It is up to them under the legislative language. • Dental health was suggested as an additional subject matter area of importance.
<p>Next Steps– Susan Otter</p> <p>Refer to slide 20</p> <ul style="list-style-type: none"> • Susan reviewed that any short term nominations would need to be sent to the Governor’s office in the next couple of weeks to meet deadlines for December Legislative Days (Dec. 8-10). • The appointment is the Governor’s to make with a specific vetting process so any suggested candidates are not guaranteed to be appointed. • Greg commented that HITOC would benefit from regular cycling through of members to ensure that fresh perspectives and insights can be included over time.
<p>Public Comment – Greg Fraser</p> <ul style="list-style-type: none"> • With no public comment, Greg closed the public comment period at 2:12 p.m.
<p>Closing Comments – Greg Fraser</p> <ul style="list-style-type: none"> • The meeting was adjourned at 2:14 p.m.

Next meeting is Thursday, December 4, 2014 in Portland