

## Health Information Technology Oversight Council

Thursday, September 4, 2014

1:00 – 4:30 pm

**Council and Ex-officio Members Present:** Bob Brown, Ken Carlson, Greg Fraser, John Koreski, Erick Doolen, Dave Widen

**Council and Ex-officio Members by Phone:** none

**Council and Ex-officio Members Absent:** Ellen Larsen, Judy Mohr Peterson

**Staff Present:** Marta Makarushka, Lisa A. Parker, Matt Ausec, Karen Hale, Nick Kramer, Samina Panwhar, John Hall (Krysora), Terry Bequette (Phone), Britteny Matero (Phone), Sharon Wentz (Phone)

**Guests:** Amy Fellows (We Can Do Better - Presenter)

### Welcome, Opening Comments, Minutes – Greg Fraser

- Greg started the meeting with introductions and a review of the agenda.
- Greg asked for a motion to approve the March and June minutes. Dave moved to approve both sets of minutes. Erick seconded. No HITOC members voted in negative. With no comment, the minutes were approved.

### Goals and Meeting Overview – Susan Otter

Refer to slides 4-5

- Susan presented the goals of “HIT Optimized Health Care” and the role of HITOC from past meetings. Moving forward, each topic in HITOC meetings will be tied back to the 3 goals.
- Members discussed the term “whole person” care in the first HIT-optimized health care goal. Susan replied that the CCO model definitely focuses on whole person care and that this is an ongoing, changing definition.

### OpenNotes – Amy Fellows

Refer to video ([https://www.youtube.com/watch?v=a19\\_6qQoA8s](https://www.youtube.com/watch?v=a19_6qQoA8s)); slides 6-29

- Amy Fellows, Executive Director of We Can Do Better, provided a presentation of OpenNotes, which allows patients to access the clinician notes from their visits. A video was presented to the group. Amy then discussed some of the history of the OpenNotes project in Oregon, its funding mechanism, and the participants in the project. The providers in Oregon that have implemented this are on Epic which has a patient portal technology that makes OpenNotes simple to achieve.
- Question: What does “community” mean in the context of OpenNotes? Answer: (Amy): The community is statewide but includes the Northwest (Vancouver Clinic was interested in joining). It is not isolated to Portland Metro area.
- Amy continued by highlighting the providers that are planning on implementing OpenNotes, including Samaritan and Providence. Amy discussed the experience at Kaiser Permanente (KP) in using OpenNotes, about 7,000 notes are available daily to patients. KP isn’t allowing adolescents access to the patient portal, Vancouver Clinic might. Susan reflected on her personal experience of using OpenNotes and how it resonated with her as a patient.
- Ken remarked that OpenNotes enables the patient to become part of the care team, and the patient can play a key role to assist with patient safety (i.e., fixing errors).
- Amy stated that the next step for OpenNotes is to begin exploring how to make it work with smaller providers. Amy wants to work with OHA and HITOC in understanding the patient portal penetration in Oregon which is the tool through which OpenNotes can get switched on. Ken stated that the patient portal vendors are the relevant pieces of data that will be useful. Susan will work offline with Karen and Amy about this data.
- OpenNotes is looking for partnership and funding opportunities to continue spreading this effort statewide (i.e., technical assistance for smaller providers, etc.).
- Question: Do you have a strategy to educate consumers about this and so that they can demand this information? Answer: (Amy): When we first started we thought we’d have an equal consumer/provider strategy but the provider side took off. We will continue to work on this piece.

## **2015 Health IT Legislation – Susan Otter**

Refer to slides 30-35

- Susan discussed the three major components of the 2015 legislative concept: 1) authority to provide statewide HIT programs, including the ability to charge fees; 2) the authority to enter into partnerships or collaboratives to provide HIT services; and 3) an update of HITOC's role.
- Question: Is there more definition of what a partnership or collaborative means? Answer: At this point that language is pretty high level. OHA has not seen the final draft of the bill.
- Question: What are the current restrictions on participation in a partnership or collaborative? Answer: We can work through the contracting or we can work through legislative means.
- Susan continued by discussing the update of HITOC's role—under the legislation, HITOC would become a mandated standing committee under the Oregon Health Policy Board (OHPB). The duties of HITOC would be streamlined to oversight and reporting to OHPB on progress towards achieving state goals on HIT.
- Question: Are there other standing committees that report to OHPB? Answer: Yes, there is a Healthcare Workforce committee for example.
- Question: Would any of this impact the HITOC mission statement? Would the legislation update this or would OHPB be taking that on? Answer: OHPB would be taking that on—HITOC would serve as the “health IT” version of OHPB—advising OHPB on the IT aspects of the OHPB mission, vision, and goals.
- Susan highlighted that OHPB advises the Governor on statewide health transformation efforts—so bringing HITOC in line with OHPB is consistent with the statewide scope that HITOC had assumed previously.
- Question: What is the relationship between OHA and the OHPB? Answer: OHA staffs the OHPB (similar to the way OHIT staffs HITOC).
- Susan then reviewed the next steps re: the legislation. OHA does not have an update on how the bill will be introduced. Susan highlighted membership of HITOC in the interim and moving forward on filling empty slots before the 2015 legislative session.
- The members discussed the legislation and the reporting of HITOC to OHPB. Members liked that the legislation answers some questions that Members have had for some time. There was a question about OHPB's involvement in selecting HITOC members in the interim, Susan stated that OHA can explore looping them in. Discussion continued around the scope of OHPB's work versus the scope of HITOC's historical work.
- Discussion shifted to membership and Greg mentioned that the mission is important to thinking about who should sit on the board. OHPB's future involvement will be relevant to this. Susan feels there are key gaps that could be addressed now on HITOC (e.g., behavioral health, long-term care) without having a broader discussion about mission/roles of OHPB/HITOC. There is currently space for four nominations immediately. OHA's next step will be to determine timing around nominations to the Governor's office and perhaps calling an ad hoc HITOC meeting to go over membership.
- Question: What can HITOC do (what is HITOC's role) in moving forward with this legislation? Answer: OHA will be looking to HITOC to support the legislation; more details will be coming later into the fall.

## **CCO and Stakeholder Engagement – Susan Otter & Marta Makarushka**

Refer to materials “OHA Technical Assistance Needs Assessment”; slides 36-45

- Susan discussed the ongoing CCO “Deeper Dive” efforts that OHA is conducting with CCOs across the state—including developing an HIT profile for each CCO. Nine out of 16 CCOs have been engaged in these meetings. Susan highlighted that the strength of the Deeper Dive meetings is the opportunity to speak with folks that are actually implementing these projects on the ground. A more complete picture of the results from these meetings will be presented at the December meeting.

- Marta then discussed some of the main themes that have come out of these Deeper Dive meetings, including the CCOs' interest in seeing their profile as developed by OHA; the barriers that CCOs have identified in implementing HIT/HIE efforts; the barriers around sharing behavioral health information was highlighted as a particular concern. Discussion started around why connecting to an HIE is a barrier and the topic of Direct secure messaging came up. Many do not even know what Direct secure messaging is and so there is a lot of education happening during these meetings.
- Members discussed the issue of clinical quality metrics as one component of HIT/HIE efforts.
- Consent management was discussed as a barrier, particularly in the context of coordinating between physical health information and behavioral health information, due to the different requirements for consent in sharing behavioral health information (and substance use information).
- Question: for those CCOs that are not utilizing local HIE, is there a need for HIE? Answer: some have wanted to leverage CareAccord, some believe that they already have centralized systems, like care management systems, that are sufficient.
- Marta then presented the initial results of the technical assistance survey that was sent out to all providers in the state (and is a part of the outreach around the CCO Deeper Dive meetings). The goal of the survey was to determine what types of technical assistance are needed and desired by providers tied to CCOs across the state. Connecting to HIE, clinical quality metrics, and help with Direct secure messaging were highlighted as takeaways from the survey. Discussion continued by members around technical assistance, including sources of technical assistance and Amy Fellows mentioned potential crossover with their work in promoting OpenNotes.

#### **HIT/HIE Community & Organizational Panel – Susan Otter & Marta Makarushka**

Refer to materials “HCOP Charter – Draft”; slides 46-51

- Marta presented the background for HCOP—it is intended to replace the HIO Executive Panel and provide facilitation and coordination between various actors in the HIT/HIE landscape (e.g., providers, CCOs, HIEs, etc.). It is also an opportunity for the state to receive feedback. HCOP meetings would be public meetings.
- Discussion continued around the various goals (in concept) of the HCOP. Erick mentioned that staff might want directed outreach to specific participants to ensure that the right groups are participating.
- Question: What is the scope of the HCOP? Answer: Entities that are actually implementing HIT/HIE efforts in the state—so it could run the gamut of CCOs, HIEs, health systems and providers, etc. Vendors would be excluded from the panel itself.
- Question: Would you try to get a cross-section of folks that are using different vendors? Answer: It is not necessarily focused around vendors or EHRs, it is more focused on groups trying to come together to work with each other on health information exchange efforts (e.g., policy and workflow issues that come up in trying to accomplish these efforts).
- Discussion continued around the scope of the panel. The panel would be an experiment to understand whether there are shared issues that would make sense to address as a panel or there could be multiple prongs of issues that would require a split of efforts.
- Susan continued the discussion around membership of HCOP and the types of representatives staff were thinking of recruiting (by invitation with the ability to self-nominate beyond that). Members discussed composition of the panel, which was acknowledged as important to its effectiveness—a mix of roles (e.g., technical, operational, policy) will be important.
- Marta mentioned that the HCOP will start in fall 2014 and continue on quarterly in 2015.
- Question: Has there been cross-checking with [Oregon's HIT Business Plan Framework] to see if there are specific things we wanted to know from this type of group? Answer: OHA staff will go back to the business plan framework and check this.
- Greg asked if there was support from HITOC to move forward with the charter. Greg then asked

for a motion to approve the charter in concept and rely on OHA staff to polish based on the discussion. Dave moved to accept the charter in concept, with OHA staff making changes discussed. Bob seconded this motion. Dave also moved to authorize OHA to move forward with convening the first meeting of HCOP. Bob seconded this motion. No members opposed.

**State HIT Dashboard/report Card – Marta Makarushka**

Refer to materials “Initial Framework for HIT/HIE Dashboard”; slides 53-66

- Marta discussed OHA’s vision and proposed approach to a state HIT dashboard. The preliminary approach was to review the three HIT-optimized health care goals and the related objectives tied to these goals and begin identifying potential metrics that can measure the progress of the state in meeting these goals.
- Members discussed Meaningful Use data as a proxy for EHR adoption in the state. Karen Hale discussed this with the group and there was feedback around different ways to identify EHR adoption for those providers that are not eligible for Meaningful Use. Susan mentioned that provider surveys have been used in the past to try to identify EHR adoption among particular types of ineligible providers (e.g., behavioral health providers, long-term care providers, etc.). There is also a workforce database. Greg mentioned that changes to the federal rules are likely to lead to eligible providers leaving the Meaningful Use program—which further complicates using this data as a proxy for EHR adoption. Susan proposed splitting this objective into 1) adoption of certified EHR technology; and 2) attaining Meaningful Use.
- Marta continued by reviewing the additional goals and objectives and relevant data metrics that could be used towards a state dashboard. CareAccord data are relevant to some objectives looking at increasing Direct secure messaging statewide and increasing interoperability.
- Members discussed the objectives and commented that a dashboard should be as streamlined as possible—five sub-objectives might be too detailed for a dashboard. The dashboard should not include analysis—there should be goals and a direction with measured progress over time.
- Bob observed that the sample metrics for objective 2 are focused on quality improvement, as opposed to population health management or prevention. Susan mentioned that OHA’s goal is to try and identify other types of metrics that will inform those other parts of objective 2—which is meant to be inclusive of those issues. Members acknowledged that the dashboard might not be able to measure every aspect of the objectives.
- Susan asked HITOC members if some wanted to volunteer to work more closely with staff on developing the dashboard. Dave and Greg volunteered. Greg emphasized that it was an iterative process and would be refined over time. Bob mentioned that a test for the usefulness of the dashboard will be OHPB’s feedback on it.

**OHA HIT Activity Updates – Susan Otter, Karen Hale, Britteny Matero & Justin Keller**

Refer to materials “ONC 10-Year Interoperability Plan”; slides 67-83

- Karen Hall discussed the CMS final rule on delayed stage 2 and stage 3 Meaningful Use criteria. Those who can establish a delay in available 2014 CEHRT can attest for Meaningful Use using 2011 standards as well as 2014 standards. Karen discussed this in more detail at the June HITOC meeting.
- John Hall discussed ONC’s 10 Year Interoperability Plan. John stated that it is a vision paper which sets forth a framework to guide the various activities that are happening right now in HIT/HIE efforts, including things like standards, the incentive programs and Meaningful Use, and also serves as an invitation to states and communities to work with ONC on developing a roadmap toward interoperability. The plan has mileposts, building blocks for interoperability, and principles that contribute to an interoperable HIT “ecosystem.” After 10 years, the vision is a “learning health care system.”
- Susan then discussed how ONC is engaging states like Oregon around a roadmap for interoperability. Oregon has provided feedback on clinical quality metrics and Direct secure

messaging and standards for these functionalities. OHA is preparing a letter to represent Oregon's feedback so far, and will be sharing this letter with HITOC.

- Britteny then discussed the Flat File directory and lessons learned from the initial process which included four participating organizations and included 2,700 Direct secure message addresses. There were some problems with sending Direct secure messages to these organizations using a different HISP. Two key problems were revealed: 1) some additional steps and processes were required before the HISP could process the Direct secure message; and 2) some EHR technologies (including Epic) will not accept a Direct secure message without a valid clinical document architecture (CDA).
- John Hall mentioned that the issue with Direct might be the Certified EHR and not the HISP—vendors are taking different approaches to what satisfies the transition of care meaningful use criterion.
- Britteny continued by going over next steps for the Flat File directory and discussed some of the discussions happening around Direct secure messaging at the national level.
- Justin then presented updates on the implementation of the Emergency Department Information Exchange (EDIE) in Oregon, as well as the current status on the EDIE Plus Utility, which has been approved and will start in 2015. PreManage was also discussed, the subscription-based service where non-hospital subscribers could access the hospital notification system for care coordination purposes. Conversations will be facilitated in the fall to explore what community-level subscriptions to PreManage would look like.
- Question: Who access that data as the subscriber? Answer: It would vary, it could be the care manager, we have Assertive Community Treatment (ACT) teams in Oregon that are responsible for patients with severe mental illness who need to know in real time if one of their patients visits an ED.

**Public Comment – Greg Fraser**

- With no public comment, Greg closed the public comment period at 4:28 p.m.

**Closing Comments – Greg Fraser**

- Bob appreciates the monthly updates. He also mentioned that HITOC agreed to a quarterly meeting schedule but it can be adjusted to allow for intervening issues such as the legislative session starting.
- Meeting adjourned at 4:31 p.m.

**Next meeting is Thursday, December 4, 2014 in Portland**