

## Health Information Technology Oversight Council

Thursday, May 2, 2012

2:00 – 4:00 pm

**Council and Ex-officio Members Present:** Bridget Barnes, Erick Doolen, Ellen Larsen, Greg Fraser, Dave Widen, Bob Brown, Carolyn Lawson

**Council and Ex-officio Members by Phone:** Ken Carlson

**Council and Ex-officio Members Absent:** Judy Mohr Petersen, Mel Kohn

**Staff Present:** Matt Ausec, Sarah Bartelmann, Gwen Grams (by phone), Mary Kukowski

<b>Welcome, Opening Comments, and Approval of Minutes – Greg Fraser (Chair)</b>
Refer to meeting materials: “April 2, 2013, Minutes” <ul style="list-style-type: none"><li>• <b>Action:</b> In response to Greg Fraser’s request, a motion was made and seconded to approve the minutes of the April 2 HITOC meeting. The motion was approved by unanimous consent.</li></ul>
<b>Opening Comments – Greg Fraser</b>
HITOC is beginning the planning for Phase 2 of Health Information Exchange (HIE) in Oregon <ul style="list-style-type: none"><li>• Goal of April 2 meeting is to begin the discussion around Phase 2 planning.</li></ul>
<b>Metrics Alignment – Sarah Bartelmann</b>
Refer to meeting materials: “OHA Update on CCO MU Metric”; slides 4-7 <ul style="list-style-type: none"><li>• Looking to adopt a measure of EHR adoption of “Proportion of CCO providers that received EHR incentive payments under either the Medicaid or Medicare EHR Incentive Program for adoption or meaningful use of certified EHR technology, compared to an estimate of providers who could have received a payment.” This is a change from previously proposed measures that included only Medicaid providers. The change is proposed because there is not a good way to tease apart the providers that have attested as Medicaid only.</li><li>• Measure will include a snapshot of all providers receiving payments during specified time periods and will look at improvement over time.</li><li>• Question: What is the quality of the denominator? Answer: It is true that the denominator is difficult to pin down and that is the reason we have taken the approach of looking at improvement. Based on information available right now, the majority of the CCOs are meeting the benchmark at the present time.</li><li>• Question: Has the Metrics and Scoring Committee looked at other types of providers? Answer: The Committee will address this issue at its June 7<sup>th</sup> meeting.</li></ul>
<b>EHR Incentive Program and CareAccord® – Sharon Wentz and Karen Hale</b>
Refer to meeting materials: “EHR Incentive Program Update”; “CareAccord Update”; slide 8 <ul style="list-style-type: none"><li>• Oregon has a high EHR adoption rate. Oregon has exceeded its targets for the incentive program in its first year.</li><li>• Question: Is it correct that some 2012 attestations are still pending? Answer: That is correct.</li><li>• Question: Has attestation deadline for 2012 passed? Answer: That is correct.</li><li>• HITOC members would also like to see data about the providers that have attested to meaningful use but not yet received payments and also an assessment of the number that have dropped out of the program. Staff will bring data back to the HITOC at its next meeting.</li></ul>
<b>Recruitment for Consumer Advisory Panel – Matt Ausec</b>
Refer to slides 9-12 <ul style="list-style-type: none"><li>• Staff has received 5 applications to the Consumer Advisory Panel. Staff has also received additional recommendations to which staff will respond.</li><li>• HITOC members would like more content information to be able to engage people to the CAP. HITOC members request that staff prepare additional information regarding CAP for the September, 2013, HITOC meeting.</li></ul>
<b>Phase 2 HIT/HIE Plan – Susan Otter and Patricia MacTaggart</b>

Refer to slides 13-23

- Purpose of this presentation is to develop an understanding of HITOC's work to date.
- Question to HITOC: On the technical side, did we get the information about services considered for Phase 2 right? Answer: We also considered personal health records. We also discussed HIOs within the State and statewide Phase 2 services as a "network of networks" with a thin layer of centralized services at the statewide level. HITOC members agreed that there was a specific order to the Phase 2 services.
- One of the goals of this work is to establish a line between the HITOC work and the current work interviewing stakeholders. Want to both honor the HITOC work and to assess the current environment.
- OHIT staff and the consultant envision coming back to HITOC to describe the outcome of the current environmental scan.
- HITOC members agreed that a bullet should be added to "Financial" category on "potentially value added services that would be purchased."
- HITOC members agreed that the Council made no recommendations regarding consent "opt out" legislation. Potential conflict with CCO legislation needs to be explored. HITOC members also stated that legal discussion included DURSA.
- HITOC members agreed that the Council made no recommendations around governance issues or the potential move to a State Designated Entity (SDE).
- Comment: The HITOC Strategic Plan included a lot of good work that should not be lost, and should be incorporated in future required plans.
- Question: Is it accurate that the original Strategic Plan was clear about what should be done in Phase 1 but had not yet decided about the value-added services that might be added in Phase 2?
- Comment: We need to learn about the changing landscape so we have an understanding of the conversations happening within CCO and more broadly about the new opportunities. One of the things we could do as HITOC is help to facilitate those conversations.
- In our current Phase 2 HIT/HIE stakeholder efforts, we are talking to a number of stakeholders including CCOs, Regional HIOs and other key stakeholders. We are undertaking extensive meetings with the CCOs including participation from Health Analytics, Accountability and Quality and Health, Policy and Research. We assure that we get additional time with the CIO. Meeting first with the large group.
- This work is aimed at discovering what is possible but also ascertaining what is really needed.
- Comment: We should be looking for opportunities for CCOs to talk among themselves about HIT/HIE that is needed. There is an evolution occurring. However, sometimes these conversations focus on existing technologies. Is there a role for HITOC to provide a different lens? Now may not be the best time because people are still scrambling to catch up to all the changes.
- Comment: The scope of the "listening" work is very broad – much broader than the circle of concern of the CCOs. The task of encompassing all of the different interests is daunting.
- The goal of the Phase 2 HIT/HIE strategy work is to have an actionable framework by the end of the Summer 2013.
- The group discussed various use cases and the appropriate role for the State.
- From HITOC's perspective: What are the top priorities of questions that need to be asked? Want to be sure questions about "who is responsible" are asked (under coordinated care).
- Comment: HITOC should build flexibility into its oversight/strategy development, acknowledging that the environment is evolving. HITOC has a need for ongoing flexible strategy document that encompasses prior plans, incorporates new Phase 2 plans, and allows for tracking and mid-stream changes.

**Public Comment Period**

Dr. Saslow:

- Conversation has been both fascinating and distressing. What I see is that we have lost a lot of the memory of the work that has been done in the past. We need to re-discover the long list developed by HITOC staff of all of the value-added priorities. On a model that is already existent in OHA, no one has noticed that the medical homes groups have a wonderful set of standards. We should not lose or try to re-create these technologies or standards. The insurance exchange is creating a database, but we have never seen information about the data being collected through the exchange. We need to gather data from PERS. Finally, in terms of sustainability, I have been advocating that OHA do a legal analysis about governance issues to see whether there is sufficient authority for collecting taxes or fees or for setting up designated entities. There are sufficient models, for example, Vermont for setting up designated entities.
- With no additional comments, the Chair declared the public comment period called to a close at 3:58 p.m.

**Closing Comments – Susan Otter**

- At this point our next scheduled HITOC meeting is Thursday, September 5, 2:00-4:00 at the Oregon State Library in Salem.
- Members were also concerned about delaying the next meeting until September and would like to receive monthly updates on progress from the OHIT staff. Members agreed that they would be flexible to convene an interim meeting before September.
- Staff asked for feedback about whether September meeting should be longer. Members agree that the September meeting should be longer.
- Staff agreed to send back out the monthly meetings as “holds” on calendars and will decide ahead of these meetings whether there is substantive material to discuss with HITOC and then will hold the meeting. If not, staff will send an email update that month.
- Will have a draft framework for HITOC to review and discuss at the September meeting.
- The Chair urged members to participate as much as they can in the Summer process, and urged members to go back to review the Strategic Plans. OHIT staff will re-send to members the link to these documents.
- Meeting was adjourned at 4:03 p.m.