

Health Information Technology Oversight Council

Thursday, December 12, 2013

1:00 – 4:30 pm

Council and Ex-officio Members Present: Dave Widen, Greg Fraser

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

Council and Ex-officio Members Absent: Bob Brown, Carolyn Lawson, Judy Mohr Petersen, Katrina Hedberg, Ken Carlson,

Staff Present: Karen Hale, Lisa Parker, Nick Kramer, Patricia MacTaggart, Susan Otter, Sharon Wentz (by phone), Tyler Larson.

Guests: Sean Kolmer, OHA

Welcome, Opening Comments – Greg Fraser (Chair), Susan Otter

- Susan announced that Governor has asked Greg Fraser to serve as the official chair of HITOC.

EHR Incentive Program Update – Karen Hale

Refer to materials “Number of Systems Certified per CQM”; slides 4-12

- Karen noted over \$200 million in incentive payments have been paid to Oregon providers in the Medicaid and Medicare EHR incentive programs.
- Question: Do you have a breakdown of the dollars in terms of how many of those dollars are paid to eligible professionals versus hospitals? Answer: Yes, we’ll be seeing that.
- Karen noted we don’t have as much Medicare data, and we will talk more about hospitals in the next meeting because we will have more information then. Data in slides 7-12 focuses on eligible professionals.
- Question: Is there a centralized place where the number of licensed physicians, nurse practitioners and physician’s assistants is available? Answer: Yes, this is based on 2010 licensing data from OHPD linked in slide 10.
- Question: So if you were to compare slides 9 and 10, is it telling you that for Multnomah County there are a lot of payments being made, but the number of independent practitioners is really low? Answer: It’s not necessarily that they’re low. We’ve always shown Multnomah County receiving a lot of payments. Some of this has to do with population and the number of licensed practitioners who are there. This is a different slice of the data.
- Susan noted that the policy questions for HITOC are how do we facilitate and promote EHR adoption and MU among Oregon providers, and what are the barriers and challenges do providers face.
- Greg noted that Stage 2 has been very difficult for the provider community and that it will be very interesting to see the 2013 Medicaid numbers for year 2 and year 3 providers.

CareAccord® Update – Sharon Wentz, Lisa Parker

Refer to slides 13-25

- Sharon noted that in October, CareAccord became the first state program to be accredited as a Health Information Service Provider by the Direct Trusted Agent Accreditation Program (DTAAP). The big value of accreditation is that the common policy requirements and trust bundle certificates avoid one off agreements and support a scalable federated trust.
- Susan noted that the vendors for several community HIEs are candidate organizations for DTAAP accreditation, and that many of the major health systems use DTAAP accredited vendors. This is the beginning of interoperable statewide Direct secure messaging.
- Question: Is there a plan or strategy for increasing registration and utilization numbers? Answer: Yes, have some slides coming up talking about provider directory and pilot work. We are nearing technology that will allow us to integrate with EHRs.
- CareAccord accounts will be opened to send DMAP prior authorization and appeals.
- Susan noted that OHA received approval from CMS to continue funding CareAccord.
- 2014 certified EHR technology and Direct secure messaging will impact evolving provider

directory standards.

- HITOC members discussed the challenge of keeping updated directories for fax numbers and the evolving challenge of developing interoperable provider directories.
- Results of ONC survey will be reported to HITOC in March.

HIT Task Force Update – Susan Otter

Refer to materials “Draft Business Plan Framework”; slides 26-46

- Susan noted that the materials are the version used at the final meeting of the HIT Task Force. Substantive changes from that final meeting are reflected in the slides. A final draft is forthcoming and will be vetted by the Task Force prior to publication.
- As HITOC moves forward over the next year, the business plan will be the framework that provides high-level direction to development, policy and implementation work.
- The Task Force had developed the vision of an HIT-optimized health care system that includes changed work flows built on timely access to critical information.
- The Task Force identified key goals: 1) support and facilitate adoption of meaningful use of EHRs; 2) Ensure all providers can access meaningful, reliable and actionable patient information; 3) support health plans, CCOs, health systems and providers in using aggregated data, and; 4) facilitate person and family or caregiver engagement through access to, and interaction with, their health information.
- The Task Force identified three overarching principles 1) leveraging emerging standards; 2) prioritizing and achieving progress, credibility and sustainability, and; 3) protecting the health information of Oregonians by ensuring that information sharing is private, secure and in compliance with state and federal guidelines.
- HITOC members discussed the principles produced by the Task Force and noted that they were similar to HITOC’s prior work. HITOC members noted that outreach and support were still necessary to overcome providers’ resistance to change.
- The Task Force identified challenges, including technology burdens for providers, including behavioral and dental health providers, utilization of EHRs and HIT services by patients and providers and providers navigating EHR vendors.
- HITOC members discussed the Task Force’s state roles diagram and noted the value of providing standards and support for providers.
- The Task Force identified key technology which the state will provide to support statewide HIE, including Direct secure messaging, locating providers and patients, and aggregation of clinical data.
- Question: Has the HITAG begun to look at the specifics of the provider directory’s matching functions, including using referral patterns to determine matches? Answer: We’re just starting to look at just this sort of question. We haven’t gotten to that level yet. The next step will be seeking nominees for a work group. The idea will be to raise just these sorts of questions and issues.
- HITOC member discussed the provider directory, the value of specific search functions and how a master provider directory’s values could be used to populate local directories to avoid re-doing directory work.
- The Task Force came to a similar conclusion as prior HITOC work on the long-term role of the state and an external HIT designated entity.
- The Task Force identified principles for governance: 1) participation and representation; 2) transparency and openness; 3) effectiveness; 4) flexibility and accountability, and; 5) well-defined and bounded mission.
- The Task Force also identified principles and characteristics for the HIT designated entity: 1) mission focused on statewide HIT/HIE objectives; 2) trusted, objective; 3) responsive, stable leadership and financing; 4) transparent and accountable to state oversight, and; 5) previous experience.
- Question: For the HIT designated entity, was there a model that might exist? Answer: It could be

an existing program that fits the principles, or a new entity. The Task Force didn't get far enough to determine what type of entity this should be.

- The compatibility program will create standards that entities must meet in order to participate in the statewide HIE. Standards for participation will be easier to enforce and create minimal administrative burden.
- The Task Force determined that financial sustainability had to be broad-based and equitable. Those who benefit should pay. OHA should seek fee-setting and collecting authority for HIT/HIE services in the 2015 Legislative Session.
- HITOC members discussed the need for legislative authority for OHA to set and collect fees for HIT/HIE services. Also the need for more stakeholder input on what financing model will work best for Oregon, and more information on how much those services will actually cost.
- Question: We're still a fair distance off from knowing the exact dollar figures that might be going with statewide services? It seems there's a real key tie between those costs and the development of an HIT designated entity. Answer: Yes, we have some initial cost estimates for Phase 1.5 services but we'll have a lot more clarity on that as we narrow the scope for those services. We'll have a lot more information on that over the next few months.
- HITOC members discussed the relationship of the Task Force work to prior HITOC work, and noted the similar anticipation of more work to come. Also the impact of CCOs in clarifying what is needed from statewide HIT efforts.

Next Steps for HITOC – Susan Otter, Sean Kolmer

- Sean thanked HITOC members for their work which provided the foundation for the Task Force.
- Sean has been working with Susan and the Governor's office to determine what is needed next. HITOC was created in a world that is very different, and Susan has some great ideas for HITOC in the coming year as we think about Phase 1.5 and 2.0 work. Want to make sure HITOC members are involved in the discussion about their role going forward.
- Susan noted that she had been looking at how HITOC fits with current objectives for Phase 1.5 and 2.0 developments, with an emphasis on policy issues including promoting and facilitating Direct secure messaging, care coordination with long-term care providers, patient engagement through personal health records and other policy issues.
- HITOC members discussed the separation between implementation and policy work and the role of HITOC going forward.
- Question: HITAG is very CCO-centric. We expect that work may have broader impact than CCOs, how do we ensure stakeholder input? Answer: The vision is that as we pull partners into Phase 1.5, the HITAG will evolve into a steering committee with broader representation. One of the things we'll wrestle with as we do that is that many elements of Phase 1.5 are totally Medicaid-focused. We may end up making a separate group with broader representation.
- Question: There are many empty HITOC seats. Is there a plan to reinvigorate the group and get terms set and get people who are interested and engaging? Answer: Yes, the key is making sure we know what the role is moving forward so that we sign people up we know what we're asking of them. It will be up to us to shape what that is over the next couple of months.

Approval of Minutes

Refer to meeting materials: "Sept 12, 2013, Minutes"

Action: Dave Widen moved to approve the minutes of the Sept 12 HITOC meeting and Erick Doolen seconded the motion, which was approved by unanimous consent.

Public Comment Period

- With no public comments, the Chair declared the public comment period called to a close at 3:20 p.m.

Closing Comments – Susan Otter

- Next scheduled HITOC meeting is February 6th, 1-4:30 PM in Salem.

- The meeting was adjourned at 3:25 PM.