
HITOC Consumer Advisory Panel

April 26, 2011

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. The entire logo is set against a light blue, curved background.

**Oregon
Health
Authority**

Agenda

1:00pm Opening & outcomes

1:10pm PHR News

1:20pm Status of HIE Core Services: Direct Project

- How Direct Project can enhance PHRs

1:55pm Emergency Consent Policy

- Recommendation from the Legal & Policy Workgroup
- Feedback from Consumer Advisory Panel

2:25 pm Break

2:40pm Consumer Communications

- Overview by Grove Insight on Research Project
- Open discussion to provide input

3:45pm Public Comment

3:55pm Next Steps

4:00pm Close

Meeting Outcomes

1. Update on PHRs and HIE Core Services
2. Feedback on Legal & Policy Workgroup recommendation on emergency consent
3. Provide input on Grove Insight consumer communication research project

Personal Health Records (PHRs): News

- **Several national surveys conducted recently with important findings around PHR adoption and usage, by:**
 - 2011 Commonwealth Fund
 - IDC Health Insights
 - Computer Sciences Corp.
 - Lake Research Partners for the Californian Healthcare Foundation (CHCF) in 2010

2011 Commonwealth Fund Survey of Public Views of the US Health System

Among respondents with Internet access:

- 34% said they can order refills for prescription drugs online
- 22% said they can schedule physician appointments online
- 21% said they can e-mail their physician
- 14% said they can access their medical records online

Of the respondents who cannot perform any of those functions online, half said they would like electronic access to their medical records and more than half said they would like to e-mail their physicians and schedule appointments online.

IDC Health Insights Report “When will PHR Platforms Gain Consumer Acceptance?”

- Only 7% of consumers have used a personal health record
- 51% said they have not been exposed to the idea of using the tool

The report identified **four main barriers** to consumer acceptance of PHRs:

1. A lack of pre-populated data from existing sources;
2. Concerns over privacy when using Internet sites;
3. Physicians not recommending PHR use; and
4. Concerns about PHR portability when changing health care providers, employers or insurance companies.

Computer Sciences Corp. report “PHRs: A True ‘Personal Health Record’? Not Really ... Not Yet.”

- The 3 three most common types of PHRs have several drawbacks, including that:
 1. **Health care payer**-populated PHRs often do not have clinical data directly from health care providers;
 2. **Health care provider**-populated PHRs generally are limited to large delivery systems with high levels of electronic health record adoption; and
 3. **Patient**-populated PHRs require manual data entry if a user cannot obtain the information from health care providers or payers.
- The report recommended that PHRs include accurate and complete data from settings across the health care continuum and be controlled by patients

Lake Research Partners for CHCF (2010)

- The West leads the nation in PHR adoption at 11% - double the proportion in other regions
- Higher-income individuals are the most likely to have used a PHR
- Lower-income adults with chronic conditions are more likely to experience positive effects of having a PHR
- Over 50% of adults are interested in using online applications to track their health
- 40% of adults without PHRs expressed interest in using one
- 48% of caregivers without PHRs expressed interest in accessing one for the person they provide care to

Examples of PHR Adoption in Oregon

- Kaiser reported an adoption rate of 59% in the Northwest region (Q4 of 2010)
 - 191, 791 registered members
 - 47% of registered members had five or more log ins
 - 800,000 prescriptions were refilled online in 2010 (9% increase over 2009)
- ODS reported members can link to HealthVault for PHR information. ODS also offers a “myODS” account where members can view claims and benefit information. The average adoption rate for myODS among the state employee population is 10%.

HIE Core Services: Direct Project



What is Direct?

Secure Directed Exchange via the Internet



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The Direct Project specifies a simple, secure, scalable, standards-based *transportation mechanism* that enables participants to send encrypted health information directly to known, trusted recipients over the Internet.



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- **Simple.** Connects healthcare stakeholders through universal addressing using simple *push* of information.
- **Secure.** Users can easily verify messages are complete and not tampered with en route.
- **Scalable.** Enables Internet scale with no need for central network authority that must provide sophisticated services such as EMPI, distributed query/retrieve, or data storage.
- **Standards-based.** Built on well-established Internet standards, commonly used for secure e-mail communication; i.e., SMTP (or XDR) for transport, S/MIME for encryption, X.509 certificates for identity assurance

Why is Direct needed?

To provide an alternative to legacy mechanisms

When current methods of health information exchange are inadequate:



Communication of health information among providers and patients still mainly relies on mail or fax

- Slow, inconvenient, expensive
- Health information and history is lost or hard to find in paper charts

Current forms of electronic communication may not be secure

- Encryption features of off-the-shelf e-mail clients not often used in healthcare communications today

Physicians need to transport and share clinical content electronically in order to satisfy Stage 1 Meaningful Use requirements

- Need to meet physicians where they are now



How does Direct fit in with other types of exchange?

The Direct Project provides HIEs with a **low cost way to enable simple push messaging** to their healthcare constituents

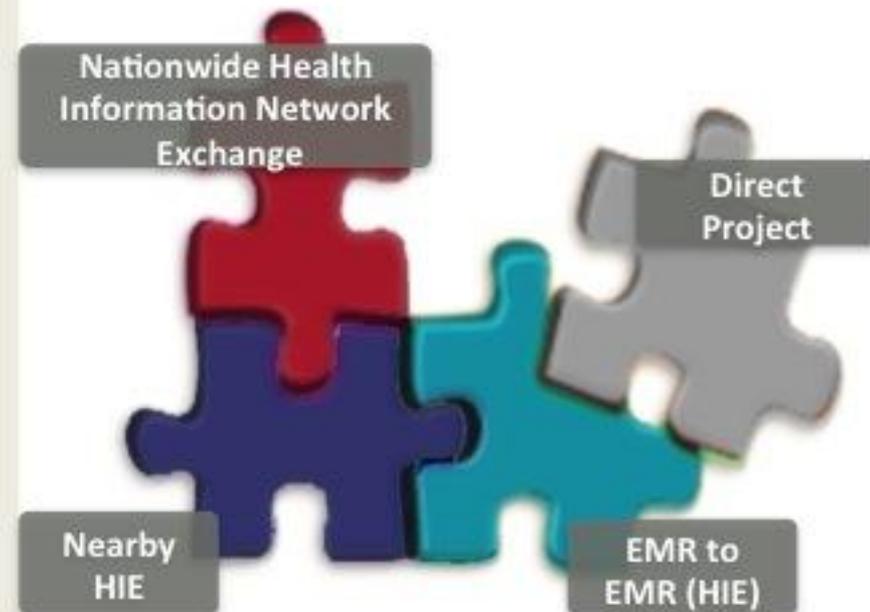
The Direct Project **doesn't replace** other ways information is exchanged electronically today, but it might **augment** them

The Direct Project supports **simple use cases** in order to speed adoption, but other methods of exchange might be suited for other scenarios, e.g., simple provider referrals vs. real-time population health statistics

The Direct Project was designed to **coexist gracefully** with **existing protocols** for data exchange, e.g., web services, client-server, etc.

The Direct Project seeks to replace slow, inconvenient, and expensive methods of exchange (e.g., paper and fax) and provide a future path to **advanced interoperability**.

The Direct Project specifications will be incorporated into the **Nationwide Health Information Network**

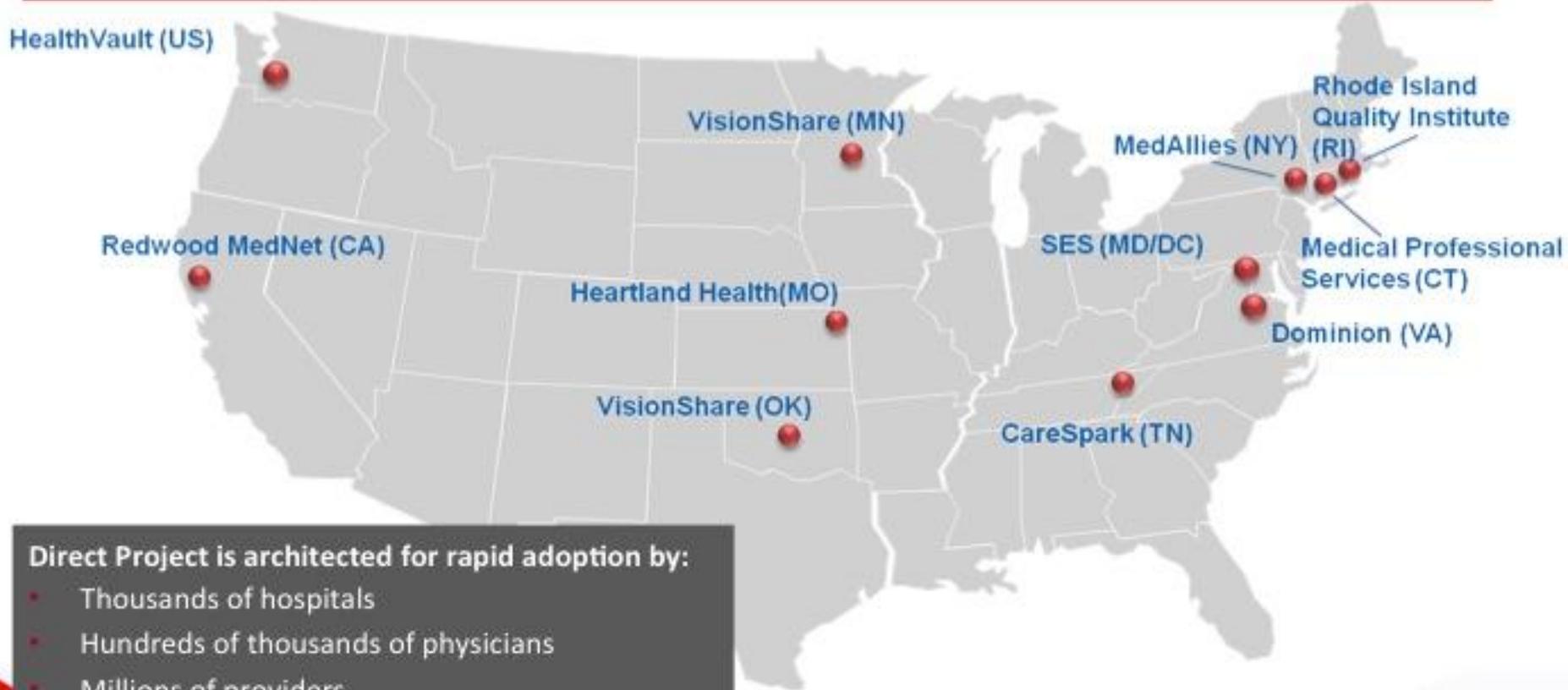


Health information exchange:
a puzzle with many pieces



Where is Direct implemented today?

Direct Project is being demonstrated in real-world pilots across the country



Direct Project is architected for rapid adoption by:

- Thousands of hospitals
- Hundreds of thousands of physicians
- Millions of providers
- Tens (or hundreds?) of millions of patients
- Many other stakeholders in healthcare

What is the emerging ecosystem of Direct players?



- 50+ vendors have committed to roll-out Direct-enabled functionality, and ~20 states include Direct in their approved State HIE plans*

EHRs

4Medica	Med3000
Aprima	MEDgle
Allscripts	NextGen
Care360	OpenEMR
Cerner	Polaris
eClinicalWorks	RelayHealth
e-MDs	Sage Healthcare
Epic	Siemens
GE Healthcare	Sunquest
Greenway	WorldVista

PHRs

Dossia
Microsoft HealthVault
NoMoreClipboard.com
RelayHealth

HIEs & HIOs

AAFP	max.md
Ability	MedAllies
Akira Technologies	MedCommons
ApeniMed	MEDfx
Atlas Development	Medicity
Axolotl	MedPlus
CareEvolution	Mirth
Covisint	MobileMD
Garden State Health Systems Inc.	National Health Svcs
GSI Health	NetDirector
Harris	Orion Health
HINSTx	ProviderDirect
HIO Shared Services/NeHII	RedwoodMedNet
Ingenix	Secure Exchange Solutions
Inpriva	Surescripts
IVANS	Techsant Technologies
Kryptiq Corporation	Thomson Reuters
Lifepoint Informatics	Verizon
	Wellogic

States

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Iowa
Kentucky
Minnesota
Missouri
Montana
New Hampshire
New Jersey
North Carolina
Ohio
Oregon
Rhode Island
South Carolina
Texas
Vermont
West Virginia
Wisconsin

* Source: <http://directproject.org/content.php?key=getstarted&sub=vendorsupport> (as of April 2, 2011)

How Direct Can Enhance PHRs for Patients, Consumers, and Providers

- Standardized
- Secure
- Simple
 - Lack of standardization, concerns about security, and complexity have all plagued (and doomed) previous attempts to open data silos and empower patients.
- Direct addresses all these concerns, reflected by broad adoption and commitment, and it does so in a way that doesn't "forget the little guy", including the patient.

Emergency Consent Policy for HIE

- The Consumer Advisory Panel discussed this at their Jan. 27, 2011 meeting and provided input to the Legal & Policy Workgroup
- The Legal & Policy Workgroup formulated a formal recommendation for HITOC at their Feb. 16, 2011 meeting

The Consumer Advisory Panel and Legal & Policy Workgroups Considered the Following Questions

1. If a person opts out of HIE, will his or her health record be made available via HIE in the case of a medical emergency? (i.e., Will his or her record(s) be sent from his or her provider(s) via HIE to the Emergency Department?)
2. If a person with specially protected health information (SPHI) has not yet opted in (given affirmative, written authorization) to allow their record to be shared via HIE, will his or her record be shared via HIE in the case of a medical emergency (to the extent allowable by the law)?

Consumer Advisory Panel input to the Legal & Policy Workgroup

The majority of Consumer Advisory Panel members (10 of 11) agreed that:

- *For life-threatening medical emergencies, a patient's protected health information (PHI) should be shared with the treating physician/emergency responder, even if the patient has opted out of HIE, or has not opted in (for those patients with specially protected health information).*

The one dissenting opinion was expressed as follows:

- “A patient's wishes should apply across the board. I prefer an opt-in model, but recognize that opt-out is probably the best we are going to get. That being the case, opt-out should NEVER be overridden. The ER story sounds compelling, but the reality is much more complex.”

Legal & Policy Workgroup Recommendation: Discussion Highlights

- **The definition of a “medical emergency”:**
 - Workgroup members agreed that the Consumer Advisory Panel preference that a medical emergency must be defined as **“life threatening”** was very difficult from a medical perspective to **define or implement in practice**
- Whether having two different policies around consent for HIE (one for “general” healthcare situations, and one for “emergency” situations) could **create confusion**, and the extent/type of education necessary to mitigate this confusion.
- **The potential negative impact on consumer participation** in HIE if exceptions to a patient’s choice to opt-out are made for the case of emergencies.
- **Respect for informed patient choices and decisions** to not participate in HIE (for those who have opted out)

Recommendation from Legal & Policy Workgroup

- If a patient opts-out of HIE, or if a patient with SPHI does not affirmatively opt-in, there will not be an exception or over-ride of this choice for the case of a medical emergency and the patient's health data will not be sent via HIE to the emergency medical provider.
- The Workgroup recognized that if a patient has opted-out of HIE, their health data will continue to be sent via “traditional” mechanisms, including fax and phone.

Feedback from Consumer Advisory Panel

- The recommendation from the Legal & Policy Workgroup was presented to HITOC at the March and April meetings, and a straw (non-binding) vote was taken at the April meeting. HITOC discussed wanting to make sure the Consumer Advisory Panel had a chance to fully understand and discuss the recommendation before a final vote was taken.
1. Are the reasons and rationale for the Legal & Policy Workgroup's recommendation clear?
 2. Is there any response to the Legal & Policy Workgroup recommendation you would like to provide to HITOC?
 3. Is there any additional input you'd like to provide to HITOC to consider before their final vote on the recommendation?

Break

Consumer Communications: Draft Messaging Poll

Chris Coughlin and Ben Patinkin from Grove Insights

Public Comment

Next Steps for Consumer Advisory Panel

- Next quarterly meeting will be scheduled for July; final version of messaging poll and results will be ready to share.

Questions or Comments?

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Resources

- **HITOC:** <http://www.oregon.gov/OHPPR/HITOC/index.shtml>
(HIE Strategic and Operational Plans, meeting materials, list serve, other reports)
- **O-HITEC:** <http://o-hitec.org/>
(Oregon's Regional Extension Center for technical assistance relating to EHR adoption and meeting Meaningful Use)
- **Oregon Health Network:** <http://www.oregonhealthnet.org/>
(Executing on FCC Grant for Broadband expansion)
- **Oregon Medicaid HIT:** <http://www.oregon.gov/DHS/mhit/index.shtml>
(Planning for State Medicaid HIT Plan with 90/10 funding for HIT/HIE)
- **CMS Incentives:** <http://www.cms.gov/EHrIncentivePrograms/>
(Medicaid and Medicare payment incentive programs for Meaningful Use of EHRs)
- **Office of the National Coordinator for Health IT:**
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home/1204

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