
HITOC Consumer Advisory Panel

January 27, 2011

The logo for the Oregon Health Authority is centered at the bottom of the slide. 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 that spans the width of the slide.

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Agenda

- 1:00pm** **Opening & outcomes**
- 1:05pm** **HITOC Working Principles**
- 1:10pm** **Report back from Jan. 20 HITOC Retreat:**
- Comments from Dr. Goldberg, Director of the OHA, & Mike Bonetto, Policy Advisor to Governor Kitzhaber
 - Finance Recommendation
 - Accountability & Oversight: HIE Participant Qualification Program
 - Consent Policy & Implementation Plan
- 1:25pm** **Feedback on Consent Policy for Medical Emergency**
- 2:05pm** **Consumer Communications**
- Review and gather feedback on brochure produced by ONC for medical providers and additional communication mechanisms
- 2:45pm** **Public Comment on Consent & Communications**
- 3:00pm** **PHRs:**
- National landscape & Oregon's strategy
 - Questions/discussion
- 3:55pm** **Next Steps**
- 4:00pm** **Close**

Meeting Outcomes

- Gather feedback on consent policy for medical emergency
- Build on discussion and gather feedback around consumer communications
- Initial introduction to Personal Health Records (PHRs)

HITOC Working Principles

1. Make meeting attendance a priority
2. Conduct regular progress evaluations
3. Start and end meetings on time
4. Respect the agenda and agenda timelines
5. Come to the meetings prepared and versant with materials
6. Bring notebooks and associated materials to meetings
7. Be responsive to requests between meetings
8. Represent the public good, not just our respective organizations
9. Build trust by assuming we are all operating for the good of Oregon
10. Be able to disagree and commit going forward
11. Use a dialogue and consensus based process

Report back from Jan. 20 HITOC Retreat

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HIE Consent Policy for Medical Emergencies

- The recommendation on the Consent Policy (Opt out with Exceptions) and implementation plan approved by HITOC does not address the case of medical emergencies.
- Most states developing additional consent policies for HIE treat medical emergencies as a special case that needs to be explicitly addressed, separate from the general consent policy.
- With input from the Consumer Advisory Panel, the Legal and Policy Workgroup will discuss and move toward formulating a recommendation on an HIE Consent Policy for the case of medical emergencies at their Feb. 16 meeting.

HIE Consent Policy for Medical Emergencies

- **Two questions that this policy must address:**
 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)?

Outreach & Communications to Consumers

The ONC brochure for providers is one example. Additional educational materials will be needed outside the doctor's office. HITOC plans some market research around consumer views. Using the brochure as a starting place.

1. For providers communicating with their patients, in what ways does the ONC brochure work, and in what ways could it be improved?
2. What information is missing from this brochure that patients and consumers need to know?
3. Besides the doctor's office, what are the best venues for making additional materials accessible to consumers?

Public Comment:

Consent Policy for Medical Emergencies

Consumer Communication Tools

Personal Health Records (PHRs)



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What is a PHR?

- A software application or service that allows a consumer to control, access and manage their health information, both clinical and administrative
 - Tethered PHRs
 - PHRs provided by a health care provider (EMR Portal), benefits provider (Claims Viewer) or employer (third-party supplied portal on the employer's intranet)
 - Untethered PHRs
 - PHRs that are not restricted by or tied to a data source or provider
- A PHR is different from an EMR/EHR
 - Data is gathered by/on behalf of the consumer and shared how they choose
 - Data may include both clinical and administrative data types, as well as other information, such as emergency contact and family history
 - Consumer may annotate and amend data
 - Wellness and device data are often included

PHR Landscape

- Hundreds of options for consumers, both tethered and untethered/standalone
- Many applications focus on specific diseases and conditions
- Several consumer aggregators have emerged in the past several years to assist consumers in gathering data into one place
- Most PHR-type applications are reactive (health event-driven) rather than proactive (education and prevention)
- Many require manual entry of data by the consumer
- Challenge is getting information from the original source

Emerging Trends

- Focus on consumer access to data has been part of several key initiatives
 - **The Blue Button Initiative**
 - VA, CMS, DoD and Markle Foundation collaboration
 - Allows patients to download a single file that contains past and future appointments, self-entered information, family history, and other information included in their record
 - **Meaningful Use Criteria – Stage 1**
 - Provide patients with an electronic copy of their health information upon request
 - Provide patients with timely access to their health information within 96 hours of the information being available in to the EP
 - Provide clinical summaries for patients for each office visit
 - **The Direct Project**
 - Several Priority 1 use cases involve patient access to data
 - Healthvault users expected to have Direct Project addresses by end of January

HIE and PHRs

- Markle Foundation
 - Since 2003, the Markle Foundation has been researching consumer attitudes toward access to their health information
 - Consumers have repeatedly responded that they:
 - would find value in access to their health information
 - would find value in a nationwide HIE network
 - think access to their health information would help them improve their health
 - However, 93% of patients rarely or never ask for copies of their information from their providers*
- Consumer aggregators are involved with the Direct Project
- HIE facilitates information availability, with many states contemplating patient portals or enabling PHR access

* *Markle Survey on Health in a Networked Life 2010*

Oregon's PHR Strategy

- The Strategic Plan notes potential ancillary services involving PHR access to data
 - Ancillary services have been discussed in the Finance and Technology Workgroups
 - Implementation of Core Services is key to enabling access and is the focus of Phase 1 of statewide HIE
- Evolving Considerations
 - Continued adoption of Direct Project standards by PHRs and consumer aggregators
 - Progression of Meaningful Use requirements from Stage 1 to Stages 2 & 3

PHRs

- Comments, questions, and discussion

Next Steps for Consumer Advisory Panel

Next Quarterly Meeting:

April 21, 2011

1-4pm

Location to be determined

Topics to be discussed

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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