
Health Information Technology Oversight Council

Consumer Advisory Panel

October 27, 2011

1-4pm

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 Welcome & Meeting Outcomes
- 1:05pm HITOC & Office of Health IT (OHIT) Updates – Carol Robinson
- 1:55pm Consent Implementation Subcommittee – Chris Coughlin
- 2:10pm HIT Community Ambassador Slides – Chris Coughlin
- 2:45pm Break
- 3:00pm New Provisions for Disclosures of Lab Results to Patients:
Notice of Proposed Rule-Making (NPRM) –Kahreen Tebeau
- 3:40pm Public Comment
- 3:55pm Closing Comments
- 4:00pm Adjourn

Meeting Objectives

1. Provide new information to the Panel on HIT and HIE developments, locally and nationally
2. Obtain feedback from Panel on community HIT presentation slides and new legal provisions for patients receiving their lab results

Updates from the Office of Health IT (OHIT)

Updates from the Office of Health IT (OHIT)

HIE Technology RFP

Updates from the Office of Health IT (OHIT)

AIM 2011 Conference

Updates from the Office of Health IT (OHIT)

e-Health Pledge

Updates from the Office of Health IT (OHIT)

Oregon's Coordinated Care Organizations (CCOs) and HIT

Transforming the Oregon Health Plan

**Oregon Health Policy Board
Oregon Health Authority**

Statewide community meetings
September / October 2011



Why transform?

- Health care costs are increasingly unaffordable to individuals, businesses, the state and local governments
- Inefficient health care systems bring unnecessary costs to taxpayers
- Dollars from education, children's services, public safety
- Even for all we spend, health outcomes are not what they should be – estimated 80% of health care dollars go to 20% of patients, mostly for chronic care
- Lack of coordination between physical, mental, dental and other care and public health means worse outcomes and higher costs

House Bill 3650

- Creates a new vision for the Oregon Health Plan
- Passed with broad bi-partisan support
- Emphasizes better health – recognizes if we deal with budgets alone, we won't succeed
- Transforms the system to meet the outcomes we need

Coordinated Care Organizations

- Community-based, strong consumer involvement in governance that bring together the various providers of services
- Responsible for full integration of physical, behavioral and oral health
- Global budget
 - Revenue flexibility to allow innovative approaches to prevention, team-based care
 - Opportunities for shared savings
- Accountability through measures of health outcomes

Focus on

- Local control and innovation
- Community-level accountability for improving health
- Services that are person-centered, provide choice, and emphasize independence
- Prevention and maximizing the use of primary care health homes
- Improving health equity and reducing health disparities
- Evidence-based practices and health information technology
- High-quality data to measure health outcomes, quality, and cost

Timeline & public process

- Through Nov. 2011: Public input opportunities and information sharing
 - ▶ Monthly Oregon Health Policy Board meetings
 - ▶ 4 Governor work groups
 - ▶ Statewide presentations & community meeting
- Nov. 2011 – Update to Legislature
- Dec. 2011: Final proposal for implementation to Legislature
- Feb. 2012: Legislative session & public hearings
- March 2012: If passed, send CCO plan for federal approval
- Late spring/summer 2012: First CCO launches

CCOs and Health IT

- With the creation of CCOs, there is a focus on the use of health information technology
- The Office of Health IT has been closely tracking the CCO development process; HITOC has been asked by the Health Policy Board to provide input on developing criteria related to HIT for CCOs
- At their Oct. 25, 2011 meeting, HITOC discussed possible frameworks for developing input and will continue that discussion at its November 3 meeting

Updates

Federal HIT funding

Consent Policy: Implementation Update

- **Status update: the proposed rules to implement the opt-out consent policy were tabled per the Sept. 8 vote by HITOC**
- **Considerations taken into account:**
 - Public comment during the OAR process indicated more time and engagement are needed to better understand the complexities of implementation
 - Need to align efforts with CCO development work
 - Phased approach to HIE beginning with Direct secure email allows more time to develop the consent rules for a more robust, query-based HIE environment
 - Consent management technology and solutions are still evolving nationally

OARs for Consent Policy: Questions and Issues Identified through the Public Comment Process

- **Technical implementation:**
 - Are all EHR/HIE systems currently in place *technologically* capable of applying a patient's decision to opt out?
 - Which systems may have technical difficulty achieving this, and how prevalent is the use of these systems?
 - What is the developmental status of technical solutions for consent management in the national marketplace?
- **Procedural implementation:**
 - What is the most administratively efficient and effective method(s) for implementing informed opt out?
 - Which types of providers, entities, data-sharing relationships, and/or types of HIE should be subject to the rule? For example:
 - Providers within IDNs/hospital systems/HIOs *versus* between them
 - Direct Project-based secure email *versus* repository/query models of HIE

Consent Policy: Implementation Update

- **Consent Implementation Subcommittee** formed to assist staff in gathering the information and providing the expertise needed to answer these procedural and technical implementation questions (*see Charter in meeting materials*)
- Information and feedback gathered through the Subcommittee's work with staff will be used to re-draft the administrative rules to implement the opt-out consent policy
- Membership on Subcommittee: representation from the Legal & Policy Workgroup, the Consumer Advisory Panel, and targeted community organizations (*see Member List in meeting materials*)

HIT Community Ambassador Slides

- Requests from our panel and workgroup members and other engaged stakeholders for introductory slides on HIT/HIE to present within their communities
- Draft presentation created for review by Consumer Advisory Panel
- Feedback and suggestions welcome

Oregon Office of Health Information Technology (OHIT)

Improving Health and Health Care



OFFICE OF HEALTH INFORMATION TECHNOLOGY

Office of Health Information Technology

- Established in 2011 to oversee
 - Health Information Exchange (HIE),
 - Medicaid Electronic Health Record (EHR) Incentive Program
 - Other HIT adoption
- Includes Governor-appointed Health Information Technology Oversight Council (HITOC)
- Recognized nationally for extensive stakeholder involvement and consumer focus

Overview of Current OHIT Projects

- Core Services for HIE
 - Electronic prescriptions
 - Laboratory information
 - Clinical summaries
- Direct Project simplifies, accelerates exchange
 - Direct pilot project, Gorge Health Connect
- HIT role in health system transformation
- Medicaid EHR Incentive Program
- Development of consent policy and communication with consumers

Health Information Exchange (HIE)

Federated approach based on supporting current community efforts

1. Establish core services, such as directory of providers and help sharing prescriptions and laboratory data
2. Enhance HIE through additional shared services
3. Promote adoption of EHRs, particularly in underserved areas
4. Ensure security and privacy of data exchange

Using Direct Project

Direct: A secure messaging system that simplifies data sharing for providers

How will Direct benefit patients?

Ex: A child is given an immunization at a local clinic. Their information is communicated electronically with their primary care provider, logged with the Oregon Immunization Alert system and a duplicative shot can be prevented.

Health System Transformation

Better health, better care and lower costs

- Full integration of physical health, mental health, and oral health, elimination of fragmentation in system
- Coordinated Care Organizations (CCOs): Local organizations with networks of providers that offer comprehensive health care for Oregon Health Plan (OHP) members
- Four governor-appointed work groups will make recommendations to the Oregon Health Policy Board (OHPB) who will then inform the plan for CCOs and present to the Legislature in February
- EHRs and secure exchange of health information are part of the initial strategies behind transformation efforts

Transformation Timeline & Public Process

- Through Nov. 2011: Public input opportunities and information sharing
 - 4 Governor-appointed work groups
 - Monthly Oregon Health Policy Board meetings
 - Statewide presentations & Community Meetings
- Nov. 2011 – Update to legislature
- Dec. 2011: CCO implementation plan specifying CCO criteria and global budget methodology due to legislature
- Feb. 2012: Legislative session
- Mar. 2012: If approved by legislature, send CCO plan to CMS
- July 2012: First CCO launches

Medicaid EHR Incentive Program

- Eligible professionals and eligible hospitals receive payments for EHR adoption
- Two programs, different rules: Medicare & Medicaid
- State runs Medicaid program which launched in September
- Professionals eligible for payments under Medicaid:
 - Physicians
 - Nurse practitioners, including nurse-midwife nurse practitioners
 - Dentists
 - Physician assistants who lead FQHCs/RHCs

Consumers Support HIT

Results from June 2011 Survey of 500 Oregonians
Optimism for EHRs, Concerns for Privacy

Survey Details:

- 500 Oregon residents surveyed: half urban, half rural
- Contacted via phone by professional interviewers
- Margin of error: 4.4% overall, higher for some subgroups

Carried out by Grove Insight, Portland

Overseen by Oregon's Health Information Technology Oversight Council with funding through the Office of the National Coordinator for Health Information Technology Cooperative Agreement for Health Information Exchange

Survey Purpose

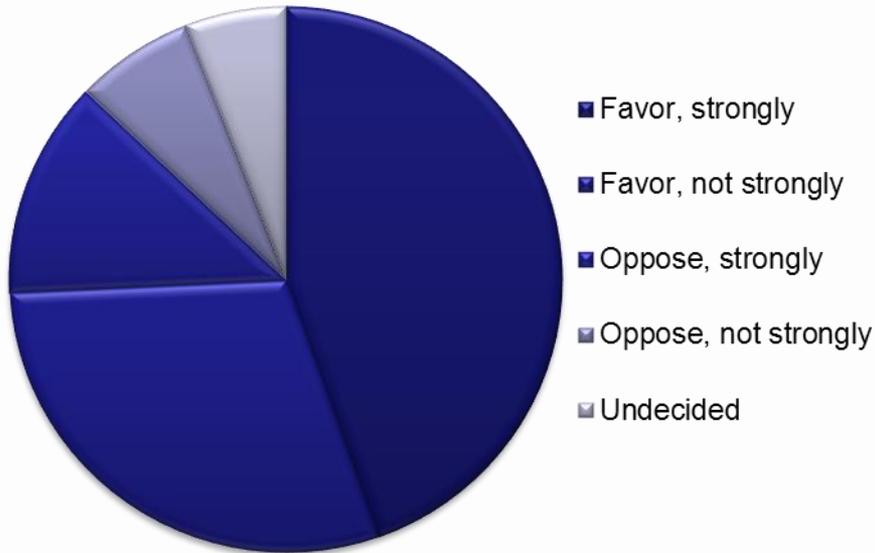
- Learn what opinions Oregonians have regarding health IT
- Know what concerns they have regarding the use of EHRs
- Investigate differences held among urban and rural Oregonians

Overall Results

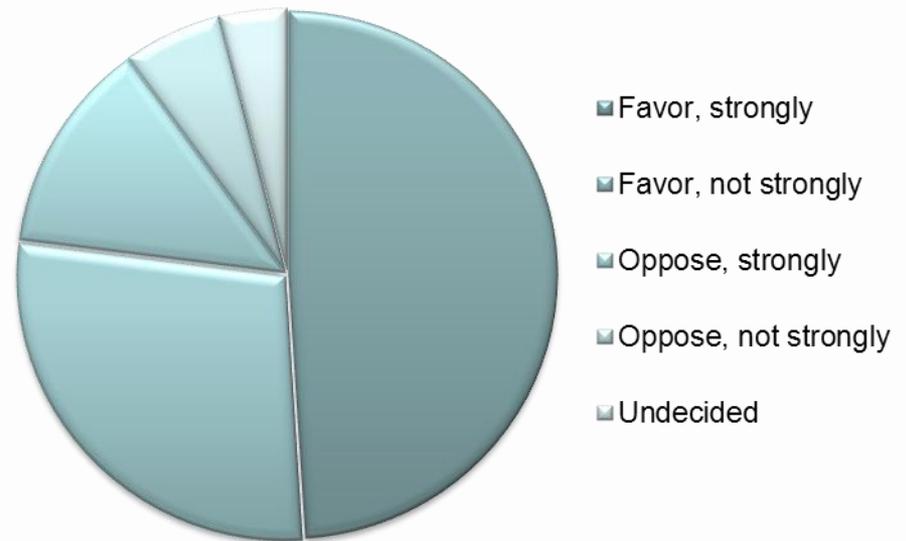
- Strong support for providers adopting EHRs
- Consumer support for providers sharing health records for the purpose of improving care
- Broad support for the many uses of health IT
- Overall, privacy is the greatest concern
- Even those who don't use the internet at home or work support health IT

Seventy-five percent of urban and rural residents favor encouraging medical providers to adopt EHR

Urban



Rural



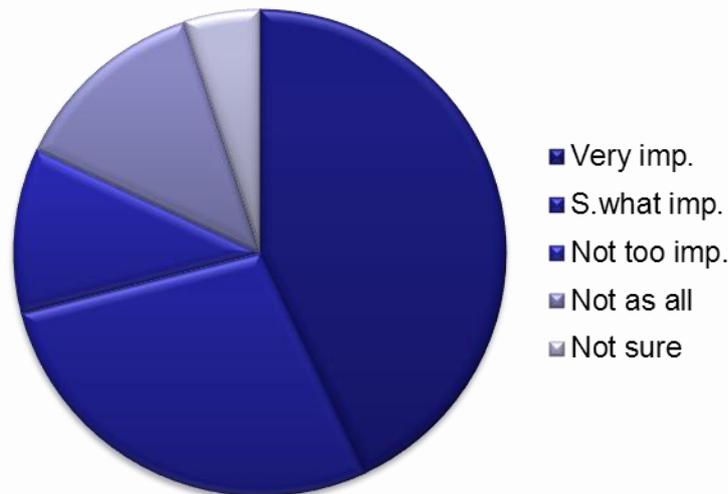
Internet access effects opinions on health IT

Majority support EHRs, though people who use the internet are more likely to show strong support

- Strongest support from urban residents with internet at home/work (85%)
- Slight majority support by those with no internet (58%)

Urban and rural residents place a high degree of importance on having doctors begin electronically storing and sharing health records

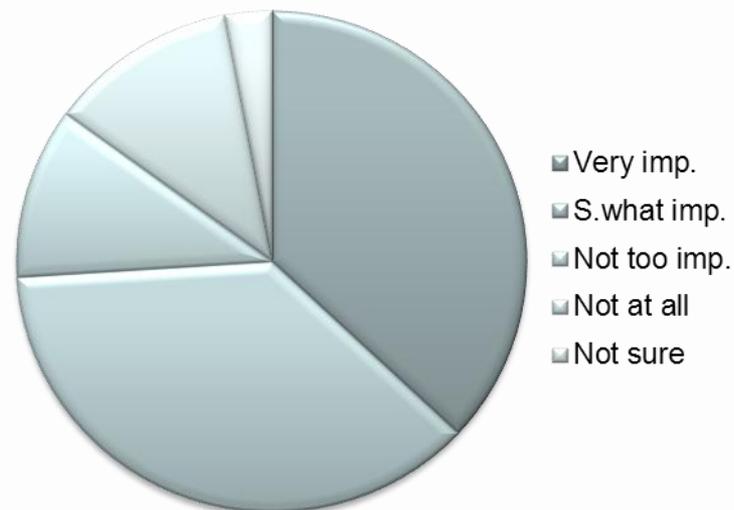
Urban



Net Important: 71%

Net Not Important: 24%

Rural

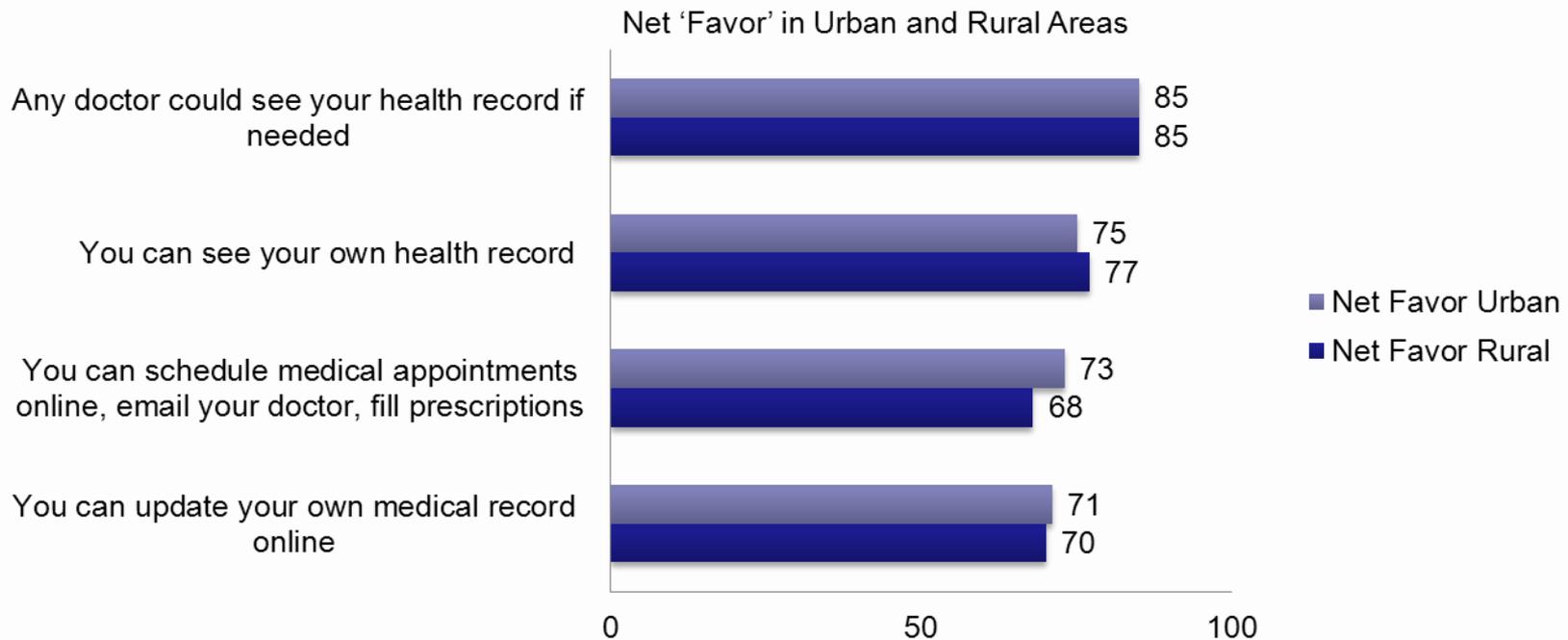


Net Important: 74%

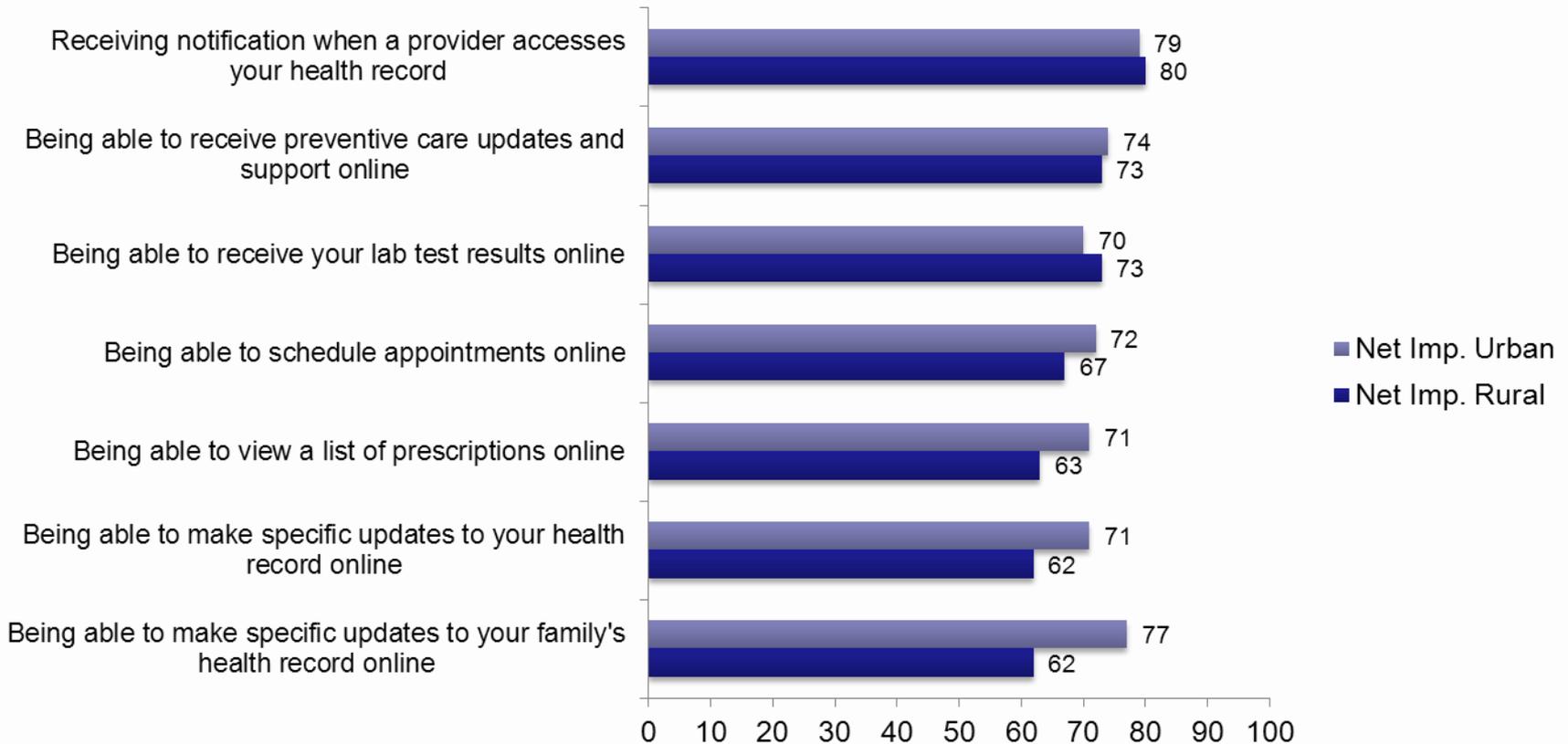
Net Not Important: 23%

Consumers want their doctors to have easy access to their health information

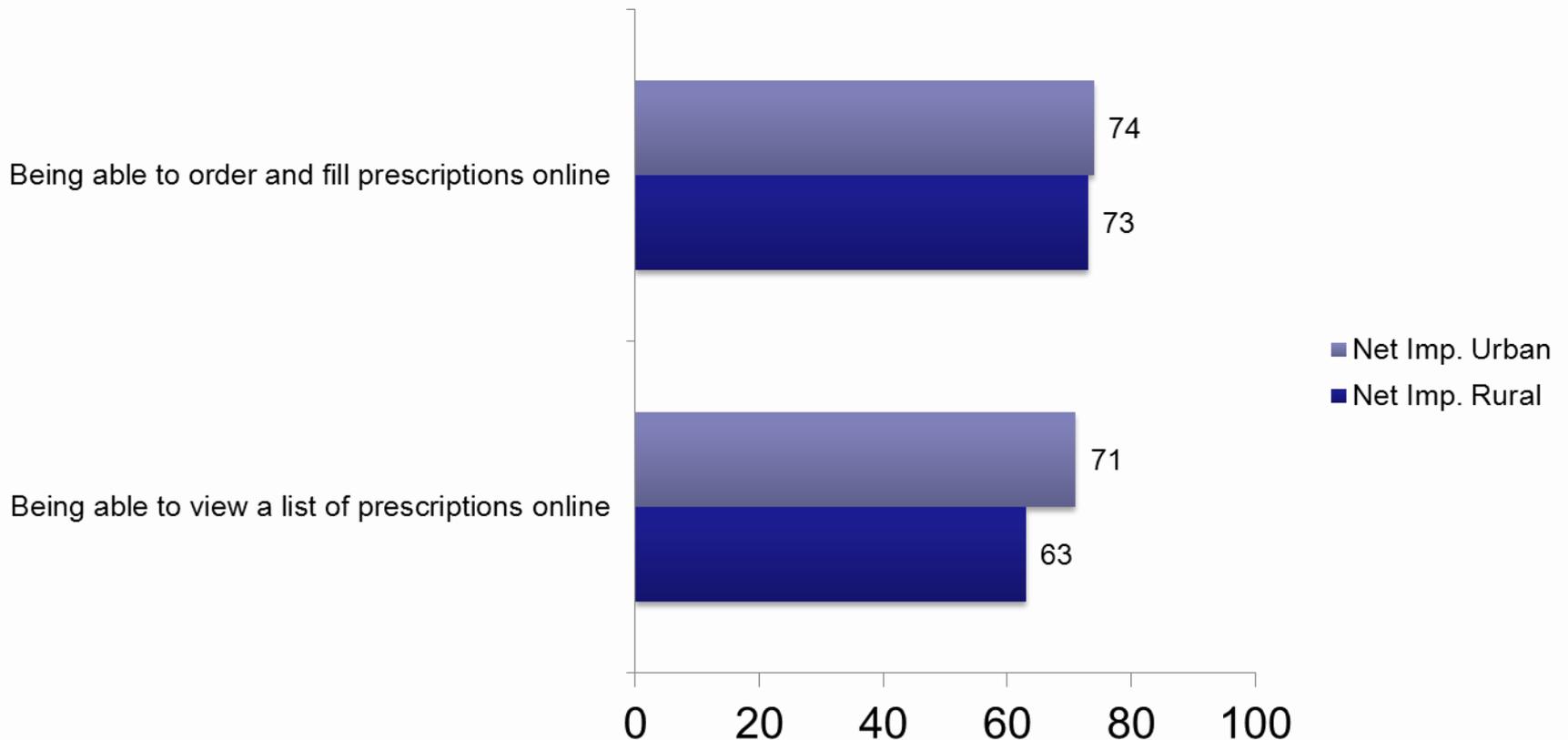
Urban and Rural Oregonians Offer Wide Margins of Support for Every Aspect of EHRs Tested



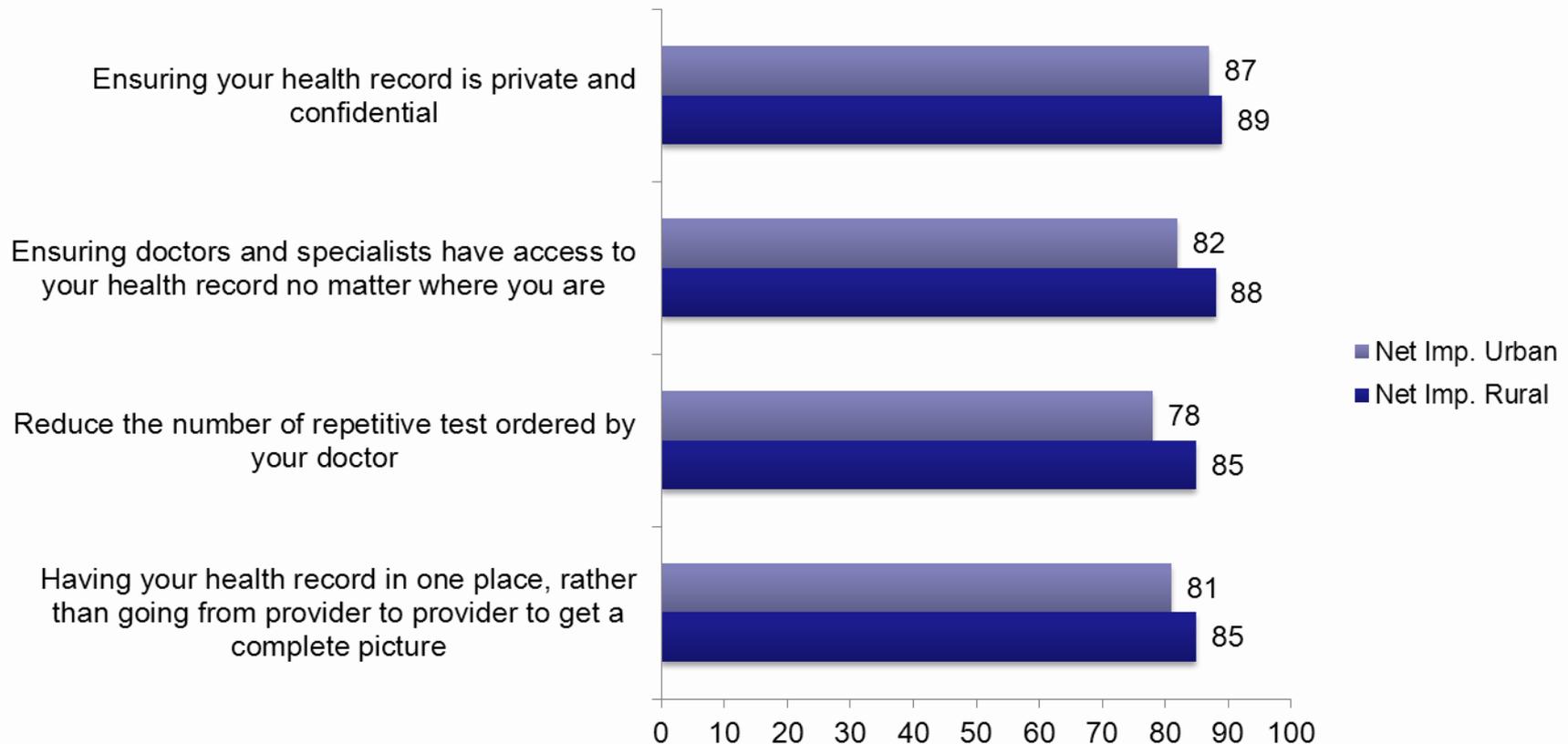
Oregonians value many uses of health IT



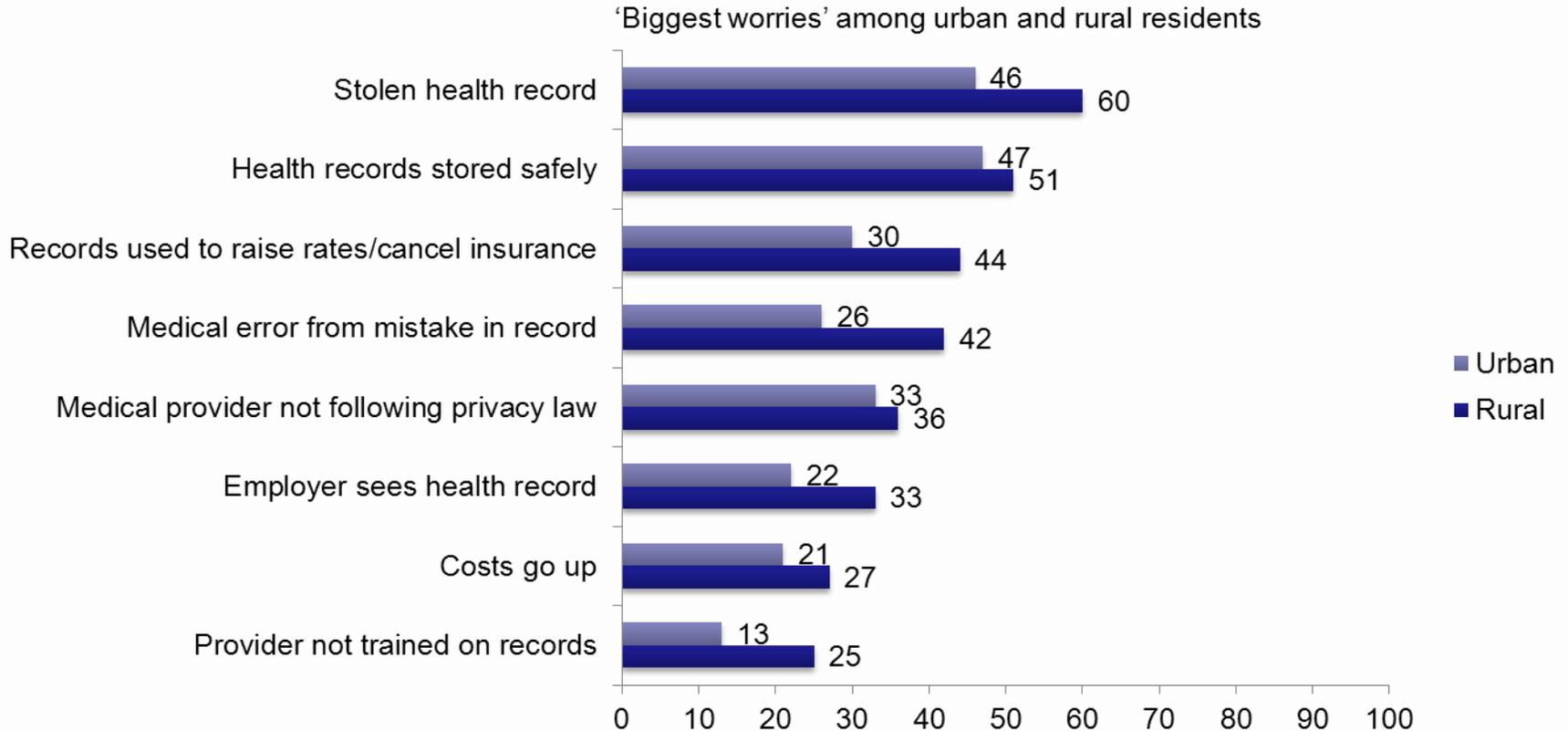
Clear value for the ability to manage prescriptions online



Privacy is the most important Aspect of the EHR effort for urban and rural residents



Top consumer concerns revolve around privacy



Top concerns of consumers

- Ensuring that medical records are kept private and confidential
- Medical records being stored safely and securely to protect privacy
- Medical records being hacked and stolen by identity thieves

Health IT Benefits for Consumers

- EHRs help providers track your care and medical history
- They simplify getting prescriptions and lab results
- A computerized alert can notify your doctor or pharmacist of a potential mistake in time to correct it
- Providers sharing your data (in a secure way) will help them give you better care
- Keeping your medical records on a computer gives you more control over your care

Learn more about health IT!

- HITOC: oregon.gov/oha/ohpr/hitoc
- EHR Incentive Program: MedicaidEHRIncentives.oregon.gov
- OHA Transformation: health.oregon.gov

Break

Notice of Proposed Rule Making for CLIA and HIPAA

- CLIA = Clinical Laboratory Improvement Amendments of 1988
- **Status quo:**
 - HIPAA: establishes a right of access for patients to their own medical records, but has an exception to this access right for CLIA-certified or CLIA-exempt labs
 - CLIA: limits a lab's disclosure of test results to 3 categories of individuals:
 1. Person responsible for using the test results in a treatment context
 2. A referring lab
 3. An "authorized person" as defined by state law
 - Usually includes the ordering provider. Some states' laws also include the patient in the definition of an authorized person to receive test results directly from the lab; some states' laws do not permit this

Notice of Proposed Rule Making for CLIA and HIPAA

- Proposed changes:
 - To HIPAA: Remove the exemption for CLIA-certified and CLIA-exempt labs with respect to providing individuals access to their protected health information
 - To CLIA: Would allow a laboratory to provide patients with access to test reports when the laboratory can authenticate that the test report pertains to the patient.
 - Combined effect: Labs would be required to provide patients with their test reports if the patient requested them, and if the lab could authenticate the identity of the patient.

Notice of Proposed Rule Making for CLIA and HIPAA

- **Current Oregon law**
 - ORS 438.435: Requires a 7 day waiting period for a lab to provide test results directly to a patient, without written authorization from the ordering physician
- **What effect might this have on Oregon law?**
 - It's not clear at this time whether the rules, if adopted, would have any impact in Oregon, because:
 - Oregon law already allows the disclosure of lab test results directly to patients
 - The NPRM does not specify a particular time limitation on how quickly a lab must provide the test results to patients after the request is made

Notice of Proposed Rule Making for CLIA and HIPAA

- How the changes relate to Oregon and HIE:
 - If the rules go into effect, it could mean **labs releasing results directly to patients more frequently** than they currently do.
 - In terms of HIE, Oregon's phase 1 statewide HIE services include Direct secure email – labs could use this HIE service to send your lab results directly to you via your PHR, if your PHR includes a Direct-messaging address

Notice of Proposed Rule Making for CLIA and HIPAA

- **Public comment period open on NPRM:**
 - to submit comments electronically, go to <http://www.regulations.gov>
 - Follow the "Submit a comment" instructions
 - Comment period closes Nov. 13, 2011

Public Comment

Next Steps

- The next meeting of the Consumer Advisory Panel will be scheduled to take place in January 2012.

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 EHR Incentive Program:**
www.MedicaidEHRincentives.oregon.gov
- **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

Oregon Health Authority