

Health Information Technology Oversight Council

Thursday, March 5, 2015

1:00 – 4:30 pm

Council and Ex-officio Members Present: Bob Brown, Dave Widen, Ken Carlson, Erick Doolen

Council and Ex-officio Members by Phone: Greg Fraser

Council and Ex-officio Members Absent: Ellen Larsen, Kristen Duus, Priscilla Lewis

Staff Present: Susan Otter, Lisa A. Parker, Rachel Ostroy, Marta Makarushka, Kristin Bork, Justin Keller, Karen Hale (phone), Sharon Wentz (phone)

Invited Guests: Erica Galvez (ONC), Hunt Blair (ONC), Patricia MacTaggart (ONC), Gina Bianco (phone, Jefferson HIE), Pat Bracknell (Central Oregon HIE), Chris Diaz (FamilyCare), Klint Peterson (Samaritan Health Services), Sonney Sapra (Tuality)

Welcome, Opening Comments – Greg Fraser
<ul style="list-style-type: none">• Greg started the meeting with no announcements.
Goals and Meeting Overview – Susan Otter
Refer to slide 3-6 <ul style="list-style-type: none">• Susan reviewed the 3 goals of HIT-optimized health care.• Susan then introduced and welcomed guests, including representatives from ONC and an invited panel of experts from various health entities in Oregon.
Featured Topic: ONC Strategic Vision for Interoperability – Susan Otter & Erica Galvez
Refer to “Shared Nationwide Interoperability Roadmap Quick Reference;” slides 7-25 <u>Presentation:</u> <ul style="list-style-type: none">• Susan introduced Erica Galvez, Interoperability and Exchange Portfolio Director, ONC, to provide an overview of ONC’s Shared Nationwide Interoperability Roadmap. Erica presented ONC’s vision of a learning health system and how the roadmap is meant to work backward from this ultimate goal. She then reviewed the five building blocks for ONC’s interoperability vision, which include:<ul style="list-style-type: none">○ Core technical standards and functions○ Certification to support adoption and optimization of health IT products and services○ Privacy and security protections for health information○ Supportive business, clinical, cultural, and regulatory environments○ Rules of engagement and governance• Erica reviewed basic principles for interoperability, emphasizing that the roadmap is focused on nationwide interoperability—not on pockets of interoperability. She also emphasized building upon existing health IT infrastructure—that while health IT is not perfect, there has been significant investment in existing systems that can be leveraged. She also emphasized standardization, particularly on the back end of systems. This is to be distinguished from the need to standardize the user experience/interface—which should be tailored to user’s needs. Erica also emphasized the measurement framework of the interoperability roadmap.• Susan then highlighted the alignment between ONC’s interoperability roadmap and health IT efforts in Oregon. The roadmap includes 10 different calls to action for states and Susan reviewed Oregon’s progress on many of these activities:<ul style="list-style-type: none">○ Per the roadmap, Oregon has an established health IT business plan framework in place;○ Oregon has leveraged Medicaid funds to support interoperability and exchange○ The coordinated care model in Oregon aligns nicely with the roadmap’s call for multi-payer payment system reforms• Susan also highlighted areas for consideration from the roadmap, including state-level policies for interoperability standards as well as coordination between state and federal efforts around governance to support interoperability nationwide. Susan mentioned plans for a Compatibility

<p>Program, which would provide standards for Oregon providers to connect to state health IT systems (as opposed to broader standards for operations in general across the state).</p>
<p>Interoperability Panel – Invited Guests</p> <p>Refer to slides 26-27</p> <p><u>Presentation:</u> See attached “Interoperability Panel Notes”</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Question: EDIE provides a clear early value proposition for health information exchange—are there any other early value propositions? <ul style="list-style-type: none"> ○ Answer: Pat Bracknell replied that their patients love the patient portal, but the primary use is lab results. Sonney Sapra added that Tuality has looked closely at the OpenNotes project, which adds full clinician notes to patient portals for patients to review. Other providers that have implemented this have seen considerable value. • Question: what issues related to privacy and security have your organizations faced? <ul style="list-style-type: none"> ○ Answer: Gina Bianco replied that there are multiple levels of privacy and security to work through. For example, user access in Jefferson HIE is role-based and tracked on the back end to identify potential breach. User authentication is done based on provider, who is ultimately responsible for use by staff. Patients also have the ability to opt-out of the HIE. Klint Peterson added that laws like HIPAA and 42 CFR part 2, which are designed to clarify the sharing of health information, can actually be a barrier and confusing. Samaritan Health has engaged in community advisory panels to communicate about these laws.
<p>Interoperability Roadmap In-depth Discussion – Hunt Blair</p> <p>Refer to slides 28-48</p> <p><u>Presentation:</u></p> <ul style="list-style-type: none"> • Susan then introduced Hunt Blair, health IT subject matter expert and consultant to ONC, to provide a more detailed discussion of the building blocks introduced by Erica Galvez. • Hunt discussed sections of the Interoperability Roadmap on a more detailed level including: Core Technical Standards and Functions; Privacy and Security Protections for Health Information; and Rules of Engagement and Governance. He also highlighted the Standards Advisory as the first work product that was derived from the roadmap effort. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Comment: Gina Bianco commented that there is a need to look at models that have come before this (e.g., Healthway, DirectTrust) and the sometimes cost prohibitive limitations they put on health information exchange. <ul style="list-style-type: none"> ○ Answer (Hunt): There is a role for state government in governance, particularly as they are closer to the ground and are closer to the various needs of communities. • Comment: Chris Diaz recommended looking at other models outside of the healthcare sector. • Susan mentioned that OHA is doing a more in-depth analysis of the roadmap and will provide public comments. Stakeholders who would like to bring comments to OHA may do so by March 31, 2015. Susan reviewed other deadlines. Final comments from OHA on the roadmap will be brought back to HITOC in the June meeting.
<p>HITOC Business, Approve Minutes – Greg Fraser</p> <p>Refer to “Dec. 17, 2014 minutes;” slide 50</p> <ul style="list-style-type: none"> • Greg confirmed that there was still a quorum after the break, which there was. • Dave moved to approve the December minutes, Ken seconded the motion. No opposition.
<p>Legislation Update – Susan Otter</p> <p>Refer to “HB2294-A Engrossed;” slides 51-57</p> <p><u>Presentation:</u></p> <ul style="list-style-type: none"> • Susan presented a brief update on the Health IT Legislation—House Bill 2294. She reminded the

HITOC members of the three primary components of the bill:

- Creates the Oregon Health Information Technology Program within OHA and allows OHA to charge fees to users of the Program’s services;
 - Allows OHA to partner or collaborate with other entities to achieve statewide health IT services—including the ability to vote on a governing board, pay fees or dues, etc.
 - Moves HITOC under the Oregon Health Policy Board and require HITOC to monitor state health IT efforts and report to the Board.
- Susan mentioned that the bill passed the House, and for the public hearing in the House Health Care Committee, there were 14 letters of support. The bill will move forward to the Senate Health Care Committee sometime in April or May.
 - There has been an adopted amendment, which adds that OHA shall report to the legislative assembly at least annually on progress of the Oregon Health IT Program. The amendment also reflects suggestions by HITOC members to make the language of certain sections broader to account for functions outside of facilitating health information exchange.
 - Susan highlighted Zeke Smith’s testimony, Chair of the Oregon Health Policy Board, which emphasized the Board’s intention to ensure broad representation on HITOC should it move under the Board.
 - If the bill passes, next steps will include the development of fees for services and the transition of HITOC under the Health Policy Board, which will include a new charter and setting membership.

Discussion:

- Question: what does the legislation say about HITOC membership—in terms of numbers?
 - Answer: the legislation leaves the number of members up to the Health Policy Board.
- Question: Fees will need to be approved by legislation at the next session?
 - There are a couple of paths—the fees can be established by rule, which the legislature would then validate later. The second path is to develop fees during the next short session, which would be February 2016.
- Question: what is the time frame for transitioning under the Health Policy Board?
 - Answer: we plan to engage the Health Policy Board over the summer and, if the bill passes closer to June, we would expect to have new members ready to attend the September 2015 meeting.

ONC Interoperability Cooperative Agreement – Susan Otter

Refer to slides 58-63

Presentation:

- Susan announced that ONC has released a Funding Opportunity Announcement (FOA) for state interoperability projects. ONC has \$28 million to award to approximately 10-12 states as cooperative agreements and the projects will last at most 24 months. The grant requires a 1:3 match which can include in-kind contributions. The three focus areas of the FOA are:
 - Adoption of interoperable technology;
 - Interoperability and use (after adopted);
 - Integration of data by different types of care providers (including eligible and non-eligible providers for the EHR Incentive Programs).
- Given OHA’s strategic plan, OHA decided to seek sub-grantees. There were two priorities identified for the Oregon project: 1) expanding the use of Direct secure messaging; 2) integration of behavioral health and physical health information sharing.
- Susan briefly reviewed the criteria for reviewing sub-grantees and the process. Dave Widen and Ken Carlson volunteered to assist with the review of letters of interest for this grant opportunity. If there are no sub-grantees interested, OHA will not submit the grant.

Discussion:

- Question: if the grant requires states to apply, how do organizations fit in?
 - Answer: the FOA allows for sub-grantees. The state will submit the application and

oversee the sub-grantee(s). The sub-grantee(s) will be responsible for driving the work of the project.

- Question: how will the in-kind match for this work?
 - Answer: OHA is asking sub-grantees to submit plans for how they could contribute to the 1:3 match—OHA is not planning to contribute any state funds.
- Question: how many sub-grantees are you planning to have?
 - Answer: we are considering 1-3 sub-grantees at this time. We have not seen the letters of intent at this time.
- Question: what are the types of the organizations that attended OHA's informational webinar on this grant?
 - Answer: regional HIEs are interested in the grant opportunity; some of the CCOs; a number of vendors (who are not eligible to apply directly); hospitals and provider groups.
- Question: is there a contingency in place if you do not receive sub-grantees covering both of OHA's priorities?
 - Answer: there is no requirement to cover both priorities with these projects. If three good projects are focused on priority 1, that is what we will submit. The grant does have requirements and those will need to be met across the sub-grantees.
- Question: will the sub-grantees be responsible for writing the grant with you?
 - Answer: yes—the time frame is very tight. Discussion continued around the time frame for this project.

June HITOC Meeting & Other Updates – Susan Otter

Refer to slides 64-68

Presentation:

- Susan presented OHA's thoughts for the June HITOC meeting. One option is to broaden the stakeholder involvement in HITOC's work and plan to set priorities for HITOC moving forward.
- As an alternative, there are many other topics that could be discussed during the June meeting:
 - Telehealth; OHA has pilot grants going out soon;
 - Work around 42 CFR part 2;
 - CCO profiles summary – the majority of CCOs have returned their profiles with edits and have been finalized. The goal is to have all of these profiles finalized by May.
- Invitations have been sent out for the HIT/HIE Community & Organizational Panel (HCOP), Susan reviewed the timeline and the first meeting is planned for May. The June meeting would also be a good time to report out to HITOC on this meeting.
- Susan mentioned that OHA is expecting notice of proposed rule-making on the EHR Incentive Programs for Stage 2 and Stage 3. The plan would be to have an ad hoc meeting in preparation for developing public comments to these proposed rules.
 - Question: The comment would be on the federal rule itself, not the state implementation of this rule?
 - Answer: Yes, the comments would be to the federal rule.

Discussion:

- Question: how will the HITOC charter be managed if, in the transition to the Health Policy Board, the role of HITOC changes significantly?
 - Answer: Ken replied that the discussion around priorities could drive the charter process. Susan replied that the charter will validate the role that HITOC plays and its responsibilities to the Health Policy Board. Dave mentioned that the draft charter serves as a recommendation to the Health Policy Board.
- Comment: it would be important to get the Health Policy Board's feedback on this approach prior to the June meeting.

Public Comment – Greg Fraser

- Hearing no comment, the Chair closed the public comment period at 4:11 p.m.

Closing Comments – Greg Fraser

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| <ul style="list-style-type: none">• The meeting was adjourned at 4:16 p.m. |
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Next meeting is Thursday, June 4, 2015 in Salem