

## Health Information Technology Oversight Council

Thursday, October 14, 2015; Portland, Oregon

1:00 – 4:30 pm

**Council and Ex-officio Members Present:** Erick Doolen (Chair), Bob Brown (Vice-Chair), Rich Bodager, Maili Boynay, Chuck Fischer, Valerie Fong, Bud Garrison, Brandon Gatke, Amy Henninger, Mark Hetz, Betty Kramp, Jim Rickards, Greg Van Pelt

**Council and Ex-officio Members by Phone:** Sarah Laiosa

**Council and Ex-officio Members Absent:** Sonney Sapra

**Staff Present:** Susan Otter, Rachel Ostroy, Britteny Matero, Marta Makarushka, Lisa Parker, Melissa Isavoran, Kim Mounts, Justin Keller, Tyler Lamberts

<p><b>Welcome</b> – Susan Otter and Erick Doolen (Chair)</p>
<p>Refer to slide 2-7</p> <ul style="list-style-type: none"><li>• Susan started the meeting and welcomed the group; the Chair then reviewed the agenda for the meeting. There were no additional comments or announcements.</li><li>• Susan reviewed the three goals of HIT-Optimized Health Care, and explained the vision of these goals in Oregon, the role of HITOC and its' reporting to the Oregon Health Policy Board, as well as Health Information Technology (HIT) opportunities and challenges in Oregon.</li></ul>
<p><b>Introductions</b> – HITOC Members</p>
<p>Refer to slide 8</p> <ul style="list-style-type: none"><li>• Susan noted the variety of experience reflected in the HITOC membership. She emphasized the Oregon Health Policy Board's key HIT policy interests of interoperability and behavioral health and how HITOC experience will relate to these topics.</li><li>• Each member of HITOC was then asked to answer the question 'Why is it important to you to move health IT forward in Oregon? (OHIT staff will provide summarized responses in the December HITOC meeting materials.)</li></ul>
<p><b>Health IT Overview</b> – Susan Otter</p>
<p>Refer to slides 9-22</p> <p><u>Presentation:</u></p> <ul style="list-style-type: none"><li>• Susan gave an overview of HIT/Health Information Exchange (HIE) in Oregon, including how technology supports Oregon's Medicaid coordinated care organizations (CCOs) and the coordinated care model. Maps were presented highlighting various HIT/HIE efforts in Oregon. Susan discussed the role of the Oregon Health Authority (OHA) in statewide HIT, the specific role of the Office of HIT (OHIT) within OHA, and the Oregon HIT Program.</li><li>• Susan asked the group if orientation webinars were a useful way to bring HITOC members up to speed outside of HITOC meetings. Several HITOC members agreed this would be helpful and staff agreed to schedule a webinar to delve deeper into the content of the Oregon HIT Program.</li></ul> <p><u>Discussion:</u></p> <p><i>Electronic Health Record (EHR) and HIE use in Oregon (pie charts and maps)</i></p> <ul style="list-style-type: none"><li>• There were comments about the high representation of Epic in Oregon and the opportunity for organizations to come together to leverage greater influence with specific vendors for interoperability needs.<ul style="list-style-type: none"><li>○ Susan commented that provider challenges navigating EHR and other vendors is something that OHIT hears about often and that OHIT would like to look for opportunities to help providers with this challenge and support them.</li></ul></li><li>• Question: do the EHR Vendor pie charts include dental providers?<ul style="list-style-type: none"><li>○ Answer: Susan offered that OHIT staff can provide more detail about the EHRs that dental providers receiving incentive payments are adopting</li></ul></li></ul>

- Question: could future versions of the EHR Incentive Payment data present further detail, such as rates of providers receiving Meaningful Use Stage 2 payments?
  - Answer: Susan answered that yes, Meaningful Use Stage 1 (MU1) and Meaningful Use Stage 2 (MU2) data can definitely be added in the future, as well as report on rates of providers meeting certain Clinical Quality Measures (CQMs).
- Discussion on presentation of data:
  - Interest in EHR adoption rates normalized by populations in each county
  - Interest in weighting hospital data by hospital size of facility/number of beds
- Question: what is the goal of looking at these maps? For example, are we trying to find gaps by region, system, or other factors so that we can make recommendations about how to address those gaps?
  - Answer: Susan explained that these visuals are being shown to provide background information and to support conversations about interoperability and health information exchange. They can also be used for identifying and targeting efforts to fill gaps where needed.
- Question: what three HIEs are represented in the ‘Participation in HIE – by County’ visual?
  - Answer: Susan answered that the three HIEs are Jefferson Health Information Exchange (JHIE) in Southern Oregon and the Columbia Gorge regions, Central Oregon Health Connect (currently in transition), and Care Team Link (in development in the Corvallis area).

*Oregon HIT Program and Efforts underway*

- Question: how should the group balance meeting the varied needs across the state, since it is impossible to meet the needs of everyone?
  - Answer: Susan gave some background on the development of the current Business Plan Framework: OHA staff engaged in listening sessions in 2013 with CCOs and other stakeholders across the state, then synthesized the information and recommended efforts including state-level technology investments that addressed needs stakeholders had in common, seemed feasible, and made sense to tackle at the state level.
- Discussion on HITOC’s work:
  - HITOC should consider fostering what is already going on and recognize that (statewide HIT) efforts don’t necessarily need to originate at OHA
  - HITOC will need to think about the potential challenges with advancing HIT/HIE and leveraging resources.
  - The group will need to align their ideas to the HIT-optimized goals, which will help drive where the priorities are. It will be important to “organize the chaos” and align to the overall goals.
  - A “one size fits all” solution will not work – a solution that works in one region may not be the answer statewide.
  - HITOC should not reinvent the wheel – we could develop a menu of options for providers that are endorsed by the state. HITOC could develop common definitions (e.g., for attribution), and educate, understand what others are doing
  - Education component is needed – especially for smaller/rural practices on what is available to a practice
  - Behavioral health practices typically don’t have extra revenue to spend on sophisticated tools. Now there are more options and less of a high cost of entry. Separating addiction treatment workflows and parsing data are particular challenges. Resources would be helpful to highlight promising vendors or approaches
  - Common interpretation of federal requirements related to sharing behavioral health information (42 CFR Part 2) is critical

- Providers and hospitals are increasingly getting significant data requests from payers who are not aligned which increases burden
- Making data actionable is critical – there is so much data but it is not consumable. We need to consider what decisions/interventions we will make informed by the data
- Discussion on HITOC’s monitoring and oversight role:
  - HITOC will need to develop metrics surrounding all of the components with the Oregon Health IT Program to evaluate and assess the value of what is being done. Assessing current challenges and obstacles can help inform if resources need to shift.
  - HITOC will want to think about how to prioritize oversight, for example, some efforts are operating smoothly and may not need much energy from HITOC, although HITOC can promote what’s working well. HITOC can help break down barriers to get things done.
- Discussion on HITOC’s strategic planning, priorities and focus areas:
  - Need to identify what we are trying to achieve. A higher level map of goals/aims-strategies-tactics/projects-metrics would really help HITOC focus its work.
  - It would helpful to look at how HITOC can move things along and leverage competencies around the state. Instead of re-doing the strategic plan, HITOC could identify the top three priorities and then work to achieve these.
  - HITOC could lay out its vision for where we want Oregon to be in 2020 and identify what groundwork needs to be laid in the near term
- Discussion on HITOC’s relationship to other efforts and advisory groups:
  - Understanding more about the oversight and responsibility of HITOC, particularly in relation to the other governing and advisory groups would be helpful.
  - Request for staff to bring the charters, roster of advisory group members and meeting times, and further information about roles/relationships to HITOC to the next HITOC meeting.

**HITOC History and Charter – Bob Brown, Justin Keller, Susan Otter**

Refer to HB 2294, HITOC Charter, and HITOC By-Law documents; slides 23-43

Presentation:

- Bob spoke about the history of HITOC and shared year-by-year highlights regarding the work done by the group since 2009, as well as past and present HITOC committees.
- Justin explained the three major components of House Bill 2294, HITOC membership principles and responsibilities of the council, and reviewed the HITOC Charter.
- Mark Hetz moved to approve the Charter, with the caveat that the work plan would need further development. Several HITOC members seconded. All HITOC members present and on the phone were in favor of approving the charter; no one opposed.

Discussion:

- Previous HITOC groups should be proud of the fact that (1) they noticed when things were coming too soon and (2) they were aware of the environment and pulled back when other work was being done outside of HITOC so that duplicative efforts were avoided.
- The 2015 legislation moves HITOC under the Oregon Health Policy Board - having clarity around who HITOC reports to is very helpful.
- Suggestion that HITOC receive regular reports about activities and deliverables of the advisory groups, such as the Provider Directory Advisory Group and Common Credentialing Advisory Group.
- Question: will HITOC be aligning with the federal Office of the National Coordinator for HIT (ONC) Interoperability Roadmap document?
  - Answer: Susan explained that OHIT staff have analyzed the ONC Interoperability Roadmap, provided comment to ONC on the draft Roadmap, and presented to HITOC on this earlier this year, and can bring this analysis back to the new HITOC if

<p>interested. Also, OHIT staff think there could be a benefit with HITOC putting together an interoperability work-group to focus on this topic.</p> <ul style="list-style-type: none"> <li>• The HITOC charter does not include metrics for HITOC. It will be important to know if the group is achieving its goals moving forward.</li> <li>• The charter gives the group good direction and it does not micromanage the work HITOC is tasked to do. Regarding metrics, HITOC could discuss this on a case-by-case basis and revisit those ideas in the future.</li> <li>• Question: will HITOC have the ability to address the charter down the road and make adjustments to it as need? <ul style="list-style-type: none"> <li>○ Answer: Justin explained that yes, changes would take a two-thirds majority of HITOC and then the change would go to the Oregon Health Policy Board for their approval.</li> </ul> </li> </ul>
<p><b>HITOC Logistics, Processes, and Preferences</b> – Susan Otter</p>
<p>Refer to slides 44-46</p> <p><u>Presentation:</u></p> <ul style="list-style-type: none"> <li>• Susan asked for feedback and suggestions from the group related to what worked well and what could be improved for today’s meeting.</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>• Question: can future orientation webinars be recorded so that HITOC members could access them at any time? <ul style="list-style-type: none"> <li>○ Answer: Justin answered that yes, the plan is to record the webinars in the future.</li> </ul> </li> <li>• Comments: <ul style="list-style-type: none"> <li>○ The meeting was well organized, and there was great participation and information shared.</li> <li>○ Location options: Meeting in Wilsonville is also a good option to consider besides Portland and Salem. When meetings are in Portland it would be preferred to have the location near the Max Line for those who are coming from the airport.</li> <li>○ Logistics: good phone etiquette is to announce who is talking before adding a comment or asking a question during a discussion.</li> <li>○ It would be great to plan meetings far in advance to allow for scheduling, etc. <ul style="list-style-type: none"> <li>▪ OHIT staff will bring this up at the December HITOC meeting to set up a recurring meeting time.</li> </ul> </li> </ul> </li> </ul>
<p><b>Public Comment</b> – Erick Doolen</p>
<ul style="list-style-type: none"> <li>• Hearing no comment, the Chair closed the public comment period at 4:25 p.m.</li> </ul>
<p><b>Closing Remarks</b> – Erick Doolen</p>
<ul style="list-style-type: none"> <li>• The meeting was adjourned at 4:31 p.m.</li> </ul>

**The next meeting will be held on December 14<sup>th</sup>, 2015 in Salem.**