

Health Information Technology Oversight Council

Thursday, December 6, 2012

1:00 – 5:00 pm

Council and Ex-officio Members Present: Bob Brown, Ken Carlson, Erick Doolen, Greg Fraser, Carolyn Lawson, Robert Rizk, Dave Widen

Council and Ex-officio Members by Phone: Steve Gordon (chair), Ellen Larsen (partial meeting)

Council and Ex-officio Members Absent: Bridget Barnes, Mel Kohn, Judy Mohr-Peterson, Sharon Stanphill

Staff Present: Carol Robinson, Lisa Parker, Matt Ausec, Rose Cokeley, Pat Dunne, Gwen Grams, Chelsea Hollingsworth, Kate Lonborg, Christy Lorenzini-Riehm, Pete Mallord, Stacey Weight, Sharon Wentz, Ronit Zusman, Chris Coughlin, Rachel Firebaugh, Mindy Montgomery, James McCormack, Nan Robertson, Dave Witter

Welcome, Opening Comments, and Approval of Minutes – Steve Gordon (Chair)

Refer to meeting materials: “October 4, 2012, Minutes”

- **Action:** In response to Steve Gordon’s request, Dave Widen moved to approve the October 2012 HITOC meeting minutes. Rob Rizk seconded the motion, which HITOC passed unanimously.

Prioritization of Oregon’s Strategic Plan for Health Information Technology (OSP) Work Plan Development – Carol Robinson

Refer to meeting materials: “Proposed Work Plan”; slides 4-14

- New staff in the Office of Health Information Technology (OHIT) were introduced.
- HITOC members discussed a work plan for the OSP.
- Question: Is a particular approach favored for establishing a Health IT Fund? Answer: A variety of funding mechanisms are possible. Legislation also would be needed if CareAccord™ were to use a subscription-based revenue model.
- For consumer engagement, identity validation for personal health records (PHRs) is a challenge. HITOC members noted the importance of education for consumers and providers.
- HITOC members discussed alignment of the OSP work plan to the needs of coordinated care organizations (CCOs). Workgroups need to be convened on technology and finance and may be a good way to facilitate conversations with CCOs. Different CCOs are at different stages. This is an opportunity to provide education about how Direct fits into a larger strategy so people can see which use cases Direct serves. It is important to look for places to demonstrate value.
- Question: Is there a way to streamline quality measures? Answer: The HIT Trailblazers initiative is intended to develop a coordinated strategy.

Stakeholder Engagement Discussion – Matt Ausec and Chris Coughlin

Refer to meeting materials: “Existing workgroups and members”; slides 15-17

- HITOC members considered approaches to reconvening workgroups. Members discussed the need for cross-disciplinary approaches (rather than, for example, having separate workgroup on technology and finance) and the need to give members time to develop working relationships and a deeper understanding of a complex environment.
- Bob Brown and Dave Widen agreed to serve on a subcommittee to review the charter for the Consumer Advisory Panel (CAP) and bring any recommended changes back to HITOC. Applicants will be sought so that HITOC can vote on a CAP membership slate in February.

How Certified Electronic Health Record Technology (cEHRt) and Health Information Exchange (HIE) Support CCOs – Mindy Montgomery

Refer to slides 18-33

- This is a subset of slides prepared by the Office of the National Coordinator for Health Information Technology (ONC).
- CareAccord™ already meets the technical transport standard for Stage 2 of meaningful use. CareAccord™ has tested this functionality, but is dependent on EHR vendors to release their

<p>new versions with the Direct capability, and for providers to upgrade their systems to those versions before this will be broadly used.</p>
<p>Follow up after CCO Roundtable – Carol Robinson</p> <p>Refer to meeting materials: “Transformation Plan Guidance Letter”; slides 35-40</p> <ul style="list-style-type: none"> • Question: Will CCOs’ Transformation Plans be made public? Answer: It is anticipated that they will be. Question: Is OHIT involved in feedback on specific sections of the plans? Answer: Yes. • HITOC members commented that developing the plans will be helpful for identifying needs and solutions, that the list of needs is daunting and developing the plans is hard, and that matching up to work that is required for Stage 2 meaningful use is a natural fit.
<p>CareAccord™ and ONC Priorities – Carol Robinson, Sharon Wentz, James McCormack, Rachel Firebaugh, Kate Lonborg</p> <p>Refer to meeting materials: “ONC Desk Review results,” “HIE Quarterly Projected Report,” “Labs Report,” “eRx Report”; slides 41-72</p> <ul style="list-style-type: none"> • The CareAccord™ bulk upload process is in place and speeds the set-up of individual accounts. Many organizations are testing with a small number of individuals before doing bulk uploads. • In laboratory results exchange, problems remain with getting results to clinicians who need the results in the form that they need them. Some results are transmitted electronically, but not as structured data. Labs are nervous about using any system without assurances that doing so complies with Clinical Laboratory Improvement Amendments (CLIA) standards. It will be important to raise awareness about standards such as HL7 and LOINC, as well as the ONC Standards and Interoperability (S&I) framework. • For e-prescribing, Oregon has reached a saturation point, with most providers on board. SureScripts data does not reflect closed systems, such as Kaiser, so the saturation level is greater than that data suggests. • Question: How do CLIA standards apply to faxes and Direct? Answer: Faxes and phone calls are CLIA compliant. Strong assurance from CMS that Direct is CLIA compliant is needed. • Question: What is the status of Electronic Prescriptions for Controlled Substances (EPCS) with Oregon licensing? Answer: The barrier is certification of the systems. SureScripts is trying to get certifications in place. Vendors do not want to change software until rules are finalized.
<p>Western States Consortium (WSC) – Christy Lorenzini-Riehm and Pete Mallord</p> <p>Refer to meeting materials: “WSC MOU,” Pilot Summary”; slides 73-78</p> <ul style="list-style-type: none"> • Scenario 2 was launched just before the HITOC meeting. Incorporating different provider directories is a big step. • The MOU terms were negotiated to support the pilot and be extensible. Additional policies and procedures will be added before additional health information service providers (HISPs) join.
<p>Medicaid EHR Incentive Program – Lisa Parker</p> <p>Refer to slides 79-82</p> <ul style="list-style-type: none"> • Question: What are the plans for auditing providers? Answer: The Office of Payment Accuracy and Recovery (OPAR) does audits, and CMS also audits hospitals. The Incentive Program works hard on the front end to ensure that everything is in order before audits are done.
<p>Public Comment</p> <ul style="list-style-type: none"> • Dr. Mike Saslow expressed concern about that the Oregon Health Authority has not submitted a legislative concept for financing. It is hard to see how CCO implementation will progress when the Transformation Center is not yet established and innovator agents are not yet appointed. Many good activities are being encouraged, but they are piecemeal. All projects should report the evidence that the activity is improving care, quality and costs and explain how. Dr. Saslow submitted a proposed report form via email, which will be forwarded to all HITOC members.
<p>Closing Comments – Carol Robinson</p> <ul style="list-style-type: none"> • OHIT is working with the Governor’s Office on a plan for appointment of new HITOC members.

