

**EHR & Health Data Connectivity Subcommittee Meeting Notes
 December 14, 2004
 PSOB Room 120B
 800 NE Oregon Street
 Portland, Oregon**

Roll call: Jody Pettit, Nancy Clarke, Mike Wright, Dean Sittig

Others in attendance: Jonathan Ater, Nathan Karman

Staff in Attendance: Mike Bonetto and Jessica van Diepen

I. Accountable State Entity and Funds

Table 1: Potential Models

Type	Private Organization	Quasi-govrnmt Corp	Commission	Board	Agency Advisory Board	State Agency
Example	Healthcare Quality Corporation	OHSU	Patient Safety Commission	Board of Medical Examinrs	State Trauma Board	Oregon Health Policy & Research
Gvrnmnt Control	Almost none ←-----→ Total					
Funding	Self-supporting ←-----assessments/fees-----→ State-funded					
Risk	Complete ←-----→ Cozy					
Cost to State	None ←-----→ 100%					

- Public/private model: Centralization may not be necessary; it may be possible to “farm out” pieces to existing entities; therefore, focus first on *what* is needed to further EHR, and decide later *how* to get it (accountable entities). Vital that we **not** create a bureaucracy that will get in the way of innovation or duplicate existing resources/efforts.

Role of the State: possibly the HPC itself

- Convener: gather stakeholders together within naturally occurring markets to exchange information and provide assistance to one another at the community

level (facilitate the formation of Regional Health Information Organizations (RHIO's) or Local Health Information Organizations (LHIO's))

- Educator: as the Commission gains legitimacy, its reports to the Legislature to educate the public and the healthcare industry; there is enough money currently in the system to pay for the conversion, it just needs to be properly directed
- Purchaser/Payer: with Medicaid and state employee health coverage, the state controls a significant share of the market. Include data collection and adoption of standards (i.e. SNOMED) as a requirement in these contracts. Use Public Employee Benefit Board as a guinea pig (pay for performance).

Funding

- HPC may have statutory authority to establish and oversee a fund comprised of private grants (i.e. from the lab industry) for pilot projects or to defray some of the start-up costs, with the ultimate goal being the extinction of the fund when EHR has gotten off the ground
- Partner with universities and existing research projects for data collection

Report to the Commission

- Subcommittee report to the Commission should outline 1) the “state of the art” (what is technically possible *now*), 2) the barriers (technical, political, economic), & 3) recommendations for ameliorating those barriers.
- The recommendations should be organized like a business plan, with hard numbers, to give the Commission and the Legislature something concrete to work with; this will also give Nathan a framework for identifying legal barriers

II. Local & Statewide Delineation

- State mandates *what* information is collected, but RHIO's collect and maintain their own separate records.
- Possible definition of RHIO is *geographical*: “a naturally-occurring medical referral area comprised of health systems, providers, and payers (if the payers are local, i.e. ClearChoice)”; or *interest-based* (Oregon Community Health Information Network)
- RHIO is identified by its center, rather than its boundaries, as the boundaries often overlap with others (i.e. Portland, Medford, Bend)
- RHIO's need to be community generated, taking into account the unique market needs of each area (the state should not mandate a single model, instead convene stakeholders to exchange information and assistance)

III. Data Collection

- **Legal** (see handout from Jody). Resource for Nathan and Jonathan may be “Electronic Health Records Part I” (e-conference)
- **Survey/Inventory/Assessment**: OHSU may provide student interns; we will know within the week
- **Cost Information**: the January issue of “Health Affairs” will have an article with a cost model

Adjournment: 6:00pm. Next meeting to be determined by email or call down. Note: Jill will be out on maternity leave until April.

Assignments:

New: Nancy will take “first crack” at outline for report to the Commission

Carried over from 10-27-04:

Mark - identify sources of cost information

Bill, David, and Nancy – options for survey & data collection

Jody – research what other states are doing with regard to EHR

Mike, Jody, and Nancy – work plan

Everyone – be prepared to develop detailed outline

Next Agenda:

I. Review completed member assignments

II. Finish detailed outline & begin drafting language for report to Commission

EHR & Health Data Connectivity Subcommittee Meeting Notes
December 2, 2004
Room 370 A
600 NE Grand Ave.
Portland, Oregon

Members in attendance: Jody Pettit, Nancy Clarke, Mike Wright, David Shute and Dean Sittig

Members Excused: Jill Arena, Bill Hersh and Mark Leavitt

Staff in Attendance: Michele Mitchell

I. Report on Assignment in the Data Collection Plan

- ❖ Jody relayed information on what Minnesota is doing in regards to EHR and health data. Jill read an excerpt from an article on Minnesota. She stated that the group, led by Governor Tim Palenti, will require health providers to control costs through updated technology, approved medical practices and better consumer information. The group doesn't have any real authority over the state's providers but plans to harness the "thundering power of the market place" to bring about efficiencies in savings and healthcare. They are technically calling this group the Smart Buy Alliance. They will require healthcare providers to have best in class certification that shows they offer high levels of expertise and quality results. They will be required to offer standardized easy to understand information and bring cutting edge technology to the administrative systems.
- ❖ Jody gave an update on the group's assessment. Using the term 'assessment' in lieu of using the word 'inventory' or survey so as to avoid controversy. A lot of collaborative planning has been done with Ompro, Care Oregon, OHSU, and Office of Telemedicine at OHSU. The general consensus of the work with the groups revealed that everyone would like to see no rework and no spanning of the clinics. Jody recommended that the subcommittee come up with some questions that will be useful for all parties involved. The Office of Telemedicine has already sent out a survey to the hospitals, which they expect to get back within the next week. They ask one questions about EHR for hospitals. The survey was sent to the 68 health systems in the state. Some sample surveys were handed out.

II. Continue Development of Recommendations

III. Adjournment

6:00 p.m.

EHR & Health Data Connectivity Subcommittee Meeting Notes
November 9, 2004
Room 221
800 NE Oregon Street
Portland, Oregon

Members in attendance: Jill Arena, Jody Pettit, Nancy Clarke, Mike Wright, Mark Leavitt, David Shute, Bill Hersh and Dean Sittig

Members Excused: N/A

Staff in Attendance: Mike Bonetto and Lorie Snook

I. Review Other State's Work

Jody discussed what other states are doing in regards to EHR and connectivity. The states focused on were Rhode Island, Florida, Massachusetts, Delaware, California, Kentucky, Michigan, Indiana and Wyoming.

- Group discussion regarding each state's private and public EHR and Connectivity.
- Group discussion regarding each state's legislative action for EHR and Connectivity. See Handout.
- Follow up with each state to find out what has worked and what has failed.
- Check to see if communities are functioning at the state level.

II. Develop Work Product Outline

Reviewed the Work Plan Milestones report. Agreed that development of recommendations can proceed simultaneously with data collection. Recommendations should be finished by mid-January. Revised dates as attached.

III. Discuss Provider Survey and Other Data Needs

Nancy, Bill, and Jody discussed the data collection plan. See Handout as revised. The purpose of EHR assessment is to determine a baseline for the proportion of clinicians using various EHR software products and the degree of regional connectivity in order to identify need and to track progress. Group debated the merits of two options. One is a relational database created through expert interviews that is an inventory of delivery sites, clinicians, and EHR software and connectivity relationships. The second is a randomized survey of either clinicians or clinics. In order to achieve the group's goals, need to build a list of clinic sites and number of practicing physicians from Immunization Alert, ARC, OAHHS hospitals and the Board of Medical Examiners (OBME) licensed practicing physicians. Jody to provide overall guidance and choice between the two options. Bill to identify a DMICE student and supply tech support. Care Oregon is

interested in this project, David to check into support with stipend. Dean Sittig to help with question design.

- Group discussion regarding value analysis of costs and benefits of implementing and EHR connectivity infrastructure. Group agreed we are not doing a custom study; we are just scaling the existing data to Oregon. Dean agreed to lead this effort. Jeffrey Keim from Regence volunteered to help.
- Engage local healthcare entities in the process.
- Bill to obtain national reports.
- Discussed need for legal review of statutes to permit sharing of confidential information. David Shute will see if Tonia Holowetski from OMPRO could lead this effort.

IV. Develop Work Plan Outline

A start to the details of the report are outlined as follows:

ADOPTION

Financial—re-align incentives
Leadership (lack of)
Confusion, Choice (too much)
Market Immaturity
Cultural issues (lack of computer savvy)
Technical, Support
Lack of interoperability
Efficiency issues
Transactional friction
Legal ramifications (retention schedule)
Privacy concerns

CONNECTIVITY

Cultural competition
Technical standards
Privacy
Leadership
Financial (miss-aligned incentives, 1st mover disadvantage)
Legal (anti-trust, stark, anti-kick back)
Lack of products—Lack of market
Not profitable
Lack of a vision (conflicting vision or too many visions)
Lack of public demand (physician)

RECOMMENDATIONS

(Brainstorm)

Appoint State Coordinator
Informatics workforce—development
Health information, technology cluster
IT—‘Peace Corps’ (send disciples out to community)
Minimum data set
P4P—IT
Medical incentives
Low interest loans—revolving
ASP for EHR—rural and urban

State patient ID—provider ID
Network [internet 2]
Adopt federal standards
Political leadership articulates vision
Political leadership convenes
RHIO—delineation determination
Assign accountable entity
EHR Commission?
Fast track—non-controversial Legislation

Members agreed to submit suggestions to Mike Bonetto by email for further discussion at the next meeting.

V. Adjournment

6:00 p.m.

EHR & Health Data Connectivity Subcommittee Meeting Notes
October 27, 2004
Room 120-B
800 NE Oregon Street
Portland, Oregon

Members in attendance: Jill Arena, Jody Pettit, Nancy Clarke, Mike Wright, Mark Leavitt, David Shute, Bill Hersh

Members Excused: Dean Sittig

Staff in Attendance: Mike Bonetto, Lorie Snook

Commissioners in Attendance: Geoff Brown

I. Welcome/Introductions and Overview of Subcommittee's Charge

Jody Pettit, Chair

Mike Bonetto discussed the charge of the group, the group's relationship to the HPC, time frames, and the State's potential role in fostering EHR and connectivity. Recommendations from the work group and a draft report should be done and back to the Governor and the committee sometime during the legislative session, perhaps by March or April.

II. Proposed Work Product Outline

The final work product is still to be determined by the workgroup. The concepts that are presented to the legislature should be simple and tangible. Should set short-term goals and long-term goals. Legislature will want nuts and bolts for actions that they can take in bill form for this coming session. They also want to be able to show the steps that are to come. If there are immediate steps that the legislature can take right now, the charge of this group is to create a work product outline that will show them that. Subcommittee does not want to start from scratch. Need to look at what other states are doing.

Potential resources are: 1) HIMSS, 2) Newt Gingrich's Center for Health Transformation, 3) Foundation for Accountability, 4) Center for Information Technology Leadership, 5) Markle Foundation, 6) Public Health Informatics Institute, 7) OHSU-Department of Medical Informatics and Clinical Epidemiology, 8) OMPRO and the DOQ-IT project, 9) National Conference of State Legislatures, 10) The OHII grant proposal;

A few themes to keep in mind regarding the final product:

- The patient perspective and security/privacy should be thoroughly addressed from the first paragraph.

- An explanation of standards and the respective roles for national and state industry is needed.
- Final report should be very easy to read by a lay audience and very clear as to what the committee wants. About 15 pages plus appendices and references to other documents.
- Strongly address the value proposition; make the business case.
- Clarify how EHR and connectivity relate to each other.
- Recommendation should be staged to include immediate steps and a long-range vision.
- Address both urban and rural issues.

III. Subcommittee's Final Report Structure

Group discussion regarding organizing structure for a final report. The report will address each of the questions outlined in the "Charge to the Committee", but the information will be organized in a more persuasive format:

- Introduction and background. Why is the topic important? What are the benefits (Cost, Quality and Safety)?
- Where are we now? State of adoption. Discussed standards and why we don't need them at the state level.
- Barriers to adoption. What are the costs, including specially to the safety net
- Recommendation for change. Models for partnership.

Group discussion regarding having a long-term vision and short-term actions.

IV. Subcommittee's Work Plan

Group discussion regarding direction of the group and a work plan. Some areas of focus are as follows:

- Need to attach price to recommendations.
- Focus on quality, cost and safety.
- Recommend incentive plan to providers and pharmacies for switching to EHR.
- Research in-field survey. Can any of the committee members' organizations pay someone to collect original data such as a provider survey and draft report?

V. Discussion of Future Meeting Dates and Next Meeting Agenda

Future meeting dates are 11/9, 12/2, 12/16, and 12/30 from 4-6 in Portland.

Assignments were given to members: 1) Identify sources of cost information (Mark), 2) Data collection and survey options (Bill, David and Nancy), 3) Research what other states are doing in regards to EHR, (Jody) 4) Work plan (Mike Jody and Nancy), 5) EVERYONE should come to the next meeting prepared to develop the detailed outline.

VI. Adjournment

6:06 p.m.