July 23 HIT Stakeholder Engagement Summit
Summarized Small Group Discussion Notes

Common themes

- Support what is already out there and build from it – don't impeded local innovation.
- Importance of privacy and security.
- HIT is an economic development issue for Oregon.
- Finding sustainable funding is the biggest barrier to individual provider efforts, as well as statewide exchange efforts.

I. Health Information Exchange

What are the goals of health information exchange?

- Ensure that patient information is always available when and where it is needed for care.
- Reduce cost of care and improve patient safety and quality.
- Improve population health.
- Support research.
- Must be easy for providers and patients to use.

What role(s) should the State play in facilitating the development of HIE?

- Set privacy, security and interoperability standards and enforce them. Help providers and other stakeholders identify vendors that meet standards.
- Provide leadership and oversight and be an active orchestrator in the exchange.
- Serve as a neutral facilitator to convene stakeholders and facilitate stakeholder. discussion to develop Oregon HIE plan. Align stakeholders around common goals, common definitions, a common framework, and a common vision.
- Ensure that HIE development remains focused on what is best for the individual and the community, rather than serving individual stakeholder interests.
- Establish a certification process for HIE vendors based on national certification processes. Hold vendors accountable for meeting set standards.
- Provide funding and help secure funding from other public and private sources.
- Align quality reporting requirements.
- Pass legislation and establish regulations needed to ensure exchange will occur.
- Offer appropriate legal and other protections to participating entities.
- Encourage/require all parties to participate in exchange. As a large purchaser, state can have significant influence over third party payers, who are needed for sustainable statewide HIE.
- Educate public, providers and other stakeholders.
- Use purchasing power to make software and other services needed to facilitate exchange more affordable.
- Establish/fund pilots to demonstrate success in adoption/implementation.

How should HIE be governed?

- The state has a role to play but should not be the governing entity. The State should designate/charter a public/private governance entity that includes consumers. State should convene the steering committee but not own the HIE.
- Need to reach stakeholder consensus on whether a central repository is needed. Would have many benefits for stakeholders and the state as a whole but there are some central issues that would need to be resolved. Where would the repository be housed (most think not with the state, hospitals or provider associations)? Who comes to the table to make the decisions? Who controls the information? Who owns the information? If a central repository is to be sustainable, will need economies of scale.
- There are three models for HIE the state can follow: 1) let natural sub-state regional HIE develop; 2) state develops regional or statewide HIE; 3) state purchases/mandates regional or statewide HIE. Stakeholders will need to select a model for Oregon.
- Proposal for a Portland exchange was put forth that would be based on the Care Elsewhere model.

How should funding/sustainability issues be addressed?

- Funding is often the biggest barrier.
- Need to do a business analysis where look at who benefits from exchange and where the cost savings will be seen in the short and long-term. Need to figure out the RIO for HIE. Funding should be linked to who benefits.
- Savings must be extracted and put back into the system (start with PEBB, OHP).

What is the role for personal health records/health record bank in creating statewide HIE?

- Disagreement as to whether the health record bank can serve as a platform for HIE in the long-term.
- HIE should connect providers but also connect patients to their own PHR. Need to develop opportunities to incent and motivate consumers to take ownership and build/use personal health records.
- Patients should maintain some level of control over their information and determine who their data is shared with.

Besides funding, what are the most difficult barriers facing Oregon in this effort?

- Local and state politics.
- Legal and liability issues.
- Some providers do not serve enough Medicaid/Medicare to be affected by federal standards.
- HIPAA and the balance between privacy and security and the need for complete information to enhance quality of care.
- Patient identification issues.
- Lack of infrastructure, interoperability standards, technical support and proven and trusted standards, models and architecture.
- Reaching agreement on a governance structure.
- Resistance of some stakeholder groups to participate. Competition and reluctance to share information. Proprietary interests and profit motives.
- Misaligned incentives.
- Data ownership issues.
- Lack of alignment across state and federal groups on reporting requirements.
- Lack of public understanding of HIT, especially among older patients.
- Lack of clearly articulated goals and overarching strategy.
- Difficult to create standards that work across settings.
- Lack of resources.
- Disturbances to workflow.
- Quick pace at which new technologies are being developed.

What sort of solutions can you suggest for overcoming these barriers?

- Stakeholder consensus on metrics, standards and a common set of quality standards based on federal standards.
- Fund roving teams of implementation professionals.
- Align reimbursement and other financial/non-financial incentives to support adoption. of standards and participation in HIE.
- Need multi-state cooperation.
- Establish penalties for violations of HIPAA and other privacy and security standards.
- Patient/patient group advocacy must begin to consider HIE as part of the "standard of care" and demand that their providers participate.
- Need whole new systems. Need to shift away from volume-based payment to evidence-based payment. Need to tie payment to patient outcomes. Make medicine non-competitive by shifting to a focus on outcomes.
- Connect organizations together to reduce competition.
- Open source software – no cost to install and lower cost of maintenance.
- Providers must be involved in the process of developing HIE. If we want them to use it, they need to have a say in how it's going to work. Consumers need to be involved as well.

- Create a "we agree" list for all stakeholders to sign. This could include statements about the type of info that will be exchanged, the format, definitions of terminology and the diseases that will be the initial focus of HIE.
- Create a purchasing coalition to reduce costs.

Assuming that Oregon takes a sequenced approach to statewide HIE, what types of information should we select as our first steps of exchange?

- Lab, medication, allergies, demographic information, immunization records, problem list, discharge notes, specialty consults, ED admission records.
- Initial focus on information that already exists electronically, with the eventual goal to create a continuity of care record.
- Data that can assist in changing reimbursement model and reducing costs.
- Exploit PDF formats to accommodate interoperability for HIE, common information exchange platform (adobe.com/healthcare).

What kinds of actions can the State take to build trust and collaboration between and across communities, we move toward an implementation plan for HIE?

- Appoint a "qualified state designated entity" to do this work.
- Training on HIE for providers and patients through websites and videos.
- Establishing clear guidelines for HIT.
- Hold certified software vendors accountable.
- State needs to follow the Federal government's lead and develop a more modern approach to communication (i.e.. interactive sessions on Facebook).
- Strong education/PR program to inform stakeholders.
- Reach out to students and those newer to health professions.

Are there other questions we should be asking stakeholders to discuss?

- Who is already doing HIE? Do we have a clear understanding of efforts in each community?
- Should the state suggest a phasing plan to conserve current efforts or let grassroots community based efforts evolve?
- How do we manage technology as software evolves and entities interface with diverse products?
- How should we get consumers more involved and engaged?
- How can we encourage adoption if many of our clinics and hospitals don't meet federal funding criteria?
- How do we deal with exchange across state borders?
- Should Oregon use an opt-in or an opt-out model?
- What is the appropriate use of data?

II. Meeting the Needs of Rural Oregon: Telemed/Telehealth/Connectivity/Support

What are your suggestions for dealing with the challenges of communication with rural providers and how best to build collaboration?
• Should use a range of communication tools (including email listserves and newsletters) and take advantage of established networks including OCHIN, OHN, Oregon Association of Hospitals and Health Systems (and other health care related organizations), Telehealth Alliance of Oregon (Acumentra), and community colleges. • Can't rely completely on electronic communications. Need to go out in person and paint a clear picture of how these tools can help practices provide higher quality care. • More clearly identify communication channels and specific goals (e.g. 10K for 2010) • State could serve as a convener. Oregon is collaborative in nature, so if we can bring parties together collaboration will develop. • Need a live pilot up and running so that can actually show the providers how it works. • Use pharmaceutical model of direct marketing to sell to patients. • Problem with broadband is the cost/mile. Use natural gathering spaces as nodes. • Sell it to communities as an economic development engine.

How can we (state and stakeholders together) help create collaboration and partnerships between providers in different geographic locations to support telehealth?
• For-profit clinics and specialists need to be able to participate in OHN (at a cost). If just connect hospitals and the smallest providers, won't maximize value. • Workforce shortage make collegial consults essential.

What are other tools that rural Oregon needs to ensure all Oregonians have access to quality health care regardless of geographic location?
• Funding for equipment needed for telemedicine and distance education. • Long-term recruitment strategy needed to meet healthcare workforce needs. • Could OHN be expanded to provide other services to rural and frontier areas? Examples: Tele-consultations, analytics, distance learning, practice management.

How can Oregon make sure that all rural providers have adequate choice and support when making investments in systems?
• Ensure that there is an open broadband network infrastructure that provides access and availability to connect rural providers and vendors – create linkage between urban and rural medicine.

Other points/questions about telemedicine/telehealth
• HIE/HIT needs to look to telemedicine, as it has been in operation for a long time. Industries need to partner and see themselves as intertwined, rather than parallel networks. • Look to health plans for funding. • People don't want telemedicine – they want a live person (parish model). Need to support technologies that are culturally appropriate. • Will increased health info result in better care or just more time spent away from patients? • What is the value proposition to sustain these services among health systems? Who benefits and who saves? • Is the value of telehealth services great enough to encourage the adoption, use and support by providers? Are there other models that could be more valuable? • Make sure to think about other costs that will be created by telehealth/telemed connections to small practices and FQHCs – great to have a road, but then each end must maintain a car. • Telehealth/telemedicine is an economic development tool. • Oregon is a pioneer in the area of telemedicine and Oregonians see its value. • There is a need for standards, algorithms and best practices. • Need to discuss jurisdiction issues, as telemedicine/health often crosses state borders. • How will OHN be sustained once the FCC funding runs out? Community colleges can help make it a more sustainable business model.

III. Regional Extension Centers/Technical Assistance/Workforce

Based on the most current information about the ARRA funding for Regional Extension Centers, we believe that federal funding for technical services support will be provided from a multi-state entity. How can the State augment those regional services and help create opportunities for cost-effective, shared investments across stakeholders that support the purchasing and technical assistance needs of providers?
• State could provide, support, or promote regional data centers and disaster recovery resources to augment Regional Extension centers. • If 12 regional centers for 300 million people, then Oregon will not get its own. There is no way that providers in John Day will be served by the centers and Oregon will not get the support it needs. Suggest opting out and taking the money to form the state's own support network. • Help providers figure out if they meet the definition of "meaningful use" • Ensure that participants can attend meetings via video conference to cut costs and ensure attendance. • Facilitate discussion with those in other states. • Town hall meetings

How can Oregon mobilize public and private resources for effective collaboration that promotes adoption of electronic health information systems?
• Oregon is doing a good job in this area with higher than national adoption rates – use momentum and continue the current focus. • Generate patient awareness. • Utilize groups like Acumentra to give technical assistance. • Survey hospitals to find out % with EHR/certified HER. • Find ways to furnish up-front funding for EHRs to bridge the funding gap. • Specific opportunity to build informatics programs through ARRA.

How can Oregon mobilize public and private resources to ensure adequate workforce training for new HIT needs?
• Need information consortium to seek opportunities to use ARRA funding to enhance workforce. • Work to integrate HIT and EHR into existing curriculum for HC workforce. • Necessary skill set that needs to be taught includes: IT, clinical management, human engineering • Tele-educate • Expand OHSU DMICE – include community colleges. • Piggyback onto existing continuing education programs.

How can we fairly identify the boundaries for cooperation and competition as we promote widespread adoption of systems among clinician practices?
• Main role of extension centers is to provide education and consultation. OHN could be useful in delivering expertise. • Decide what is "public resource" and what should operate through competitive advantage.

Other comments/questions about regional extension centers
• Should be located in universities or other higher learning organizations. • Can learn from experience of agricultural extension centers. • Consider locating a center at OSU, using OHSU/Portland State/University of Oregon as centers of informatics excellence. • Opportunity exists for Oregon to grow an industry in health informatics. We need to articulate this vision and capitalize on Oregon's reputation as a low cost/high quality environment, innovative state, high tech nexus, with a wealth of academic resources. Oregon can become a center of excellence and incubation.