HITOC Stakeholder Internet Survey: Overview of Results

Survey process:

- This web-based survey was open to the public, posted on HITOC website and announced via email to more than 900 Oregon HIT stakeholders. Stakeholders were also encouraged to share the survey link with their colleagues and within their professional networks to create the broadest reach. The survey closed Nov. 20th and received 160 responses.
- The purpose of the survey was to:
  - identify key stakeholders with interest and expertise in topics relevant to the statewide HIE planning process;
  - solicit priorities for phasing of statewide HIE services;
  - solicit preferences for stakeholder participation opportunities and communication methods; and
  - identify questions for a Frequently Asked Questions list on HITOC's website.
- Results reflect the perspectives of the mix of stakeholders responding to the survey and are not necessarily representative of all Oregon HIT stakeholders.
- This document provides an overview of the survey results. For more information, please see the full results included with the meeting materials for the December 2009 HITOC meeting.

Survey results:

Respondents:

- 85 from the health care provider community, including
  - 29 health systems representatives,
  - 26 individual providers (24 mental/behavioral health providers, 1 neuropsychologist, 1 physician),
  - 21 representatives of provider organizations/clinics/associations,
  - 9 from hospitals
- 14 from state or local government
- 9 private citizens and 9 consumer advocates
- 9 from HIT/HIE technology solutions companies
- 7 from health plans
- 4 purchasers
- 23 other, including educators/students, health plan agents, IT consultants and HIT service-related companies, Quality Improvement Organizations, Regional Tribal Health Organizations, and others.

Involvement in Oregon HIE or Integrated Health Systems:

- 39 respondents are current or past participants in one of Oregon's HIE efforts
- 76 respondents are current or past participants in one of Oregon's integrated health systems

Priorities for Phasing of HIE Information Sharing

- Respondents were asked to write in the types of information that should be shared in each phase of Oregon's HIE development. These open-ended responses have been summarized and grouped into categories for this analysis.
- 47 respondents selected "no opinion" and 97 provided some response
- Phase 1: Top five included:
    - Medications (38 respondents)
    - Problem list (32)
    - Demographics (28)
    - Allergy List (25)
    - Labs and Claims data (both had 20 respondents)
    - Other commonly reported items: Provider list (11), Patient ID (9), Non-lab diagnostic results (e.g., radiology, imaging) (8), Advance Directives/POLST (6)
- Phase 2: Top five included:
    - Medical history/notes/charts (22)
    - Labs (20)
    - Problem list (18)
    - Non-lab diagnostic results (13)
    - Medications (10)
    - Other common responses: Patient messaging (6), Advance Directives/POLST (5), Immunizations (4)
- Phase 3 or later: Common responses included:
    - Medical history/notes/charts (19) – many wrote in "full medical chart" or "complete medical record" under Phase 3,
    - Medications (6),
    - Public health reporting (4)
    - Problem list (4)
- Other comments: Many respondents shared comments, suggestions and concerns about the design of the HIE, priorities for the decision-making process, security and privacy issues, and interoperability and standardization of systems. See the summary of full results for the verbatim text of these comments.

Stakeholder Participation in HITOC Strategic and Operational State HIE Planning Process

- Stakeholders anticipate participating in the planning process by:
    - Staying informed (117)
    - Responding to direct solicitations for input (112)
    - Webinars (80)
    - Sending comments/questions to HITOC (67)
    - Attending HITOC meetings (59) and presenting public testimony at HITOC meetings (29)
    - Other (17): several respondents wrote in participation on workgroups
    - Location and time: respondents were asked their preferences for locations and availability for meetings. Several indicated a concern that efforts should be made to include rural stakeholders.
- High interest in responding to draft strategies and decisions
    - 129 respondents would be interested in responding (10 were not interested)
    - Stakeholders prefer to respond via:

        - Interactive webinars (96 first or second preference)
        - Surveys (72 first or second preference)
        - In-person stakeholder meeting (50 first or second preference)
        - Conference calls (34 first or second preference)
        - Other (13): several respondents would prefer to receive an email with draft documents attached, one warned of slow Internet connections in rural areas might disadvantage rural participants for webinars
- High interest in participating in a panel of stakeholders to provide input and expertise on specific strategic decisions
    - 92 respondents indicated an interest (48 were not interested)
    - These respondents were asked to provide information about their particular areas of interest and expertise. See the summary of full results for the aggregated results by topical area. HITOC staff will retain this information and the contact information provided by these respondents.

<u>Stakeholder Communication about HITOC's Work</u>

- Preferences for communication about HITOC's progress:
    - Regular email updates (99)
    - HITOC website, regularly updated (85)
    - Monthly e-newsletter (75)
    - Frequently Asked Questions on HITOC website (55)
    - Initiative update teleconferences or webinars (53)
    - Interactive website for posting and public comment (40)
    - Articles for reprint in organizational newsletters (31)
- Frequently Asked Questions: respondents expressed interest in more information about the following topics:
    - Oregon's HIE efforts (106)
    - How Oregon's HIE will affect the cost, quality, and delivery of health care in Oregon (99)
    - What kinds of changes consumers could expect to see with HIE (84)
    - New state and federal HIE-related programs (73)
    - Medicaid and Medicare provider incentives (62)
    - Grant and technical assistance opportunities (62)
    - Specific questions for the FAQs (27)

<u>Additional Comments:</u>

- Many respondents provided positive comments and thanks for the survey and the work of the HITOC so far.
- Some expressed particular concern around privacy of mental health records

HITOC Stakeholder Internet Survey, November 2009
Summary of Results

On Nov. 12, 2009, the Health Information Technology Oversight Council (HITOC) invited Oregon HIT stakeholders to participate in a web-based survey. The survey was featured on the HITOC website and was open for anyone to participate. An email announcing the survey was sent to more than 900 stakeholders, including e-subscribers to the HITOC website, former HIIAC and HISPC members, participants in Oregon's various health information exchange efforts, participants in the July 2009 HIT Stakeholder Summit, former Health Fund Board committee members, and representatives from the 40+ organizations and individuals who wrote letters of support for the HITOC's application for federal health information exchange (HIE) funding. Stakeholders were also encouraged to share the survey link with their colleagues and within their professional networks to create the broadest reach.

The brief survey was intended to identify key stakeholders with interest and expertise in topics relevant to the statewide HIE planning process. The survey also asked stakeholders to indicate their priorities for phasing of statewide HIE services; how they would like to participate in, and be kept informed of, the statewide HIE planning process; and any questions for staff to consider when developing a list of Frequently Asked Questions for the HITOC website.

The survey closed Nov. 20th and received 160 responses. Because the survey was open to the public, and respondents were not selected through statistical sampling methods, results are not necessarily representative of all Oregon HIT stakeholders.

1. Contact Information

	Response Percent	Response Count
Name:	99.3%	145
Title:	96.6%	141
Organization:	91.8%	134
ZIP:	100.0%	146
Email Address:	100.0%	146
answered question		**146**
skipped question		**14**

2. How would you describe yourself? Please check one. If more than one category applies, please indicate where you are most likely to participate or lead decision making relating to health information technology or health information exchange.

	Response Percent	Response Count
Representative of a health system that includes hospitals and clinics	18.1%	29
Individual health care provider	16.3%	26
Representative of a provider organization, clinic, or association	13.1%	21
Representative of a state or local government agency	8.8%	14
Private citizen (patient, consumer of health care services)	5.6%	9
Consumer advocate or advocacy organization	5.6%	9
Representative of a hospital	5.6%	9

Representative of a company that provides HIT/HIE technology solutions	5.6%	9
Representative of a health plan	4.4%	7
Representative of a purchaser of health care (not a health care provider)	2.5%	4
Representative of a Tribe	0.0%	0
Other (please specify)*	14.4%	23
answered question		**160**
skipped question		**0**

*See open-ended responses beginning on page 9

2a. You answered, "Individual health care provider." Which of the following most closely describes your occupation?

	Response Percent	Response Count
Mental and/or behavioral health provider	92.3%	24
Physician	3.8%	1
Nurse Practitioner, Nurse, LPN, LNA, or other licensed nurse	0.0%	0
Physician's Assistant	0.0%	0
Mid-wife	0.0%	0
Oral health provider	0.0%	0
Technician	0.0%	0
Complementary and Alternative Medicine Provider	0.0%	0
Other (please describe): Neuropsychologist	3.8%	1
answered question		**26**
skipped question		**134**

2b. You answered, "Representative of a hospital." What best describes the type of hospital you represent?

	Response Percent	Response Count
DRG hospital	37.5%	3
Type A hospital	12.5%	1
Type B hospital	0.0%	0
Type C hospital	0.0%	0
More than one type of hospital	12.5%	1
Not sure	37.5%	3
answered question		**8**
skipped question		**152**

2c. You answered, "Representative of a provider organization, clinic, or association." Can you please elaborate on your organization type?

	Response Percent	Response Count
Physician organization or clinic	52.4%	11
Other type of provider organization	4.8%	1
Provider association	9.5%	2
Other (please describe):*	33.3%	7
answered question		**21**
skipped question		**139**

*See open-ended responses beginning on page 9

2d. You answered, "Representative of a purchaser of health care (not a health care provider)." What best describes your organization?

	Response Percent	Response Count
Public program purchaser (state or local government)	50.0%	2
Not-for-profit business	25.0%	1
For-profit business	0.0%	0
Union	0.0%	0
Other (please specify): Coalition of public & private purchasers	25.0%	1
answered question		**4**
skipped question		**156**

Involvement in an HIE

Various groups in Oregon have collaborated on planning health information exchange at the local or regional level or for specific groups of providers. These planning efforts include:

- Portland Metro HIE
- Gorge Health Connect
- Salem Area Community HIE (SACHIE)
- Central Oregon HIE
- Epic CareEverywhere (for providers using CareEpic electronic health records)
- Oregon Health Information Exchange Options Report (Oregon Business Council)
- Metro Portland Health Information Exchange (MPHIE) Mobilization Planning (Oregon Business Council)
- South Coast Health Alliance

In addition to planning efforts, there are six health information exchanges that are operational or soon to be operational in Oregon:

- OCHIN
- Providence Health & Services – Oregon Health Information Exchange
- Bay Area Community Informatics Agency (BACIA)
- Samaritan Health Services HIE (SHS-HIE)
- Mid-Rogue HIE
- Umpqua OneChart HIE

3. Have you ever been an active participant in one of the above Health Information Exchange (HIE) efforts within Oregon?

	Response Percent	Response Count
No	73.0%	116
Yes – currently participating	19.5%	31
Yes – participated in the past, but not in the last 6 months	5.0%	8
Not sure	2.5%	4
answered question		**159**
skipped question		**1**

Involvement in an Integrated Health System

Some Oregon providers exchange information within an "integrated health system," where hospitals and affiliated clinics exchange information. Some of these include:

- Asante Health System (Jackson, Josephine counties)
- Cascade Healthcare Community (central Oregon)
- Kaiser Permanente (Portland metro and Salem areas)
- Legacy Health System (Portland metro, Woodburn)
- PeaceHealth (Lane County)
- Providence Health and Services (across the state)
- Salem Health (Marion and Polk counties)
- Samaritan Health Services (Linn, Benton, Lincoln counties)

4. Have you ever actively participated in an integrated health system?

	Response Percent	Response Count
No	48.8%	78
Yes – currently participating	35.0%	56
Yes – participated in the past, but not in the last 6 months	12.5%	20
Not sure	3.8%	6
answered question		**160**
skipped question		**0**

Oregon will likely take a sequenced approach to statewide HIE, where phase one will include the exchange of an initial set of information, phase two adds additional types of information to the exchange, etc. Considering this approach, the HITOC is interested in hearing what opinions and thoughts stakeholders have about what types of information should be shared in each phase of Oregon's HIE development.

5. In your opinion, what types of information should be shared in each phase of Oregon's HIE development?

	Response Count
a. No opinion	47
b. First phase of Oregon's HIE:	86
c. Second phase of Oregon's HIE:	78
d. Third or later phase of Oregon's HIE:	59
e. Other comments:**	42

	First Phase		Second Phase		Third or later phase	
	Percent	Count	Percent	Count	Percent	Count
Medications	44.2%	38	12.8%	10	10.2%	6
Problem list	37.2%	32	23.1%	18	6.8%	4
Demographics	32.6%	28	2.6%	2	1.7%	1
Allergy List	29.1%	25	3.8%	3	3.4%	2
Labs	23.3%	20	25.6%	20	5.1%	3
Claims data	23.3%	20	7.7%	6	1.7%	1
Provider list	12.8%	11	2.6%	2	0.0%	0
Patient ID	10.5%	9	0.0%	0	0.0%	0
Non-lab diagnostic results (e.g., radiology, imaging)	9.3%	8	16.7%	13	5.1%	3
Advance Directives/POLST	7.0%	6	6.4%	5	1.7%	1
Public health	4.7%	4	0.0%	0	6.8%	4
Medical history/notes/charts	3.5%	3	28.2%	22	32.2%	19
Continuity of care	3.5%	3	7.7%	6	1.7%	1
Immunizations	3.5%	3	5.1%	4	3.4%	2
Quality metrics	3.5%	3	3.8%	3	3.4%	2
Vitals	3.5%	3	2.6%	2	0.0%	0
Patient access	2.3%	2	0.0%	0	5.1%	3
Patient messaging	0.0%	0	7.7%	6	1.7%	1
Other comments**	25.6%	22	21.8%	17	40.7%	24
Total respondents		***86***		***78***		***59***

*Highlights identify all categories with more than 5 responses.
**See responses starting on page 9.

6. How do you anticipate participating in the HITOC's process to develop a strategic and operational plan for statewide health information exchange? (Select all that apply.)

	Response Percent	Response Count
Staying informed of the decision-making process	85.4%	117
Responding to direct solicitations for input (e.g. surveys such as this one, responding to other direct requests)	81.8%	112
Participating in webinars that allow questions and feedback	58.4%	80
Submitting comments and/or questions directly to HITOC via email or mail	48.9%	67
Attending HITOC meetings	43.1%	59
Presenting public testimony at a HITOC meeting	21.2%	29
Do not plan to participate	4.4%	6
Other (please describe):*		17
answered question		**137**
skipped question		**23**

*See responses, page 15

7. In particular, the HITOC anticipates soliciting stakeholder feedback as it formulates specific strategies and makes key decisions for the statewide HIE plan. Would you be interested in responding to draft strategies and decisions?

	Response Percent	Response Count
Yes	92.8%	129
No	7.2%	10
answered question		**139**
skipped question		**21**

7a. The following is a list of possible approaches to gathering stakeholder feedback on draft strategies and decisions. Please indicate your preferences by selecting one from each drop-down list.

	First preference	Second preference	Third preference	Fourth preference
>Interactive webinars that allow for stakeholders to type in or call in with comments and questions	50	46	22	5
>Surveys such as this one	44	28	25	26
>In-person stakeholder meetings	30	20	21	47
>Conference calls with stakeholders	5	29	49	27
Response Count	129	123	117	105

	Question Totals
Other (please describe)*	13
answered question	***129***
skipped question	***31***

*See responses, page 15

7b. If meetings, webinars, or conference calls are held, which times would be most convenient for you? (Select all that apply.)

	Response Percent	Response Count
Varies, hard to say	40.6%	52
Weekday mornings	28.1%	36
Weekday afternoons	28.1%	36
Anytime	12.5%	16
Weekday evenings	10.2%	13
Would not participate in a meeting, webinar, or conference call	2.3%	3
Other*		4
answered question		**128**
skipped question		**32**

*See responses, page 16

7c. If in-person meetings are held, which location(s) would be most convenient for you? (Select all that apply.)

	Response Percent	Response Count
Portland	66.9%	83
Salem	40.3%	50
Eugene	18.5%	23
Hillsboro	18.5%	23
Bend	11.3%	14
Medford	6.5%	8
Lincoln City	3.2%	4
Would not attend an in-person meeting	8.9%	11
Other (please describe):*		10
answered question		**124**
skipped question		**36**

*See responses, page 16

8. Would you be interested in participating on a panel of stakeholders? The HITOC expects to solicit interested stakeholders when needed for further input and expertise on specific strategic decisions. Your response to this question will give the HITOC resources for identifying interested stakeholders for these purposes.

	Response Percent	Response Count
Yes	65.7%	92
No	34.3%	48
answered question		**140**
skipped question		**20**

8a. You indicated an interest in participating on a stakeholder panel. What are your areas of interest and/or expertise? (Select all that apply.)

	Interest			Expertise					
	yes	**no**	**Response Count**	**5, Expert**	**4**	**3**	**2**	**1, Limited knowledge**	**Response Count**
Technical architecture and systems design of the HIE	40	19	59	6	15	16	3	8	48
Technical interoperability with current electronic health record systems and HIEs	47	19	66	7	18	14	4	8	51
Consumer perspectives	42	20	62	10	13	13	8	2	46
Privacy and security of health information	49	17	66	11	19	12	8	2	52
Other legal and policy issues	28	26	54	3	6	12	7	5	36
Financing of an HIE system	23	33	56	4	6	6	6	10	32
Provider perspectives	44	22	66	16	13	11	2	6	48
Provider adoption of electronic health records and connecting to statewide HIE	52	13	65	9	20	18	5	2	54
Data exchange in support of health system improvement and health reform goals	60	12	72	14	10	26	5	3	58
Overall planning for Oregon's statewide health information exchange	64	6	70	6	18	25	6	5	60
Other (please describe):*									11
answered question									**90**
skipped question									**70**

*See responses, page 16

9. How would you like to be informed about HITOC progress? (Select all that apply.)

	Response Percent	Response Count
Regular email updates to stakeholders	72.8%	99
HITOC website, with updates including regular articles on relevant issues (see e-subscribe option on HITOC website)	62.5%	85
Monthly E-newsletter (see e-subscribe option on HITOC website)	55.1%	75
FAQs on HITOC website	40.4%	55
Initiative update teleconferences or webinars	39.0%	53
Expanded web capability to provide the opportunity for interactive posting of information and public comment	29.4%	40
Articles for reprint in your organization's newsletter	22.8%	31
Other (please specify): open house and brainstorming		1
answered question		**136**
skipped question		**24**

10. We are developing a list of FAQs to help inform people about Oregon's HIE efforts. What would you like more information about? (Select all that apply.)

	Response Percent	Response Count
Oregon's HIE efforts	80.3%	106
How Oregon's HIE will affect the cost, quality, and delivery of health care in Oregon	75.0%	99
What kinds of changes consumers could expect to see with HIE	63.6%	84
New state and federal HIE-related programs	55.3%	73
Medicaid and Medicare provider incentives	47.0%	62
Grant and technical assistance opportunities	47.0%	62
No additional information needed at this time	4.5%	6
Other (please describe):*		6
answered question		**132**
skipped question		**28**

*See responses, page 17

11. Do you have any specific questions you would like us to address in the FAQs?

	Response Percent	Response Count
No	78.7%	100
Yes, please type your questions below*	21.3%	27
answered question		**127**
skipped question		**33**

*See responses, page 17

12. Please provide any additional comments or suggestions you may have to better our process:*

	Response Count
*See responses, page 18	23

"OTHER" and OPEN-ENDED RESPONSES:

2. How would you describe yourself? [ANSWERED "OTHER"]

- Quality Improvement Organization/ External Quality Review Organization
- application / implementation specialist and workflow consultant
- Health Plan Producer/Agent
- informatics representative of an integrated delivery system
- Health Producer
- Company that provides privacy, security, regulatory compliance and HIE implementation services
- representative of a QIO and a patient advocate
- Representing insurance agent association
- Parish Nurse
- Medical informatics consultants specializing in EHR operations solutions including e-prescribing, EHR selection, implementation and optimization
- Representative of an organization that assesses HIT/HIE systems
- Educator, OHSU
- Healthcare Educator
- Health Services Education aligned with clinical agencies
- MPH graduate Student for Health Management & Policy
- Regional Tribal Health Organization
- Master's of Science in Nursing Informatics from the University of Maryland 2005 and interested party
- Healthcare I.T. Consultant
- Non profit
- Public/Private partnership
- Rep of organization that provides BB required for HIT
- HIE Services Provider
- Psychologist, practice presently suspended

2c. You answered, "Representative of a provider organization, clinic, or association." Can you please elaborate on your organization type? [ANSWERED "OTHER"]

- Non Profit Independent Rural Health Clinic
- Pharmacy Chain
- Federally qualified community health center
- Home & Community Services (Home Health/Hospice/Specialty Pharmacy/HME)
- represent providers of all types in rural Oregon
- Multi-specialty practice group
- HIT support organization serving providers and staff across Oregon

5. In your opinion, what types of information should be shared in each phase of Oregon's HIE development?

b. Phase 1 - Other Comments:

Design

- Let us know what the business models and governance models that you are most seriously considering emulating. Let us know about how stakeholder work groups will fit. You have done a nice job at this.
- Include DOC [Dept of Corrections] in the conversations as we have 13,700 patients, most of whom will return to their community of commitment
- HIPAA Administrative Transaction Sets - we are now 8 years after the implementation date, and

what is the rate of adoption compared to where we could be? ... standards are already published and it is scandalous how far behind our industry is lagging regarding adoption and use of these transaction standards.
- Focus on delivering value and use by the physicians
- accurate foundational statistics (such as EHR/EMR usage in Oregon versus applications purchased, the fact that the ARRA EHR/EMR incentive dollars will not be fully available and taken advantage of rather than publish a chart that includes only the best case scenario where all entities take advantage of all dollars which is not realistic,
- transparency into the process and sufficient time and avenues to provide input (feedback and recommendations)
- Phase-I HIE development should focus on confirming 1) Technical requirements are met - with specific measures tracked to ensure key milestones are met.
- Demonstrate importance of consumer in the process (not demonstrated to this point).
- Electronic record should be stored at multiple locations to insure safe and secure for retrieval in case of an emergency.
- Create a framework for existing system and exchanges; how they will work together. This is not one giant computer in the middle. It's a bunch of systems that jointly get information where it needs to be...and will improve with coordination

Security & Privacy
- Keep most sensitive personal information to a minimum as kinks are worked out. This is the most critical phase as concern will be on information leakage, hacking into systems, etc. Keep Phase 1 information to a minimum until fears are quelled and the information network has proven to be secure from theft, hacking, etc. Marketing information in this phase will have to be tailored to security, efficiency, ease of access for providers but LACK of access for government, health insurers, etc.
- I think it's a terrible idea that erodes patients' privacy, autonomy, and choice.
- Security and privacy assurances for citizens. Patient access to who has been accessing their record and what part of their record.
- Security and privacy is important in an information system. The level of security should at lease be comparable to Banking and Financial institutions
- What are the security considerations? Does the exchange conform to security and privacy considerations outlined by the Markle Foundation and endorsed by AARP. Will the state of Oregon be able to build on known best practices? How will information be shared in a cost-effective manner between health plans.
- steps to planned to protect privacy and security,

Interoperability/Standardization
- Information system should be on a common platform so communication among locals, states and national systems are possible.
- Whatever the facility needs to accomplish the complete exchange of information with other providers. Information needs to include what the facility needs to do to meet the HIE's criteria for continued funding and participation.
- Focus on the ONC HHS Statewide HIE grant requirements, Statewide HIE Strategic Plan, Interoperable Health IT Statewide Architecture, Integrate key regional HIE's into State HIE, State HIE should enable regional and other HIE's, .
- Use common elemental definitions, value coding, etc and maybe use a core data-set with a min all comply to will additional elements available (a good model is www.nemsis.org) ... Make the health exchange system a client based system with outcomes and health priority over just another billing system.

Other
- All information normally contained in an EMR within a region.

- Focus on delivering value and use by the physicians
- Make the first phase useful beyond test of security and appropriate accessibility

c, Phase 2 - Other Comments

Design

- Determine goals and benefits of a collective effort Set and adopt standard for health information and exchange Establish privacy and security standards and agreements
- Get it up and running as soon as is safely possible.
- How will consumers be educated about the exchange? Will they have a meaningful way to opt out? What insurance will there be that consumer's voices are considered at every phase of the build out of the exchange? How will consumers be assured that their privacy will be protected?
- Include detailed plan information related to rollout, incentives, etc. before plan implementation. Allow sufficient time to provide feedback and recommendations. Provide documentation regarding compliance with regulatory requirements, privacy and security. Demonstrate consumer involvement (consumer centric health care versus provider/health plan centric health care). Demonstrate how any private/public partnership will incentivize HIT adoption, especially with small providers lacking the capital to invest. Identify and publicize the need and structure of a public/private partnership. Demonstrate any model adopted is sustainable and will not continue to need to receive government subsidies to continue operation. Demonstrate any model adopted will work in Oregon (versus Maine or Delaware) and will work across the geographic regions of Oregon with sometimes vastly varying needs and cultures. Demonstrate cost savings, consumer advantages and increases in quality through measurable results.
- Let us know whether HIE needs to be truly statewide out of the gate, or whether that is a long-term goal.
- Which of the FUNCTIONING community models for real-time delivery of patient information has promise for communities without an exchange? Why did they emerge? How are they paid-for? How can they be spread to other communities? What will be the financial driver to sustain this spread?
- Once it is proven that this system allows health providers to seamlessly transfer information back and forth between each other, then move on to the next phase

Interoperability/Standardization

- Agree on standardization of coding system usage Associate each individual to Allergies, Diagnosis, Medications, Clinic visits Associate each individual to Allergies, Diagnosis, Medications, Hospital visits Associate the clinic with hospital visit for each individual
- Leverage Health IT Standards, Integrate additional key state health applications & data
- Preventive medical and behavioral health services, integrate other community services/needs such as child welfare, TANF, employment, housing, criminal justice information, needs analysis (epidemiological measures) in comparison to services delivered/provided.
- Identify barriers that preclude efficient sharing of information

Security & Privacy

- In terms of mental health treatment records, I have a concern about standard progress notes being included in an integrated medical chart. I work in the area of ethics and record keeping, and those currently in solo practice generally keep more sensitive information in their records than psychologists working within a medical setting that already has integrated records, such as the VA. It will take considerable training to re-educate practitioners regarding the appropriate level of detail for integrated records.
- Voluntary participation by asking patients if they want to be involved.

d. Phase 3 or later: Other Comments

Interoperability/Standardization

- Full sharing
- Complete CDA specification with fully encoded discreet data
- Clinical standards as adopted by HHS Secretary
- Community collaboration, HL7 integration of records across platforms and vendors.
- HIE to HIE information exchange
- Ability to search and import ADT and other data directly into local systems for local use. (e.g.: Find a patient and import their demographics/insurance/etc. instead of having check-in personnel manually enter)
- Identify need/resources for electronic health records that communicate with one another.
- interoperable information transactional data

Design

- Continue to demonstrate sustainability. Demonstrate the desire and the related actions that encourage creativity of approach, adoption of the most appropriate technology, encouraging flexibility and incorporating transparency. Demonstrate a need and desire to collaborate with other states and with the federal government to continuously improve the quality of health care and the efficiency of providing quality health care
- How will the HIE work to keep costs down and not line the pockets of consultants and health systems?
- Let us know what kinds of public funds or revenue models are available to fund HIE on a long-term basis.
- We will need to consider issues related to HIPAA and Psychotherapy Notes. Another complex area has to do with psychological assessment, test data and copyrighted test materials.
- Plan lifecycle for testing - - Identify scope (resources, components, data, etc) - Build prototype (software, hardware, etc) - Test, Implement, Review, Corrections Plan lifecycle for production -

Security & Privacy

- I'd be concerned about personal details of life history being too readily available in a central system.
- Test run and final proof test of the system's integrity and security from invasion of virus and from piracy of hackers.

Other

- Meaningful use will include the ability of the patient to get their medical record electronically (limited).
- Plan for Health
- outcome measures including selected test results and functionality similar to the SF12

e. Other comments

Security & Privacy

- I think consumers should retain choices and have informed consent regarding the level of integration they desire for their mental health records. While being able to integrate care with other providers can be beneficial, mental health records are also subject to misuse in other contexts.
- A true single payer system would all but eliminate the need for security. I sincerely hope that the abortion that passes for "reform" continues and makes Medicare available to everyone as soon as possible. The primary reason for medical record security, IMO, is the need to attempt to thwart insurance company prejudice. Early in the aids "epidemic" I felt, and still do, that it should have been treated as a public health issue and that the extraordinary efforts to keep

infection secret was a mistake, protecting no one, and slowing the research efforts that struggled for funding. Open this puppy up as soon as you can. I've benefited greatly from the integrated system Kaiser has installed since I joined 20 years ago. I receive better care more quickly as a result; more specialists are able to consult at a far lower cost as a result; errors are caught and corrected even before they occur because the system is in place.

- As a psychologist, I have serious reservations about statewide exchanges of information. Professional issues related to privilege and confidentiality must be considered. In addition, HIPAA security rules involving who can access what information should have special provisions for mental health information to ensure security to more rigorous standards
- I am totally against what the guidelines say is the purpose of this exercise. I like the system used in Taiwan, where every individual has their own health information card, thus having total control of who gets their health information. The information itself must be stored somewhere, but it can only be accessed by the card. I don't know how they handle emergencies when the card is not available, but that can be investigated.
- I don't want the State of Oregon to see my private health records, if you put that on this system, Internet, some one will hack in to it and have all our personal information. I suppose you will share this info at the Federal Level. This info needs to stay with my Doctor.
- I would like to protect client confidentiality as a psychologist and not share patient records or information.
- I'm not really sure what should be done, but I do think it needs to be gradual and the information cannot simply move from one to another over night. I still think a patient's right to privacy is very important, but will still be respected if hospitals and clinics act together in their information exchange, rather than independently. This will not only allow care to be more efficient, but it will also decrease the number of repeated or unnecessary treatment due to holes in patients' records.
- Mental health information requires separation from the general record. There should be limits on who can access this, and it should not include general practitioners without consent from the patient.
- Mental health information should be subject to special safeguards for privacy and confidentiality.
- Mental health records should be treated differently from other medical records due to the confidential and privileged nature of the communications in therapy.
- No other information would be appropriate without client consent.
- Patient should have access to their data and control of data sharing from phase one onwards.
- Restriction / regulation on exchange of mental health and HIV patient information between entities, organizations, other HIE systems, and NHIN.

Design

- Phase approach is THE way to go. First phases will probably be based on what organizations have available in HL7 format so try to be flexible and accept all of those instead of just taking Lab, notes, Rad, etc.
- Adopt a common format (CCD, CCR, etc.) Permit scanned pdf files for on screen review
- gradually introduce data as recognized per HITSP
- I would like to see a process by which a state entity oversee and manages a HIE, regarding what types of information is most useful by phase, I think a group consisting of practicing physicians from various specialties would be best to determine priority.
- In the mid-2000's dozens of HIE and HIT plans were written by people who know how things ought to be. Few were implemented because of no sufficiently compelling business model. Despite the hoopla, it is not at all clear ARRA has solved this problem. Be very very practical. Self-interest: use funding for shovel ready projects that will meet b above.
- Launch the HIE for portal viewing for users once a threshold of 35-40% of the population Electronic Health Records are created through the information available in the repository
- Links to immunizations database
- Oregon HIE should declare the standards to be used for any exchange as the nationally

recognized HITSP recommendations; with no deviation from these standards.

- Starting simply with perceived wins will be critical to building support among providers and getting the laggards to implement electronic records. the second phase will bring huge benefits in incorporating outside records and reducing the human element in scanning or attaching faxes to patient records - by the end of phase two there should be few left outside the HIE. In the later phases of HIE the realization of community wide disease management and reporting will come to fruition. The successes of the early phases an lay the groundwork for the cooperative working environment required here.
- Take it slow to ensure the system works and is secure.
- Use of HL7 standards, use of open/non proprietary standards for information exchange and storage (examples such as www.openhre.org , www.hl7.org), engage software vendors from day one of the HIE proposal with the understanding of open and non-proprietary standards to be used, standards for ease of use including the incorporation of human interface standards and research

Other

- Desperately need full integration between physical and mental health - all one body and shouldn't be looked at separately. Also need a holistic approach - medicine, treatment, therapy, lifestyle, etc
- Don't know enough to have an opinion about it
- I am not sure how to deal with the issue of insurance coverage. This frequently changes, and it would be difficult to keep up date. Incorrect information could prevent appropriate care for some individuals.
- I find it troubling that we are planning to undertake HIE for clinical data when 8 years post-HIPAA administrative transactions, we have a relatively small rate of adoption.
- I have no idea whether I have been responsive to this "phase" question. Maybe you were thinking that certain geographical areas would be early phases.
- Many patients are now filling at multiple pharmacies creating a great deal of risk for medication conflict. Further, emergency room staff are at a great disadvantage not knowing what medications are in their patient, or about allergies.
- My comments and expertise don't apply yet to what type of information. Purely, how the State plans to leverage the OHN 20.2 million dollar infrastructure...and it's own huge investment (match and ops funding) in the infrastructure. It should be leveraged and integrated into the final solution.
- Recommend continued special focus and support for underserved rural communities. Really appreciate the work of the Oregon Health Network on infrastructure
- My only reason for not submitting an opinion is that I am not familiar with various stages of HIE development and their pros and cons.
- The Electronic medical record should be designed to empower patients to make informed decisions regarding their health, and for the effective dissemination of public health efforts. An explicit goal should be for the HIE to be used by individual citizens, at home on their own computer, as a means to monitor and improve health, with access to reliable information on exercise, nutrition, mental health, neo-natal, preventive screening, diagnosis, etc; disseminated in a targeted manner based on user medical profiles.
- The primary objective for the exchange of clinical data must be to provide better patient care. Lowering costs is also a secondary consideration.
- There are many HIE efforts across the country, as you know. It would seem that it would be of benefit to HITOC to query those existing HIE efforts about what providers have indicated have been the critical data sets they have found most useful. In addition, I would hope that parallel to the effort to understand what providers wish to see for data, we would be querying consumers about what they want to see in a PHR (literature indicates Meds, Labs, Allergies, Health Maintenance Reminders).
- This is fairly complicated question. I feel we need to understand the type of information required

to support the HIE which brings the most value to the users. Structured has provided examples of the HIE's in other states to Carol for review. I think the phased approach is on the right track and if services can be rolled out over time that would be good, but we need to get something to the market quickly is key. I would also suggest that a tentative application (like Epic for example) is selected to begin to understand the cost of supporting the application and all the users.

- Tiering above is based on my thoughts about both priority and perceived difficulty of information exchange for each dimension listed.
- Transparency has been an issue as well as the lack of a seeming desire to allow public input (such as no time allocated on the agenda for public testimony; added after the fact). Also, discussions (at least at the second HITOC meeting) were, for the most part, industry versus consumer/patient centric. There appeared to be a lack of involvement of payers in crafting a sustainable solution. While discussions have been primarily clinically centric, the payers play a key role especially when it comes to assisting with the funding necessary to adopt a sustainable model.
- We need to examine the burden of data collection on providers and define a maximum amount of time per setting where data collection is required - if we do not force a limit, the amount of clinician time spent in documentation will continue to exponentially increase, reducing the amount of time for professional care-giving.
- Widespread adoption and use of interoperative EHR would be required as soon as possible.
- Working in the Emergency Services arena it is always challenging to get up to date information for incapacitated patients.

6. How do you anticipate participating in the HITOC's process? [ANSWERED "OTHER"]

- Others in are organizations are actively in HITOC
- As a board member of OCHIN
- Implementation of HRBO over next 12-15 months with reports to HITOC
- Will be limited in ability to participate in all these ways due to other obligations, however will try to as much as possible
- Could beta at our facilities
- Serving on workgroups or task forces relevant to Health IT
- participating in work groups
- Participating in workgroups (this was announced up front but I do not see it listed here as an option for participation)
- Participate in HITOC WGs and planning processes as appropriate
- Volunteering for HITOC committee(s).
- Either myself or designee will participate, if invited
- Any way a non-medically trained but primary stakeholder is permitted to do.
- A state wiki for the HIE might be a great tool for brings many collaborators together
- through my professional organization
- I would like to see better representation of psychologists and mental health providers.
- Working with my healthcare system.
- FYI: Meetings conflict with our board meetings.

7a. The following is a list of possible approaches to gathering stakeholder feedback on draft strategies and decisions. Please indicate your preferences by selecting one from each drop-down list. [ANSWERED "OTHER"]

- webinar approach with Q&A interaction via text and audio
- email (particularly when reviewing drafts/documents)
- email communication
- Video conferencing

- What happened to the workgroups that the Governor's Office, the legislature and the HITOC executive director indicated would be formed?
- Web-enabled/teleconference participation in in-person meetings via the ITV at local DHS offices
- Integrative approach (using all four) is the best
- Much of Oregon is rural: beware of slow net connections. Meetings will be dominated by specialists. The patient, the consumer, is, after all, the primary stakeholder.
- Use of a registered user wiki to write and contribute documents, polls, information that is less dependent on time or location
- Forum for written testimony, proposals, comments, etc.
- Tailored. Some can help with initial thinking. Others are reactors.
- We would like a HITOC rep to address our HIT Technical Advisory Committee in one of our future Webcast meetings.
- Reviewing draft documents sent by email.

7b.which times would be most convenient? [ANSWERED "OTHER"]

- the more advance notice possible the more likely it is to work it in to my schedule
- Weekend sessions in metropolitan areas
- but am part of Oregon Psych Assoc who might from the relevant committee
- If meetings, in the evening (since I'll likely have to travel to Portland or Salem).

7c. which location(s) would be most convenient for you? [ANSWERED "OTHER"]

- would travel if able - but the more travel time, the less likely could attend
- Use interactive video via Oregon Health Net.
- Web/video/teleconference easiest from Eastern Oregon - Bend is Central, not Eastern. Easier to go to Portland, especially with winter road conditions.
- If in-person meetings are held, it would be important to hold them at a variety of locations, with the capability to join via conf call or video conference
- central state location
- Rural areas MUST be included. In some respects, their residents stand to benefit most.
- Would not likely be able to attend in person meetings, due to other duties.
- Meetings need to be held around the state, not just in the Valley
- Duties would not allow in-person meetings
- Pendleton

8a. You indicated an interest in participating on a stakeholder panel. What are your areas of interest and/or expertise? [ANSWERED "OTHER"]

- I am an expert in implementing outpatient EHR, redesigning workflows and change management.
- Setup of a State Health Care Record Ombudsman Position with legal backing via new State Law protecting Oregon PHR and EHR data
- I have an MBA in Technology Management
- I have a wealth of information at my fingertips - AHIMA and CMS
- I am the Program Director for the OCHIN participation in the HRBO and would like to see the HRBO be included in planning for HIE options
- Provider Practice Conversion/Implementation of Electronic Health Records
- At this stage, I'd limit access by insurance companies that do not provide care directly.
- Health Information Management Perspective
- Interface and usability designs for the system
- We are experts in data networking, security and storage

- In some areas, I would bring additional resources to add technical expertise.

10. We are developing a list of FAQs to help inform people about Oregon's HIE efforts. What would you like more information about? [ANSWERED "OTHER"]

- Spend about 20 hrs/week keeping up with State/National postings about the HIE.
- What changes consumers in Oregon can expect to see (not general information but what Oregon plans to offer)
- How protected health information will be handled such as mental health therapy notes.
- Interested in many of the above as a consumer, but professionally interested in the items checked
- The broadband infrastructure assumed to support HIE, but that doesn't fully exist
- how individual practitioners can participate in the system

11. Do you have any specific questions you would like us to address in the FAQs? [ANSWERED: Yes, please type your questions below]

- When will subcommittees to HITOC be determined and staffed?
- Provider offices frequently ask me how they can access financial assistance - they need a simple to follow, step by step process (financial assistance for initial EMR implementation but also for additional product/functionality implementation). They are also very interested in making sure they get all the incentive payments they qualify for.
- What changes consumers in Oregon can expect to see (not general information but what Oregon plans to offer)
- How protected health information will be handled such as mental health therapy notes.
- The broadband infrastructure assumed to support HIE, but that doesn't fully exist
- 1-Does HIE continue receiving support from the Federal Government? 2-What happen to Oregon State HIE effort if The United State Congress does not pass the current National Health Care and Health Insurance reform?
- What transport mechanisms are envisioned for the exchange of information? When the source of the information to be exchanged is not already digital, how will the interchange take place? Will implementation of EHR be required for participation in HIE?
- Perhaps provide the final 'phasing' plan to be used, along with the rationale for choosing the steps in the order that will be implemented.
- Why a patient/ consumer should participate in an HIE. What are the benefits to patients participating in an HIE. Is Patient information safe in an HIE. Who can see my information?
- What is the cost for the consumer, and our state of Oregon the tax payer. Who is pushing this agenda, Federal ,State. Why the rush, seems like everyone wants to hurry everything along?
- How would patients have access to correct errors. How would they know of errors?
- More detailed information on the grant process and transparency in how funds are used.
- You need to clearly address consumer privacy protections and the benefits to the consumer to establish an infrastructure that allows broad access to their health information to improve their care. You need to address how consumers can become more involved in their health and quality of life such as through using on-line health tools and personal health records. You need to address compliance with Oregon and other federal privacy laws (such as special protections for mental health information, HIV/AIDS information, genetic information, certain minor information, etc.).
- Assistance and opportunities for rural health care HIE
- The area of HIE and Health IT is important, challenging, dynamic and evolving very rapidly. I am active in several national HIT initiatives. I would like to help more in our statewide HIE planning. Please contact me or let me know how I can help in achieving state HIT goals. Thanks,
- How are the funds going to be spent?
- I am a physician practice exploring the adoption of an Electronic Health Record program, what should I look for to ensure our EHR investment remains long-term and conforms to state/federal interoperability standards? What is meaningful use? (when meaningful use is defined) What

are some communication strategies for my patient base to ensure HIE is not compromising privacy.
- Since quality of care, the cost of care, both are favorably affected by this technology, why on earth are incentives required. Make it mandatory, share technical solutions, but don't be so quick to spread money around. It should be a cost of doing business.
- The integration of an HIE with other services that just medical, such as behavioral health and community support/services.
- A key metric to evaluate the HIE is its net effect on consumer/provider relations. Does the HIE empower, disempower, or remain neutral toward the accessibility of information by the consumer regarding their own health and health care options? Is optimizing public health and promoting individual health choices part of the HIE structure and planning?
- Are mental health records being considered? How are the barriers for individual practitioners being addressed?
- How will issues unique to the utilization and provision of Mental Health care be represented in the design and implementation of HIE and other HIT systems?
- How will sensitive treatment information related to mental health receive higher levels of protection within integrated data systems.
- How will we be sure that protected health information only gets into the hands of those who need it?
- How will privacy and confidentiality in mental health records be safeguarded?
- What is the State's "master" broadband and HIT plan, which is guiding this process? How will the State leverage its existing HIT and core broadband infrastructure to reduce redundancy/overbuilds (reduce waste) and maximize quality and reach? Is the State prepared to financially support, in some capacity, for the expansion of the high-quality broadband infrastructure necessary to support the effective deployment of a state-wide HIE solution?
- If small-scale or independent providers are expected to shoulder the burden of whatever system the state chooses.
- how individual practitioners can participate in the system
- Will independent practitioners be excluded from participating if they do not have computer access
- What specific plans does HITOC have to ensure this is an Oregon HIE and not a Portland-Salem HIE? Soliciting feedback from all stakeholders statewide is very important, but so is utilizing that information from the feedback and actually ensuring the rest of the state is included in the plans and process, and is actually connected to the Oregon HIE.

12. Please provide any additional comments or suggestions you may have to better our process:

- DOC has a population with significant medical and mental health needs who will be returning to their communities upon release.
- Follow through when questions or requests are submitted would be greatly appreciated. As an example, I submitted a question a month ago and have yet to hear a response back. Communication is inadequate and raises concerns regarding transparency.
- Good luck. And, please, keep in mind who your ultimate obligators are: the consuming public.
- Have a way to pass on this information quickly and easily to others that might be interested.
- Host an initial state-wide Oregon HIE kick off meeting that invites all existing HIE organizations to participate.
- I am excited at the opportunity we have to change the quality and accessibility of medical care our patients will receive.
- I am very excited about these times and opportunities!
- I really like what I see so far from HITOC and our state... Initially there was a lot of speculation and anxiety on what Oregon's plans and activities were going to be with HITECH funds, and what they would mean to various stakeholders; however I think how HITOC has been handling this process and their plans going forward will continue to resolve those concerns and ensure Oregon

makes the most of the federal funds while delivering value to all stakeholders (and hopefully not just stakeholders in the Portland-Salem region).

- Is there going to be some sort of stakeholder board that will oversee the state's HIT/HIE efforts? Getting initial and ongoing stakeholder input/involvement and support will be critical to the success of this program and vision.
- Let's roll! :-)
- Multiple sources of clinical data for individual patients will be challenging. Trust, integrity of input and ownership of data will need to be addressed. We need to all wear hospital gowns at some point during our conversations. :)
- Oregon has been talking about HIE and HIT since 2005. Avoid the hype and find some small doable bites.
- Please pay scrupulous attention to privacy and the security of electronic documents. Please pay scrupulous attention to sequestering patient data that requires separate and specific releases. Please be extremely attentive to providing informed consent so that patients are aware of how widely their personal health information is distributed. Please emphasize the "privacy" part of HIPAA over the "portability" aspect.
- Really appreciate this easy stakeholder survey. Thanks for using technology well. Really inclusive of those of us in rural areas far from Portland/Salem.
- Thank you for the time and energy you are all bringing to the process.
- Thanks for asking.
- Thanks so much for inviting this feedback. I have attended one of the meetings and really appreciated the graphs of previous data. I hope you will make this information accessible in briefer summary forms that can be distributed to providers via their professional associations - ours is the Oregon Psychological Association. Thanks again.
- Thank-you for the invite and your time in reviewing feedback.
- Want to emphasize that I think mental health records need to be treated with even greater sensitivity and protection than many other kinds of medical records
- Well done survey....bravo!
- Would like to see a consumer education and awareness communications plan.
- Would like to see support for HRBO upon expiration of the CMS Transformation grant. HRBO is a subset of HIE, but will not compete with or satisfy more comprehensive HIE efforts.
- You may want to survey the public, like me, separately from other stakeholders.