

Oregon Health Information Technology (HIT) Commons Business Plan

A public/private collaborative to further HIT Spread in Oregon

Jointly prepared by the Office of Health Information Technology,
Oregon Health Authority and the Oregon Health Leadership Council

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Executive Summary

Over the year, a joint Oregon Health Authority (OHA)/Oregon Health Leadership Council (OHLC) team explored whether the success of the statewide Emergency Department Information Exchange (EDIE) initiative could be leveraged to develop an HIT Commons. As envisioned, an HIT Commons would govern EDIE along with other priority statewide HIT initiatives, with the express purpose of accelerating and advancing OHA's vision of an HIT-optimized health care delivery system in Oregon. In an "HIT-optimized" health care system:

1. Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.
2. Clinical and administrative data are efficiently collected and used to support quality improvement, population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.
3. Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers.

To develop an HIT Commons business plan, the OHA/OHLC team conducted stakeholder "sensing sessions" and consulted with key state advisory committees and private partners to determine the merit of and support for an Oregon HIT Commons. In addition, an interim advisory group was formed in May to consider the best approach for building an Oregon HIT Commons model. Both the sensing sessions and the interim advisory group provided valuable stakeholder input to the development of an HIT Commons business plan.

Anticipated Opportunities and Challenges of an HIT Commons

Stakeholders identified a range of opportunities of an effective HIT Commons including:

- Establishing a neutral governance and decision-making process for investing in HIT efforts
- Leveraging opportunities for shared funding of efforts with statewide impact
- Coordinating efforts to enable a network of networks for health information exchange (HIE)
- Facilitating access to high value data to improve efficiency and quality of care
- Supporting core infrastructure needed for care coordination and alternative payment models

Along with the potential opportunities, a number of possible challenges were identified. The Commons must build and maintain an all-in or critical mass participation of health care providers and insurers in order to gain maximum value. Additionally, State participation as a partner in the HIT Commons will come with specific requirements related to funding, procurement, and data usage which must be considered as part of the HIT Commons decision-making process.

The Oregon Health Authority plays a significant role in supporting statewide HIT efforts including as a co-sponsor for EDIE and will continue to do so as a co-sponsor for the HIT Commons. Oregon legislators envisioned a role for OHA to participate in partnerships related to HIT, and OHA has the statutory authority to participate formally. OHA will be a voting member of the HIT Commons, bringing a statewide perspective, significant federal and state matching funding for qualifying initiatives, and continuing to staff the HIT Oversight Council (HITOC) to set strategic and policy priorities for Oregon.

HIT Commons Guiding Principles

- Work for common or public good
- “Raise all Boats” - Establish Minimums (vs maximums)
- Inclusive – Work to ensure “all-in” or critical mass
- Rules of the Road for data sharing – set guard rails to promote trust
- Democratize the data – exchange common data within guard rails
- Spread HIT successes
- Transparency – create clarity around how and why decisions are made
- Identify and communicate value

HIT Commons Potential Responsibilities

The roles and responsibilities of the HIT Commons will vary depending on the specific initiatives it is supporting. Above all, the HIT Commons would provide a “prioritization competency”, focusing energy and resources on initiatives that are broadly valued and needed.

- Advisory Resource
 - Identify, recommend, and communicate the “rules of the road” for HIT standards, privacy, security, exchange
 - Create guidelines for engagement in shared services
 - Advise on new state rules
 - Provide central advisory guidance to evolving technology
- Administrative and Operations Functions
 - Convene, coordinate, communicate, and oversee HIT programs involving stakeholders statewide, multiple programs, funding sources, and contracting relationships (e.g., EDIE)
- Technical Infrastructure
 - Support the advancement of statewide HIT ecosystem leveraging and strengthening technical investments and encouraging connections with statewide exchange standards
 - Do not build, maintain, or implement any new technical services, but rather coordinate funding to support expansion of current technical infrastructure (e.g., current HIEs)

HIT Commons Governance Model and Management Approach

The interim advisory group evaluated a range of governance models from a formal 501(c)(3) with hired staff to the status quo. They first agreed to the following management structure principles.

- Stay lean
- Stay focused
- Flexible yet sustainable
- Clear lines of accountability
- Inclusive/levels of participation
- Pay as you go
- Grow as necessary
- Clear authority

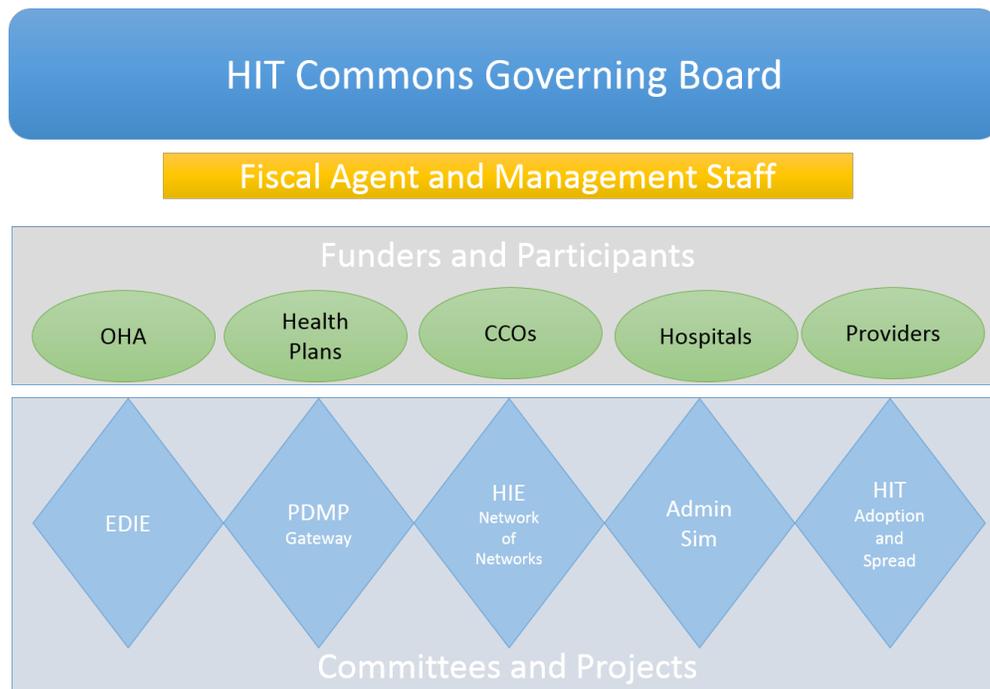
The interim advisory group unanimously agreed on a mid-range management structure option that would establish an umbrella governance structure to oversee select HIT initiatives. The interim advisory group agreed to serve as the interim governance body to work on reviewing/selecting members of the ongoing HIT Commons and further development of common principles, expectations, and criteria for

selecting future projects. Projects will be funded and staffed as they are initiated. This model allows Oregon to build on and expand collective efforts without setting up a formal new organization before the value has been proven.

The interim advisory group recommended that Oregon should leverage the experience gained from the OHLC/OHA EDIE governance partnership model initially, with the intent to move to a more formal, independent legal and management structure as experience warrants. This has been referred to as a “crawl, walk, run” strategy to build on what has worked and provide flexibility for future effective execution of statewide health information technology efforts.

Initial implementation of an HIT Commons would begin in late 2017, transitioning the EDIE Governance Board to the new HIT Commons Board. Initial management of the Commons would be under the auspices of the OHLC and a management contractor. Initial projects for the Commons would be EDIE, Prescription Drug Monitoring Program (PDMP) Gateway, and HIE/network of networks. As the governance structure develops and matures, additional initiatives could be taken on by the Commons. Funding the Commons is envisioned to build on the current EDIE financing structure and be funded by authorized state HIT funds, and dues paid by insurers, CCOs (OHA may initially sponsor CCO share), hospitals, and potentially other providers down the road.

Figure 1. HIT Commons “Umbrella” Structure



HIT Commons Project Description

In fall of 2016, the Oregon Health Authority (OHA), in collaboration with the Oregon Health Leadership Council (OHLC), and with support and input of stakeholders, began exploring the creation of an HIT public/private governance model to accelerate and advance HIT across the state. An HIT public/private governance model would leverage and build on the success of collaborative efforts to date, and in particular the EDIE governance model. Through this collective work, it has been proposed that this model, called the “HIT Commons,” would coordinate, standardize, govern and support statewide HIT efforts. Multiple HIT initiatives that meet specific criteria could be considered for inclusion in an HIT Commons. Please see Appendix A for the full project charter.

Stakeholders explored a range of opportunities for an HIT Commons to address. Key goals could include accelerating access to health information exchange (HIE) across the state and enabling healthcare system transformation efforts such as alternative payment models and population health. For example, partnering across public and private sectors could accelerate the HIT vision of statewide HIE by coordinating across existing HIE efforts to ensure that a core set of patient data is shared regardless of where a patient seeks care in Oregon. This type of partnership could also support the HIT components that support the metrics and data collection and use for alternative payment models.

The OHA/OHLC project team convened an interim advisory group of health care stakeholders to guide the business plan development and initial implementation steps to create an HIT Commons public/private partnership to guide statewide HIT initiatives. In addition, the project team conducted a series of sensing sessions with over 50 representatives from Oregon’s health care community to understand the opportunities, challenges and other considerations in developing an HIT Commons. Their input is synthesized into this business plan document. The advisory group’s charter can be found in Appendix B. The full list of stakeholders involved in the sensing sessions can be found in Appendix C and the sensing session themes is in Appendix D.

Environmental Scan

Brief History of Collaborative HIT Efforts in Oregon

Because HIT services are necessary to support health system transformation, OHA has worked closely with a wide range of stakeholders to identify HIT needs, and specifically identify how the State and statewide HIT efforts could address some of those needs. In fall of 2013, OHA convened an HIT Task Force to synthesize stakeholder input and develop an HIT Business Plan Framework to chart a path for statewide HIT efforts over the next several years. This stakeholder process led to a vision for Oregon of a transformed health system where HIT efforts ensure that the care Oregonians receive is optimized by HIT. The Business Plan Framework envisioned the need for a **public/private governance model** to ensure that statewide HIT efforts support HIT-optimized health care across Oregon.

OHLC’s mission is to support collaborative and “practical solutions that reduce the rate of increase in health care costs” and has sponsored several collaborative HIT efforts including early administrative simplification work for health plans and clinics to share “single sign-on” capabilities to share information to more sophisticated efforts of the statewide Emergency Department Information Exchange (EDIE). Each step along the way for all of this work has required different levels of trust and governance structures to achieve success. Most of the early successes with single sign-on was achieved through a voluntary model of interested parties who instinctively knew collaboration could lead to greater standardization, simplification and economies of scale. Though no formal governance body was put into place, participating health plans and clinics reached consensus on standardization and common work flow processes.

In 2015, the OHLC, in partnership with OHA and in collaboration with CCOs, hospitals and many other stakeholders, launched a new public/private partnership: the EDIE Utility. EDIE provides emergency departments with real-time information about their patients who are high-utilizers of emergency department (ED) services, including ED admissions, other hospitalizations, and pertinent care planning information. This service was expanded with PreManage, which connects health plans, CCOs, care managers and primary care clinics with this high-value, real-time information.

With the implementation of the EDIE Utility model (in partnership with OHA), a more sophisticated model of governance was required. EDIE Utility model is a public/private partnership that includes statewide data exchange among all hospitals, both direct and indirect value return to health plans and CCOs, sponsorship by the OHA and OHLC, and OHLC providing staff support, contract management and financing coordination. This governance structure provided

Vision of “HIT-optimized” health care

A transformed health system in which HIT/HIE efforts ensure the care Oregonians receive is optimized by HIT and:

1. Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.
2. Clinical and administrative data are efficiently collected and used to support quality improvement, population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.
3. Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers.

oversight for project scope, performance, data use agreements, administration of the Utility and coordination of efforts among our many stakeholders. It was accomplished through a trusted leadership and financial partnership with the OHA, leadership and technical support of Oregon Association of Hospitals and Health Systems, and participation of many clinical volunteers. Table 1 provides an overview of the EDIE Utility governance components.

Table 1. Overview of EDIE Governance

Governance Component	EDIE Utility Components
Agreements and Principles	Charter Data sharing agreement Data stewardship Shared legal oversight
Coordinate	Best practices/ learning collaboratives Knowledge sharing Data reporting/ analytics
Standardize	PreManage offered for organizations to adopt at a standardized cost
Centralize	EDIE (infrastructure, ADT feeds, EDIE alerts) Subsidies for critical access hospitals
Organization formality	State/OHLC co-sponsors OHLC serves as external fiscal agent

Oregon Statewide HIT Efforts

Oregon has several major statewide HIT efforts underway or planned that involve a myriad committees and resources. Table 2 below identifies these efforts already endorsed by stakeholders with resource commitments made, and may be good candidates to consider how best the HIT Commons may add value.

Table 2. Oregon Statewide HIT Efforts

Statewide HIT Effort	Description
Administrative Simplification efforts	The OHLC convenes an Administrative Simplification Executive Committee which reviews and makes recommendations regarding administrative processes and operational impacts of industry practices. The committee also serves as a sounding board for operational impacts of other OHLC initiatives and those statewide initiatives that affect operations in a significant way. The committee monitors previous initiatives that are currently operational including a single sign on solution.
Clinical Quality Metrics Registry	This program will collect, aggregate, and provide clinical quality metrics data to support alternative payment model or incentive program requirements and achieve efficiencies for provider reporting. Initially, the CQMR will support the Medicaid EHR Incentive Program and the CCO incentive measures that are EHR-based. Over time, other quality reporting programs could use the CQMR as well, which will support OHA’s goal of

	streamlining and aligning quality metric reporting requirements and reducing provider burden. OHA expects to launch this program in 2018.
Emergency Department Information Exchange (EDIE) and PreManage	EDIE provides all Oregon and Washington emergency departments with real-time information about their patients who are high-utilizers of emergency department (ED) services, including ED admissions, other hospitalizations, and pertinent care planning information. This service was expanded with PreManage, which connects health plans, CCOs, care managers and primary care clinics with this high-value, real-time information. Oregon’s EDIE Utility has been operational statewide since 2015.
Health Information Exchange Network of Networks	Oregon has made significant progress in advancing HIE, but gaps remain, particularly in communicating between different HIE networks. HITOC envisions a “network of networks” approach to solve this challenge, bringing together stakeholders and adopting the necessary legal, organizational and technical solutions to enable communication among HIE networks. This concept was endorsed in the HITOC strategic plan update in 2017 and has yet to begin development.
Open Notes	
Oregon Common Credentialing Program	This legislatively mandated program will streamline and centralize credentialing information and verify primary source documents to create efficiencies for an estimated 55,000 practitioners across Oregon and more than 300 credentialing organizations, including all Oregon health plans, CCOs, hospitals, health systems, dental care organizations, ambulatory surgical centers, and independent physician associations. OHA expects to launch this program in 2018.
Prescription Drug Monitoring Program HIT Gateway	The PDMP is a public health program operated by OHA that provides information on opioid and controlled substances prescription fills to prescribers and pharmacists in Oregon. The PDMP program has contracted with Appriss to provide an HIT gateway to the PDMP database, which will allow HIT systems to query PDMP data from within their clinical workflow. The PDMP HIT Gateway launched in summer 2017 – health care entities must pay a per prescriber per year subscription fee for Gateway services. A statewide subscription is available at a significant discount and would remove financial barriers for Oregon entities.
Statewide Provider Directory	This program will serve as Oregon’s directory of accurate, trusted provider data. It will support care coordination, health information exchange, administrative efficiencies, and serve as a resource for health analytics. Authoritative data sources that feed the provider directory will be matched and aggregated and data stewards will oversee management of the data to ensure the Provider Directory maintains initial and long-term quality information. OHA expects to launch this program in 2018.

HIT Governance in Other States

In researching and discussing HIT governance structures, the interim advisory group examined governance models found in other states including:

- Michigan (Michigan Health Information Network)
- Colorado (eHealth Commission)
- Texas (Texas Health Services Authority)
- Washington (OneHealthPort)
- California (CA Association of HIEs)

In particular, reviewing the EDIE model and other state models provided examples of varying approaches to governance, from:

- Formal legal business entity with employees, which brings lower costs to scale new work and increased agility, but higher overall costs and potential for scope creep.
- Formal legal business entity with no employees, with lower overhead costs as it relies on contracted management services and clear guidance and oversight from a governing board.
- Informal entity with separate fiscal agent, requiring a fiscal sponsor but with limited ability to scale to new work.

Appendix E provides an overview of the governance structure and roles of these other states' efforts.

Potential Roles for an HIT Commons

In discussing the potential roles of an HIT Commons, Figure 2 below was helpful for visualizing the intensity and type of initiatives the Commons could undertake, ranging from coordinating to standardizing HIT components to actually providing HIT services.

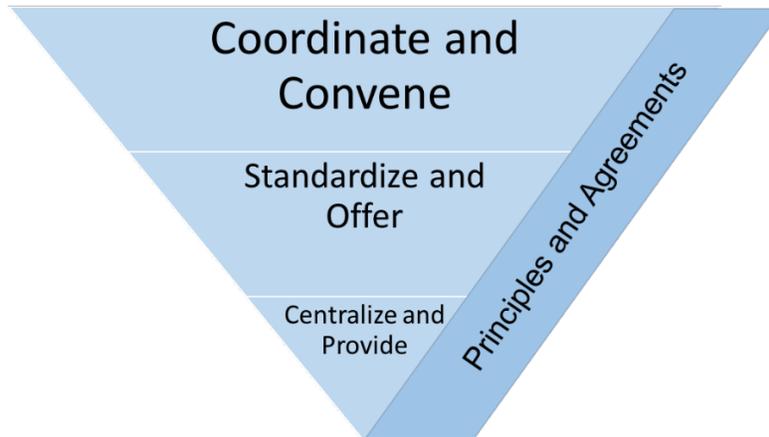
Coordinating HIT efforts would entail developing shared data use agreements, data governance principles and common “rules of the road” for HIT, aligning and sharing best practices. The international movement of OpenNotes would be an example of the potential coordinating role, promoting adoption of this initiative which seeks to make full clinician notes available to patients through providers’ electronic health record (EHR) patient portal.

Standardizing HIT components could involve establishing data standards to reduce administrative burdens or ensuring that HIT tools or services that address high-value, cross-sector needs are available in a standard way, such as PreManage.

Providing a select few HIT services could mean several strategies including:

- Contracting for or otherwise supporting statewide HIT infrastructure services such as EDIE.
- Financial support and technical assistance for providers who lack resources
- Funding statewide access to high-value statewide data, such as PDMP HIT Gateway.

Figure 2. What could a governance approach do to support HIT improvements?



The advisory group recognized that the role of the Commons could not only evolve over time but also vary depending on the initiatives. Table 3 below provides an overview of how the HIT Commons role could range depending on what is appropriate governance level for individual initiatives.

Table 3. Possible HIT Commons/ Utility Options

	Light	Robust
Agreements and Principles	Principles of participation; Data use agreements	Data governance
Coordinate	Promote initiatives (e.g. Open Notes); Communication/education; Reporting on data showing ROI/value of Commons	Learning collaboratives; Supporting pilots (e.g., funding); Significant evaluation
Standardize	Implementation guides; Value add tools/services; Endorse technology solutions (e.g., PreManage)	Technical assistance; Endorse/certify technology solutions; Certify technology solutions
Centralize	Provide funding and subsidies; Provide light-weight services (e.g., PDMP Gateway)	Vendor management/ procurement; Provide significant centralized services (e.g., Master Patient Index)

Key Roles for the State in HIT Commons

The State can play a key role in the HIT Commons as a co-convenor and participating member. In addition, the State can leverage opportunities to bring significant federal funding to support high-priority initiatives that advance Medicaid objectives in the state.

OHA's participation in the HIT Commons is authorized under ORS 413.310¹:

Section 1(7): "The authority may initiate one or more partnerships or participate in new or existing collaboratives to establish and carry out the Oregon Health Information Technology program's objectives.

The authority's participation may include, but is not limited to:

- (a) Participating as a voting member in the governing body of a partnership or collaborative that provides health information technology services;*
- (b) Paying dues or providing funding to partnerships or collaboratives;*
- (c) Entering into agreements, subject to ORS 279A.050 (7), with partnerships or collaboratives with respect to participation and funding in order to establish the role of the authority and protect the interests of this state when the partnerships or collaboratives provide health information technology services; or*
- (d) Transferring the implementation or management of one or more services offered by the Oregon Health Information Technology program to a partnership or collaborative."*

The State could pay an appropriate Medicaid share of HIT Commons membership dues as well as contribute funds to support specific HIT Commons projects or initiatives where it is deemed appropriate by Commons governance and OHA, in its role as the state Medicaid agency. For example, OHA is committed to financially support the appropriate share of a statewide PDMP gateway subscription and the development of the HIE Network of Networks. Other projects, and specifically those that seek to leverage federal CMS or HITECH funds, or involve the use of state-held data, may require separate oversight or procurement processes to conform with applicable laws and regulations. See Appendix F for more information on state roles and considerations pertaining to HIT Commons participation.

One of the primary sources of state funding for HIT Commons initiatives is the federal Medicaid HIT (ARRA-HITECH) funding. Enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act provides Medicaid 90% federal match funds for technology, people and processes for the initial build of certain Medicaid HIT projects. This HITECH funding for design, development and implementation ends in 2021. There is no Medicaid HITECH federal funding for ongoing operations.

Anticipated Benefits & Possible Limitations of an HIT Commons

Through the sensing sessions outlined above, anticipated benefits of an HIT Commons were identified. Those included:

- Accelerated selection, procurement, implementation and adoption of statewide HIT initiatives
- Coordinates and supports statewide interests to meet the vision of a transformed Oregon health delivery system optimized by HIT
- Support cooperation and data sharing to improve the delivery of care and care coordination for all Oregonians
- Advance HITOC goals based on priorities defined by the Oregon healthcare community

¹ House Bill 2294 (2015): <https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2294/Enrolled>

- Collaborate work between health care stakeholders and the State to develop policies and procedures to securely share state-collected and public health data in service to improving healthcare and outcomes for all Oregonians
- Maximize Oregon's share of state and federal funding to advance HIT optimized healthcare across the state
- Stakeholder led process allowing those closest to the work/impacts to govern and direct the efforts
- Shared funding model with OHA funding project costs to cover Medicaid patients and members sharing a less significant portion of costs. Sharing costs can help support small & rural hospitals and benefits all by encouraging all/critical mass to participate in statewide projects.

Along with the potential benefits identified by stakeholders, a number of possible limitations were identified including:

- Most initiatives will require an all-in or critical mass of healthcare providers to participate in order to gain maximum value
- Not all stakeholders can have a seat on the board, which holds an inherent risk of some segment not being represented adequately.
- State participation has specific requirements related to funding/procurement/data usage which must be considered as part of the process

Recommendations for an Oregon HIT Commons

HIT Commons Governance Model

In reviewing the efforts and lessons within Oregon, the interim advisory group reviewed four distinct governance model options:

1. Formal governance structure with broad scope:
 - Separate legal structure, 501(c)(3)
 - Common principles, agreements, expectations, funding model, use agreements, privacy/security standards
2. Establish umbrella governance structure over a range of targeted initiatives:
 - No separate legal structure potentially, could add a separate legal structure, 501(c)(3) as the HIT Commons matures
 - Decision-making based on common principles, expectations
 - Base funding model to support umbrella governance and a select scope of initial projects
 - Develop clear criteria for selecting future projects which would be funded and staffed as they were initiated
3. Project-specific statewide governance:
 - Allow individual projects drive the need for a project-specific statewide governance structures to be stood up. (e.g., EDIE model)
4. Status quo
 - Could update existing structures (such as HITOC or OHLC's Administrative Simplification Committee) to provide greater authority/accountability.

The interim advisory group unanimously agreed with option 2, establishing an umbrella governance structure to govern select HIT initiatives. Option 1 raised concerns that the HIT Commons would formalize too quickly and be unsustainable. Options 3 and 4 were not seen as ambitious enough to move the state's HIT infrastructure efforts forward. Option 2 allows Oregon to build on and expand from the experience with the EDIE Governance, and provides a substantial undertaking to advance collective efforts without setting up a formal new organization before the value has been proven.

HIT Governance Structure

In anticipation of discussions of potential management structures, the interim advisory group developed both management structure principles and competencies to guide the discussion outlined below in Table 4 on the following page.

The committee then reviewed several management options for HIT Commons and identified the pros and cons of each option (Table 5). **The committee saw the value of a “crawl, walk, run” approach to governance that would start with Option 1, building on the current EDIE governance structure and leveraging OHLC as a fiscal and management agent.** The initial “crawl” stage would allow establishment of the new Commons board and transition initial projects under its purview. A new 501(c)(3) with a

management contractor or hired staff could be created in the future when determined appropriate by the new Board.

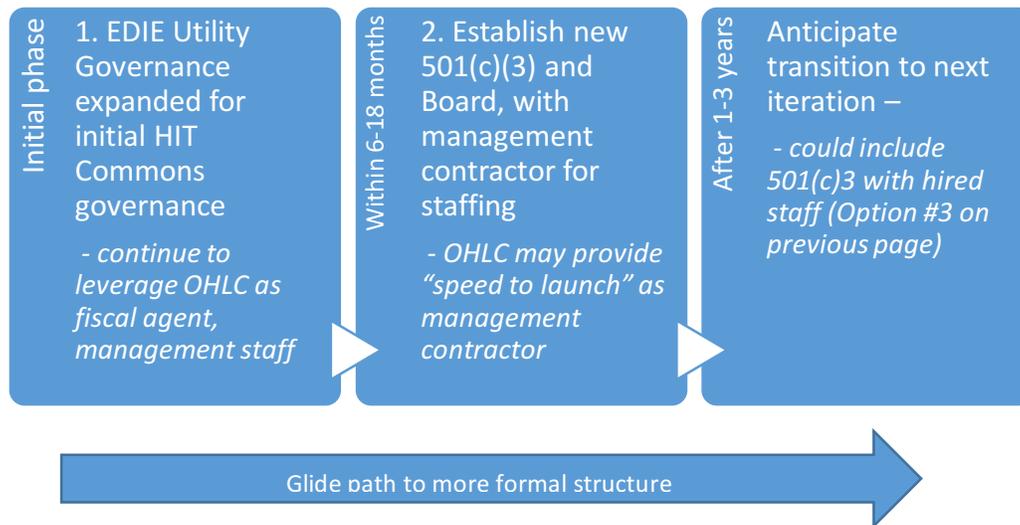
Table 4. Interim Advisory Group Proposed Management Structure Principles and Competencies

Management Structure Principles	Management Structure Competencies
<ul style="list-style-type: none"> • Stay Lean • Stay Focused • Flexible yet sustainable • Clear lines of accountability • Inclusive/levels of participation • Pay as you go • Grow as necessary • Clear authority 	<ul style="list-style-type: none"> • Influence <ul style="list-style-type: none"> • Nurturing / Relationships • Political savvy – local environment • Local Knowledge – relationships • Neutral position <ul style="list-style-type: none"> • Transparent • Technically competent <ul style="list-style-type: none"> • Balanced e.g. governance, operations, technical • Project Management • Convening / Facilitating • Communications / Learning Communities

Table 5: Management Options for HIT Commons

Option	Pros	Cons
1. Expand EDIE Utility	<ul style="list-style-type: none"> • Model known / continuity • Least expensive and “quick to market” • Relatively easy to adjust with demand 	<ul style="list-style-type: none"> • Requires additional staffing /consulting to do well • Optics of being owned by large health system players • Dilutes focus of OHLC mission • Need for greater competencies • Short term solution
2. Create 501(c)(3) with management contractor	<ul style="list-style-type: none"> • Emulates EDIE model which is known • Minimizes infrastructure costs • Provides enough separation of duties to achieve clarity of roles/ accountability • Management contract can be termed for poor performance 	<ul style="list-style-type: none"> • Dependence on independent contractor leadership model • Dilutes focus of OHLC mission • Requires additional competencies through consulting • Short term solution
3. Create 501(c)(3) with hired staff	<ul style="list-style-type: none"> • Clearly identifies accountability • Provides permanence in leadership • May improve optics of independence 	<ul style="list-style-type: none"> • Cost of infrastructure • “Solution looking for a problem”: scope creep

Figure 3: Recommended Management Approach for HIT Commons



Governance and Management of the Commons

Several alternatives exist to initiate and ultimately govern the HIT Commons. That said, several principles were adopted early on for financing which can also serve as guideposts for oversight and management of the HIT Commons in early stages.

Principles

- Work for common or public good
- "Raise all Boats" - establish Minimums (vs maximums)
- Inclusive – work to ensure "all in" or critical mass
- Rules of the Road for data sharing – set guard rails to promote trust
- Democratize the data – exchange common data within guard rails
- Spread HIT successes
- Transparency – create clarity around how and why decisions are made
- Identify and communicate value

Board Membership

- Transition current EDIE governance committee to broader governance board for the HIT Commons.
- Current Interim Advisory Committee will accept nominations from each of following stakeholder groups / participants to serve staggered three-year terms, with the distribution of nominated positions outlined in Table 6.
- Consumer advocates and technology expertise should be represented on the board in at-large or other positions as feasible.
- Technology vendors are not eligible for Board membership.

Table 6: Recommended Management Approach for HIT Commons

Represented Group	Number of voting board positions	Nominated by:
Hospitals/Health Systems	4	Oregon Association of Hospitals and Health Systems
Health Plans	2	OHLC
CCOs	2	CCO CEOs
OHLC physician	1	OHLC
OCEP physician	1	Oregon Chapter of the American College of Emergency Physicians (OCEP)
CCO physician	1	CCO CEOs
OAHHS (ex-officio)	1	OAHHS
OHA (ex-officio)	1	OHA
Behavioral Health	1	TBD
Dental	1	TBD
County Services	1	TBD
At-large	1 -2	TBD
TOTAL	17-18	

Potential Responsibilities

The potential responsibilities of the HIT Commons would range from advisory to administrative oversight and management to implementation of HIT infrastructure. Overall, the HIT Commons would provide what has been referred to as a “prioritization competency”, focusing energy and resources on initiatives that are broadly valued and needed. For each of the initiatives undertaken by the HIT Commons, a RACI analysis would be essential for not only scoping out the role of the HIT Commons but also the Commons’ role alignment with other partners, including OHA, insurers, and providers.

Advisory Resource: The HIT Commons will be well suited to advise and recommend the use of industry standards to improve the data quality, standardization, and interoperability of health information to improve quality of care but not inhibit business processes.

- **Advisory functions** - Define and communicate best practices or "rules of the road" for health stakeholders, as recommended from federal agencies and identified key resources aligning with current and future best practices for HIT. Best practices may include standards for health information content, security, privacy, or exchange. Setting the use of industry standards with the objective to improve the data quality, standardization, and interoperability of health information to improve quality of care but not inhibit business processes.
- **Create guidelines for engagement** - Create a framework of minimal criteria for qualified organizations that want to participate in HIT Commons efforts.
- **Regulatory requirements (future or as recommended)** - As recommended or needed, support OHA or other regulatory agencies’ enforcement or rule making for HIT standards and activities particularly where regulation may be a lever to address unforeseen barriers to advanced health information interoperability.
- **Support future health information technology needing central advisory guidance** – Begin with current industry best practices and standards for clinical data and HIE, but support additional advisory functions for evolving technology used to improve quality of care and streamline

business practices to support health (e.g., telehealth best practices for technology, security, and integrating into the larger HIT strategy).

- **Identify barriers and challenges for consideration by HITOC or other entities** – As the HIT environment evolves, HITOC will play an important role in setting strategic direction, identifying necessary policy changes, and studying new areas for HIT support, such as social determinants of health. The HIT Commons can inform or refer barriers/challenges or issues to HITOC for consideration.

Administrative and Operations Functions – Provide convening, coordination, and operations functions to support the governance board and its sub-committees to maintain wide stakeholder engagement. Communicate about HIT Commons initiatives and provide administrative oversight for finance distribution, program performance metrics, or statewide, cross-organization initiatives.

- **Board and Committee Management** – Provide support to HIT Commons Board and committees to ensure clear work plans, progress dashboards, relevant meeting materials, technical expertise, and other functions necessary to ensure efficient and effective management of the HIT Commons and its initiatives.
- **Financial management** - Provide administrative duties to receive, disperse, and manage funds supporting HIT system investments, programs, or policies. Example of HIT funds may include HIT Commons participant dues, state general funds and affiliated federal Medicaid HIT funding (HITECH 90/10 funds available through 2021).
- **Program oversight** - Administer and oversee HIT programs involving statewide, cross-organization, and cross-agency initiatives supporting state HIT strategies.
- **Contract management and oversight** – Oversee EDIE Utility contractual relationships among stakeholders, CMT, and management, including oversight/coordination of data analysis. Develop contract with Appriss for PDMP HIT Gateway subscription.
- **Policy and procedure responsibility** - Accountable for Financial, Operations, Data Use and Communication policies and procedures among stakeholders. Develop policies and procedures for selection of new initiatives and any procurements for new technology services to ensure competitive, objective procurements that are in the best interests of all stakeholders.
- **Committee/Workgroup Coordination** - Coordinate with other committees or workgroups involved in health transformation efforts to inform recommendations and guidance of HIT in Oregon.

Technical Infrastructure – The HIT Commons will support a EDIE, a PDMP Gateway, and an “HIE Network of Networks” using the current HIE infrastructure and investments, and will assess whether additional common technical services are needed to advance statewide health information interoperability among organizations and geographic services areas.

- **No technical services** – The HIT Commons will coordinate funding and oversee the contracting of services to support EDIE, PDMP Gateway and potentially other services that expand of Oregon’s technical infrastructure. The Commons will support the adoption and spread of core technical services offered outside of the Commons where appropriate – including the Common Credentialing Program, Provider Directory, and Clinical Quality Metrics Registry. The Commons is not currently envisioned to hire direct staff to build, maintain, or implement any new technical services.
- **Use current investments** -The HIT Commons supports the advancement of securely exchanging information to achieve strategic goals leveraging and strengthening the current technical investments, such as EDIE and existing community-based HIEs.

- **Expansion** - The HIT Commons will assess and if needed, seek to expand Oregon’s HIT technical infrastructure, as appropriate, connecting and integrating the networks of HIEs.
- **Do no harm** – The HIT Commons aims to strengthen the HIT ecosystem in Oregon encouraging connections with guidelines and standards for statewide information exchange without duplicating of infrastructure.

Proposed Management Structure

- OHLC Board would accept management responsibility for providing management services to HIT Commons projects through contractual agreement with member organizations (health plans and hospitals), OHA, CCOs and other HIT Commons stakeholders for up to a two-year implementation period to allow for building value and development of a new 501(c)(3) legal entity, or until such time as the HIT Commons Governance Board recommends alternative structure.
- As part of managing the HIT Commons, OHLC Management staff would continue management support for EDIE Utility project as directed by OHLC Board and as guided by OHA as co-sponsor
- Specific management/staffing functions of the OHLC management agreement would include Financing, Operations (including committee work, contracts management, project management, etc.), Data Use, Communications and others as specified by the HIT Commons Governance Board.
- OHLC management would contract for additional technical support to assure capacity and execution competency as directed by HIT Commons Governance Board.

HIT Commons Committees and Projects

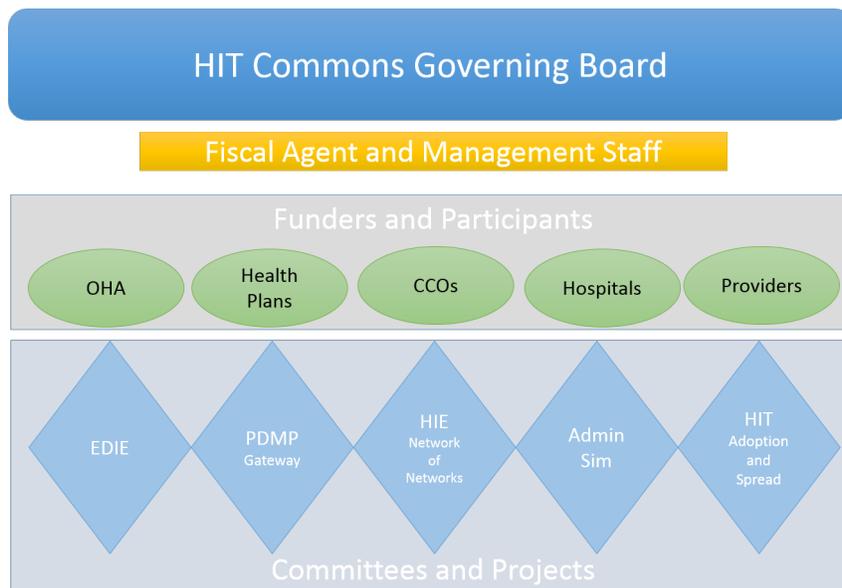
EDIE/PreManage and PDMP HIT Gateway would be initial projects under the purview of HIT Commons governance. The interim advisory group recognized the value of the Commons taking a leading role in the further development and spread of HIE/network of networks, as well as overseeing the administrative simplification work currently managed through OHLC. The HIT Commons Governance Board could opt to create committees to develop and oversee the HIT Commons initiatives such as:

- EDIE / PreManage - The purpose of this committee would be to identify common statewide goals, measures and best practices that have evidence of improved quality and more appropriate ED utilization within a focused population through effective use of notifications and other tools available within EDIE. This committee would make recommendations to the HIT Commons board and other stakeholder organizations regarding EDIE operational implementation across healthcare boundaries to achieve the triple aim.
- Prescription Drug Monitoring Program (PDMP) HIT Gateway –Through the HIT Commons, Oregon would pursue obtaining and funding a statewide subscription for access to the Appriss PDMP HIT Gateway. An HIT Commons committee could work with stakeholders on common implementations, learning collaboratives and best practices, and outreach efforts to increase the usage of PDMP data within provider workflows.
- Health Information Exchange Network of Networks – Oregon has made significant progress in advancing HIE, but gaps remain, particularly in communicating between different HIE networks. Oregon envisions a “network of networks” approach to solve this challenge, bringing together stakeholders and adopting the necessary legal, organizational and technical solutions to enable communication among HIE networks. The HIT Commons could initiate a committee focused on

promoting the developing of planned infrastructure (e.g., Provider Directory), coordinating and convening various efforts, agreeing upon trust frameworks and mechanisms for exchange, and providing a neutral space for resolving challenges and disputes.

- **Administrative Simplification** - The Administrative Simplification Executive Committee is currently authorized by the OHLC but could be moved under the HIT Commons governance structure. The committee reviews and makes recommendations regarding administrative processes and operational impacts of industry practices. The committee also serves as a sounding board for operational impacts of other OHLC initiatives and those statewide initiatives that affect operations in a significant way. When public policy, regulations or operational practices are being considered in these areas, the committee identifies the appropriate industry representatives in collaboration with public entities and endeavor to reach consensus on approaches that HIT Commons members should take.
- **HIT Adoption and Spread --** The HIT Commons members could assist with the adoption and spread of Statewide HIT initiatives through their member organizations via stakeholder engagement, communications, change management, best practice sharing, learning collaboratives etc.

Figure 4. HIT Commons “Umbrella” Structure



HIT Commons relationships to other HIT Governance Efforts

Coordination and clarity of roles between the HIT Commons, OHA, and HITOC is key. Figure 2 below provides an overview of an envisioned Oregon HIT governance relationships. In summary:

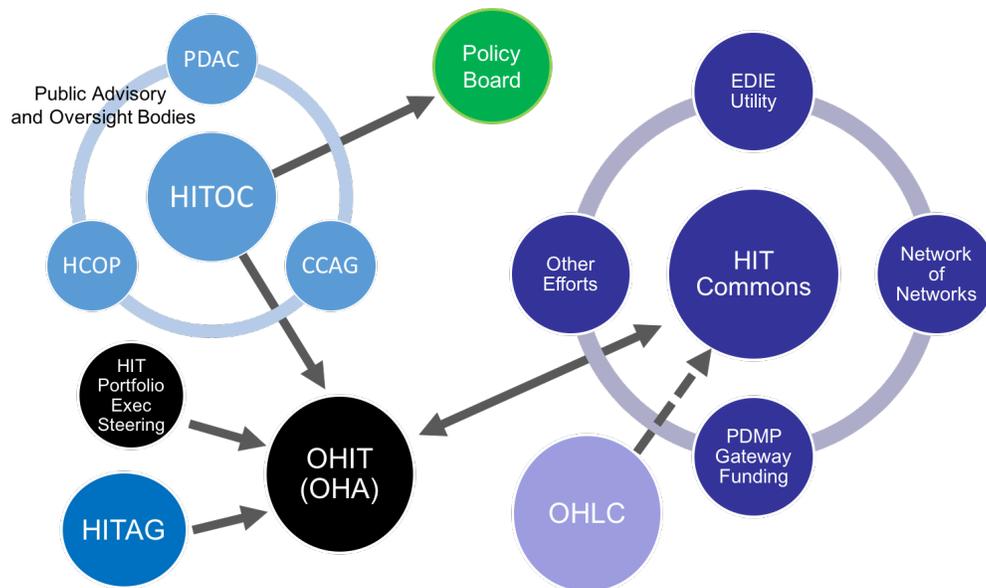
- **HIT Commons** will serve as a neutral convener and be responsible for governing the execution of strategies and work to advance HIT in Oregon. The HIT Commons may receive recommendations from HITOC (or other entities) based on HITOC’s strategic or policy work and

may refer issues to HITOC or other entities. However, each entity will maintain independence in choosing what action to take based on the referral or recommendation.

- OHLC will serve as the managing partner and fiscal agent of the HIT Commons initially. Responsibilities include contracting, convening, staffing, coordinating, communicating and project managing the HIT Commons
- **HITOC** serves as the public oversight body under the authority of the Oregon Health Policy Board and aligned with Oregon’s Health System Transformation (HST) efforts.
 - HITOC has 3 advisory groups that report to it: the Provider Directory Advisory Committee (PDAC), the Common Credentialing Advisory Group (CCAG) and the HIT/HIE Community and Organizational Panel (HCOP)
- **OHA** is responsible for the state’s Medicaid objectives and health system transformation efforts, accountable to the Governor’s office and the Oregon Legislature. The Office of HIT (OHIT) is responsible for statewide HIT policy, programs and partnerships that support health system transformation.
 - OHIT’s HIT projects are governed by a decision-making group, called the HIT Portfolio Executive Steering Committee.
 - OHIT is advised by the CCO HIT Advisory Group (HITAG) on its implementation of HIT initiatives.
- **Private Stakeholders** are responsible for executing HIT initiatives, achieving the value proposition of HIT initiatives and informing the development of statewide policy and HIT Commons operations.

A RACI analysis will be required for not only overall governance approach but for each individual initiative the Commons is shepherding.

Figure 5: Potential HIT Governance “Galaxy”



Implementation Timeline and Transition Plan

Figure 4 below provides an overview of the proposed HIT Commons implementation timeline. Implementation would start in the fourth quarter of 2017 with OHLC contracting with a management analyst. An HIT Commons Board would be appointed and officially begin operating on January 1, 2018. As mentioned above, it is currently envisioned that a formal 501(c)(3) could be set up but only after the Commons Board had become successfully operational and deems necessary.

EDIE would be the first project to transition to the new Board, with minimal change to operations. Contracting for the statewide PDMP Gateway could also begin immediately in order to establish a statewide subscription by end of first quarter 2018. Development work on HIE/network of networks and other HIT spread and support roles would begin in 2018 as feasible.

Figure 6. HIT Commons Proposed Timeline

HIT Commons Milestones	4th Qu 2017	2018 "Crawl"			2019 "Walk"			2020 "Run"			
HIT Commons Governance Structure											
Start up/EDIE Board Transitioning	█										
HIT Commons Board Appointed		█	█	█	█	█	█	█	█	█	
New 501(c)(3) Established						█	█	█	█	█	
HIT Common Initiatives											
EDIE transitions to Commons Board			Maintenance & New Projects								
PDMP Gateway	Contracting	Adoption and Spread									
HIE/network of networks		Scoping begins			Development		Coordinate and Implement				
Adoption and Spread Other HIT Initiatives (e.g., Open Notes, Single Sign-On, Administrative Simplification, Common Credentialing)		█									

Financial Plan

As outlined above, the Interim Governance Advisory Committee recommended that Oregon leverage the experience with OHLC and EDIE governance partnership model. The “crawl, walk, run” approach would initially build resource capacity to expand the EDIE governance structure. The intent would be then to move to a more formal, independent legal and management structure as experience and demand warrants. Initially, HIT Commons management would be provided through OHLC.

As with the EDIE model, members of the Commons would commit for three years to allow for sufficient time to demonstrate the value of the effort. Financing for the Commons would evolve as the structure develops. Table 7 outlines estimated Commons management costs and anticipated operating costs for initial Commons-governed initiatives. Initially the Commons will be responsible for EDIE and PDMP Gateway as well as support for HIT adoption and spread of select statewide HIT initiatives. While budget estimates are not available at this time, the interim advisory group also anticipates the development and coordination of HIE/network of networks to fall under the Commons beginning in 2018. As new projects are identified and approved for inclusion in the HIT Commons, project-specific financing will be identified. See Appendix H for the full draft HIT Commons budget.

Table 7: Projected HIT Commons Expenses and Revenues

Expense	2017 4th Qu	2018	2019	2020
HIT Commons Administration	\$60,000	\$275,000	\$275,000	\$275,000
EDIE	\$0	\$852,000	\$852,000	\$852,000
PDMP Gateway	\$0	\$582,000	\$709,300	\$718,300
HIE/Network of Networks	\$0	TBD	TBD	TBD
HIT Adoption and Spread	\$0	\$75,000	\$75,000	\$75,000
Total	\$60,000	\$1,784,000	\$1,911,300	\$1,920,300
Revenue	2017 4th Qu	2018	2019	2020
OHA/Medicaid	\$0	\$763,200	\$865,000	\$872,200
OHLC	\$60,000	\$0	\$0	\$0
Health Plans	\$0	\$335,200	\$343,600	\$344,200
CCOs²	\$0	\$178,300	\$182,800	\$183,100
Hospitals	\$0	\$507,200	\$519,900	\$520,800
Total	\$60,000	\$1,784,000	\$1,911,300	\$1,920,300

Start-up planning for the HIT Commons would begin in the final quarter of 2017, estimated to be \$20,000 per month for initial planning by a management contractor and transitional legal costs. Beginning in 2018, the Commons general administrative costs are estimated to be \$275,000 a year, assuming the services of a management subcontractor and business operations (accounting, bookkeeping, legal, insurance costs) are provided through OHLC initially. EDIE costs assume a 10% increase for the 2018-20 vendor contract costs and steady levels of OHLC management costs. The PDMP Gateway implementation figures are reflective of estimates provided by the State’s contractor, Appriss. The statewide Gateway costs assumed here would replace individual organization’s current PDMP

contract costs. Further work is required to begin to estimate HIT Commons costs and revenues associated with HIE Network of Networks.

Funding for the HIT Commons, assuming the inclusion of the two initial HIT projects listed, would be comprised of two components: OHA/Medicaid HITECH investments for the Medicaid share of development and implementation, and dues built on the current EDIE fee structure, spreading the costs of both the Commons overall administration and specific Commons initiative activities across dues paid by insurers, CCOs (with initial OHA support), and hospitals.² Over time, it is likely that other providers would also contribute to the dues structure.

Tables 8 and 9 below provide examples of a potential dues structure required to finance the HIT Commons as initially envisioned. *Please note that these estimates are based on the current EDIE 2017 tier distribution and do not account for any changes that may need to be made in EDIE tiers for 2018.*

Table 8: Estimated Increase in Hospital Dues Under HIT Commons, Year 1

Hospital Tiers	Net Patient Revenue	2017 EDIE Tiers	2018 HIT Commons (incl. EDIE/PDMP)	Increase
1	\$1.5B+	\$60,000	\$76,500	\$16,500
2	\$1B to \$1.5B	\$45,000	\$57,400	\$12,400
3	\$500M to \$1B	\$27,000	\$34,400	\$7,400
4	\$200M to \$500M	\$12,500	\$15,900	\$3,400
5	\$100M to \$200M	\$5,900	\$7,500	\$1,600
6	\$50M to \$100M	\$2,750	\$3,500	\$750
7	\$20M to \$50M	\$1,250	\$1,600	\$350
8	\$0 to \$20M	\$500	\$600	\$100

Table 9: Estimated Increase in Health Plan and CCO Dues Under HIT Commons, Year 1

Health Plan Tiers	Membership	2017 EDIE Tiers	2018 HIT Commons (incl. EDIE/PDMP)	Increase
1	>300k	\$55,000	\$70,100	\$15,100
2	>250k	\$43,000	\$54,800	\$11,800
3	>150k	\$31,000	\$39,500	\$8,500
4	>100k	\$19,000	\$24,200	\$5,200
5	>75k	\$14,000	\$17,900	\$3,900
6	self ins.	\$11,000	\$14,000	\$3,000
7	>30k	\$8,250	\$10,500	\$2,250
8	>15k	\$3,000	\$3,800	\$800
9	<15k	\$1,000	\$1,300	\$300

² Currently OHA pays EDIE dues for the CCOs and is prepared to cover the increase in CCO dues for 2018. **OHA will work internally and with CCOs around long-term financial responsibility for CCO share of HIT Commons costs**

HIT Commons Risks and Mitigating Strategies

Risks	Mitigating Strategies
1) HIT Commons doesn't have statewide authority or influence to ensure critical mass participation in initiatives	1) OHLC and OHA ensure support for HIT Commons with leadership of Oregon healthcare community and clarity of the value proposition for the Commons and its initiatives. Pursuing legislation or regulation may be considered when necessary
2) Funding or resourcing HIT Commons initiatives not a priority to individual health systems or payers (i.e. a solution looking for a problem)	2) Ensure Commons initiatives have clear ROI and value propositions. Ensure state and federal funding opportunities used to reduce members' share
3) HIT Commons initiatives are not technically feasible for individual provider or payer	3) Funding model designed to share costs and reduce burden on individual provider/payers. HIT Commons members with common vendors may use their influence to pressure vendors to meet technology requirements.
4) Individual systems/payers don't feel their needs/interests are represented on HIT Commons	4) HIT Commons governance members responsible to reach out, communicate and represent statewide interests
5) State participation necessitates state procurement process and adds burden of delays and bureaucracy	5) State must follow state processes when certain funding or data usage is involved. High levels of transparency will help level-set stakeholders expectations. Multiple options and scenarios have been explored with agreement around goals to accelerate system selection, implementation and adoption
6) OHLC board determines HIT Commons not part of their core mission and withdraws management oversight/support	6) A "crawl, walk, run" management strategy has been adopted. OHLC management/oversight is viewed as essential in the crawl stage. As the Commons gets established and shows value, a separate legal and management structure is envisioned.

HIT Commons Success Measures

One of the most important roles of the HIT Commons management structure is to define, track, and measure against clear milestones and expected outcomes. The HIT Commons Board should ensure expert input to the development of measures and leverage relationships with the OHA and other partners to ensure efficient and accurate baseline and improvement evaluation. Measures should be in alignment with those set by HITOC.

Table 10 provides some potential examples of HIT Commons measures. Measures of success will need to be at two levels: 1) overarching governance effectiveness; and, 2) Specific implementation and adoption measures for each of the HIT Commons initiatives. An HIT adoption dashboard is a useful tool for monitoring the development, launch, and adoption milestones of HIT Commons initiatives by individual members of the HIT Commons.

Table 10: Potential HIT Commons Progress Measures

Goals	Measures
1) HIT Commons projects are statewide in nature or have a broad impact on the Oregon Healthcare community	Participation or engagement/all impacted stakeholders
2) Oregon health care stakeholders are aware of and feel represented by HIT Commons	Stakeholders know their HIT Commons representatives. Ample communication with stakeholders and HC execs. Stakeholders know how to communicate with HIT Commons and stay informed of initiatives and progress
3) HIT Commons projects advance HITOC stated goals	Project can be mapped to an HITOC goal
4) HIT Commons projects have clear value propositions	Financial return on investment Measurable health care quality improvement Improved patient experience Improved delivery of care
5) Every HIT Commons project has measureable success metrics defined and routinely tracked/reported. Post-implementation reviews are conducted on all HIT projects to learn and improve future project success	Meaningful and measurable success indicators agreed to up front and routinely tracked and reported. Project meets project milestones on-time, on- budget and with a high degree of quality

Appendix A. HIT Utility (Commons) Governance Project Charter

10/12/16

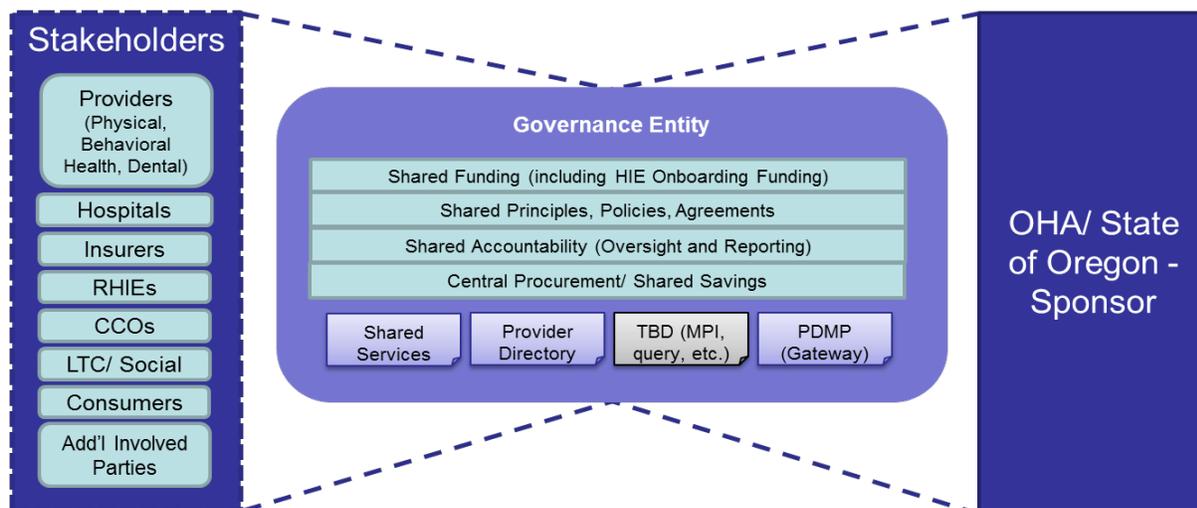
Project Sponsor(s) – Susan Otter – OHA
Greg Van Pelt – OHLC

Project Summary

The Oregon Health Leadership Council has received a grant from the Oregon Health Authority (OHA) to evaluate alternative public/private governance models for future collaborative information technology opportunities built on our successful EDIE Utility governance model. This project will explore, develop and implement an HIT utility governance model with the express goals of building a collaborative public/private governance structure to accelerate achieving the OHA vision of HIT- optimized health care delivery in Oregon. In an “HIT-optimized” health care system:

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.
- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention. In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.
- The grant timeline is to have a finalized HIT utility governance model by **March 31, 2017**.

Grant budget - \$75k



Business Case and Implications

The business case for creating a public/private HIT utility governance is based on the success of the EDIE/PreManage governance model. The EDIE governance council was established to guide and oversee the successful rollout and use of real time alerts and notifications of emergency visits across all 59 hospitals in Oregon in 14 months. The EDIE governance council provides ongoing leadership and

oversight of EDIE scope, priorities, effectiveness, policy setting, cost allocations, data use and communication.

An HIT utility governance model would leverage and build on the success of the EDIE governance model. Multiple utility type HIT initiatives could be considered for inclusion in an HIT utility governance model such as:

- Statewide Health Information Exchanges – democratizing a core set of patient data that is shared regardless of where the patient seeks care in Oregon
- Shared data use agreements, data governance principles and common “rules of the road” for HIT
- PDMP Gateway making PDMP data more accessible to care givers from within their clinical workflow
- Provider Directory – a single statewide provider directory with accurate, verified provider information
- Open Notes – Provider notes available to patients
- CPC+ - the HIT components that support the Comprehensive Primary Care redesign model
- Clinical metrics registry
- Others

Anticipated **benefits** of an HIT utility model include encouraging spread of HIT innovations across Oregon, including underserved areas; **shared funding model**, sharing state and federal incentive dollars and spreading costs among equitably; **accelerated system selection and procurement** using clear and objective criteria; **accelerated implementations and adoption** through identifying best practices and shared learnings; **defined expectations and requirements** for participation and data sharing; **alignment of stakeholders** to prioritize HIT initiatives which provide the greatest good.

Initial High Level Timeline*

Key Activities	Desired Date
Review and approve Project Charter	9/26/16 – 10/31/16
Define conceptual HIT utility governance model	10/12/16 – 10/31/16
Vet conceptual model with subset of stakeholders	11/1/16 – 12/31-0/16
Refine conceptual model based on feedback	11/30/16 – 12/31/16
Develop HIT utility gov principles and project selection criteria	1/02/17 – 1/27/17
Develop business plan for HIT utility governance	1/02/17 – 3/31/17
Communicate and engage stakeholders in final business plan development	2/3/17 – 4/28/17
Approve HIT utility governance business plan	5/1/17 – 5/30/17
Implement HIT utility governance	6/1/17 - 7/31/17

Project Definition

High Level Scope

Develop an HIT utility governance model to accelerate the selection, procurement, financing, implementation and adoption of health information technology initiatives in Oregon, improving the effective use and oversight of utility initiatives.

In Scope

- Research and recommend alternative HIT utility governance models, with partiality to leverage experience from established EDIE utility model
- Develop conceptual HIT utility governance model
- Vet conceptual HIT utility governance model with stakeholders
- Develop HIT utility governance principles and project selection criteria
- Develop HIT utility governance Business Plan, with initial selection of projects
- Create Communication Plan
- Finalize, approve business plan

Out of Scope

- EDIE governance will initially be out of scope of the HIT utility governance during development.
- Operational management of HIT utility initiatives is out of scope

Risk Management

Risk#	Risk Description	Risk Owner	Probability of Occurrence (H, M, L)	Impact of Risk (H, M, L)	Risk Response
	Stakeholder engagement				
	Leadership support				
	Competitive advantage vs common good				

Assumptions

Stakeholders support utility funding model
 Stakeholders agree to collaboration principles and data sharing

Constraints

Role/authority of HIT utility governance
 OHA procurement process
 Federal match funding

Project Organization

Susan Otter	OHA – Director of HIT - Sponsor
Greg Van Pelt	OHLC – President OHLC - Sponsor
Project Team	Sean Carey, OHA – Policy Analyst Laureen O’Brien – OHLC Project Lead Gretchen Morley – OHLC Contractor
Key Stakeholders	OAHHS – Andy Davidson HITOC – Erick Doolen EDIE Governance – Kelley Kaiser CCO HIT Advisory Group (HITAG) HCOP – HIT/HIE Community and Organizational Panel Consumer/Patient Advocate

Appendix B: HIT Commons Interim Advisory Group Charter

Purpose
<p><i>The HIT Commons Advisory Group will serve as a limited duration, interim committee to lead the evaluation and exploration of merits of developing a public/private partnership to governing statewide collaborative information technology opportunities built on the successful EDIE Utility governance model. The Group will explore, advise and recommend on developing an Oregon HIT Commons governance model with the express goals of collectively building a Commons governance structure to accelerate achieving the OHA vision of HIT- optimized health care delivery in Oregon. Specifically to ensure:</i></p> <p>Providers have access to meaningful, relevant and actionable patient information to coordinate and deliver “whole person” care.</p> <p>Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.</p> <p>Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.</p>
Advisory Council Participants/Members
<p>Sponsors: Susan Otter, Director of HIT, OHA Greg Van Pelt, President OHLC</p>
<p>Staff:</p> <ul style="list-style-type: none"> • Laureen O’Brien, OHLC Consultant • Sean Carey, OHA, HITOC Lead Analyst • Gretchen Morley, OHLC Consultant • Robert Cothorn, Consultant, A-Cunning Plan
<p>Members:</p> <ul style="list-style-type: none"> • Lawrence Furnstahl OHSU • John Kenagy Legacy • Mark Hetz Asante • Amit Shah CareOregon • Kelley Kaiser Samaritan Health • Bill Murray FamilyCare • Brandon Gatke Cascadia Behavioral Health • Brian Wetter PacificSource • Greg Fraser WVP Health Authority • Andy Zechnich Providence • Tim Fitzgerald The Oregon Clinic • Andy Van Pelt OAHHS
Expected Outcomes

- Recommend Oregon HIT Commons model – fully evaluate benefits and risks
- Define value proposition of an HIT Commons
- Develop HIT Commons business case:
 - Principles and scope
 - Governance structure
 - Legal structure
 - Financing model
- HIT Commons communication & outreach strategies
- Serve as interim HIT Commons governance until permanent structure formalized

Scope

In Scope

- Review stakeholder themes and feedback and recommend go forward approach
- Define Governance decision making authority among stakeholders (e.g. RACI)
- Recommend composition of members of an HIT Commons board/supporting structures as necessary
- Recommend financing plan to fund Commons projects/initiatives
- Phasing and approach to implementing HIT Commons model for Oregon
- Business Case Development

Out of Scope

- Implement plan
- Approve plan

Meeting Schedule

The HIT Commons interim Advisory Group is a limited duration council anticipated to convene monthly for 3-4 meetings starting in April 2017.

Webinar/teleconference resources will be used to facilitate full participation in Group meetings.

Appendix C: Stakeholders Included in HIT Commons Sensing Sessions

HIT Commons Listening Session at OMA

Andy Van Pelt, Executive VP, OAHHS
Brandon Gatke - CIO, Cascadia Behavioral Healthcare
Bryan Boehringer - CEO and Executive VP, Oregon Medical Association
Chris Diaz, VP Information Technology & Services, FamilyCare Health Plans
Deborah Rumsey - Executive Director, Children's Health Alliance
Greg Fraser - CMIO, WVP Health Authority
Erick Maddox - Executive Director, Reliance eHealth Collaborative
Erick Doolen - COO, PacificSource
Gina Bianco - Director of Strategic Initiatives, Reliance eHealth Collaborative
Kevin Geoffroy - Chief of Staff, OCHIN
Klint Peterson - Project Manager, IHN CCO Regional Health Information Collaborative
Mark Hetz - CIO, Asante Health System
Mylia Christensen - Executive Director, Quality Corporation
Scott Fields - CMO, OCHIN
Sonney Sapra - CIO, Tuality Healthcare
Tom Riccardi - Director of Technology, Quality Corporation

CCO Health Information Technology Advisory Group (HITAG)

Amanda Cobb, Manager, Data Analytics and Reporting, Trillium Community Health Plan
Brian Wetter, VP - Business Intelligence and Infrastructure, PacificSource Health Plans
Chris Diaz, VP Information Technology & Services, FamilyCare Health Plans
Chuck Hofmann, Physician Consultant, Eastern Oregon CCO
Nancy Rickenbach, Director of Operations, Willamette Valley Community Health
Nate Corley, Executive Director, Information Services, CareOregon
John Sanders, CIO, Health Share of Oregon
Justin Zesiger, Director of IT, AllCare Health Plans

Other CCO Attendees to the HITAG Input Meeting

Anna Warner, Director of Quality, WOA Health Plans
Bill Bouska, Director of Community Solutions and Government Affairs, Samaritan Health Plans
Greg Fraser, CMIO, WVP Health Authority

Oregon Health Information Technology Oversight Council (HITOC)

Maili Boynay, IS Director Ambulatory Community Systems, Legacy Health
Bob Brown, Retired Advocate, Allies for Healthier Oregon
Erick Doolen - COO, PacificSource
Chuck Fischer, IT Director, Advantage Dental
Valerie Fong, CNIO, Providence
Brandon Gatke - CIO, Cascadia Behavioral Healthcare
Amy Henninger, Site Medical Director, Multnomah County Health Department
Mark Hetz - CIO, Asante Health System

Sonney Sapra - CIO, Tuality Healthcare
Greg Van Pelt, President, OHLC
Charles (Bud) Garrison, Director of Clinical Informatics, OHSU
Amy Fellows, Executive Director, We Can Do Better (joined HITOC June 1, 2017)
Steven Vance, CIO, Lake Health District, (joined HITOC June 1, 2017)

Health Future CIO Meeting

Allen Irvine, IT Operations Manager, Sky Lakes Medical Center
Bob Adams, Information Services Director, Bay Area Hospital
Erick Larson, VP CIO, Mid Columbia Medical Center
Jeremiah Brickhouse, Senior VP and CIO, St. Charles Health System
John Dunn – VP Healthcare IT Services, OHSU
John Gaede, Director of Information Systems, Sky Lakes Medical Center
Mark Hetz - CIO, Asante Health System

Kaiser Permanente

David Strickland – NW Regional CIO
Mike McNamara – CMIO

Legacy Health

John Kenagy - CIO
Dr. Amy Chaumeton - CMIO
Karen Waske - CNIO
Maili Boynay - Director Ambulatory Systems

OHSU

Brigitte Barnes – VP & CIO
Bud Garrison – Director Clinical Informatics
John Dunn – VP Healthcare IT Services
Cort Garrison – CIO OHSU Partners
Mike Lieberman – Chief Health Information Officer
Mark Lovgren – Director Telehealth Services

Providence Health and Services

Andy Zechnich - CMIO
Ann Kirby - Executive Director, Care Management-Oregon
Meg Linza - Director Care Management, Providence Medical Group
Rachel Leiber - HIE & Interoperability Program Manager
Valerie Fong - CNIO

Samaritan Health

Kim Whitley - VP/COO, Samaritan Health Plans
Michelle Crawford - Director of Data Strategy Operations
Mike Blythe - Director of Sales, Samaritan Health Plans

Appendix D. Themes and Initiatives Identified Through the HIT Commons Sensing Sessions

Following are the **themes and initiatives** that emerged as the **greatest opportunities** from the stakeholder sensing sessions, organized by the major goals of the OHA strategic HIT plan:

Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.

- Data sharing – Health Information Exchange (HIE) / Network of Networks
- Common data standards
- Statewide e-Referrals
- Statewide Provider Directory
- Prescription drug costs/fill info
- Leveraging vendors and standards
- Data security

Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.

- Sharing Public Health data – Social determinants
- Care Coordination platform
- Common Risk Assessment model
- Statewide claims data combined with clinical data
- Master Patient Index
- Metrics consolidation/alignment and HIT-related efforts to support aligned metrics
- Patient reported outcomes
- Advocacy

Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

- Patient access to clinician notes through patient portals in EHRs (spreading recommendations from the “Open Notes” movement statewide)
- Clinical data aggregation and sharing controlled by patients and family
- Aggregating patient portal data for a single patient view

Along with the potential benefits identified by stakeholders, a number of possible **challenges** were identified including:

- Most initiatives will require an all-in or critical mass of healthcare providers to participate in order to gain maximum value
- A representative model of governance has an inherent risk of lacking inclusion
- State participation has specific requirements related to funding/procurement/data usage which must be considered as part of the process

Appendix E: Other State HIT Governance Models

Overview of Five State's HIT Infrastructure

	Michigan	Colorado	Texas	Washington	California
Entity Name	MiHIN	eHealth Commission	Texas Health Services Authority (THSA)	OneHealthPort	California Association of Health Information Exchanges (CAHIE)
Governance Model	Nonprofit, public-private partnership as SDE	public-private partnership as SDE (transitioned from non-profit SDE)	Nonprofit, public-private partnership created through legislation	For-profit designated statewide HIE, with public-private governance	Informal voluntary self-governance between HIEs
Governance	Independent Board representing stakeholder groups – currently 17 members	Board appointed by Governor	Board appointed by Governor	Independent Board with seats allotted for State and private interests	Governing committee of participating organizations
Primary Role	Service provider	Coordinator	Coordinator	HIE provider	Convener
Services Approach	Extensive statewide exchange services and extensive HIE coverage	Light statewide enabling services currently in development; most exchange handled by two HIEs with full-state coverage	Light statewide enabling services with moderate HIE coverage	Extensive statewide services and extensive HIE coverage	No statewide services; moderate coverage by many regional HIEs
Funding	Funded by participant fees, pilot fees and grants	Funded by Medicaid	Initially funded by state funds, transitioning to participant fees	Funded by participant fees	Funded by HIEs, some grants

Potential Organization Structures Based on Other State Efforts

Type	Informal/ formal entity with separate fiscal agent	Formal entity with no employees	Formal entity with employees
Example	EDIE Utility	CAHIE	MiHIN
Benefits	Simple, lower costs	Lower overhead costs, recordkeeping	More control over work, lower costs to scale Increased business agility
Challenges	Limited ability to scale May require more oversight from governing board to guide work	May require more oversight from governing board to guide work	Higher administration costs, increased liability Potential for scope creep
Limitations	Requires a fiscal sponsor	Would require contracted management services or the use of independent contractors	

Entity would likely need to be a non-profit for state participation. State-run/ legislatively-chartered entity was not modeled due to Oregon environment.

Appendix F: State Considerations and Roles for State Involvement in an HIT Commons

The role of the state is an important consideration for each initiative the HIT Commons undertakes. The state can play the role of partner, funder, convener, data supplier, and/or the conduit to statewide policymaking in support of the HIT Commons' efforts. The role of the state can and will likely vary by initiative. The following is an overview of the considerations and key questions to be asked to determine the state role in HIT Commons' initiatives.

Overarching State Procurement Options

All state contracts, funding arrangements, and legal agreements require review through state approval processes and most require review by the state's Department of Justice (DOJ). For procurement of services specifically, there are a range of state vehicles that may be utilized depending on the scope and amount of the desired contract, as well as other issues determined by DOJ. These options include:

1. *Competitive procurement* through a request for proposal process is required in many cases to ensure a fair and competitive process for services.
2. *Special procurement* is more flexible than competitive procurement, while still securing public input on the potential agreement and weighing the specific interest of the state. Special procurements are allowable by statute in circumstances where standard procurement methods are not appropriate. Prior to conducting the procurement, an agency must request and receive approval from the State Chief Procurement Officer who will make a determination based on factors of competition and benefit, specifically that competition will not be harmed and that the state will realize substantial savings³. The EDIE contract for OHA participation in funding EDIE costs was established through a special procurement.
3. *Sole source procurement* when only one vendor is qualified to perform the services required. An Agency must obtain the **prior written approval** of its sole-source Determination from the State Chief Procurement Officer. The OHA contract for a statewide Medicaid PreManage subscription (to support CCO and other Medicaid entities' use of PreManage) was accomplished through a sole source procurement.
4. *Direct procurement* is possible in some cases for services costing less than \$10,000.

While it varies on a case-by-case basis, funding decisions may be more flexible under grant programs where a specific and limited funding is being made available.

Key Questions to Ask Regarding State Involvement in an HIT Commons Project

As initiatives are developed by the HIT commons, there are some questions that can help guide what state review and approvals are warranted. While not an exhaustive list, some of the primary questions to be answered include the following.

1. Will the State access or use a new IT system or product?
 - a. Considerations relate to risk, overall cost, consequences of failure, etc.
 - b. Many projects fall under statewide Department of Administrative Services (DAS) IT oversight processes which requires:
 - i. "Stage gate" approvals;
 - ii. Allocation of state IT staff resources;

³ <https://services.oregon.gov/das/OPM/Pages/special.aspx>

- iii. Quality assurance vendor services; and,
 - iv. Budget and legislative fiscal office involvement.
- 2. Will the project connect or use State data?
 - a. State legal considerations will be related to:
 - i. the ability to share data and conditions of use;
 - ii. data hosting (e.g., cloud based solutions);
 - iii. liability considerations.
- 3. Is the project supported by state funding?

Types of Medicaid Funding for HIT Projects

There are a range of options for using Medicaid and other funding to support statewide HIT efforts. Determination of which option can be used depends on a mix of federal statute and regulations, availability of state matching funds (typically general fund), and other considerations. Overall, the options most likely to be accessed that are available include:

- *Medicaid 90/10 (90% federal funds, 10% state fund match)*
 - HITECH funding for Meaningful Use/Health Information Exchange is available through 2021 for planning, development and implementation of statewide HIT efforts (e.g., Provider Directory, HIT Commons planning)
 - Medicaid Management Information System (MMIS) funding for Medicaid enterprise systems' design, development, and implementation
 - Both require submitting to CMS an annual federal funding request through an Implementation Advance Planning Document Update (I-APD-U) that requires CMS approval. CMS must also approve RFPs and contracts prior to execution.
- *Medicaid 75/25 (75% federal funds, 25% state fund match)*
 - MMIS funding for operations and maintenance of Medicaid enterprise systems (e.g., CareAccord, PreManage)
 - Requires submitting an annual federal funding request= through an Operations Advance Planning Document Update (O-APD-U) that requires CMS approval. CMS must also approve RFPs and contracts prior to execution.
- *Medicaid 50/50 (50% federal funds, 50% state fund match)*
 - Medicaid funding for administrative and operations costs (e.g., EDIE Utility).

Non-Medicaid grant funding and state general fund (not tied to federal Medicaid matching funds) are other possible options.

Appendix G: Proposed Criteria for Inclusion of Projects under the HIT Commons

While HIT Commons Board will be accountable for shaping and administering the selection criteria for effort undertaken by the Commons, the Interim Advisory Group developed a list of proposed criteria for consideration. Those criteria are:

- Project has a broad or statewide impact
- Project outcomes services the common good
- Project raises all boats
- Project advances HITOC strategic priorities
- Project has a clear ROI or Value Proposition
- Project allows the opportunity to accelerate implementation, adoption and spread across Oregon by working collaboratively
- Project would benefit from a shared funding model

Appendix H: Draft Oregon HIT Commons Budget

Projected HIT Commons Costs

Budget Category/Item	2017 Q4 Planning Phase	2018 Planning/ Implementation Phase	2019 Operational Under OHLC Management	2020 Operation Phase Under New Formal Entity
HIT Commons General Administration				
Accounting, bookkeeping, legal, insurance	\$30,000	\$75,000	\$75,000	\$75,000
Management Sub-contractor (includes reporting/communications/nurturing spread and adoption)	\$30,000	\$200,000	\$200,000	\$200,000
Total HIT Commons General Admin	\$60,000	\$275,000	\$275,000	\$275,000
Project/Initiative Management				
EDIE		\$150,000	\$150,000	\$150,000
PDMP		\$75,000	\$75,000	\$75,000
HIE - Network of Networks		TBD	TBD	TBD
Adoption and Spread (e.g., Open Notes, Single Sign-on, Admin Simplification, Common Credentialling)		\$75,000	\$75,000	\$75,000
Total Project Management	\$0	\$300,000	\$300,000	\$300,000
Project/Initiative Technical Contracts				
EDIE		\$702,000	\$702,000	\$702,000
PDMP Gateway		\$507,000	\$634,300	\$643,300
HIE - Network of Networks		TBD	TBD	TBD
Total Project Technical Costs		\$1,209,000	\$1,336,300	\$1,345,300
Total Costs	\$60,000	\$1,784,000	\$1,911,300	\$1,920,300

Projected HIT Commons Revenue

Note: Split between partners are based on current EDIE financing split for simplicity. Actual split to be determined by HIT Commons board.

Funding	Q4 2017	2018	2019	2020
HIT Commons General Administration				
Medicaid %	0%	85%	85%	85%
Medicaid		\$233,800	\$233,800	\$233,800
OHLC	\$60,000			
Health Plans		\$13,500	\$13,500	\$13,500
CCOs		\$7,200	\$7,200	\$7,200
Hospitals/Other Providers		\$20,500	\$20,500	\$20,500
Total General Admin	\$60,000	\$275,000	\$275,000	\$275,000
Project/Initiative Management				
EDIE				
Medicaid %				
Medicaid				
OHLC				
Health Plans		\$279,800	\$279,800	\$279,800
CCOs		\$148,900	\$148,900	\$148,900
Hospitals		\$423,300	\$423,300	\$423,300
Total EDIE	\$0	\$852,000	\$852,000	\$852,000
PDMP				
Medicaid %		80%	80%	80%
Medicaid		\$465,600	\$567,400	\$574,600
OHLC				
Health Plans		\$38,200	\$46,600	\$47,200
CCOs		\$20,300	\$24,800	\$25,100
Hospitals		\$57,800	\$70,500	\$71,400
Total PDMP	\$0	\$582,000	\$709,300	\$718,300
HIE/Network of Networks	TBD	TBD	TBD	TBD
Medicaid %				
Medicaid				
OHLC				
Health Plans				
CCOs				
Hospitals				
Total Network of Networks				
Adoption & Spread				
Medicaid %		85%	85%	85%
Medicaid		\$63,800	\$63,800	\$63,800
OHLC				
Health Plans		\$3,700	\$3,700	\$3,700
CCOs		\$1,900	\$1,900	\$1,900
Hospitals		\$5,600	\$5,600	\$5,600
Total Adoption & Spread	\$0	\$75,000	\$75,000	\$75,000
Total Revenues	\$60,000	\$1,784,000	\$1,911,300	\$1,920,300
Total Costs	\$60,000	\$1,784,000	\$1,911,300	\$1,920,300
Revenues - Costs	\$0	\$0	\$0	\$0