

## **Responses to Issues Raised in General Discussion Breakout Groups at The Health Information Community of Ohio Advisory Group Meeting of February 24, 2006**

As part of the Health Information Community of Ohio (HICO) Advisory Group Meeting, the participants joined one of five small discussion groups, each discussing the same four questions. The final general session of the day reviewed the findings from the discussion group and provided an opportunity for further discussion on these questions.

These issues raised on discussion Topic 1, “What needs to be strengthened in the project plan or is missing from it?” were important thoughts and concerns. They showed some confusion about the purpose of the project and particulars of the proposed project plan. HPIO and the existing OHHIT Steering Committee decided that it would be useful to provide comments on the specific concerns, hoping that these responses will provide greater clarity and understanding on the project plan.

This document also provides some clarifying thoughts on discussion Topic 2, “What is the needed commitment level from stakeholders to achieve the Plan?”

### **Topic 1: What needs to be strengthened or is missing in the draft project plan?**

*Questions pertaining to participation on the HICO Advisory Group or other project workgroups:*

- *Who are all the stakeholders?*
- *Do we have the right groups represented in the meeting?*
- *There needs to be vendor participation*
- *There needs to include more academic institutions and universities?*

The purpose of the Health Information Community of Ohio Advisory Group is to create a forum that attempts to bring a select number of representatives from the different important stakeholder groups whose participation is important for the Ohio Health Information Technology Initiative, a project to identify and support needed public sector or private sector policy actions to enhance the adoption and use of health information technology and health information exchange in Ohio. To keep the meeting size at a manageable level the goal was to hold the group size to around 60 participants. The following groups had representation at this meeting:

Physicians	Academic medical centers
Hospitals	Existing or in process health information exchange efforts
Long term care facilities	Third Frontier-related technology initiatives
Pharmacists and pharmacies	Economic development organizations
Health plans	Federally qualified health centers and free health clinics
Employers	Community-based uninsured coverage initiatives
Behavioral health community	
Consumers	
Local government	
State government	

A major purpose of HICO is to bring together users of HIT and HIE so that they can help define the goals, approaches, and policy needs in this area. This process is to be user-driven versus vendor-driven. Therefore, the Health Policy Institute of Ohio specifically did not invite HIT or HIE vendor participation in the February meeting. An ongoing task for HICO and the Steering Committee is to decide how best to involve vendors in future meetings.

Key groups identified to participate in the HICO Advisory Group but without representatives at the meeting include:

Nurses	Veterans Administration
Commercial laboratories	State legislators
Behavioral health providers	

The OHHIT project plan envisions holding periodic meetings with identified stakeholder groups to capture and reflect the thoughts and concerns of each group and to make sure that each group has representation on the HICO Advisory Group and the Steering Committee. The following are the stakeholder groups identified for such meetings:

Physicians	State government
Hospitals	Public Health
Pharmacists and pharmacies	Behavioral health providers
Employers	Long term care providers
Private and public sector health plans	Consumers

The OHHIT project plan also envisions holding specific ad hoc group meetings that will bring people from multi-stakeholder groups together on at least the following topics:

Behavioral health	Administrative data exchange (billing and eligibility data)
Long term care	Continuity of Care Record (CCR)
e-Prescribing	
Public health	

The next phase of activity consists of people participating in stakeholder and ad hoc group meetings. The information from these meetings will feed into the formal working groups charged with developing the strategic plan document and HISPC reports. HPIO, with the help of the HICO Advisory Group and others, needs get the word out about these meetings. In addition, it is necessary to identify the official participants for the formal workgroups. Individuals not officially identified to be on any workgroup can attend all workgroup meetings, listen to the workgroup member conversations, and provide input into those deliberations.

***What is the relationship/coordination between the OHHIT Initiative and the HISPC project?***

The Ohio Health Information Technology Initiative is the all-encompassing effort to provide leadership to promote the effective adoption of health information technology and health information exchange in Ohio. For 2006, the OHHIT project plan focuses on two activities:

- 1) develop a strategic vision, plan, and recommendations on how to achieve more effective adoption of HIT and HIE by the end of September 2006 (referred to as the Ohio Health Information Strategic Plan or OHISP) and
- 2) submit a winning application for the Health Information Security and Privacy Contract (HISPC) opportunity and then complete its required work.

The HISPC opportunity focuses on a subset of important issues for the OHHIT goal to create a strategic plan and recommendations. It emphasizes issues related to privacy, security, and business policies that create barriers or opportunities to adoption of HIT and HIE. In addition, the HISPC award will provide needed funding to support the OHHIT effort and added impetus for people to come together into working groups to complete tasks needed to successfully complete both activities.

The HISPC award will require HPIO to modify its existing Steering Committee. This revised committee will oversee the work for the entire OHHIT initiative. The workgroups will complete tasks associated with both activities, making sure to meet all deadlines required for the HISPC activity.

***There is a need to strengthen the understanding of what already exists around HIT and HIE in Ohio (i.e., a catalogue of existing initiatives)***

Over the past two years, HPIO has led an effort to create such an understanding and bring together people from these different efforts. The focus of the October 2004 HIT Summit was specifically to have people discuss their existing efforts. The October 2005 HIT Symposium featured an Open Call for poster presentations on such efforts and there were thirteen such presentations. The October 2005 HPIO white paper “Assessment of Health Information Technology in Ohio” cataloged these efforts.

For 2006, HPIO envisions two ways to further identify what exists and catalogue those initiatives. First, HPIO plans to create an electronic-based opportunity for owners of such initiatives to identify and explain their effort. Second, HPIO hopes to hold one or two more HIT summits in 2006 that will provide opportunities for further awareness of these efforts.

***The objectives for the project need to be better defined and included in the plan***

The project plan intended to cover the specific objectives for the project. The main project objective is to bring together people from diverse stakeholder groups to complete two activities, as noted in an earlier response:

- 1) develop a strategic vision, plan, and recommendations on how to achieve more effective adoption of HIT and HIE by the end of September 2006 (referred to as the Ohio Health Information Strategic Plan or OHISP) and
- 2) submit a winning application for the Health Information Security and Privacy Contract (HISPC) opportunity and then ably complete its required work.

HPIO's role is to serve as a neutral convener to move this planning and analysis process forward. This process becomes the vehicle for people to collectively identify specific objectives, priorities, and recommendations that become the guts of the strategic plan. These more specific objectives and priorities will be reflected in the OHISP documents and HISPC reports that emerge from this process.

***Does this project plan envision creating a statewide RHIO?***

HPIO's proposed plan takes no position on any specific recommendation. The process of exploring barriers to adoption of HIT and HIE and identifying policy options to promote more effective adoption of HIT and HIE could lead to several different outcomes, one which could be a statewide RHIO. Any such recommendation, however, will emerge from the process.

Because Ohio already has several local RHIO efforts underway, any plan must consider how to work with those efforts to mutual advantage, and that areas of Ohio without local RHIO activities have a chance to participate in the exchange of health information.

***The project needs to ensure a variety of demographic groups participate***

Agreed! The success of the OHHIT initiative requires effective participation by people representing diverse geographic areas of Ohio and population groups. The consumer stakeholder group becomes an especially important group to ensure participation among people representing the concerns and needs of people with different health conditions, different income levels, and different age, gender, race, or ethnic backgrounds. In addition, representatives of these different constituent groups need to participate in the established working groups and any ad hoc groups that form. HPIO hopes that participants in the HICO Advisory Group, the Steering Committee, and the various associations of provider-based, employer-based, plan-based, and consumer-based interests will help to recruit people representing the interests of these populations into the planning process.

***There needs to be a more inspiring/compelling/passionate vision***

The project plan's vision is open to amendment to make it more compelling and participatory. HPIO welcomes specific suggestions on how to amend the draft vision.

The current vision is: Harness the power of health information technology and health information exchange to create an effective, efficient, accurate, convenient, secure, and inexpensive health system

The mission for the project is twofold: to create the strategic plan and recommendations that promote the effective adoption of HIT and HIE in Ohio and to ably complete the required deliverables for the HISPC activity.

***The project needs to implement a plan to educate state government***

The project plan's primary objective for 2006 is to create a strategic vision, plan, and recommendation. This effort seeks to involve state government in the development of the plan. HPIO will provide periodic updates to elected officials and others in state government on the progress of the initiative, including inviting representatives to participate in the HICO Advisory Group or attend workgroup meetings. The final plan needs to include a section regarding education of key stakeholders, including state government.

## **TOPIC 2: What is the needed commitment level from stakeholders to achieve the Plan?**

Participants in the discussion groups identified the following as critical elements to ensure effective commitment:

- People must agree to collaborate;
- Organizations donate personnel to participate in the project groups and activities;
- Various organizations provide support to overcome the costs needed to complete the initiative, costs will likely go beyond funds provided by the HISPC award;
- Organizational commitment to the effort that withstands staff turnover with participating organizations;
- No single stakeholder group will control the overall agenda; and
- Willingness to go beyond the Plan and develop a pilot project.

The elements identified by the workgroups are critical for the success of the current phase of the project, creation of a strategic plan and recommendations and development of reports needed for the HISPC project.

The willingness to go beyond the Plan is critical. The Plan identifies needed direction and recommendations to promote more effective use of HIT and HIE. However, that promotion can only occur through action. Therefore, the Plan should include recommendations regarding support needed to expand upon and implement new HIE efforts, including one or more possible pilot projects. Moreover, the planning process should not halt any local efforts to move forward with adoption of HIT or HIE.