

**Oregon Telecommunications Coordinating Council**  
**Minutes**  
**June 22, 2006**

**Attendees:**

Council Members: John Irwin, Link Shadley, Agnes Box, Cathy Britain, Faye Stewart, Rob Myers, Ed Parker, Curt Pederson, Art Hill, Terry Edvalson and Kim Hoffman.

Staff: Chris Tamarin of the Oregon Economic and Community Development Department (OECDD), Eric Schmidt of the Oregon Association of Counties (AOC).

Others: Dr. Ken Usiak of Blue Mountain Community College, Dr. Jody Pettit of Quality Corporation, Alice Nelson of Senator Nelson's Office, and Jo Bell of the Governor's Healthcare Workforce Initiative.

Remote videoconference locations: Pendleton, Klamath Falls, Medford, Gleneden Beach and Eugene.

**Old Business:**

**Action Item:**

It was moved by Ed Parker that the May 25, 2006 minutes be approved as distributed. Link Shadley seconded the motion with the addition of some comments from the RCC Consultants' presentation. The Council approved the minutes as amended.

John Irwin noted for the record that Art Hill's appointment to the ORTCC was approved by the Office of the Governor.

**Speakers:**

Dr. Jody Pettit

Cathy Britain welcomed and introduced Dr. Pettit, who has been recently appointed by the Governor as the Oregon Health Information Technology Coordinator for the Office for Oregon Health Policy and Research. She is a practicing Internist in the Portland area. Jody noted, in her personal experience as a practicing physician, the significant challenge in accessing and assembling patients' medical records as a meaningful basis for treatment. The common experience is for a patient to have to provide a medical history anytime they go to a service provider for treatment. You would think that in 2006, available information technologies could provide a better system. Jody provided a presentation on Electronic Health Records (EHR) and Interoperability and Personal Health Records (PHR) with proposed next steps.

She noted President Bush's stated goal that every American have an EHR by 2014.

### *Goals*

- Inform Clinical Practice –EHR adoption and clinical decision support
- Interconnect clinicians and patients interoperability
- Personalize Care–PHR adoption and personal decision support
- Improve Population Health–practice population-based medicine, Inform and administer public health, surveillance

Most medical records, individually and in the aggregate, are on paper and are not readily accessible by healthcare service providers.

### *Keys to Success*

- Electronic Health Records for clinicians
- Personal Health Records for patients
- EBM for both Public Health & Research, Standards & Interoperability

Increase EHR and PHR adoption and system interoperability. Jody described the approach as establishing dots and lines, where dots represent databases, and lines represent both connectivity and interoperability between systems as needed.

Jody spoke at the Joint Legislative Committee on Information Management and Technology. That presentation stimulated interest in EHR issues at the state level. The Oregon Health Policy Commission produced a report and recommendations.

### *Recommendations*

- Set an expectation regarding Oregonian's data availability
- State-wide EHR inventory
- Primarily private sector activity
- State to act as neutral convener
- State help coordinate LHIO's
- Appoint State health information technology coordinator
- Follow national standards –Watch HITSP – start with elincs
- Engage the public
- Identify legal obstacles
- Encourage electronic public health reporting
- Embrace partnership models with business
- State in role as purchaser (public employees)
- State in role as payer (Medicaid)
- Look for legal issues esp. re: eRx
- Support OCHIN (safety net clinics HIT)
- Encourage electronic public health reporting
- Embrace partnership model with business community to understand cost & benefit

Most of the funding will likely from private sector sources, but there will still be important roles for the state as a convener of participants and as a facilitator. The

Portland metro area will likely have more difficulty than the rest of the state in dealing with EHR issues due to the large number of providers and separate systems there.

The Federal government is currently developing standards for EHR. There is also a growing interest by patients in these issues.

*What Quality Corporation has done with its partners on these issues*

- Multiple state-wide conferences - CIO/CMIO forum
- Pilot project proposal
- Legislative report & Senate Bill 541
- EHR inventory (in progress)
- Chronic Disease Data Clearinghouse
- Strategic Plan for Oregon Health Information Infrastructure
- Congressional Testimony re: RHIOs & HIE House of Representatives – Science Committee Field Hearing
- Report to the Oregon Business Council Health Leadership Group re: Oregon Health Information Exchange Options

*Interoperability*

- Health Information Security and Privacy Collaboration (HITSP)–elincs – EHR-lab interoperability and connectivity specification [www.elincs.org](http://www.elincs.org) CHCF

*Oregon Business Council Guiding Principles*

- No vendors involved (initially)
- Projects are building blocks to the vision
- Informed by what other communities are developing
- Align with national standards and emerging national architecture
- Focus on the Portland metro area, include statewide partners and other local projects if they can effectively participate
- Do-able

A sub-group of the Oregon Business Council has been formed to work on these issues.

*Team Members*

- Dick Gibson, MD, PhD, MBA – CMIO – Providence
- Andy Davidson – President and CEO – OAHHS
- Jan Forrester, PhD, Information Services – Regence
- Jody Pettit, MD, OHII Project Director, Quality Corp

*Developed a set of Deliverables*

- Identify requirements for critical clinical data needed to be shared
- Establish a menu (3-4) of potential models and their business case for the group to consider.
- Include: scope, timeframe, budget, definition of success evaluation methodology

A presentation was made to Oregon Business Council EHR & Interoperability Committee on May 15. A recommended starting point is with Results & Reports Viewing & Retrieval Systems to make already-computerized information from laboratories, hospitals and imaging centers available for viewing by all of a patient's providers.

#### *Federal Funds*

- Research Triangle International (RTI) has been awarded federal contract from the Agency for Healthcare Research and Quality (AHRQ)
- The ONC is now adding \$5.7 million to the existing contract with RTI, bringing its total to \$17.2 million.
- Providing Privacy and Security Solutions for Interoperable Health Information Exchange.

#### *Personal Health Record*

The Personal Health Working Group from Markle Foundation Connecting for Health concluded that the ideal PHR should have these seven attributes:

1. Each person controls his or her own PHR. Individuals decide which parts of their PHR can be accessed, by whom and for how long.
2. PHR's contained information from one's entire lifetime.
3. PHR's contained information from all health care providers.
4. PHR's are accessible from any place at any time.
5. PHR's private and secure.
6. PHR's are "transparent." Individuals can see who entered the each piece of data, where it was transferred from and who has viewed it.
7. PHR's permit easy exchange of information with other health information systems and health professionals.

#### *Principles associated with the evolution and acceptance of interoperable PHRs per the Markle Foundation:*

1. Person able to access health data conveniently and affordably
2. Person should authorize when and with whom data is shared
3. Person can designate someone else to access and control data sharing
4. Person should receive easily understood information about all the ways their data is shared and used.
5. Person should be able to review entities that have had access to their data (audit function)
6. Electronic health data exchanges must protect the integrity, security, privacy and confidentiality of person's information.
7. Independent bodies, accountable to the public, should oversee local and national electronic health data exchanges. No single stakeholder group should dominate the oversight bodies and consumer representatives selected by their peers should participate as full voting members.

*Health Information Technology Coordination:*

- Coordinate public and private (.com / .gov / .org), urban and rural, regional with national and local
- Strategies: State as healthcare purchaser: PEBB and Medicaid, coordinated regions, local community roundtable discussions, state-wide communication plan, local designees to state delegation, convene AHRQ projects, State-wide meeting/conference, –privacy and security
- HISPC - Monitoring and assurance: EHR Inventory –Engage the public, standards adoption, start with elincs, regulations and laws
- Funding

Link Shadley recommended that a requirement of EHR systems should be that they are simple to use for physicians, nurses, and care providers. If the systems are overly complex or subject to failure and problems, they will not be used. The front line people will reject them.

Terry Edvalson asked about work in the mental health area? He noted that the Fred Meyer Memorial Trust has funded some work in this area with Open Source software. Jody said that there has been some work in the mental health area relating to the state hospital. Terry also noted that he has observed that electronic records try to migrate back to paper as service providers print them out and store them in binders. He sees some significant challenges in changing the culture. Jody added that she has heard heightened concerns about patient privacy when it comes to the area of mental health.

Eric Schmidt asked about the methods of moving paper records to electronic systems. Jody responded that one approach is to have abstracts of paper records entered.

Ken Usiak noted that Washington recently passed a law requiring that physicians not use long hand script for prescriptions, but print – which he believes should help drive the electronic entry of prescriptions. If patients are seeing multiple doctors and going to multiple pharmacies, there is no current method of guarding against possible problem drug interactions. Jody noted that the key or common point for centralizing all this information must be the patient.

Cathy Britain observed that the means and venue for healthcare is changing with services being delivered in the home, and at the drug store, and at large retailer and asked about the impact of these trends. Jody responded that today, records are not patient centric, but are institution centric. There is also a tremendous amount of duplication in records. Every time a patient presents for care, there is a complete history taken, and probably with variations in the facts. The key, again, is establishing a patient-centric approach.

John Irwin asked if Jody could comment on the implications of having patient records centralized and impacts of the chronic care model. The implications are tremendous because it supports more continuous and less episodic care with more information being directly accessible to the patient.

John also observed that communications interoperability must be in place so that it can be reliable. Cathy Britain noted that it is important as we develop these applications to determine what the communications needs are. Define needs in terms of applications and not in terms of communications technology. Tele-radiology presents a different set of network requirements than does the electronic sharing of patient records. The infrastructure may not be in place for one, but may already be in place for another.

Link wondered, of the total healthcare dollars that are spent, what percentage is public versus private? He would assume that a significant portion of the funds come from public sources and justify solutions in the public interest. Jody noted that Regence is currently the largest payer in the state; the second largest segment is the uninsured. Terry Edvalson also noted that telemedicine and telehealth applications are also an important need that needs to be addressed. Link added healthcare education and workforce development to the list of applications to be considered.

John Irwin asked to have a continuing dialogue on these issues and noted that this might well be one of the most important issues for the future. As we look at needs in the areas of education, public safety, healthcare, and others, it is important that public funds be leveraged to address as many needs as possible. He noted that the Oregon Connections Telecommunications Conference is another venue for these issues to be discussed and invited Jody to participate. He thanked Jody for her presentation.

### Jo Bell

Cathy Britain welcomed Jo Bell, the Acting Executive Director of the Oregon Healthcare Workforce Institute 503-931-5057 / [njbelle@oahhs.org](mailto:njbelle@oahhs.org). Cathy noted that healthcare workforce shortages faced by Oregon is severe. One of Jo's key challenges is to help the state address this significant problem. She has been working on this issue in different capacities over the past six years.

Jo indicated that Oregon has large needs for virtually every allied health profession. A statistic that illustrates the need applies to the entire workforce not just healthcare, and that is that beginning this year, for every one person that enters the workforce, two leave. This indicates that we need to do things differently in the future. This has a larger impact on healthcare given that aging baby boomer will also be significantly increasing the demand for healthcare services.

### *Demographic Time Bomb*

- In 2006, two workers will exit the workforce for every one worker entering
- By 2030, people 55 and older will make up 37% of the adult population, up from 15% today
- Not just about aging workforce, also a "Birth dearth"
- Boomers start exiting the workforce in 2008
- In 2000, there were 5 people aged 20-64 for each person 65 or older. By 2030, the ratio will be less than 3 – 1

- 68% of people over 50 plan to work after reaching retirement age

Thirty-two of the top thirty-five fastest growing occupations are related to healthcare. Nationally, between now and 2112, the United States will need 623,000 new Registered Nurses (RNs), an increase of 27.3%. In Oregon, we will need approximately 50,000 new RNs in addition to replacing the existing RNs that retire or leave the professions for other reasons. We also have an expanding need for medical technology workers. Thirty-two of the top thirty-five fastest growing occupations in Oregon are related to healthcare.

*Key Reports on this issue*

- Oregon Nursing Leadership Council Strategic Plan, ONLC
- Oregon's Nursing Shortage, A Public Health Crisis in the Making, NWHF
- Oregon Health Workforce Project: Descriptive Report Series, AHEC
- Taking AIMM Report, OWIB
- HB 3353 Legislative Report, HB 3353 Committee

*Current Efforts and Key Statewide Initiatives*

- Governor's Healthcare Workforce Initiative working to dramatically increase the quality and quantity of the state's healthcare workforce including a focus on ensuring that the existing telecommunications capacity around the state is operational, accessible and affordable.
- Oregon Simulation Alliance working to provide leadership in the use of simulation technologies to increase the quality and quantity of Oregon's healthcare workforce.
- AEED Medical Personnel Subcommittee, State Board of Higher Education
- ORTCC Healthcare-Education Committee working to accomplish the charge of HB2577, and ensure that distance learning modalities is readily available and fully operational to provide healthcare education throughout the state.
- Oregon Consortium for Nursing Education
- HB2577 / HJR48 / SB800 passed in the 2003 Legislative Session
- Workforce grant projects
- Community College Healthcare Action Plan - An initiative inclusive of all community colleges established to provide collaboration in addressing healthcare workforce shortages
- Oregon University System Academic Excellence & Economic Development (AEED) Working Group working to Identify and gain support for 2-5 economic development initiatives that build on the academic excellence within our postsecondary institutions
- Technology in Nursing Education Report

Statewide coordinated efforts are needed. Jo noted that Oregon is nationally recognized for its ability to collaborate and innovate. Nursing is to be commended in Oregon for mobilizing to address the growing crisis.

### *Nursing Activities*

- Oregon Nursing Leadership Council Strategic Report, 2002
- Established Oregon Center for Nursing
- Established Oregon Consortium for Nursing Education

The Community College Healthcare Action Plan (CCHAP) is an initiative inclusive of all community colleges established to provide collaboration in healthcare workforce shortages addressing working to build healthcare workforce capacity and access through public/private partnerships and coalitions, resource development, distance and distributed education delivery, and healthcare education prerequisites alignment. This has been another commendable effort given that Oregon does not have a statewide community college system, but seventeen individual institutions.

The Oregon University System Academic Excellence & Economic Development (AEED) Working Group has a Medical Personnel sub-committee, chaired by Martha Ann Dow of Oregon Institute of Technology, with the mission to identify and gain support for 2-5 economic development initiatives that build on the academic excellence within our postsecondary institutions.

Jo noted that the ORTCC Healthcare Education Committee worked to pass HB2577 during the 2003 legislative session, which is helping to ensure the availability of distance learning to provide healthcare education all over the state.

The Oregon Simulation Alliance is working to provide leadership in the use of simulation technologies to increase the quality and quantity of Oregon's healthcare workforce and to create an efficient statewide network of simulation technology resources, information and training systems.

*The Governor's Healthcare Workforce Initiative* has the mission of dramatically increase the quality and quantity of the state's healthcare workforce.

- Create a statewide network of simulation centers
- Ensure that the existing telecommunications capacity around the state is operational, accessible and affordable
- Increase the number of healthcare faculty
- Encourage regulatory flexibility
- Support workplace and practice environment improvements that promote retention of practitioners in patient care
- Seek policies that lead to increased access, transferability, clear pathways, common student learning outcomes and attainment of credentials through the education system.

### *Industry Needs*

- Statewide industry leadership
- Statewide industry visibility
- Continuing need for statewide industry action
- Coordinated industry action

- Leverage for industry dollars spent
- Continuing focal point (umbrella organization)

#### *Opportunities*

- Solid partnerships, collaboration and a shared vision
- Substantial momentum and visibility around issue
- Strong public and private support
- Willingness to seek creative solutions to sustain the leadership and collaborative problem-solving over time

The Solution was to create a shared executive between the Office of the Governor and OAHHS with a Six months duration (9/05 – 2/06) and two tasks: (1) Provide maintenance of effort for existing programs of Governor’s Advisory Council and Oregon Simulation Alliance, and (2) develop a plan to transition the focus for healthcare workforce out of the Governor’s office and into a new private/public entity to provide ongoing leadership in addressing the healthcare workforce shortages.

#### *Oregon Healthcare Workforce Institute was created*

- Incorporated to accept funds in December, 2005
- Official start date – March 1, 2006 with the formation of a Board of Directors and funding from both private and public sectors, cash and in-kind = \$900,000

#### *Role of the Institute*

- Coordinate research & data and analyze
- Determine priorities for action
- Develop and advocate for policy and program initiatives
- Serve as catalyst for coordinated strategic responses for initiatives
- Develop resources to power coordinated response
- Serve as focal point for action, communication and coordination
- Develop and share outcomes evaluation for healthcare workforce activities

#### *Current Activities of the Institute*

- Organizational Development
- Data (SB 882 Needs Assessment)
- Beginning policy development
- Resource Development
- Program support
- Communication Plan
- Institute Outcomes Evaluation

#### *Proposed Structure*

- Board of directors
- Executive Director
- Advisory Council
- Extended stakeholders group

- Interested parties

#### *Current Institute Activities*

- Organizational Development
- Data (SB 882 Needs Assessment)
- Beginning policy development
- Resource Development
- Program support
- Communication Plan
- Institute Outcomes Evaluation

Jo believes that ORTCC can be a key advisor to the Institute on telecommunications issues affecting healthcare workforce development. Jo noted that Portland Community College has received a grant from the US Department of Commerce to study distance education needs. PCC would like to present the results of the study and recommendation to ORTCC later this year.

John Irwin noted that ORTCC's report to the Joint Legislative Committee on Information Management and Technology will be due in early November. He hopes that the Council will have its recommendations available for presentation and discussion at the Oregon Connections Telecommunications Conference in October, which means a well-defined draft needs to be ready for approval by ORTCC in September. Accordingly he would appreciate any available findings or recommendations that Jo could offer as soon as possible, so that they may be supported.

Art Hill has noted the need for a survey of the telecommunications resources of the state's community colleges. Jo responded that she believes this information will be included in the PCC report.

Cathy Britain thanked Jo for her presentation and noted that this is yet another continuing dialog.

## **Reports**

#### *SB17 Task Force:*

Chris Tamarin reported that the Task Force met on June 14 and began to work on defining the list of issues to be considered.

- OUSF (Oregon Universal Service Fund)
- Franchise fees
- Building access issues – business customers
- Basic Service
- Right of Way
- Conforming with federal laws/rules
- Regulation of Directory Assistance and Operator Services

- Regulation of custom calling features (i.e. call waiting, call forwarding, etc.)
- State Enforcement of the Do Not Call list

The next meeting of the Task Force will be held July 25, 2006.

#### *Infrastructure Committee*

Ed Parker reported that consideration of an Advanced Telecommunications Facilities Tax Credit proposal has been referred to the Legislative Committee and that a conference call is being convened to brainstorm incentives. John Irwin reported on the topic of backbone route diversity on the South Coast noting that there are ongoing discussions between Curry County and Del Norte County, California about solutions. Chris Tamarin reported that the Oregon Innovation Council met on June 21<sup>st</sup> and is working on its recommendations and report to the Legislature and the Governor. Open Source Technology and Wave Energy are the two initiatives that Oregon InC is considering for action. Ed Parker reported on the Internet Forest initiative. He has distributed an action plan and has asked for input from the Council. The next step will be to broaden the circle of discussion with other interested parties. Ed hopes to have legislative Internet Forest recommendations for the legislative session. Chris Tamarin added that an emerging key element is the concept of an Oregon exchange to keep IP traffic local and aggregate traffic for out of state connections.

#### *Public Safety*

The Committee is considering the public safety information presented at the last ORTCC meeting. It was noted that the last ORTCC meeting was the first time that the three different groups working on these issues have come together in the same room. Agnes Box observed that the history has been not to pursue issues like public safety on a statewide level, but at the level of counties, cities, and sometimes regions.

#### *Oregon Connections Telecommunications Conference*

Chris Tamarin reported that registrations are being received by mail and via the website. Preparations are being made to support videoconferencing for the conference. WiFi Internet access will be available in the meeting area. A post card mailing will be made in July. The Oregon Coastal Zone Management Association has posted conference information on their website [www.oczma.org](http://www.oczma.org). Work continues to obtain speakers, exhibitors, and sponsors.

#### *Telehealth Committee*

Kim Hoffman reported that TAO is working on its 501(c)(3) application. Oregon Health and Science University will be a founding member. They are identifying projects including a reimbursement handbook, a presentation on telehealth for the Office of Rural Health and working with the Healthcare-Education committee on its agenda. On August 10<sup>th</sup>, a presentation on IP Videoconferencing will be made and broadcast to multiple locations around the state.

### *Legislative Committee*

Cathy Britain reported that the committee is organizing a conference call to include Senator David Nelson and Mark Simmons from USDA Rural Development to discuss possible telecommunications infrastructure investment incentives.

### *Eastern Oregon Telecommunications Consortium*

Terry Edvalson reported that he is waiting for confirmation on EOTC sponsorship of the Oregon Connections Telecommunications Conference. He has been working on issues at the Burns Archive Center and is holding regular meetings with all involved parties. EOTC is also interested in the new public safety network to be proposed by the State Executive Interoperability Council.

### *Fiber South and Regional Fiber Consortia*

Faye Stewart reported that new officers have been elected by the consortia; Carl Patenone of Drane as Chair and Matt Hinkel of Bandon as Vice-Chair of Fiber South, and Faye as Chair and Agnes Box as Vice-Chair of Regional Fiber. They are continuing to work on lease issues on their fiber. A Request for Proposal was released earlier this year and two proposals were received. Negotiations for leases are in progress. Faye also reported that an Executive Committee has been formed to review goals and strategies for the consortia.

### *Gorge Teleconsortium*

Link Shadley reported that there are rumors of a new fiber to be deployed from Tillamook north to Astoria. He also reported that the new “major customer” of Q-Life in The Dalles is close to beginning operations. It will be a computing facility of global scale.

### *Klamath Telecommunications Task Force*

Agnes Box reported that the Task Force is working on the deployment of additional last-mile solutions in underserved communities in the area.

### **New Business**

Terry Edvalson noted that the Oregon Economic and Community Development Commission will be holding its September 15, 2006 meeting in Ontario and telecommunications is an issue on the agenda. He recommended that ORTCC representatives be prepared to attend and contribute to the discussion.

### **Meeting Schedule:**

John Irwin suggested that the Council continue to meet through the summer maintaining its schedule of meetings in July, August and September. Agnes Box suggested making the July meeting a work session for the development of legislative and policy concepts. The next meeting of ORTCC is scheduled on Thursday, July 27, 2006 in the Teleconference Room (Basement), Public Service Building, 255 Capitol Street NE, in Salem. The 2006 meeting schedule is posted on the meetings page of the Council website [www.ortcc.org](http://www.ortcc.org). John Irwin adjourned the meeting at 12:30 PM.

\* \* \*