

## **Health Information Technology (HIT) Consortium Meeting**



### **Lane Community College Center for Meeting and Learning (CML) 225 July 30<sup>th</sup>, 2009 from 4:00-5:30 p.m.**

Present from the community: Jody Elkins (Oregon Medical Group), Sue Picard (Pacific Source Health Plan), Erez Gordin (PeaceHealth and OML), Lori McKay (Community Health Centers of Lane County), Cheryl Boyum (Cascade Health Solutions), Jody Campbell (Cascade Health Solutions), Chuck Forrester (Lane Workforce Partnership), Kristina Payne (Lane Workforce Partnership), Natasha Boska (Springfield Chamber of Commerce), Ron Hjelm, (Lane County Community Health Centers).

Present from Lane: Mary Spilde (President), Sonya Christian (Vice President), Andrea Newton (Executive Dean), Stacey Schultz (CIT and Business), Mark Williams (Academic Technology), Mona Arbuckle (Health Clinic), Kristen Murphy (Health Clinic), Piper Hamlin (Medical Office Assistant and Health Records Technology Programs), Larry Scott (CIT/Coop Education), Kathy Calise (Continuing Education), and Lynn Nakamura (Career Pathways).

1. Welcome -- President Mary Spilde
2. Setting the Stage (PowerPoint) -- Sonya Christian and Mona Arbuckle
  - Overview of Electronic Health Records (EHR)
  - Federal stimulus funding on its way
  - Examples of EHR systems
3. State Health Informatics Update -- Larry Scott
  - Healthcare Informatics offered for the first time this fall at Lane. After two years, online courses through OIT, OHSU leads to 4-year degree.
  - State is working with 17 community colleges to pool resources and offer programs online.

#### 4. Healthcare Organization's Strengths and Needs

##### **PeaceHealth and OML:**

###### Strengths:

- Invested a lot of time and capital in Health Information. We are ready to exchange with our communities including Washington State.
- High end right now in terms of electronic connectivity.
- What is the right data exchange model? What is the right connectivity?

###### Needs:

- Human knowledge: Demand is going up and supply is going down. It is going to be looked upon on how to close the gap.
- Large part of the workforce is not IT savvy and comfortable.

##### **Pacific Source:**

###### Strengths:

- Significant investments in technology. Systems implementation and upgrades.
- Evolved to be much more technology savvy.
- What do you do with the data?
- Using claim data to do predictions and analyze trends that are related to health care management.

###### Needs:

- Privacy issues around data management. As a career, we do not maintain patient health records.
- IT savvy among providers and members. Presently Pacific Source serves as a technology go-between the providers and members.

##### **Cascade Health Solutions:**

###### Strengths:

- Have to use the data from all of the systems in the area. So our organization has a good flow of information.

###### Needs:

- Training needs for technology.
- A skilled health care provider takes a long time to learn the ERM system.
- Getting health records from other providers takes time and slows down the process and impacts the patient. Right care for the right patient in a timely way.
- Expensive to keep up with the regulations—software purchase, implementation, human resources to operate the technology.

### **Lane County Community Health Centers:**

#### Strengths:

- Implementing a system currently.

#### Needs:

- One cannot underestimate how clinicians have very low technology skills; even very basic skills.
- Basic information that we can tap into; example: eligibility.
- Where: Do we know where the person has tapped into health care?
- What: What treatment did the person receive? What lab work has been done?
- When: When was this patient seen?
- Implementing a \$1 Million system. Morale and productivity is down.

### **Oregon Medical Group:**

#### Strengths:

- Investing in infrastructure that is built on flexibility and low cost management.

#### Needs:

- IT as healthcare is not perceived to be valuable.
- Value added: Flexibility and cost effectiveness by using technology
- Invest in people, processes, and technology.

### **Lane Workforce Partnership:**

#### Strengths:

- Ability to invest and focus Federal Workforce funds in healthcare.

#### Needs:

- To understand and articulate the types of employment that are available out there.
- More funding for training.
- Include IT knowledge in all healthcare positions rather than IT being done by others.

### **Lane Community College**

#### Strengths:

- Info Technology is supported at Lane.
- Community is interested in training

#### Needs:

- EHR in the Health Clinic.
- IT savvy among students

- More online course in healthcare as interest from students outside of the area increases.
- People with transcription skills.
- IT infrastructure at Lane – always need more.
- Training for existing staff
- Using computers as a tool.
- Change mindset that IT is a barrier to providing care – a cultural shift needs to occur.

### **General Comments:**

- Students need to be able to have basic technology skills. Example: upload on assignment,
- More online courses to cross distance barriers. Example: transcription program.
- Need the training of current clinicians in how to use computer. Also cultural training of seeing the computer as non-intrusive. Also, maybe a webinar.
- System issues. Like personal health care ID to track a person through the systems. Might need legislation. Record Locator.
- Get information from PeaceHealth in the presentation that they organized for the community.
- Erez Gordin, Jody Campbell and Jody Elkins volunteered to serve on a taskforce that will advise and plan the agenda for the next meeting.

### 5. Wrap up and Next Steps:

- **Next Meeting:** Thursday, September 3<sup>rd</sup> from 4:00 to 5:30 p.m.
- Who else should be at the table?