



## Health Information Technology (HIT) Consortium

### Lane Community College

September 3, 2009, 4:00-5:30 p.m.

Center for Meeting and Learning (Building 19), Room 225

### Summary Meeting Notes

Present from the community: Jody Elkins (Oregon Medical Group), Erez Gordin (PeaceHealth Laboratories), Jody Campbell (Cascade Health Solutions), Kristina Payne (Lane Workforce Partnership), Dan Egan and Natasha Boska (Springfield Chamber of Commerce), Randy Burrows and Mike (McKenzie-Willamette Medical Center),

Present from Lane: Sonya Christian (Vice President), Stacey Schultz (CIT and Business), Mark Williams (Academic Technology), Mona Arbuckle (Health Clinic), Kristen Murphy (Health Clinic), Sheryl Berman (Health Professions), Piper Hamlin (Medical Office Assistant and Health Records Technology Programs), Larry Scott (CIT/Coop Education), Jim Lindly (Business Development Center), Greg Morgan (Chief Financial Officer), Aaron Shonk (Grants Manager), and Lynn Nakamura (Career Pathways).

#### 1. Introductions and Brief Updates from Each Organization

#### 2. DOLETA Grants

- a. Community Healthcare Education Network (CHEN) -- Kristina Payne  
A DOLETA grant proposal is being developed through input from CHEN. The proposal will be made up of different health related components that will be implemented by Lane Workforce Partnership, Lane Community College, PeaceHealth, Peace Harbor Hospital in Florence, Cottage Grove Community Hospital, PeaceHealth Laboratories, Pioneer Pacific College, and Springfield, South Lane, and Siuslaw school districts. Lane Workforce will provide the overall management of the grant and has hired Lori Steger to develop the proposal.
- b. Lane Community College – Sonya Christian  
Lane is interested in putting together a DOLETA proposal to develop a new OCNE online Nursing Program, add a night cohort to the Nursing Program, develop a new HIT Certificate Curriculum, and provide RN training in Florence through a partnership with Peace Harbor Hospital.

#### 3. Survey: Content and Process Review -- Stacey Schultz and Erez Gordin

The HIT survey was presented, and feedback was received on how to proceed. Lead individuals were identified from each organization. The leads are responsible for having departments or individuals within their organization complete the survey online by September 15, 2009.

Outcome of the survey will be integrated into a DOLETA grant proposal for basic computer training for healthcare professional.



#### 4. Future of the HIT Consortium -- Sonya Christian and Jody Elkins

- a. What is our purpose?
- b. What are the goals we would like to accomplish as a collective group?
- c. Should there be another community-wide discussion on health information exchange?
- d. Should we have presentations from experts in the field?

##### Group input on purpose and goals:

- Improve the quality of patient care.
- Train the workforce of tomorrow.
- Share information about current practices and new regulations.
- Purpose is to learn and share lessons learned.
- Bring resources to region through collaboration.
- Best patient information without duplicating services – “interoperability”
- Identify areas of continuing education.
- CEUs in coordination with education.
- Data/info exchange among healthcare providers, business, educational institutions, etc. – how people can more effectively come together to build community around human exchange of information.
- Good information system where we are more competitive to make sure economy is strengthened.
- Healthcare provider satisfaction promotes better patient care.
- IT will be growing exponentially. The federal government sees this happening. We have a consortium that could be staying ahead of what the government is funding.
- Informatics: how to collect and use data to improve patient care.
- “Meaningful use” – compliance by October 2010, but it has not been defined yet.
- What kind of information is needed to track patient care?
- What is better patient care? Value added information would be what we couldn’t gather otherwise – discover other applications.
- Two goals: improve patient care and reduce patient costs.
- Three models: (1) look and share information model, (2) collaborate in areas of joint interest, and (3) find a tangible project that we can build as a model, with the notion that if you build something, they will come.
- We have the ability to go big. Lane has political connections to support this.
- EMRs – do we have it, how do we use it?
- Bring information from state level to the consortium.

#### 5. Wrap up and next steps

Next meeting: October 20, Tuesday, 3:30 to 5:00 p.m.  
Center for Meeting and Learning (Building 19), Room 225