

A Message from HITOC

Health Information Exchange: Strategic and Operational Plans for Oregon

August 5, 2010

To our fellow Oregonians,

We have heard from many of you as we traveled across the state to attend community meetings gathering input on the draft strategic plan on health information exchange (HIE). We also received many written comments from both individuals and organizations. As we have reviewed all of the input, we realized that the structure of the plans doesn't succinctly convey the underlying philosophy behind the work that we are embarking on around health information exchange in Oregon. Our goal is to facilitate the development of a system of HIE across Oregon with the consumer at the hub that ensures the privacy of each individual's personal health information, and allows for information, when and where it is needed, to improve health and health care.

The strategic and operational plans before you are documents developed for submission to the Office of the National Coordinator for Health Information Technology (ONC) and are structured to meet the criteria as set out in ONC's HIE Cooperative Agreement. Those requirements, coupled with the decision to use a phased approach and make many key policy decisions over the next 12 to 18 months, means that many sections of the strategic plan are laying out a general framework for action. Our commitment to you is that the framework's details will be determined only after many hours of research, discussion and deliberation in new workgroups for Technology, Legal and Policy, and Finance to be formed in the coming months. There will also be discussions in our soon-to-be-formed HIO Executive and Consumer advisory panels, continuing HITOC meetings and ongoing stakeholder engagement in a variety of formats. We will continue to operate through an open, transparent process as we move beyond the development of the strategic and operational plans to the development of policy and technology acquisitions.

The Consumer Advisory Panel will ensure that our conversations about health information exchange in Oregon have a strong patient-centric view. Our vision is to have *"Information, when and where it is needed, to improve health and health care,"* and for consumers to have control over their information through an opt-out consent model. We understand that there is much work to be done to ensure that all consumers in Oregon have the education and opportunity to make informed choices.

During Phase 1, we will be working on broad-based outreach and education strategies with both providers and consumers. The Consumer Advisory Panel will play a key role in helping us determine the best ways to engage consumers. Outreach is a long-term effort that requires a wide-ranging strategy. It must start early and reach both consumers and health care providers, because most conversations about the benefits and risks of health information exchange will occur between providers and their patients. Consumer education must also address how personal health records factor into overall health management and the best ways to use those records in a secure environment to empower consumers and

improve their health while maintaining the privacy of the information.

Also, under the auspices of the Oregon Health Authority, any policies that HITOC recommends will take into account that health, economic and social welfare policies in the United States and Oregon have, historically, intentionally or inadvertently disadvantaged communities of color and other under-represented communities. These inequities, well documented by race and ethnicity, are avoidable and unjust. In 2010, the Oregon Health Authority and the Oregon Health Policy Board acknowledged health equity as a fundamental value. As such, all Oregon Health Policy Board members, committee members (including HITOC) and Oregon Health Authority staff will strive to avoid creating or maintaining health policies that perpetuate or increase avoidable and unjust health inequities. All members and staff acting on behalf of the Oregon Health Policy Board or the Oregon Health Authority will make every effort to proactively evaluate all recommended policy improvements throughout the policy making process to assure they fully promote and resource health equity and the elimination of related inequities.

While broad-scale efforts will be undertaken, health information exchange will also require clear privacy provisions, support for increased health literacy, administrative simplification, specific and dedicated data management tools and greater coordination of care focused on vulnerable and underserved populations.

Although the majority of the attached plans focus on technology infrastructure, policy frameworks, governance models, business plans and financial modeling, the foundation of those elements is a patient-centric model maintaining the privacy of personal health information as the information is exchanged to be available when and where the patient needs it to receive quality care.

We look forward to working with you as we move into Phase 1 and launch the work of implementing health information exchange across Oregon.

Oregon Health Information Technology Oversight Council

Steve Gordon, MD, Chair
Vice President and Chief Quality Officer, PeaceHealth

Rick Howard
Chief Information Officer, Oregon Department of Human Services

Robert E. Brown
Consumer Advocate

Brian DeVore
Director of State Health Policy, Intel

Gregory Fraser, MD, MBI
Medical Director of Information Systems and Informatics, Mid-Valley Independent Physicians Association

Bridget Haggerty

Vice President and Chief Information Officer, Oregon Health and Science University

William H. Hockett

Director, Web Strategy, ODS Companies

Marie A. Laper

Behavioral Health Clinical Coordinator, OCHIN, Inc.

Robert F. Rizk

Director, Information Technology, Good Shepherd Health Care System

Sharon Stanphill

Health and Wellness Director, Cow Creek Health and Wellness Center
Cow Creek Band of Umpqua Tribe of Indians

Dave Widen

Adjunct Professor, Pacific University

**Health Information Exchange:
A Strategic Plan for Oregon**

Draft

August 5, 2010

**For approval by the
Oregon Health Authority
and
Health Information Technology Oversight Council**

Executive Summary

HEALTH INFORMATION EXCHANGE AND THE HEALTH OF OREGONIANS

Health information exchange (HIE) is a key building block for system improvements to enhance population health and to improve the health care delivery system. The inconsistent and fragmented nature of patient records is a highly visible example of the problems caused by the U.S. health care system's reliance on multiple, disparate players in a complex health system. Sharing patient information in a secure, efficient manner has the potential to substantially reduce costs, waste and consumer heartache. It will support efforts to track patients' medical outcomes, reduce errors and make medical processes more efficient. It can empower consumers to better understand their own health, choose high-quality providers and make healthier choices. And information sharing can vastly improve public health agencies' ability to track disease and combat chronic illness leading to improved population health.

The transformation of the health system, with health information technology (HIT) at its core, is already underway. The HIE effort will involve broad engagement from the public and private sector, providers, health plans and consumers. And once designed, Oregon's health information exchange approach will require flexibility and ongoing refinement. Oregon's history of strong civic engagement throughout the state will serve this process well.

OREGON HEALTH REFORM, HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE

Oregon has long been in the forefront of innovation in health care delivery, access and technology, dating back to its groundbreaking Medicaid waiver design with the Oregon Health Plan in 1987 and continuing to 2009, when the state Legislature approved an ambitious health reform law (House Bill 2009). Oregon's new law anticipated many of the innovations contained in the federal recovery law (American Reinvestment and Recovery Act) that same year and in national health reform (Patient Protection and Affordable Care Act) a year later. The central role of health information technology in improving access, quality and value in the health care system has been a thread running through Oregon's health reform, with one tangible result being the creation of the Health Information Technology Oversight Council (HITOC) to guide these efforts within Oregon.

One of HITOC's early focuses has been the creation of a strategic and operational plan for HIE within Oregon. This opportunity came about after Congress made the acceleration of health information technology an urgent priority in early 2009; it included the HITECH Act as part of its economic recovery legislation. Ultimately this resulted in federal grant funding for the nation's states and territories to lead the planning of health information exchange, and the creation of this strategic plan.

The work of organizing electronic health information exchange in Oregon is advanced by the health system planning processes that have already taken place and in particular by the strong participation by average Oregonians along with health industry stakeholders throughout the state. This plan builds on those efforts over the past several years, along with existing health information infrastructure in both the private sector and within government.

Oregon's leadership has established three main goals for health care system improvement:

- Improve the lifelong health of all Oregonians;

- Increase the quality, reliability and availability of care for all Oregonians; and
- Lower or contain the cost of care so it is affordable to everyone.

Oregon’s approach to statewide health information exchange will include nurturing a new and growing marketplace of local and regional health information organizations (HIOs), setting and monitoring standards to ensure the security of personal health information, developing an accreditation program to ensure health information exchange with a common set of rules, providing valued centralized services and filling the gaps in availability to rural providers and other identified stakeholders. Oregon is using a phased approach to HIE to allow flexibility to adjust over time to new federal rules, marketplace evolution and real-world lessons learned. It will designate a non-profit, public-private state designated entity (SDE) to carry out this work after a sustainable financing plan has been developed and appropriate legislation has been passed.

VISION

The core of this work centers around the Oregon Health Authority’s vision of healthy Oregonians and the three key goals: improved patient experience, improved population health, affordable health care.

Oregon Health Authority Vision and Mission:

Healthy Oregonians

Helping people and communities achieve optimum physical, mental and social well being through partnerships, prevention and access to quality, affordable health care.

HIE Mission:

Information, when and where it is needed, to improve health and health care.

Given the complexity of this effort—which includes a rapidly changing regulatory, economic, political and technical environment—the stakeholders, planning team and HITOC have developed a strategy that includes the following key elements:

- A phased approach to allow for flexibility and to ensure a stable finance plan
- Oregon Health Authority in a role of facilitation, coordination, communication and oversight
- Adherence to federal standards and certifications as they evolve and the development of Oregon-specific standards, accreditation processes and accountabilities
- Collaboration and support of HIE efforts underway through local and regional health information organizations

OVERARCHING IMPERATIVES

- Establish a governance structure that achieves broad-based stakeholder collaboration with transparency, buy-in and trust.
- Set goals, objectives and success measures for the exchange of health information that reflect consensus among the health care stakeholder groups and that accomplish statewide coverage of all providers for HIE requirements related to meaningful use criteria.
- Ensure the coordination, integration, and alignment of efforts with Medicaid and public health programs.
- Establish mechanisms to provide oversight and accountability of HIE to protect the public interest.

- Account for the flexibility needed to align with emerging nationwide HIE governance that will be specified in the future.
- Incorporate national and state health reform goals.
- Support opportunities to improve health outcomes and equity in all populations.

GOALS OF HEALTH INFORMATION EXCHANGE

- To ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care.
- To engage in an open, inclusive, and collaborative public process that supports widespread electronic health record (EHR) adoption and robust, sustainable statewide coverage.
- To improve population health.
- To improve health care outcomes and reduce costs.
- To integrate and synchronize the planning and implementation of HIE and health IT in the public and private sectors, including Medicaid and Medicare provider incentive programs, the Regional Extension Center, local and regional HIOs and other efforts underway.
- To ensure accountability in the expenditure of public funds.

Objectives and deliverables in achieving HIE capacity and use

PHASE	OBJECTIVES	DELIVERABLES
One	<ol style="list-style-type: none"> 1. Provider and HIO education programs are conducted 2. HIE services reviewed, finalized and communicated to stakeholders 3. Services requirements definition process is completed 4. Strategy for meeting the HIE needs of underserved areas is developed, reviewed, and approved 5. Sustainable business plan for SDE developed, reviewed, and approved 6. HIE Participant Accreditation Program designed, announced and implemented 7. HIE Participant Accreditation Pilot Project started 8. At least one intrastate and one interstate data usage and reciprocal sharing agreement (DURSA) are executed 9. One HIE participant exchanges information with another HIE participant 10. Legislative changes necessary to implement consent model are identified and bills drafted 11. Define and begin transition of HIE operations to SDE 12. HIE Participation Survey/Study initiated 13. Strategic and operational plan reviews and adjustments 	<ol style="list-style-type: none"> 1. Intrastate and interstate DURSA created, reviewed and finalized 2. List of Phase 2 business support and technology service offerings and associated sustainable finance plan created, reviewed and made final 3. Requirements documents for Phase 2 services created 4. Meaningful use criteria review process document created 5. Strategy for meeting the HIE needs of underserved areas created, reviewed, and made final 6. Sustainable business plan for SDE created, reviewed, and made final 7. Consumer, provider and HIO education programs defined and documented, including topics and timelines 8. Provider and HIO education program materials made final 9. HIE Participant Accreditation Program defined, documented and operational 10. Standards for HIE Participant Accreditation Program chosen 11. Document detailing laws pertaining to consent including identification of the law/statute, reconciliation with consent model and necessary changes created, reviewed and made final 12. Transition plan for HITOC-to-SDE developed, reviewed and accepted 13. Measures and benchmarks for HIE participation and impact defined 14. HIE participation study/survey program parameters and deliverables defined and documented 15. Success criteria for HIE participation defined and reviewed 16. Plan to monitor and maintain a targeted degree of participation in HIE-enabled state-level technical services developed
Two and Ongoing	<ol style="list-style-type: none"> 1. Complete transition of HIE services and programs operation to the SDE 2. Consumer education sessions have been conducted 3. Phase 2 services start 4. Success metrics for HIE participation defined 	<ol style="list-style-type: none"> 1. Consumer education program materials made final 2. Project plans for Phase 2 services created and published 3. Plan for follow-on services defined and reviewed (offerings, scope, timing) 4. Process to monitor, measure, and assess gradual attainment of benchmarks identified in Phase 1. 5. Process for assessing use of HIE services defined 6. List of additional services to be offered by SDE defined and reviewed including costs, timelines, and financials 7. Process for reviewing costing models, utilization and budgets for additional services to be provided in continuing operation

HIGHLIGHTS OF STRATEGIC PLAN DETAILS

Environmental Assessment

- Oregon has several large health systems that are actively pursuing health information exchange.
- 65% of Oregon physicians work in practices with EHRs, well ahead of the national average.
- There are a growing number of local HIOs within the state whose work needs to be supported.
- The interstate sharing of electronic health information is supported by the fact that Oregon's health care markets already extend across state borders through consumer choice, large hospital systems, health plans and current data sharing agreements.

Governance

- Oregon Health Authority, guided by HITOC recommendations is the body that provides oversight for health information technology issues.
- Oregon's HIE approach will be conducted in phases to allow for careful planning, input and strategic adjustment as elements of the plan are carried out.
- Oregon Health Authority, guided by HITOC recommendations, will serve as the governance entity for HIE during the first phase.
- The statewide infrastructure for carrying out the goals of HIE in Oregon will be developed with the core tenets of efficiency and flexibility and will leverage and support existing resources within the state.
- The statewide infrastructure for carrying out the goals of HIE in Oregon will be as minimal as possible and will leverage and support existing resources within the state.
- Oregon will designate a public/private, non-profit entity to take on statewide HIE governance and operational duties during the second phase.

Finance

- Recent state and federal health reform efforts have created imperatives and some short-term financing sources to accelerate the adoption of EHRs and health information exchange among health care organizations and providers.
- Priorities in designing ways to pay for exchange include maximizing meaningful use for providers, being equitable among stakeholders in costs and benefits, utilizing user fees and ensuring those fees have broad benefit.
- State contracts can be modified to provide incentives for providers and payers to participate in exchange.
- Specific financing sources for HIE could include Office of the National Coordinator for Health
- Information Technology (ONC) Cooperative Agreement funds, Medicaid 90/10 money, philanthropic and stakeholder contributions and revenue from centralized HIE services.

Technical Infrastructure/Business and Operations

- The first phase of operations will have Oregon Health Authority, guided by HITOC recommendations, as the initial governance entity, establishing standards and requirements for statewide HIE and implementing technology needed to enable Oregon providers to meet meaningful use requirements in 2011.
- During the second phase a non-profit entity with a public/private governing board will be designated to operate centralized services for exchange implemented in Phase 1.

- During Phase 2 the SDE will identify additional services and ensure that all centralized services are reaching unserved and underserved areas.
- This work will take place in concert with Oregon's neighbors: Washington, Idaho, Nevada and California.
- It will coordinate with administrative simplification efforts already under way.
- HIE standards will be based on technical standards, criteria and frameworks that are nationally recognized and/or adopted by the U.S. Department of Health and Human Services.
- The Oregon HIE effort will align with the National Health Information Network (NHIN), including NHIN Direct, by adopting technology standards and business processes that are interoperable, either directly or by proxy, with NHIN-adopted processes and frameworks.

Legal and Policy

- An "opt-out with exceptions" consent model for the use and disclosure of protected health information will support the initial phase of electronic exchange of information while excluding specially protected health information from HIE without express patient consent, as current Oregon law specifies.
- A legal and policy workgroup will convene in Phase 1 of operations to examine state laws that define specially protected health information.
- Proposed revisions of current Oregon statute to allow for a full "opt-out" consent model will be considered and may be presented to the Oregon Legislature.
- This strategy addresses all eight of HHS' principles in its Privacy and Security Framework.
- Oregon's HIOs will be held to national standards, federal and state law.
- Oregon Health Authority, with guiding recommendations from HITOC, may act as an accrediting body for regional and local HIOs in Phase 1, or may contract with another organization to serve in that function.

HIT Adoption Strategies

- O-HITEC, Oregon's Regional Extension Center, is working to support providers' adoption of electronic health records and achievement of meaningful use and is an important adjunct to health information exchange.
- Work is also under way to bring broadband capabilities to more providers and particularly to those in rural and other underserved areas through the work of Oregon Health Network and the Oregon Public Utilities Commission.
- Efforts for HIE through local, regional and statewide entities will support EHR connectivity to data sharing between unaffiliated organizations, beginning with three priority services: electronic prescription transmission, clinical summaries of care and receipt of structured laboratory data.

Coordination

- The Oregon Medicaid program's comprehensive planning work to develop a State Medicaid HIT Plan (SMHP) will be a natural coordination point with the statewide HIE effort.
- A wide variety of other state and federal programs touch on electronic health information exchange and will be part of a coordinated plan, including focused coordination with O-HITEC, Oregon's Regional Extension Center.
- HITOC and eventually the state designated entity will work with Oregon HIT workforce development programs.

- Oregon's health care markets extend across state borders so continued coordination with neighboring states will be a priority of this strategic plan.

Role of Consumers

- Security and privacy are important to Oregon consumers.
- The strategy takes into account the development of personal health records.
- A core HIE goal is to ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care.
- Access to accurate health information will help consumers make better decisions about their health care and lifestyle choices.