
Oregon Office of Health Information Technology

HITOC's Advice and Input on Health IT in Proposed
CCOs
December 13, 2011

Oregon
Health
Authority

Approach/Principles

HB 3650 Section 4(1)(g) “***Each CCO uses HIT to link services and care providers across the continuum of care to the greatest extent practicable.***”

- Meet providers where they are now and require improvement over time
- Align CCO requirements with federal incentives for HIT
- Allow for regional variance in HIT maturity but leverage maximum advantages of HIT for all providers
- Encourage innovation to explore HIT applications in a value-based environment that have not traditionally been embraced by providers in a volume-based environment

Oregon's HIT Environment

- Fully functional EHRs in ambulatory care settings capable of meeting meaningful use: 32% of all organizations, 9% of private practices
- At least 15 of 36 counties do not have any organized HIE services available for coordination between providers, labs and hospitals
- Portland metro area: Epic offers point-to-point interfaces but has system restrictions that limit electronic health information exchange without the solicitation of a known party; no immediate plans to achieve connectivity for unaffiliated systems

Foundational HIT Components of Proposed CCOs

EHR

- Initially: identify adoption rates for certified and non-certified EHR systems and plan to improve all provider types/regions
- Next phase: meet minimum requirements for certified EHR adoption

HIE

- Initially: register all providers with Direct Secure Messaging services—unless a local Health Information Organization can accommodate interoperability between all EHRs in CCO and provide a mechanism for providers without an EHR to send and receive electronic health records
- Next phase: meet minimum requirements for certain functions (e.g., e-Rx, Labs, clinical summaries, etc.)

Direct Project

Secure Internet-based Direct Communications



b.wells@direct.aclinic.org

Direct Project specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.

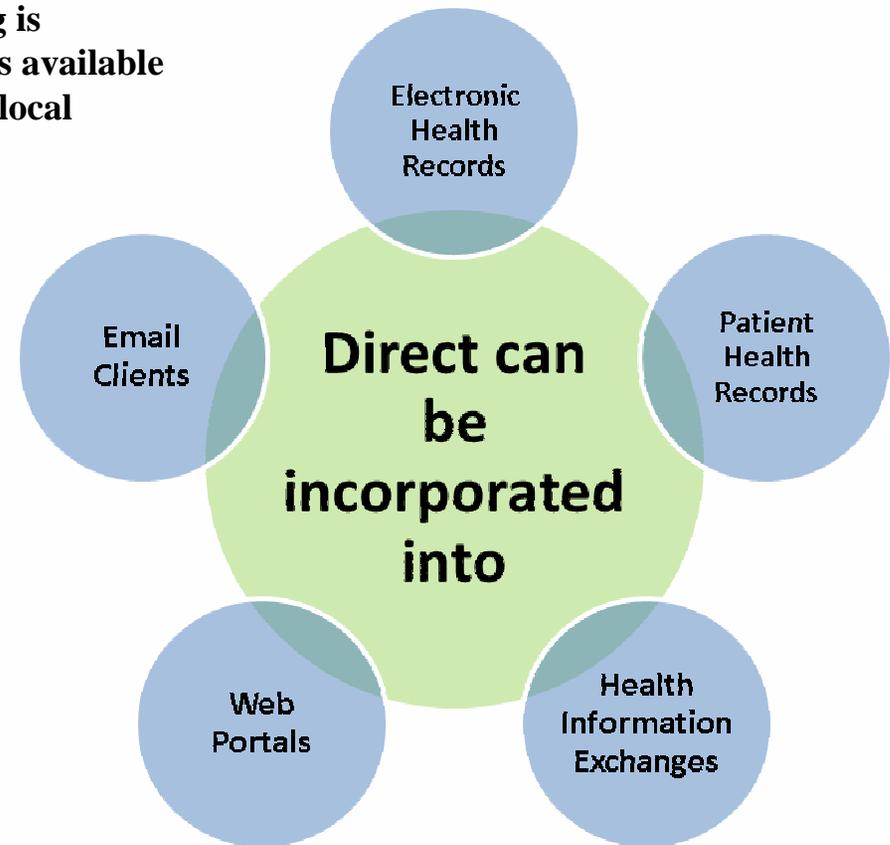
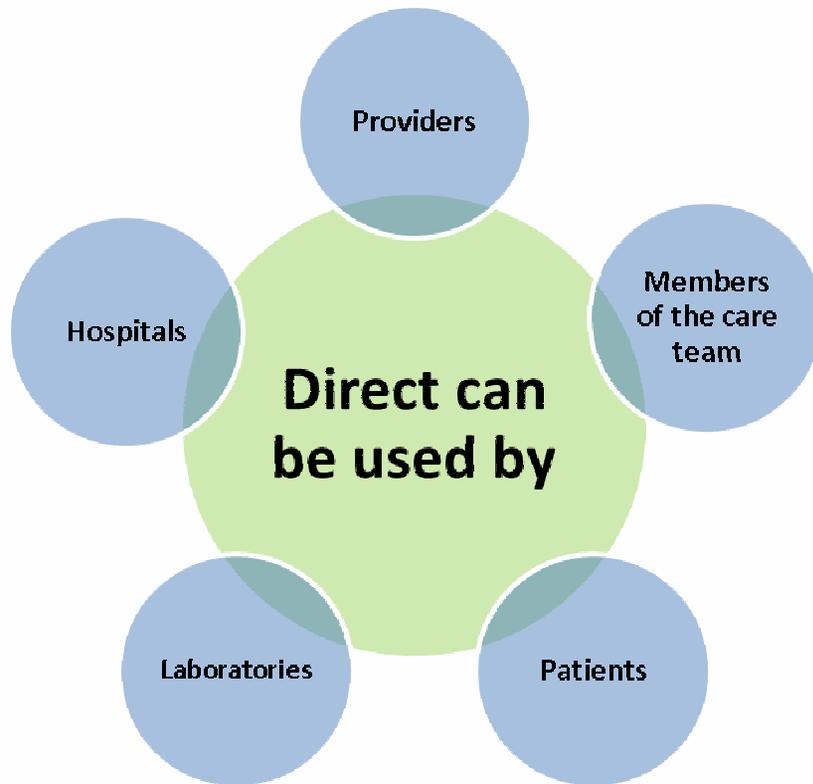


h.elthie@direct.ahospital.org

- **Simple.** Connects healthcare stakeholders through universal addressing using simple push of information.
- **Secure.** Users can easily verify messages are complete and not tampered with in travel.
- **Scalable.** Enables Internet scale with no need for central network authority.
- **Standards-based.** Built on common Internet standards for secure e-mail communication.

Using Direct Secure Messaging

The simplest implementation of the Direct Secure Messaging is via an email client or web portal. The types of user interfaces available depend on provider preferences and vendor adoption in the local market



Transformational HIT Components of Proposed CCOs

- Analytics (assess provider performance, effectiveness and cost-efficiency of treatment, use data to drive better care)
- Quality Reporting (facilitate quality improvement internally and report externally to OHA)
- Patient Engagement (existing tools including e-mail, etc.)
- Other HIT (telehealth, mobile devices, applications that have been ignored by a volume-based system)

Challenges

- Interconnectivity does not mean interoperability
- Case management functionality in existing EHRs
- Care coordination involves different providers in different care settings that may not have the same incentives for HIT adoption
 - Relaxed federal MU standards have lowered HIT development as a priority for many providers
- Provider-level vs. organizational-level tools: state-level tools could leverage CMS funding but require coordination and investment

HB 3650 Section 14 (6) ***“OHA shall explore options for assisting providers and CCOs in funding their use of HIT”***

Questions or Comments:

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