

Oregon Health Information Technology Environment Scan Summary Matrix - August 2009

Working and Evolving Draft 8/19/2009

PURPOSE: This summary matrix is intended to provide a high-level overview of Oregon's health information technology environment for the purpose of informing stakeholders and policy-makers as they contemplate development of an Oregon HIT plan to facilitate electronic health record (EHR) adoption, health information exchange and interoperability. This document is a compilation of information from multiple sources, surveys and interviews. Supporting documents and reports will be made available as they are completed to provide additional detailed information. This document and the environmental scan is a work in process that will evolve overtime as additional information is developed. Corrections and suggestions are encouraged.

Oregon HIT Environmental Scan: The environmental scan is being undertaken by the Oregon Office of Health Policy and Research on behalf of the Health Information Technology Oversight Council. The scan involves a number of components including:

- Oregon 2009 Ambulatory EHR Survey
- Oregon HIT Assessment, 2009: Hospital and Health System Survey
- Oregon HIT Assessment, 2009: IPA Survey
- Oregon HIT Assessment, 2009: Health Plan Survey
- Department of Human Services HIT Environmental Scan
- Potential ARRA incentive payments to Oregon providers demonstrating meaningful use
- Tracking of e-prescribing adoption and use in Oregon
- Assess the role of two major Federal grants on Oregon HIT planning: Health Record Bank of Oregon (Medicaid Transformation Grant) and Oregon Health Network (FCC communication infrastructure).

Other elements and assessment will be added to the scan as the needs become apparent.

ENVIRONMENTAL SCAN HIGHLIGHTS

Ambulatory EHR Adoption: The 2006 Oregon Ambulatory EHR Inventory provides a baseline for tracking EHR adoption in region ambulatory care settings. The 2006 survey report is available at <http://www.oregon.gov/OHPPR/docs/OR2006EHRSurvey.pdf>. The 2009 Oregon Ambulatory EHR Inventory updates the earlier survey and collects additional information of the functionality of EHRs in ambulatory care setting. Complete results from the 2009 are not yet available.

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Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Overall		<p>2006 Survey: 53% of non-federal clinicians (MD/DOs, PA/NP/CNMs) work in practices or clinics where EHRs are present compared to 29.2% nationally. Practices and clinics with EHRs represent just 27% of Oregon practices/clinic organizations. Higher EHR adoption rates occur in health systems and affiliated practices, large practices, practices with multiple locations and multi-specialty or mixed primary care practices.</p> <p>2009 Survey: results not yet available</p>	<p>2006: lower adoption rates in small practices, the major reasons listed by practices not planning to adopt EHRs are expense and satisfaction with paper records.</p>
Clinician Organizations - MD/DOs, PA/NP/CNMs		<p>2006 Survey: 16% of practices (17% of clinicians) using a clinician's name were using an EHR with a projected increase to 31% of practices (35% of clinicians) in 2008. 32% of practices (38% of clinicians) with a clinic name were using an EHR with a projected increase to 62% of practices (76% of clinicians) in 2008.</p> <p>2009 Preliminary Results: 23% of practices (61% of clinicians) using a clinician's name are using an EHR. 45% of practices (53% of clinicians) with a clinic name are using an EHR.</p>	<p>2006 and 2009 Issues include EHR Adoption:</p> <ul style="list-style-type: none"> - practices without an EPM - practices with EPM, no EHR - self-developed EHR apps <p>EHRs not certified</p> <ul style="list-style-type: none"> - non certified products - current EHR version not certified
FQHCs & Safety Net Clinics	23 FQHCs & other safety net clinics	<p>2006 Survey: EHRs were in use by 30% of 27 responding organizations involving 35% of clinicians covered by the responses. The clinics projected that 71% of the clinics and 77% of the clinicians would have EHRs in 2008.</p> <p>2009 Survey: results not yet available</p>	<p>Pending compilation of the 2009 results</p>

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Public and Other Clinics		<p>2006 Survey: EHRs were in use by 20% of 49 responding organizations involving 42% of clinicians covered by the responses. The clinics projected that 46% of the clinics and 81% of the clinicians would have EHRs in 2008.</p> <p>2009 Survey: results not yet available</p>	Pending compilation of the 2009 results
Health systems practices and clinics		<p>2006 Survey: Kaiser and VA have been fully implemented EHRs for some time. OHSU was implementing EHRs in its ambulatory settings. Other health system clinics and practices covered by 23 responses indicated EHR use in 52% of the clinics covering 95% of clinicians covered by the responses. The other health systems projected that 91% of the systems and 98% of the clinicians would have EHRs in 2008.</p> <p>2009 Survey: results not yet available</p>	Pending compilation of the 2009 results

Hospital & Health System EHR Adoption: An Oregon Hospitals and Health Systems HIT Inventory is currently underway to provide information for Oregon's HIT planning process regarding EHR adoption and the functionalities of operational EHR systems.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Acute Care Hospitals	58 acute care hospitals	2009 survey: Preliminary results covering 29 hospitals indicate that the 23 of the respondents have implemented EHRs, 2 hospitals are planning for implementation in 1-2 years and 4 hospitals are planning for implementation in 2-5 years.	<p>Pending compilation of the 2009 results.</p> <p>Delayed EHR implementation limits the potential for ARRA incentive payments.</p>

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Critical Access Hospitals (CAH)	25 CAH hospitals (subset of 58 acute hospitals)	An August 2008 OAHHS Rural Health Services telephone survey indicated that 20 of 25 hospitals had some form of an EHR system. 2009 survey: results not yet available	Pending compilation of the 2009 results
Multi-hospital Health Systems	32 hospitals in 8 systems (subset of 58 hospitals)	2009 survey: Preliminary results covering 17 hospitals in 4 systems indicate robust deployments of certified EHRs and other HIT systems are operational or under implementation.	Pending compilation of the 2009 results

Health Information Exchange Activities: Identification of the scope of existing and planned health information exchange functions is a major goal of the 2009 HIT environmental scan and necessary to developing a statewide HIE strategy. Responses from the 2009 Hospitals & Health System HIT Survey and IPA HIT survey provided information on Oregon HIE activities. Also see the separate HIE Activities Report.

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HIE planning		Planning efforts Portland and central Oregon occurred in 2007. Current planning efforts include central Oregon, the Salem area and discussion among Epic users.	Pending further assessments
Health Systems		Health systems with multiple hospitals or hospitals and affiliated medical groups are functionally operating health information exchanges within their health systems. Examples include Cascade Health (four hospitals), Kaiser Permanente (hospital and multiple clinic locations), Providence Health and Service (seven hospitals, Providence medical groups), PeaceHealth (four hospitals, PeaceHealth medical groups), Samaritan Health Services (five hospitals, Samaritan medical groups).	The scope of health information exchange functionalities within each health systems varies and is evolving. Pending further assessments

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Developing HIEs		Providence Health and Services will be implementing an HIE infrastructure in late 2009 to integrate inpatient and outpatient EHRs and connect EHRs of affiliated medical groups.	Pending further assessments
Active HIEs		OCHIN, DCIPA, Mid-Rogue	Pending further assessments

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IPAs and Health Plans: Surveys are currently underway of Oregon IPAs and health plans to identify their involvement in facilitating the adoption of EHR and HIT systems and provide information for Oregon's HIT planning process.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Independent Practice Associations (IPAs)		Several IPAs and affiliated organizations are involved in facilitating the adoption of EHRs. <ul style="list-style-type: none"> - Central Oregon EMR, an affiliate of Central Oregon IPA, offers EHR services to COIPA members (eClinicalWorks) and non-members (eClinicalWorks and Allscripts-MyWay). - Douglas County IPA and affiliated ITechSS provides EHR services Centricity in the greater Roseburg community. - Mid-Rogue e-Health Services, a subsidiary of Mid-Rogue IPA offers EHR services (Greenway) to MRIPA members and non-members. - Mid Valley IPA offers EHR services (NextGen) to its members. - Portland IPA provides it members with implementation, training and ongoing support eClinicalWorks PM and EMR installations. 	
Health Plans	FCHPs & Insurance Plans	2009 survey: results not yet summarized	

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Personal Health Record Adoption: The November 2008 HIIAC report adopted by the Oregon Health Fund Board into its health reform plan for the state, establishes a goal that “All Oregonians have access to a personal health record by 2013.” A number of efforts are underway related to the deployment of personal health record systems. Information about PHRs is derived from the HRBO project and survey responses from hospitals and health plans.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Health Record Bank of Oregon		<p>CMS Medicaid Transformation Grant for \$5.5 million was awarded in October 2007 to the Oregon Department of Human Services (DHS) to implement a health record bank (HRB) project for Medicaid clients and evaluate the project. The HRBO is unique among the 49 grants totaling \$150 million made to 34 states in 2007. Of the 26 grants awarded for health information technology (HIT) projects, the Oregon project is the only project building a personal health record (PHR) using a health record banking approach.</p> <ul style="list-style-type: none"> • Initial grant term: 18 months - October 2007 to March 2009. • CMS approved a grant extension to March 31, 2010. • An extension request through March 31, 2011 is expected. <p>An RFP was issued in March 2009 to select an HRBO vendor. The contract with the selected vendor should be in place in late August 2009. The HRBO is scheduled to go-live in early 2010.</p>	<p>The November 2008 HIIAC report to the Oregon Health Fund Board considered the HRBO as a fundamental building block in developing health information exchange in Oregon.</p> <p>Further evaluation of the HRBO in light of ARRA and other HIE efforts in Oregon will be required.</p>
Provider-based PHRs		Tethered PHRs identified to date are provided by provider organizations include Kaiser and OHSU (Epic’s MyChart), UmpquaOneChart	Incomplete list
Health plan-based PHRs		Tethered PHRs identified to date are provided by health plans include Providence Health Plan (WebMD), Regence BS/BC, ODS (WorldDoc with synchronization through HealthVault)	Incomplete list
Other PHRs	Unknown	There are number of commercial PHR vendors offering services to individuals and employer groups.	Information not available

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Electronic Prescribing: SureScripts prepares a State Progress Report on Electronic Prescribing. The last report as of December 31, 2008 shows that Oregon ranks favorably against national statistics. The SureScripts reports are available at <http://www.surescripts.net/e-prescribing-statistics.html>.

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Prescriptions routed electronically		For 2008 Oregon ranked 15 th nationally with 4.39% of prescription routed electronically. Growth in 2008 over 2007 was 180%.	
Visits with a prescription benefit request		For 2008 Oregon ranked 19 th nationally with 7.86% of patient visits with a prescription benefits request and 4.37% with a prescription benefit response. Growth in 2008 over 2007 was 300%.	
Physicians routing e-prescriptions		As of 12/31/2008 Oregon ranked 11 th nationally with 15.43% of physicians routing e-prescriptions (1,030 physicians). Growth in 2008 over 2007 was 170%.	
Payer coverage		For 2008 Oregon ranked 36 th nationally with 55.83% of patients with available prescription benefit information.	
Pharmacy participation		As of 12/31/2008 Oregon ranked 27 th nationally with 76.86% of community pharmacies (475) activated for e-prescribing. Growth in 2008 over 2007 was 12%.	

Other Health Care Delivery Settings: A number of other health care settings may need to be considered as Oregon HIT planning efforts move forward.

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Nursing Homes	Unknown	Not yet addressed	
Home Care & Home Health Agencies	Unknown	Not yet addressed	

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Oregon State Government: A number of State of Oregon programs involving health and social services programs have implications for HIT planning. The Oregon Department of Human Services (DHS) is developing an inventory of programs with significant HIT components. The DHS HIT scan reviewed 64 separate program areas and identified 32 programs that have one or more technology applications for further consideration. A structured assessment is under development for eleven program areas. Additional programs may be added as the DHS HIT scan proceeds. Selected DHS HIT programs are included below. The Department of Corrections and Oregon Youth Authority provide health services in the adult and youth correctional facilities. Efforts are contemplated to include these agencies in the EHR and HIT environmental assessments.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
DHS - Medical Assistance Programs (DMAP)		DMAP operates the Oregon Health Plan (OHP) including the Medicaid program. The Medicaid Management Information System (MMIS) is an essential infrastructure component for administering the OHP and processing eligibility and provider claims data. The new MMIS system was activated in December 2008 to replace the 30 year old legacy system and consolidate a number of separate applications and data bases.	The MMIS conversion encountered a number of conversion and implementation issues that are being resolved. The roles of MMIS in statewide HIT and HIE planning need further analysis and discussion.
DHS- Addiction & Mental Health Division (AMH)		AMH has completed a several year process for planning a comprehensive Behavioral Health Information Project (BHIP) designed to provide an EHR, other clinical and administrative systems to support the state hospitals (OSH replacement project and Blue Mountain Recovery Center) 500 mental health and addiction services community-based programs and 13 acute care hospital programs. Responses for the BHIP system RFP were due in late July 2009.	BHIP has implications for HIE planning and interoperability of BHIP with EHRs of various provider organizations and health systems. The roles of BHIP in statewide HIT and HIE planning and need further analysis and discussion.

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DHS - Public Health		A number of public health programs have direct involvement and linkages to providers that are being more fully described in the DHS-HIT scan including <ul style="list-style-type: none"> - Immunization Information System (ALERT) - Orpheus – communicable disease reporting - Emergency medical services - OR-Kids - FamilyNet Child Health Record - Vitals Statistics OVERS - Oregon Electronic Laboratory Reporting (ELR) project - DHS-LIMS – laboratory information management system 	The roles of the various public health programs in statewide HIT and HIE planning and need further analysis and discussion.
Dept of Corrections		Not yet addressed	
Oregon Youth Authority		Not yet addressed	

Telehealth and Telemedicine: During September and October 2009, the Oregon Health Network Applications Committee plans to compile an inventory of telehealth and telehealth applications in Oregon.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
Telehealth application		A number of telehealth – telemedicine applications are operating in Oregon. Example projects include pediatric intensive care video consultations and monitoring (OHSU and Sacred Heart), tele-genetics counseling (OHSU, Medford, Bend, Boise) – currently suspended until payer reimbursement is activated, psychiatric video consultations (OHSU, a prison, a tribal clinic), specialty telemedicine consults (eastern Oregon and Idaho hospitals), cardiology Stemi consults and data transfers (southern Oregon hospital, EMS ambulance and emergency department), trauma consults to triage patient appropriately, pediatric and adult image interpretation and overreads (store and forward)..	Incomplete inventory

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Oregon Health Network (OHN)		Oregon Health Network (OHN) has been approved by the Federal Communications Commission (FCC) to receive up to \$20.2 million in funding reimbursement under the Universal Service Fund to build a comprehensive and robust broadband infrastructure and telehealth network that will connect hospitals, clinics and community colleges throughout Oregon. The project will connect eligible health care facilities under the FCC's Rural Health Care Pilot Program (RHCPP). Four RFPs are in various stages of solicitation and contracting for implementing the FCC grant. Additional information is available at www.oregonhealthnet.org .	Slow process to work through RFPs and contract for projects.

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Other Oregon Assets to Advance HIT Adoption (partial list): Oregon benefits from the presence of a number of organization that play unique roles supporting EHR and HIT adoption and in meeting the ARRA meaningful use requirements. An incomplete list of such organizations includes the following:

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
Acumentra Health		Acumentra Health is Oregon's federally-designated Medicare Quality Improvement Organization (QIO) as well as the External Quality Review Organization for Medicaid in Oregon and Washington. Acumentra Health has been involved in a number of HIT-related projects including Oregon Diabetes Collaborative (2001-2, 2003-4), Oregon Rural Collaborative (2005-7), DOQ-IT (2005-8), and EHR Preventive Care Initiative (2008-11). Acumentra Health also coordinates HIT activities of the Oregon IPA Collaborative (representing over 4,300 providers) and pharmacy project activities of the Medicare Advantage Health Plan QI Collaborative.	Interests include facilitating EHR adoption and optimization, HIE development, regional extension centers, quality metrics and practice-based quality improvement.
OCHIN		OCHIN is a health center controlled network (HCCN) of community health clinics and small practices serving the medically underserved with 18 members in Oregon, 9 members in California and one in Washington that operate clinics in over 200 locations. OCHIN provides a comprehensive suite of products including practice management and EHR (Epic) services, panel and population management tools to member organizations. As an Organized Health Care Arrangement (OHCA) under HIPAA with a single record per patient OCHIN also functions as an HIE among the member organizations. The OCHIN master patient index contains information on over 400,000 Oregonians and 600,000 lives across California, Oregon and Washington. OCHIN also operates SafetyNetWest, a practice-based research network that solicits proposals and coordinates research projects involving safety-net populations.	Interests include regional extension centers, EHR adoption, HIE development, HIT-based quality improvement and collaborative research among safety net organizations, workforce development.

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OHSU-DMICE		Department of Medical Informatics & Clinical Epidemiology (DMICE) is an academic and research department in the Oregon Health & Science University (OHSU) School of Medicine. DMICE blends teaching, research, and service activities in medical informatics and clinical epidemiology. The medical informatics program features a diversity of research activities on the application of information technologies in health care as well as graduate education programs available on-campus or via distance learning. The clinical epidemiology program includes the AHRQ-funded Oregon Evidence-Based Practice Center that conducts systematic reviews of medical tests and interventions, and clinical effectiveness studies.	Interests include workforce development, regional extension centers and applied informatics.
Oregon Health Care Quality Corp		The Oregon Health Care Quality Corp's Partner for Quality Care initiative is using pooled encounter and medications (claims) data to measure and report quality metrics for 2,212 adult primary care physicians (120 medical groups with 308 clinic sites). 19 practices representing about 729 physicians are using a secure interactive web portal to access data about their patients. Metrics based on clinical EMR data are planned. This effort is part of the Robert Wood Johnson Foundation Aligning Forces for Quality program. Quality Corp is also a Federally-designated Chartered Value Exchange (CVE).	Interests include quality metrics from claims data and EHRs, HIE development, practice-based quality improvement, quality reporting metrics and consumer engagement.

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Abbreviations:

AMH: addiction and Mental Health Division
CAH: critical access hospital
COEMR: Central Oregon EMR
COIPA: Central Oregon IPA
CVE: chartered value exchange
DHS: Department of Human Services
DMAP: Division of Medical Assistance Programs
DMICE: OHSU Department of Medical Informatics & Clinical Epidemiology
EHR: electronic health record
EMR: electronic medical record
EPM: electronic practice management system
FCHP: fully capitated health plan
FQHC: federally qualified health center
HIIAC: Health Information Infrastructure Advisory Committee
HIE: health information exchange
HIO: health information organization
HIT: health information technologies
HITOC: Health Information Technology Oversight Council
HRB: health record bank
HRBO: Health Record Bank of Oregon
IPA: independent practice association
OAHHS: Oregon Association of Hospitals and Health Systems
OHP: Oregon Health Plan
PHR: personal health record
QIO: quality improvement organization
RHC: rural health center
RHIO: regional health information organization
SBHC: school-based health center