
Health Information Technology Oversight Council

October 3, 2011

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health", which is in a larger, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon
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Agenda

- 1:00 pm **Welcome, Opening Comments, Approve Minutes**
- 1:10 pm **Health Transformation System, Workgroups & Process**
- 1:30 pm **Updates**
- 2:00 pm **Medicaid EHR Incentive Program Report**
- 2:30 pm **Consent Policy & Rule-Making Process**
- 3:00 pm *** Break ***
- 3:15 pm **Workgroup & Panel Reports**
- 3:15 pm **ONC HIE Program Status Briefing**
- 4:30 pm **Looking Forward**
- 4:50 pm **Public Comment**
- 4:55 pm **Closing Comments**

Meeting Objectives

- Examine process for developing CCO Criteria
- Provide report on HITOC Workgroups and Panels
- Confirm ONC Status Briefing materials and 4th priority area

Health Transformation System, Workgroups and Process

Sean Kolmer



Oregon Health Policy Board Products

OHPB will deliver the following products to the Legislature in February 2012:

- Draft legislative language for implementation of Coordinated Care Organizations (CCOs)
- A business plan for CCO development
- Medical liability/cost containment strategies
- Standards for specified health care workers: community health workers, peer wellness specialists, personal health navigators

Elements of a Business Plan for Oregon Health System Transformation

HB 3650 directly requires that OHA and OHPB address the following issues, which will be elements in the business plan:

- Coordinated Care Organization (CCO) qualification process and criteria
- Global budget methodology
- Savings models and financial reporting requirements
- Health equity and health disparity strategies
- Plans for contracting with PEBB/OEBB and other public health benefit purchasers
- Outcomes, quality and efficiency metrics
- Coordination of care for individuals who are dually eligible for Medicare and Medicaid
- Transition to CCOs
- Alternative dispute resolution

Timeline

- Through Nov. 2011: Public input opportunities and information sharing
 - 4 Governor work groups
 - Statewide community input
- Nov. 2011 – Update to Legislature
- Jan. 2012: OHPB products finalized and delivered to the Legislature
- Feb. 2012: Legislative Session
- Mar. 2012: If approved, send CCO plan to CMS
- Late Spring/Summer 2012: First CCO launches

Updates

Carol Robinson



OHIT Staffing Update

- Steven K Johnson – HIE Program Manager
- Rhonda Warnack – OHIT Project Manager

AIM Summary and Highlights

- **Attendance:** 440 participants
- **Sponsorships:** 20 sponsors
- **Conference Profit:** Approximately \$25,000
- **Community Benefit:** Conference proceeds will be divided equally between funding for community health centers in need of technical assistance for the implementation of electronic health record systems, and workshop and educational opportunities designed by PSU's College of Urban and Public Affairs that will focus on integrating technology and innovative management practices for current and future health care leaders

AIM Summary and Highlights



- **Program:** Speakers and panelists represented a broad-cross section of stakeholders
- Notable was a presentation from Regina Holliday, Patient Rights Arts Advocate.
- **Outreach:** Campaign produced thousands of impressions for the HIE effort throughout the state through email invitations, conference website, visibility on partner/association newsletters and websites and through day of Twitter campaign with over 150 conference-related tweets adding to the official conversation

Oregon e-Health Pledge

www.oregon.gov/OHA/OHPR/HITOC/OregoneHealthPledge.shtml



Administrative Simplification Update



Markle Foundation Advisory Committee Update



Technology RFP Update



**Oregon
Medicaid EHR Incentive Program**

HITOC Presentation

Lisa A. Parker
Interim Medicaid HIT Project Director
October 6, 2011



Oregon's Medicaid EHR Incentive Launch

- September 26, 2011

- Registrations
 - Eligible Professionals
 - Eligible Hospitals
- Applications currently being processed
- Payment schedule
- Development of Operations
- Issues
 - Web Portal
 - Provider Inquiries
 - Every application is different!
 - Communications

Resources

Oregon's Medicaid EHR Incentive Program

- www.MedicaidEHRIncentives.oregon.gov (eSubscribe to receive email alerts),
- E-mail: Medicaid.EHRIncentives@state.or.us, Phone: 503-945-5898

CMS's Medicare EHR Incentives

- www.cms.gov/ehrincentiveprograms

CMS's Meaningful Use

- www.cms.gov/ehrincentiveprograms/30_meaningful_use.asp

Oregon's Public Health Meaningful Use Requirement

- <http://public.health.oregon.gov/ProviderPartnerResources/Healthcareproviders/meaningfuluse/Pages/index.aspx>.

Technical Assistance:

- O-HITEC: www.o-hitec.org
- Tribal providers can contact the National Indian Health Board:
(www.nihb.org/rec/rec.php.)

Consent Policy & Rule-making Process

Chris Coughlin & Kahreen Tebeau



Input from HIO Panel on HITOC Vote to Defer Adoption of OARs to Implement Consent Policy

- Decision to delay the consent rulemaking process is **correct**
- HIE based on the model of Direct has adequate regulation under HIPAA
- If Oregon adopts another model of HIE other than Direct, then the state would need to reassess implementation of a consent policy
- The rule as drafted may discourage providers from participating in HIE
- The state should not make any consent rules unless federally required
- Other states have taken longer to develop a consent policy
- Opt-out may be the best consent policy option; represents a compromise between both ends of the spectrum of stakeholder interests

Consent Policy: Next Steps

- Legal & Policy Workgroup met October 5 to provide input on defining the process for engaging stakeholders and gathering information to better understand the complexities of implementing the consent policy
- Workgroup feedback:
 - Several items need to be addressed and clarified, including the intent of the consent policy, the timeline and “triggers” for implementing it, and scope of what will be regulated
 - A subcommittee with members of the Legal & Policy Workgroup and the Consumer Advisory Panel will be formed and will meet with staff, beginning in November, to address these issues

Break

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health", which is in a larger, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

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Workgroup and Panel Reports

Carol Robinson, Dave Witter &
Kahreen Tebeau



HIO Executive Panel September Mtg

- Updates since April meeting on State Medicaid Directors' letter, technology RFP, HB3650, CCO work groups, considerations for HIE and HIOs
- Strong support for deferring consent rulemaking, HIPAA adequate for current HIE including Direct
- Assess current and planned local/regional HIE activities to inform transformation, technology and financial planning
- Increased importance of Executive Panel participation by all communities with aspiring HIOs or HIE nodes affiliated with or led by integrated delivery networks

Regional HIE Activities Survey

Goal: Assess the current and planned local/regional HIE efforts to inform transformation, technology and financial planning.

Areas covered include:

- Organization development and governance
- Current and potential market areas, types of participating organizations
- Major HIE technology components and/or functionalities in place or planned
- Approximate level of financial investments and costs

Legal and Policy Workgroup

- Discussion topics at the October 5 Meeting:
 - Process for developing and completing the HIE Participation Agreement
 - Federal NPRM to amend the Clinical Laboratory Improvement Amendments (CLIA) and HIPAA to require direct reporting of laboratory test results from labs to patients
- Feedback from Workgroup:
 - Participation Agreement: The Workgroup will review drafts prepared by OHIT staff and legal contractor when developed
 - NPRM for HIPAA/CLIA: The Workgroup determined no action or follow up needed on this issue; and the NPRM is consistent with existing Oregon law

Other Workgroups

- Consumer Advisory Panel's next meeting, October 27th (meetings are held quarterly)
- Finance Workgroup's next meeting will be held early December
- Technology Workgroup members may reengage after vendor selection with the Finance Workgroup, to assess the HIE potential services for Phase 2

ONC HIE Program Status Briefing

Carol Robinson



ONC's HIE Requirements and Priority Areas

- ONC included three priority areas in the Program Information Notice (PIN) issued in 2010:
 - E-prescribing
 - Laboratory Exchange
 - Care Summary Exchange
- ONC is asking states to identify a fourth priority area
- Staff are proposing HITOC consider Clinical Quality Metrics as the fourth priority area
 - Integrates with Oregon's Triple Aim goals and the health system transformation efforts

Oregon Health Care Quality Corporation HITOC presentation

Mylia Christensen
October 6, 2011



Summary



- Overview of Quality Corp – Who We Are
- What We Do and How
- Key Findings: 2011 Statewide Report
- Quality and Value Measurement in Oregon
- Future Directions and Opportunities to Collaborate with HITOC
- Questions and Discussion

Quality Corp Mission



The Oregon Health Care Quality Corporation is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.

Quality Corp Vision

Vision:

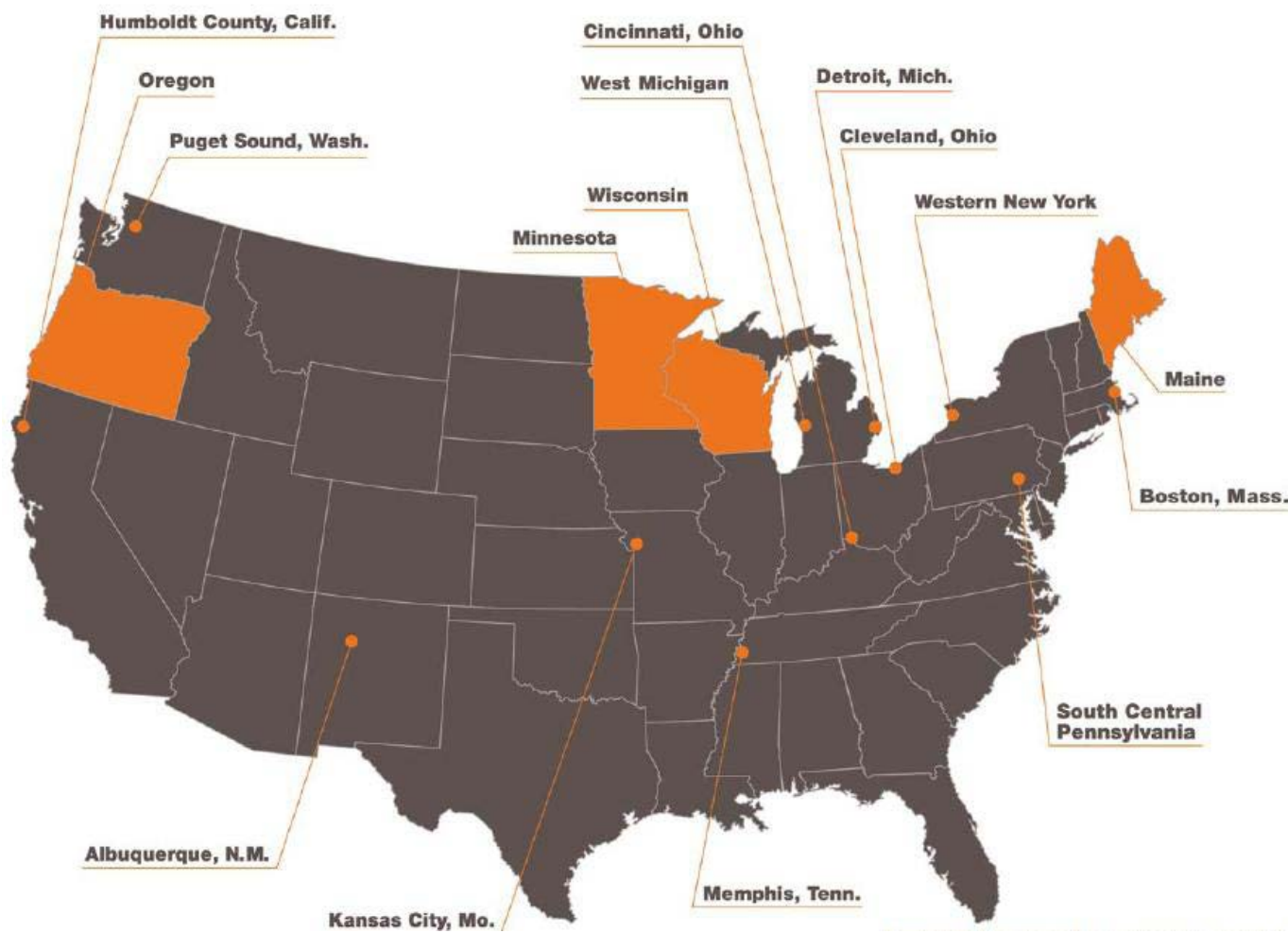
- Quality Corp is a community leader of results-oriented forums where Oregon stakeholders come together to improve the quality and reduce the costs of health care in our state.
- Quality Corp collaborates with Oregon stakeholders to produce transparent data and analytics that are highly valued and actionable by our community to improve the health outcomes of Oregonians.
- Quality Corp is a trusted source of information that is routinely used in health care planning, programming and evaluation.

Quality Corp Partnership



- Started in 2000
- Nonprofit
- Multi-stakeholder Collaboration
- Stewardship of the Collaboration – 10 years and growing!

Aligning Forces for Quality Communities





Funding Organizations

- CareOregon
- Clear One Health Plan
- Medicaid Fee-For-Service (DMAP)
- Health Net of Oregon
- FamilyCare Inc.
- Kaiser Permanente
- LifeWise Health Plan of Oregon
- ODS Health Plans
- PacificSource Health Plans
- Providence Health Plans
- Regence BlueCross BlueShield
- UnitedHealthcare

- Robert Wood Johnson Foundation



Information for a Healthy Oregon



2011: 10 Data Suppliers & 20 Primary Care Measures



Women's Preventive Care

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening

Diabetes Care

- HbA1c Test
- LDL-C Test
- Kidney Screening
- Eye Exam

Other Chronic Care

- Heart Disease Cholesterol
- Asthma Medication Mgmt
- Antidepressant Medication Mgmt (2)

NEW:

Utilization

- Low Back Pain Imaging
- Appropriate Strep Tests
- Generic Drug Fills (4)

Pediatric

- Well-Child Visits 0-15 mths (2)
- Well-Child Visits 3-6 yrs



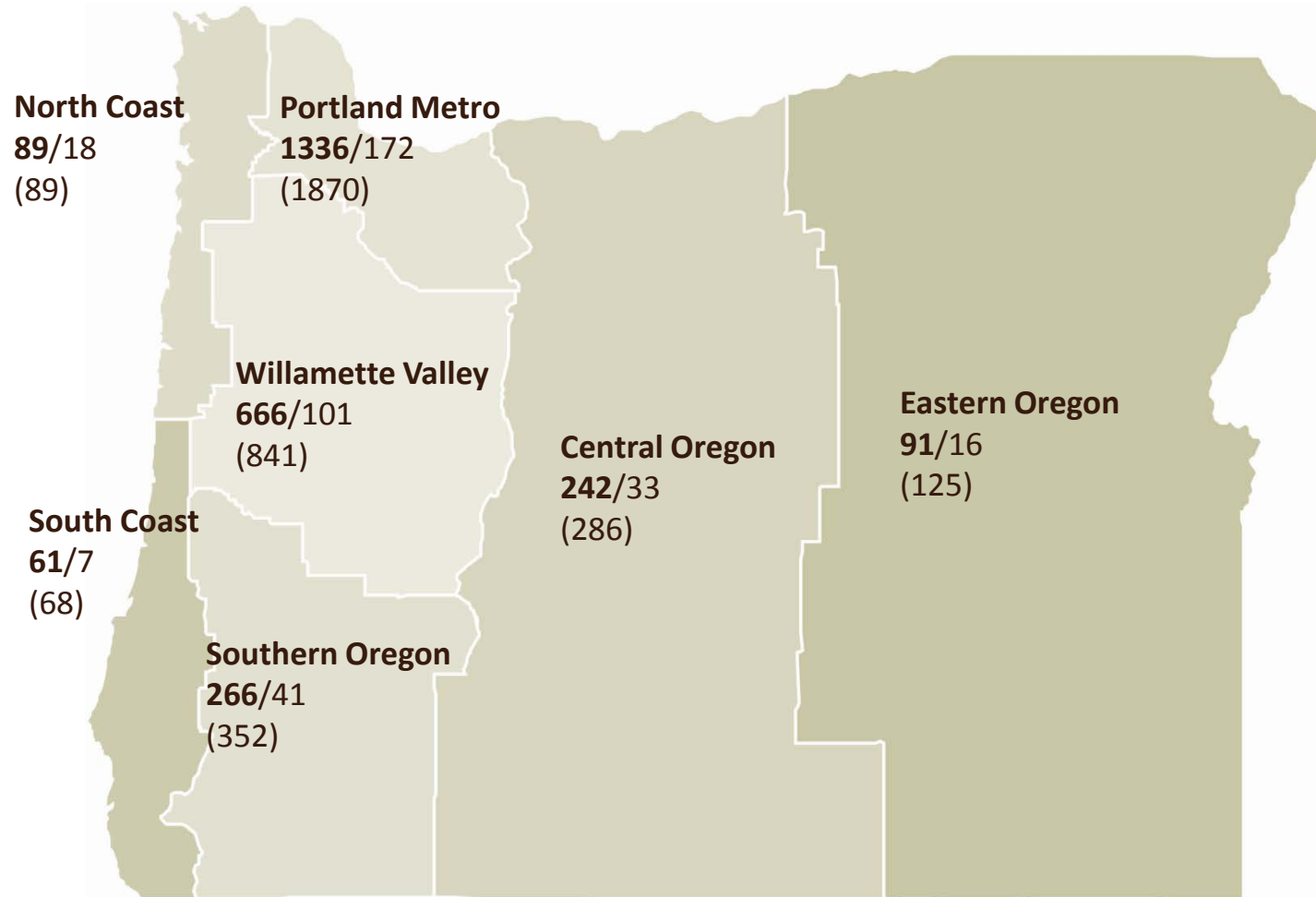
Quality Corp Provider Directory

- Quality Corp developed and maintains the most comprehensive directory of primary care providers in the state.
- The provider directory contains information on 2,751 primary care providers currently practicing in Oregon at 388 adult primary care and pediatric clinics.
- Quality Corp's provider directory represents approximately 85% of all primary care practitioners actively practicing in Oregon.
- Each provider is mapped to a clinic which is defined as a physical doorway where patients receive care. The clinics are then mapped to medical groups.
- The provider directory contains the mailing address, phone, email address and contact at each medical group.

Quality Corp Data Base

	Oregon Total Health Insurance Enrollment 2009*	Quality Corp Member Months as of March 31, 2010	Percent of State Total of Covered Lives
Commercial—All lines	1,798,000	1,437,992	80.0
Medicare—Total	602,000	140,597**	23.4
Medicaid—Total (includes managed care and fee-for-service)	475,000	287,587	60.5
Medicaid fee-for-service	85,015	129,449	100***

Geographic Distribution of Clinics and Primary Care Practitioners Included in *Partner for Quality Care*



Primary Care Practitioners/Clinics Included in Practitioner Directory
(Estimated Total Primary Care Practitioners)



Highlights the Benefits of Collaboration

- The majority of primary care clinics (80%) included in *Partner for Quality Care* reports have contracts with 8-10 payers.
- Payers participating in *Partner for Quality Care* are also able to benchmark clinic and medical group performance against Oregon and national benchmarks.



Claims Data Summary

- 3.2 million unique patients captured in claims — demonstrating the value of aggregating data.
- Almost half a million unique providers rendering services.
- 188 million medical claims and 121 million pharmacy claims.
- All providers in the directory receive quality reports with patient-level information for follow-up.

Public Reporting

Partner for Quality Care



Tips for You

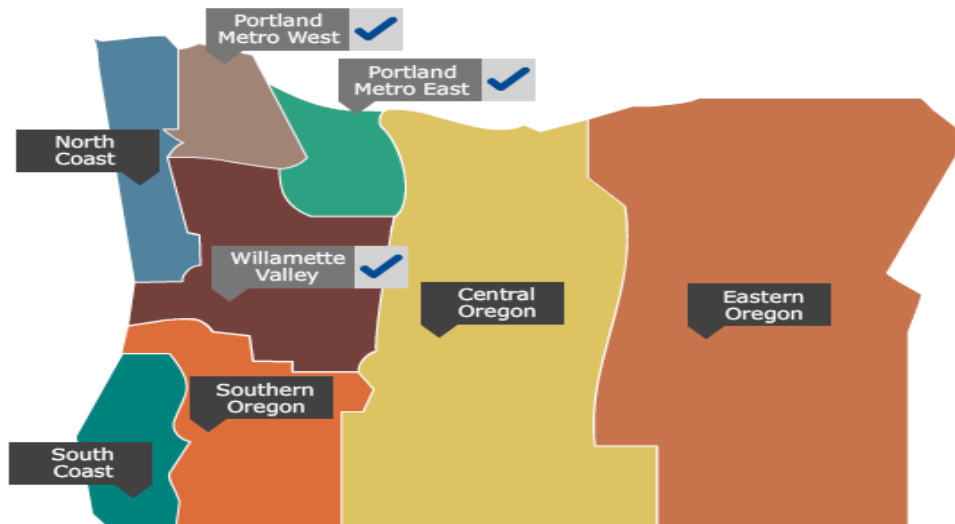
Quality Scores

About this Work

You are here: Home > Quality of Care Ratings for Oregon clinics and medical groups

Compare Clinics

Step 1: Choose one or more regions



- Portland Metro West
- Portland Metro East
- North Coast
- South Coast

- Willamette Valley
- Southern Oregon
- Central Oregon
- Eastern Oregon

Step 2: Choose a topic

- Diabetes
- Heart Disease
- Women's Health
- Asthma Medication

Step 3: Choose doctor's offices or medical groups

- Doctor's offices
- Medical groups

[Note: A medical group includes all the doctor's offices within that system.]

[View Quality Scores](#)

Information for a Healthy Oregon

STATEWIDE REPORT ON HEALTH CARE QUALITY

FEBRUARY 2011



Partner for
Quality Care



Information for a Healthy Oregon

A project of the Oregon Health Care Quality Corporation

2011 Statewide Report

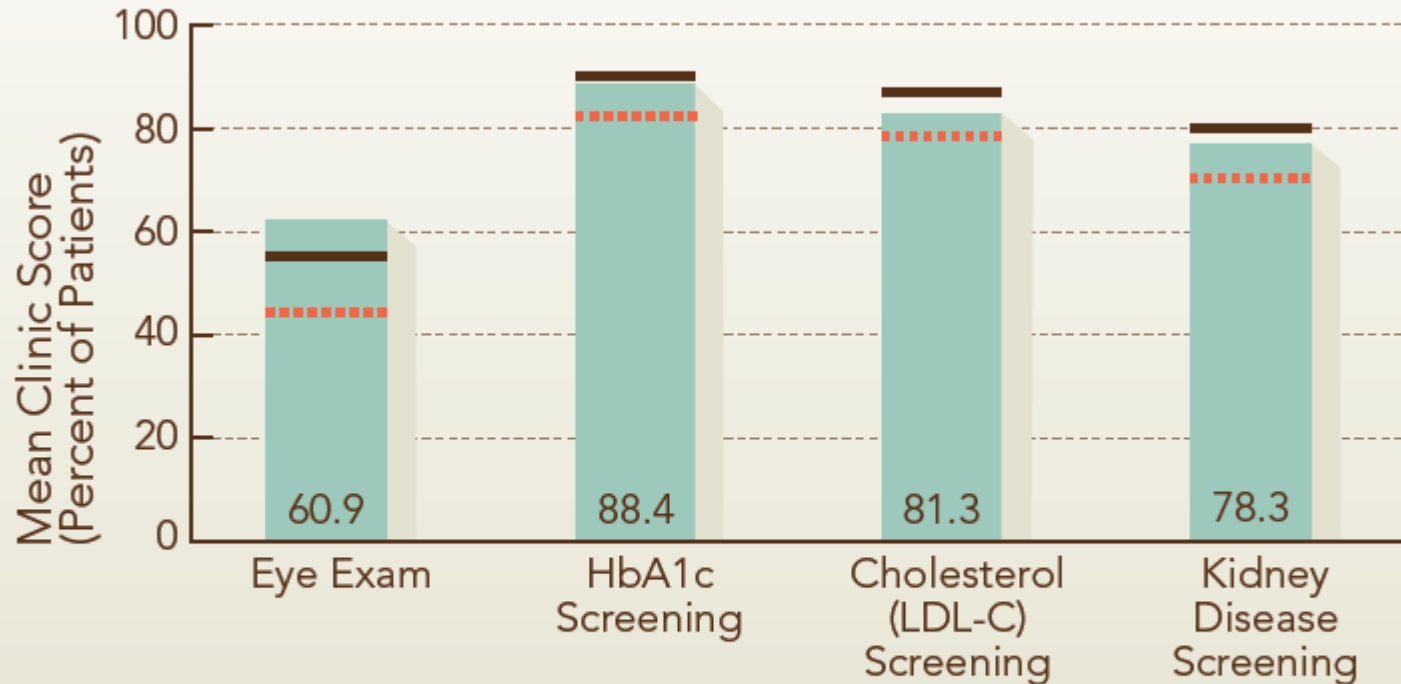
- Medical Groups
- State agencies
- Consumer groups
- Employer groups
- Public Policy Makers
- Participating health plans
- Other funders

Also available at:

www.PartnerForQualityCare.org



Diabetes Care

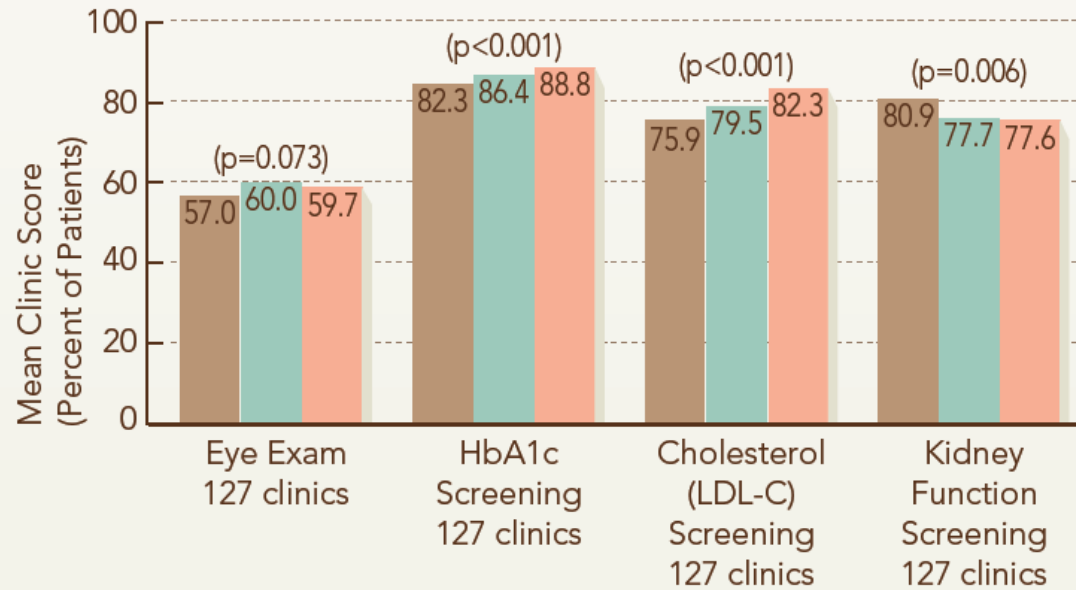


- Measurement year Apr 2009–Mar 2010; Source data Apr 2008–Mar 2010
- ⋯ 2009 HEDIS national mean
- 2009 HEDIS national 90th percentile

Results for publicly-reported clinics with at least 25 patients in the measure

Three-year trends across eight common health plans

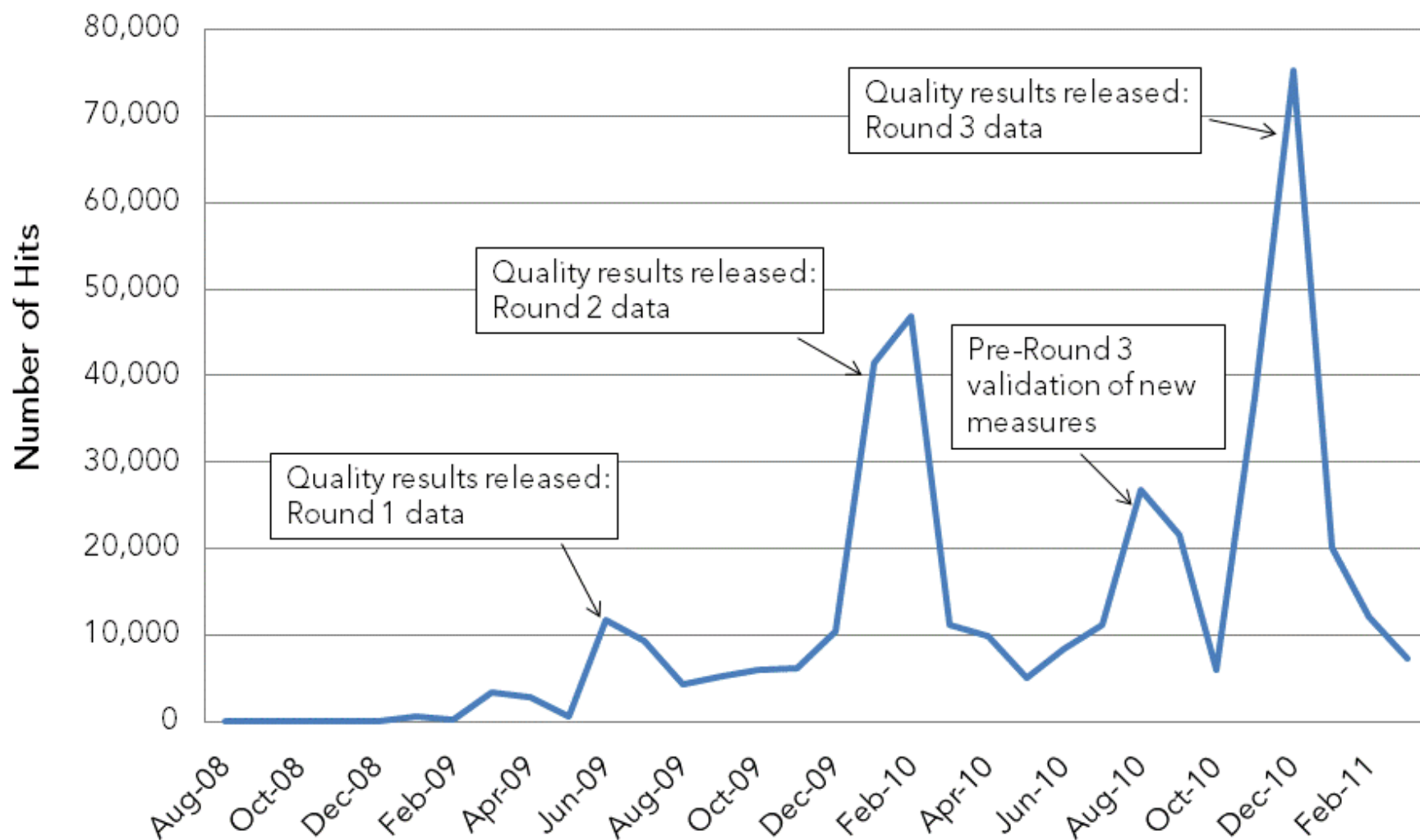
Diabetes Care



- Round 1 based on the measurement year Jan 1, 2007-Dec 31, 2007
- Round 2 based on the measurement year Apr 1, 2008-Mar 31, 2009
- Round 3 based on the measurement year Apr 1, 2009-Mar 31, 2010

Means and linear trend analysis based on clinics with at least 25 patients in the measure denominator during Rounds 1-3, and publicly-reported in Round 3.

Partner for Quality Care Provider Reports Secure Portal Page Hits*



Comparison to clinic, medical group, regional, state best-in-class and national benchmarks

Confidential Practitioner Results

Your Quality Scores Compared to Clinic, Group, Oregon and Top Performers



Practitioner: [Redacted]
 Clinic: [Redacted]

Measure	Number of Patients	Your Quality Scores	95% Confidence Interval	Clinic Score	Your Medical Group Average	Regional Average	Oregon ABC Benchmark	HEDIS 2009 Benchmark Rates 90th Percentile
Breast Cancer Screening (age 40-69)	94	72.3 %	63% - 80%	74.1 %	78.4 %	74.1 %	86.4 %	72.5 %
Cervical Cancer Screening (age 21-64)	81	81.5 %	72% - 88%	82.2 %	78.8 %	74.5 %	87.6 %	79.5 %
Chlamydia Screening in Women (age 16-24)	6	0.0 %	0% - 39%	14.6 %	39.0 %	39.5 %	73.0 %	50.7 %
Diabetes Care, HbA1c Testing (age 18-75)	30	96.7 %	83% - 99%	92.7 %	89.4 %	88.4 %	94.6 %	89.8 %
Diabetes Care, LDL-C Screening (age 18-75)	30	70.0 %	52% - 83%	82.3 %	82.9 %	81.3 %	91.6 %	86.8 %
Diabetes Care, Eye Exam (age 18-75)	30	60.0 %	42% - 75%	61.5 %	56.4 %	60.9 %	78.8 %	54.4 %
Diabetes Care, Diabetic Nephropathy (age 18-75)	30	86.7 %	70% - 95%	88.5 %	83.1 %	78.3 %	93.6 %	80.3 %
Cholesterol Management for Patients with Cardiovascular Conditions (age 18-75)	4	75.0 %	30% - 95%	73.3 %	79.9 %	82.9 %	93.0 %	89.0 %
Use of Appropriate Medications for People with Asthma (age 5-50)	2	100.0 %	34% - 100%	100.0 %	82.7 %	90.1 %	98.0 %	95.5 %
Use of Imaging Studies for Low Back Pain	11	90.9 %	62% - 98%	87.5 %	86.1 %	85.2 %	93.2 %	79.9 %
Percentage of Generic Prescriptions for NSAIDs - non-steroidal anti-inflammatory drugs	29	56.2 %	47% - 65%	72.9 %	87.5 %	87.7 %	98.7 %	NA
Percentage of Generic Prescriptions for PPIs - proton pump inhibitors (gastric acid reduction)	36	66.9 %	60% - 73%	70.6 %	76.8 %	78.2 %	95.5 %	NA
Percentage of Generic Prescriptions for SSRIs - antidepressants	32	60.2 %	53% - 67%	69.5 %	69.1 %	66.7 %	84.1 %	NA
Percentage of Generic Prescriptions for Statins - cholesterol lowering agents	116	55.7 %	53% - 58%	60.9 %	69.6 %	70.4 %	80.9 %	NA
Antidepressant Medication Management, Acute Phase Treatment (age 18-75)*	3	33.3 %	6% - 79%	33.3 %	60.7 %	65.9 %	78.3 %	69.6 %
Antidepressant Medication Management, Continuation Phase Treatment (age 18-75)*	3	0.0 %	0% - 56%	16.7 %	41.1 %	49.0 %	65.8 %	54.3 %

Data Conclusions from Statewide Report

Significant Improvement in Quality Measures:

- **Diabetes HbA1c Screenings** – Mean Oregon clinic score increased from 82.3% to 88.8% in three years. Of 127 clinics meeting threshold for measurement, 102 (80.3%) ended the three-year period with a higher rate.
- **Diabetes LDL-C Screenings** – Mean Oregon clinic score increased from 75.9% to 82.3% in three years. Of 127 clinics meeting threshold for measurement, 99 (78.0%) ended the three-year period with a higher rate.
- **Chlamydia Screenings** – Mean Oregon clinic score increased from 29.8% to 36.4% in three years. Of 92 clinics meeting threshold for measurement, 82 (67.4%) ended the three-year period with a higher rate.

Feedback from Statewide Report

"Performance measurement is an integral part of health care reform. In order to know where improvement is needed, we have to measure performance. *Partner for Quality Care* provides us with the credible data we need to drive change in health care."

Bruce Goldberg, M.D. Director, Oregon Department of Human Services, Director-Designee, Oregon Health Authority

Feedback from Statewide Report

“ Before we looked at our reports from *Partner for Quality Care*, we assumed our care for women’s health was good. Four years ago we stopped doing mammography screening in-house. As a result, we did not follow up as closely with our patients to ensure they received the service as ordered by their clinician. After seeing our scores, we have set an internal goal with nursing staff to find out who is due for a mammogram, and each nurse calls 10 patients a week to get them in for service.”

*Amanda Trujillo, Site Manager/Quality Management,
Northwest Primary Group, PC*

Feedback from Statewide Report

“Sometimes you just don’t know what you don’t know. I was able to use the data from *Partner for Quality Care* and compare it to my own patient registry. I discovered that I have patients with asthma and didn’t even know it. The bottom line is that the *Partner for Quality Care* data picked up patients that truly do have asthma that we’re managing inappropriately and were missed by our data pull. Our office has already instituted a change in our phone advice protocol that affects how asthma medication refills are handled.”

RJ Gillespie, M.D., F.A.A.P., Medical Director, Oregon Pediatric Improvement Partnership, Pediatrician at the Children’s Clinic

Feedback from Statewide Report

“I find the data reports helpful to my organization because they provide information we don't have. We find this very useful because we can investigate where variation exists, where the care differences exist, where the best care is delivered and how, and roll those findings out to the rest of the group. When the *Partner for Quality Care* data came out, my first reaction was ‘finally we'll have a benchmark to measure our internal data and either justify our work to date, or guide our efforts of improvement.’”

Todd Wise, M.D.

Feedback from Statewide Report



“We require health plans we contract with to participate in the *Partner for Quality Care* initiative because we are committed to making health care better, and the way to get there is by working together. We sent information to all of our members about the *Partner for Quality Care* website because we want them to make informed decisions about where they go for their care.”

Joan Kapowich, Administrator, Public Employees Benefit Board

Feedback from Statewide Report



“The *Partner for Quality Care* initiative is a remarkable example of collaboration for the greater good. This program encourages health plans to set aside competitive motivations in order to collaborate around a consistent approach to improving health care in Oregon. Thanks to this collaborative effort, practitioners in Oregon now have some meaningful data to guide improvements in the quality of care and consumers are able to make better informed choices about their own care.”

Chris Ellertson, President, HealthNet Health Plan of Oregon, Inc.



Feedback from Statewide Report



“If you're trying to figure out what doctor to go to or whether you're getting the kind of care you should, this website is very helpful. For example, my husband has type 2 diabetes and goes to the doctor every year like he should, and I always assume he's getting the right care. Now I can look at the *Partner for Quality Care* website and see what he's supposed to get and ask him whether he got it or remind him to ask his doctor.”

Linda Eaton, M.P.H., Retired Lane County Health & Human Services Employee



Quality and Value - Changing Environment

- Dramatic increase in requests for quality and value metrics (specialists, condition specific, dental, long term care, health outcomes, meaningful use, social determinants, CCO's, medical homes, ACO's, health exchanges, NQF, NCQA, IOM, etc.).
- Pioneering efforts without measures developed.
- Need for real time relevant data at many levels (consumer, provider, purchaser, plans, state, etc.).

Quality and Value - Changing Environment

- Evolving science and competing methodologies.
- Fast track implementations on many levels.
- Competition for time and focus.
- Interest and stakes are high and resources are challenging !

Quality Corp Activities

- Common Measures and Alignment
- EMR and Claims Hybrid Project 2011
- Expanded New Metrics to include: Cost of Care Information, Utilization Reports, State Baseline Reports, New Information for CCO's / ACO's, etc.
- Acute Low Back Pain Project (State, OHLC, OCHCP, Quality Corp, etc.)
- Reducing Unnecessary Hospital Admissions

Quality Corp Activities

- Patient Experience Public Reporting
- Evaluation of Oregon Pilot Projects (OHLC medical homes, imaging PA, etc.)
- OHA Patient Centered Primary Care Home Implementation
- OHA CCO Outcomes, Quality and Efficiency Metrics Work Group
- Oregon Health Exchange

HITOC / Quality Corp Opportunities

- Quality and Affordability as Priority
- Alignment of common Measures and Metrics
- Claims and EMR Hybrid Pilot Projects
- Discussion and Next Steps

Thank you

- www.PartnerForQualityCare.org
- www.PartnerForQualityCareforPractitioners.org
- www.Q-corp.org
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HITOC Discussion

Fourth Priority Area



Looking Forward

Steve Gordon & Carol Robinson



HITOC Appointments

- November 2011
- February 2012
- HITOC 2012 Calendar
 - March 2012 HITOC Retreat

Public Comment

Closing Comments

Thursday, November 3rd 2011

1-5pm

Portland State Office Bldg, Room 1D

800 NE Oregon St.

Portland, OR 97232

Questions or Comments:

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Oregon Health Authority