
Health Information Technology Oversight Council

September 8, 2011

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

Oregon
Health
Authority

Agenda

- 1:00 pm **Welcome, Opening Comments, Approve Minutes** – Steve Gordon
- 1:10 pm **Meeting Objectives and Updates** – Carol Robinson
- 1:30 pm **AIM Conference** – Carol Robinson
- 1:45 pm **Medicaid EHR Incentive Program Update** – Lisa Parker
- 2:00 pm **O-HITEC Report** – Clayton Gillett
- 2:15 pm **Consent Policy and Rule-Making Process** – Chris Coughlin
- 2:45 pm **Finance Update** –David Witter
- 3:00 pm *** Break ***
- 3:15 pm **Labs Draft Outreach Plan** – David Witter
- 3:45 pm **Overview of Transformation Workgroups and Process**– Sean Kolmer
- 4:50 pm **Public Comment**
- 4:55 pm **Closing Comments** – Steve Gordon
& Carol Robinson



Meeting Objectives

- Review AIM Conference agenda and goals
- Understand Medicaid EHR Incentive Program launch timing
- Consider options for consent rule making process
- Update status of finance discussions
- Understand Transformation/CCO Workgroup Process and Timeline
- Approve Lab Outreach Plan

Oregon HIE Core Services RFP Update

- RFP issued July 19th
- RFP closed August 18th
- RFP initial evaluation completed August 29th
 - Seven proposals submitted
 - Narrowed range of candidates to five
- Competitive range questions issued September 6th, responses due September 12th
- Expect to announce intent to award (estimated date) September 20th, 2011

Legislative Report

- Meeting materials include OHIT's 2011 Legislative Report
- Report contains:
 - Summaries of bills that passed
 - Summaries of LCs that OHIT filed but did not pursue
 - List of workgroups
 - List of all bills OHIT tracked

Long-Term Care Survey Update

- Goal: determine current level of technology integration within Oregon LTC community and identify challenges to expansion of HIT in LTC settings
- Closed August 22, analysis underway
- Initial findings:
 - 77 responses received
 - 97% of facilities/communities use computers/internet, 78% use web-based applications, 30% use point-of-care technology
 - 30% have EHRs (1/2 of the 70% without EHRs have no plans for implementation)
 - Main barriers to implementing EHRs: Cost, training requirements for staff

Staffing/Member Appointment Updates

- Carol Robinson Administrator, Oregon Office of Health Information Technology
- Susan Otter, Project Director, Dual Eligible Individuals Integration Demonstration
- New OHIT positions
 - Lisa Parker, Acting Project Director, MHIT
 - Oliver Droppers, Policy and Planning Director
 - Steve Johnson, HIE Services Manager
- Interest forms submitted to Governor's office for HITOC
 - Carolyn Lawson, OHA/DHS Chief Information Officer
 - Ellen Larsen RN, Director, Hood River County Health Department

HIE Participation Agreement Update

- An initial draft of Oregon's HIE Participation Agreement for statewide HIE services has been drafted by the Legal & Policy Workgroup subcommittee that volunteered to help develop the agreement.*
- The Department of Justice has reviewed the initial draft.
- Staff is currently performing comparative analysis of other states' agreements and working to complete the attachments to the draft agreement
- Staff requested and received approval for ONC/Deloitte legal technical assistance in finalizing the agreement.

*Special thanks to Bob Thomson for his work on the draft agreement.

AIM 2011

Accelerate • Innovate • Motivate

AIM 2011: INNOVATING FOR HEALTHY OREGONIANS

presented by:



platinum sponsor:



AIM 2011: Goals

*September 14, 2011
8:00 am – 6:00 pm
Oregon Convention Center*

AIM 2011 is Oregon's first annual statewide stakeholder conference focusing on the promise of health information exchange to improve coordination of patient care.

Goals:

- Announce the impending Oregon Health Information Exchange Services*
- Launch Oregon Medicaid EHR Incentive Program*
- Engage health care stakeholders and policy makers in the promise and the need for health information exchange as an accelerator and as critical infrastructure for broad health reform goals of quality improvement, payment restructuring and cost containment*

AIM 2011: Speakers

Featuring:

Opening Keynote Speaker: Farzad Mostashari, MD, National Coordinator for Health IT

Lunch Featured Speaker: Dr. Bruce Goldberg, Oregon Health Authority

Regina Holliday, Patient Rights Arts Advocate

And other State and National Health Care Policy Leaders including:

Claudia Williams, Director of State HIE Programs, Office of National Coordinator

Brian Ahier, Health IT Evangelist, Gorge Health Connect

Phyllis Albritton, Executive Director, Colorado Regional Health Organization

Shaun Alfreds, Chief Operating Officer, Maine HealthInfoNet

George Beckett, Tennessee Health IT Coordinator

Hunt Blair, Deputy Commissioner, Vermont Health Care Reform

Mike Bonetto, Senior Health Policy Advisor, Office of the Governor

Jac Davies, Director, Beacon Community of Inland Northwest

Tina Edlund, Chief of Policy, Oregon Health Authority

John Hall, Principal, Krysora

Paul Matz, MD, Medford Medical Clinic

Vendor Fair throughout and Accenture-sponsored Reception following the conference

AIM 2011: Sponsors

Platinum



Gold



Department of Medical Informatics & Clinical Epidemiology

AIM 2011: Sponsors

Silver



Bronze



Oregon Medicaid Health Information Technology Project

HITOC Presentation

Lisa A. Parker

Interim Medicaid HIT Project Director

September 8, 2011



Oregon's Medicaid EHR Incentive Registration Launch - September 5, 2011

- Oregon now appears on CMS registration website as an option in the drop down to decide which state to apply with
- Eligible Professionals can register now on the CMS website
- Eligible Hospitals can continue to register
- Update on registrations
 - Receiving daily reports

Oregon's Medicaid EHR Incentive Attestation Launch - September 26, 2011

- MAPIR on track – good partnership with HP
- User Acceptance Testing – internal started in August; external testers started this week
- Oregon Administrative Rules (OARs) became effective on July 1; additional section effective on July 22
- Outreach and communication
 - Partnered with OAHHS and O-HITEC to confirm CCNs
 - Manuals and Worksheets on website to help support providers
- Other program elements on track

Communications and Outreach

- New, improved website
 - Manuals and worksheets posted to help providers prepare to apply
- Publications – Mailer, CD Summary, HITOC newsletters
- Ongoing coordination with O-HITEC and provider associations
- Outreach to stakeholders through existing OHA and DMAP channels
- Outreach to stakeholders through emails
 - New website
 - Launch date
 - Prepare to Apply information

Other Project Updates

- **Developing plans to operationalize the program**
- **Staffing update**
- **Working with CMS to define answers to support Oregon providers on a variety of topics:**
 - **How to help providers determine when Medicaid pays for Medicare premiums**
 - **Definition of uncompensated care for Rural Health Centers and Indian Health Service clinics**
 - **Other issues as they emerge**

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>.

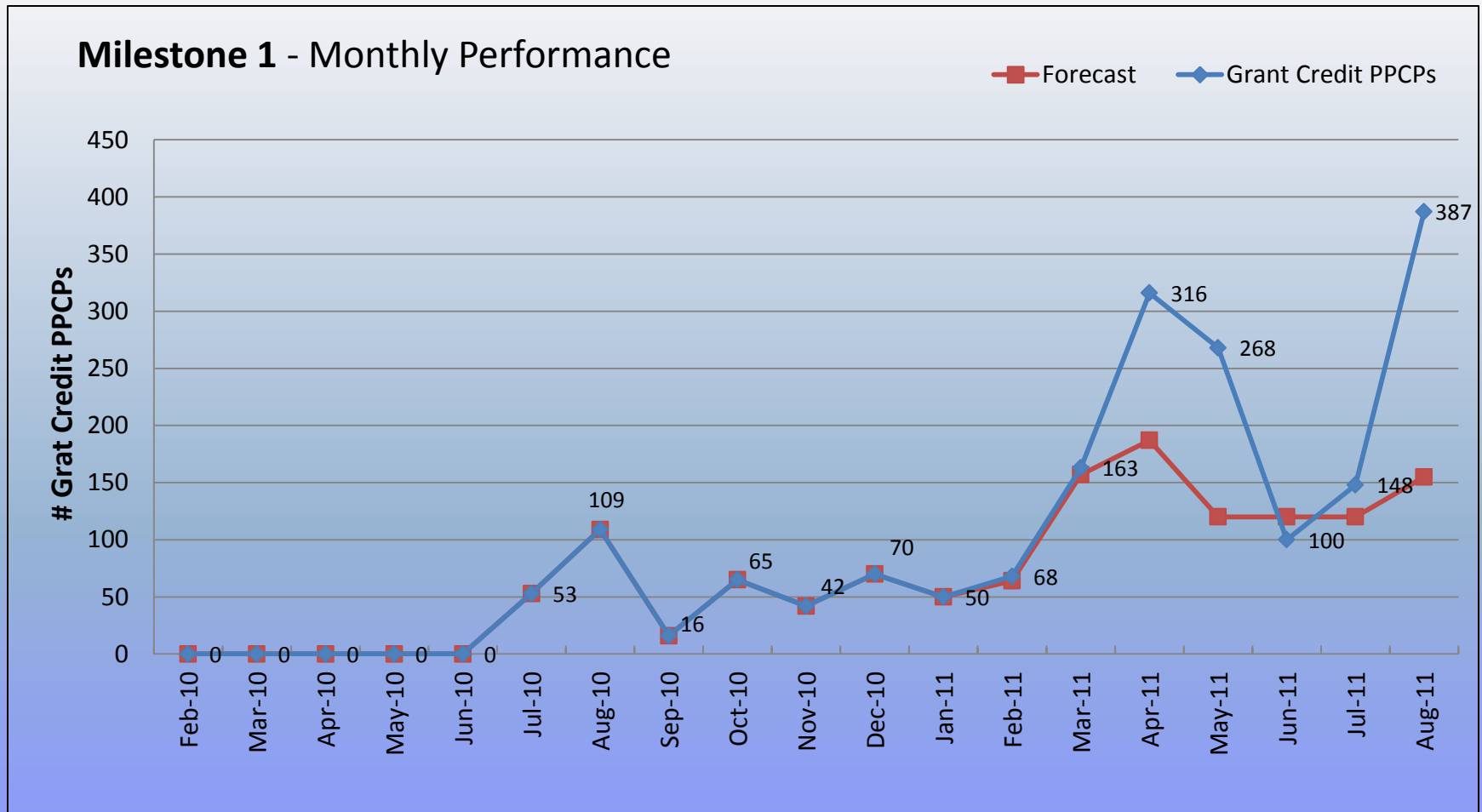
Technical Assistance:

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

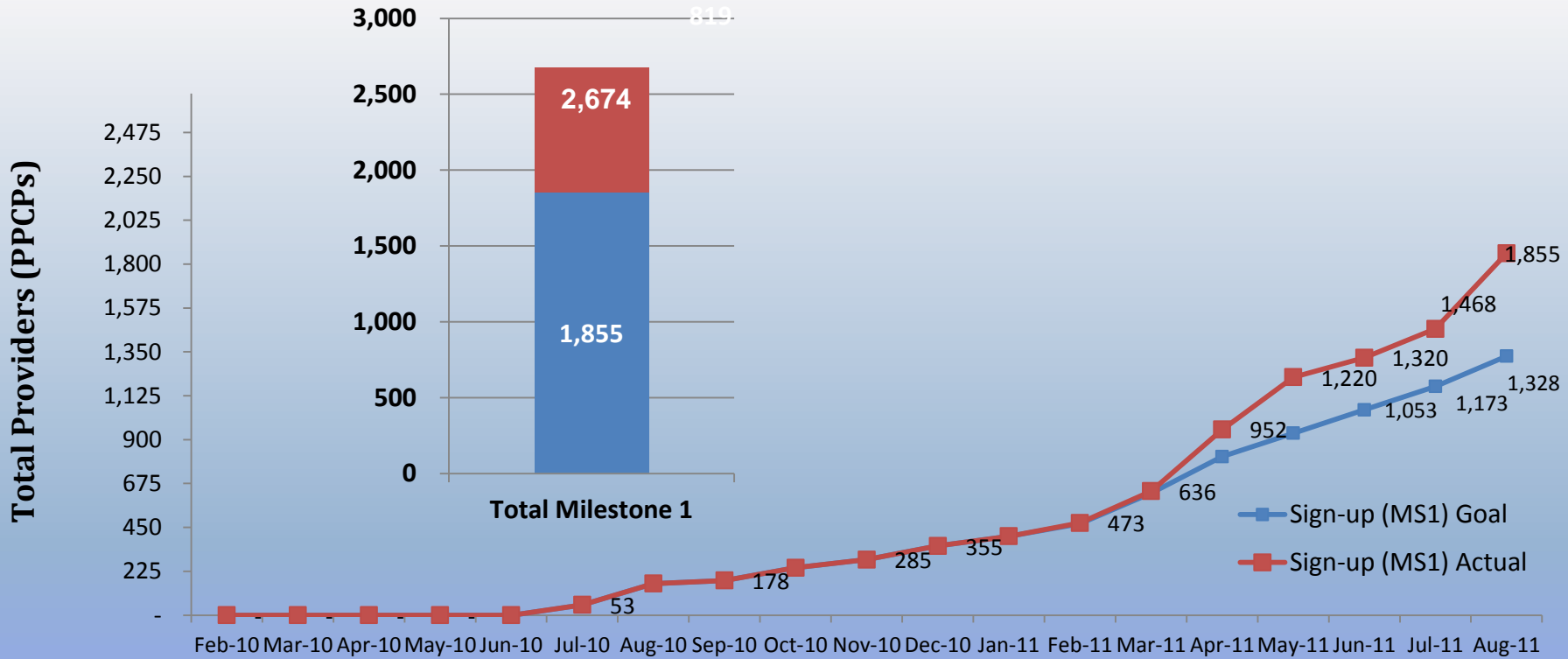
O-HITEC Monthly Performance

August 2011

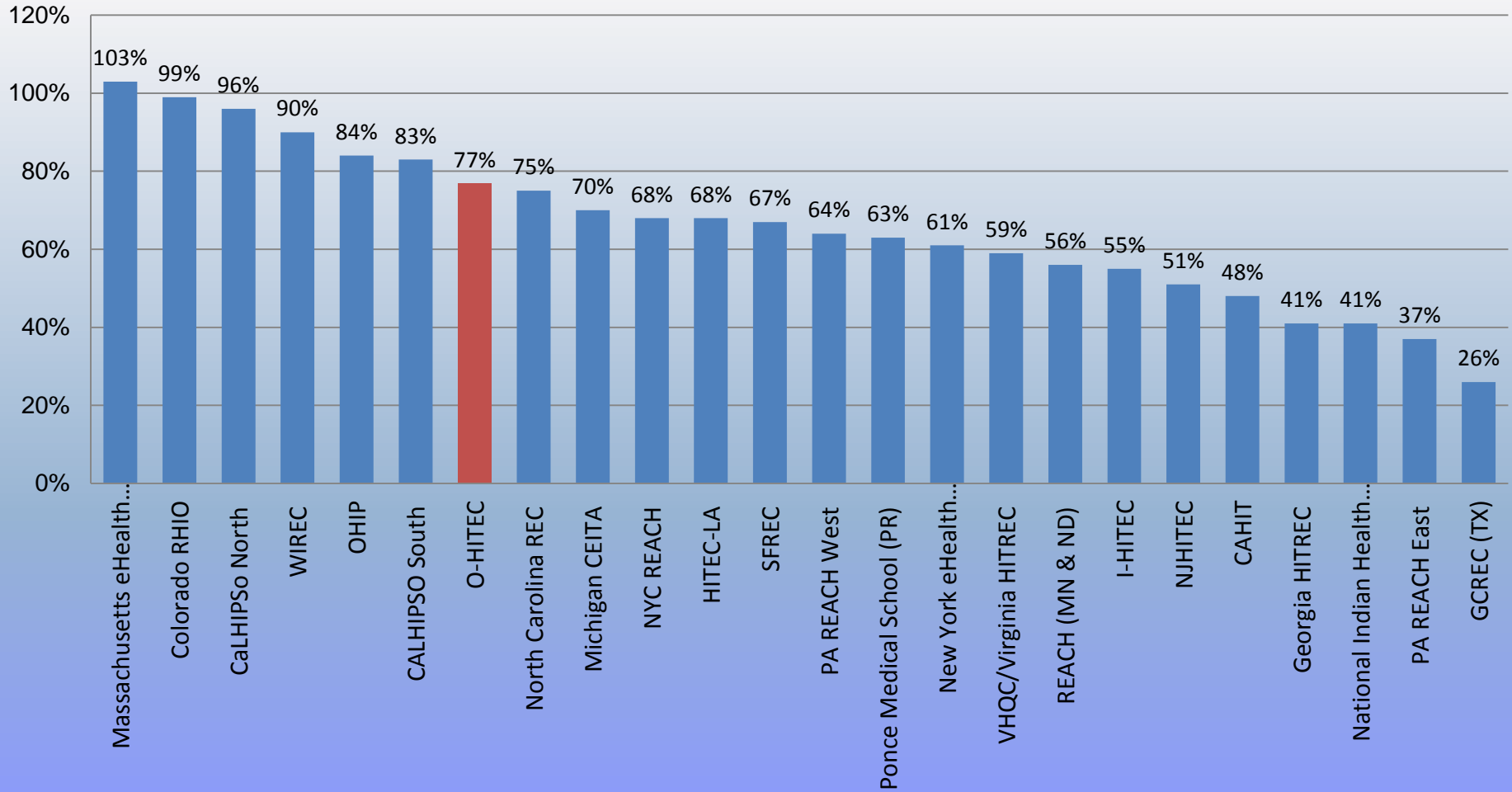
Milestone 1



Cumulative Milestone 1



RECs With Engagement Goals Above 2000



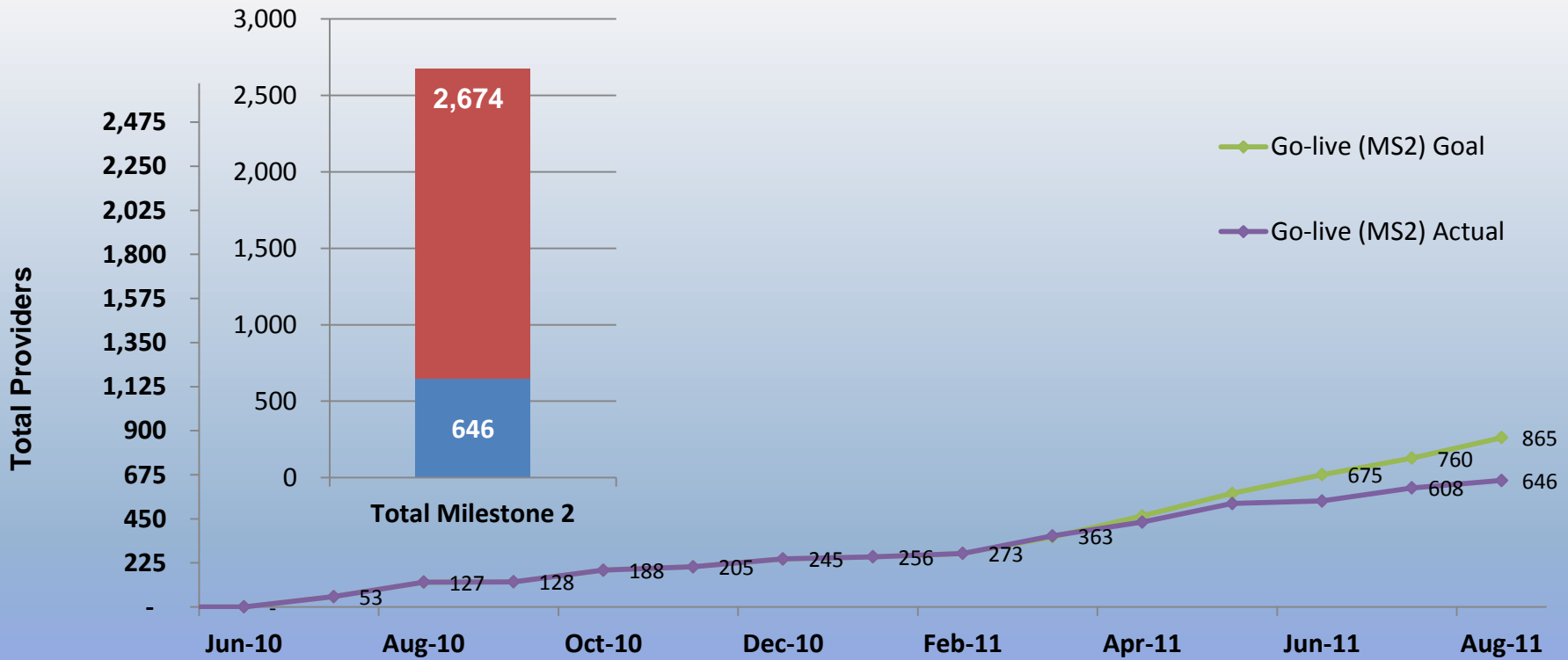
Monthly Milestone 2

Milestone 2 - Monthly Performance

Forecast Grant Credit PPCPs

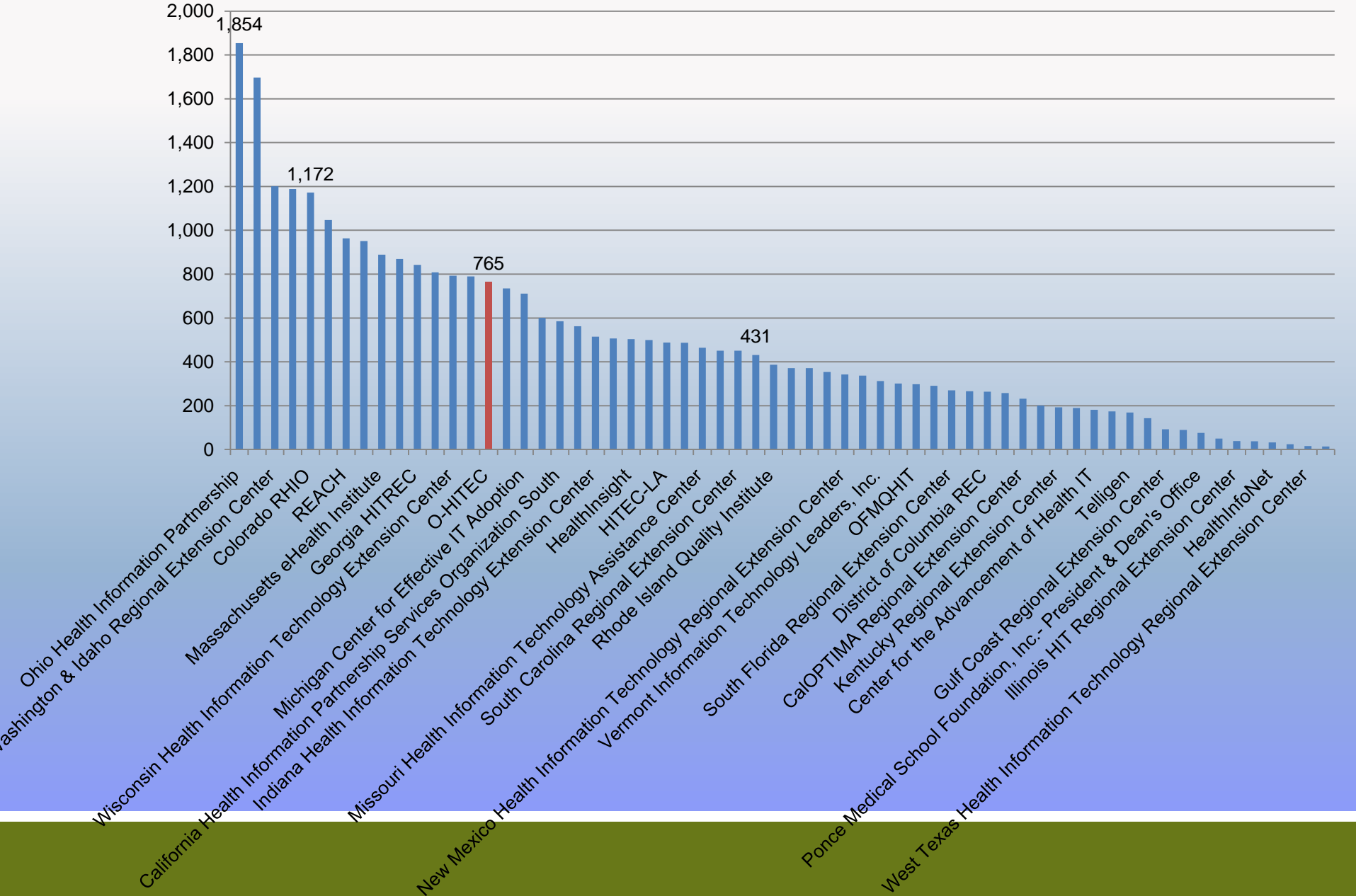


Cumulative Milestone 2



Milestone 2

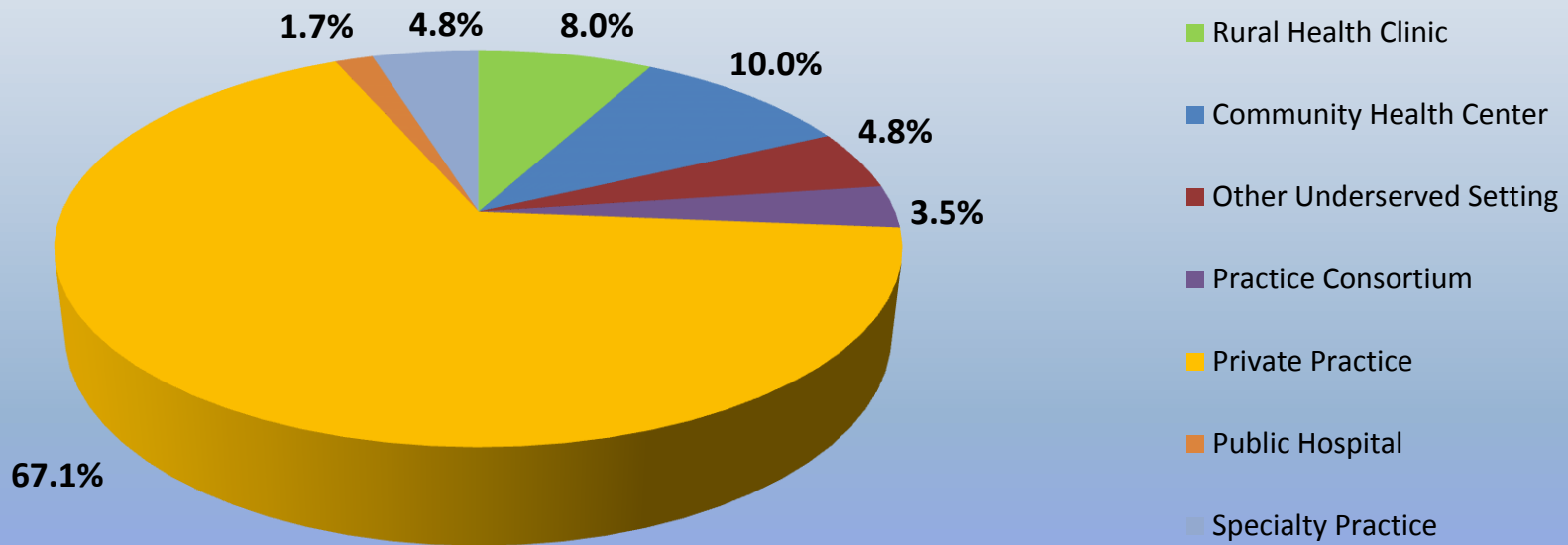
All Regional Extension Centers



Organization Type In the Extension Center

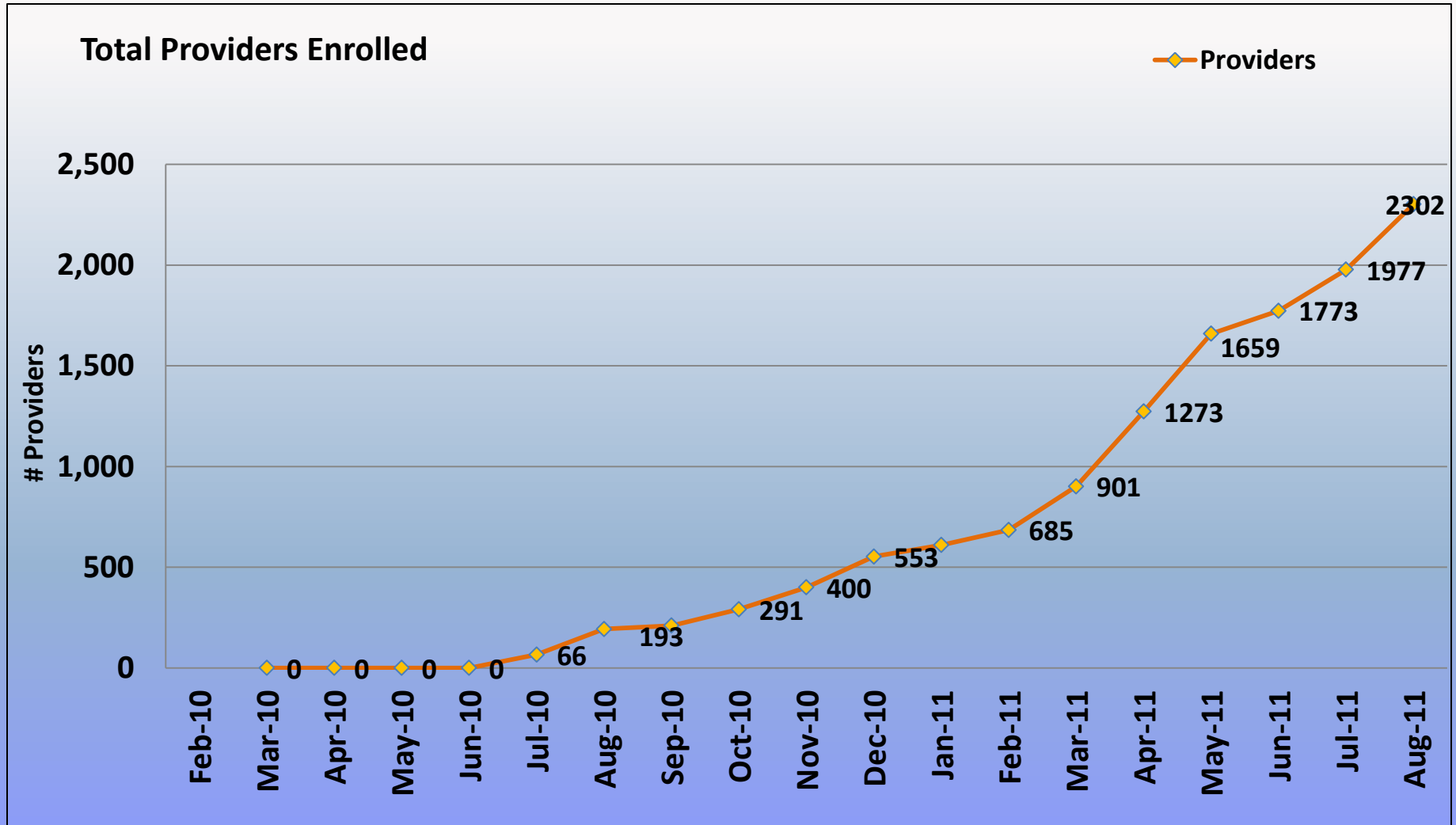


Grant Credits by Organization Type
% of Total Providers Enrolled

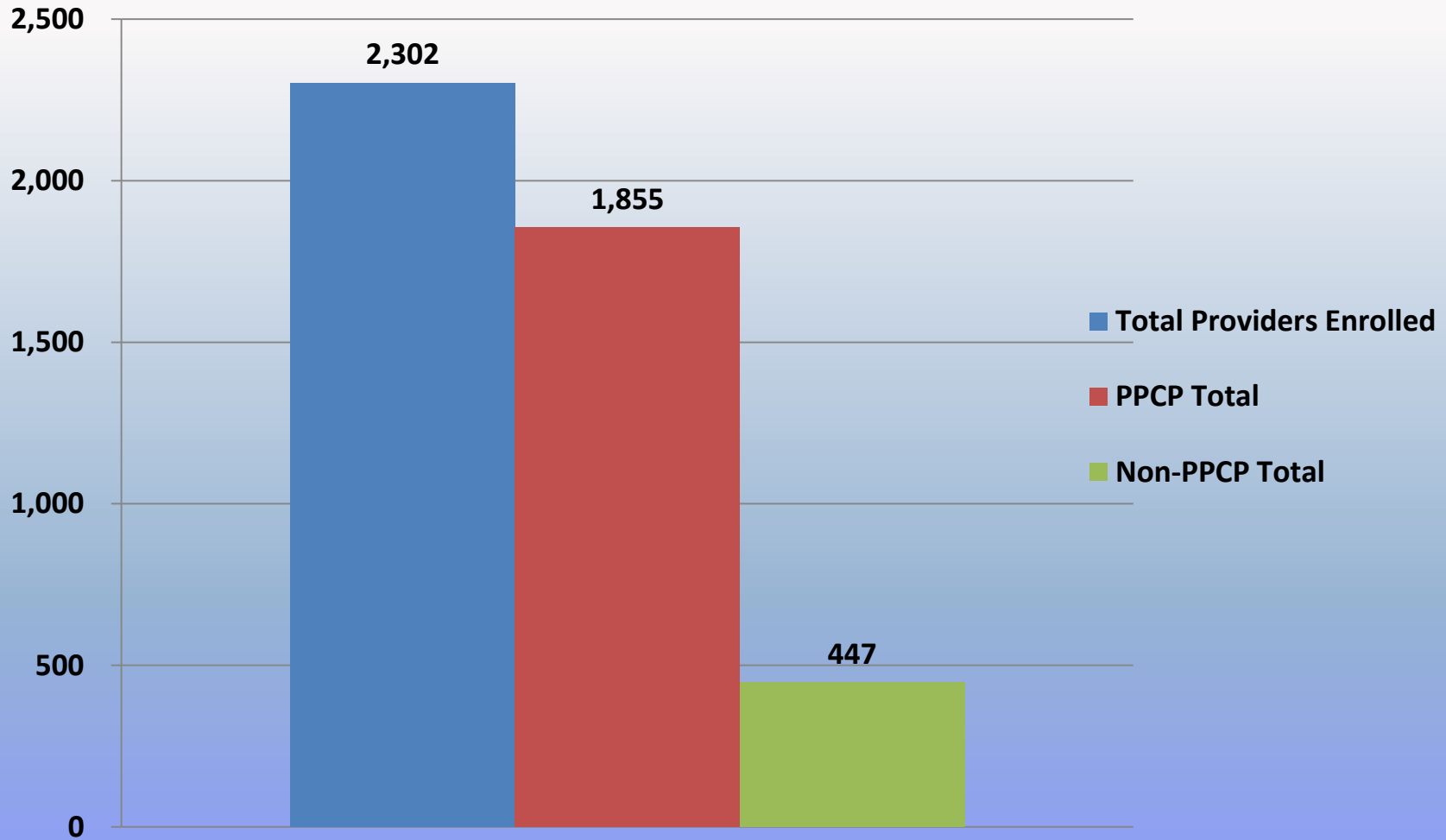




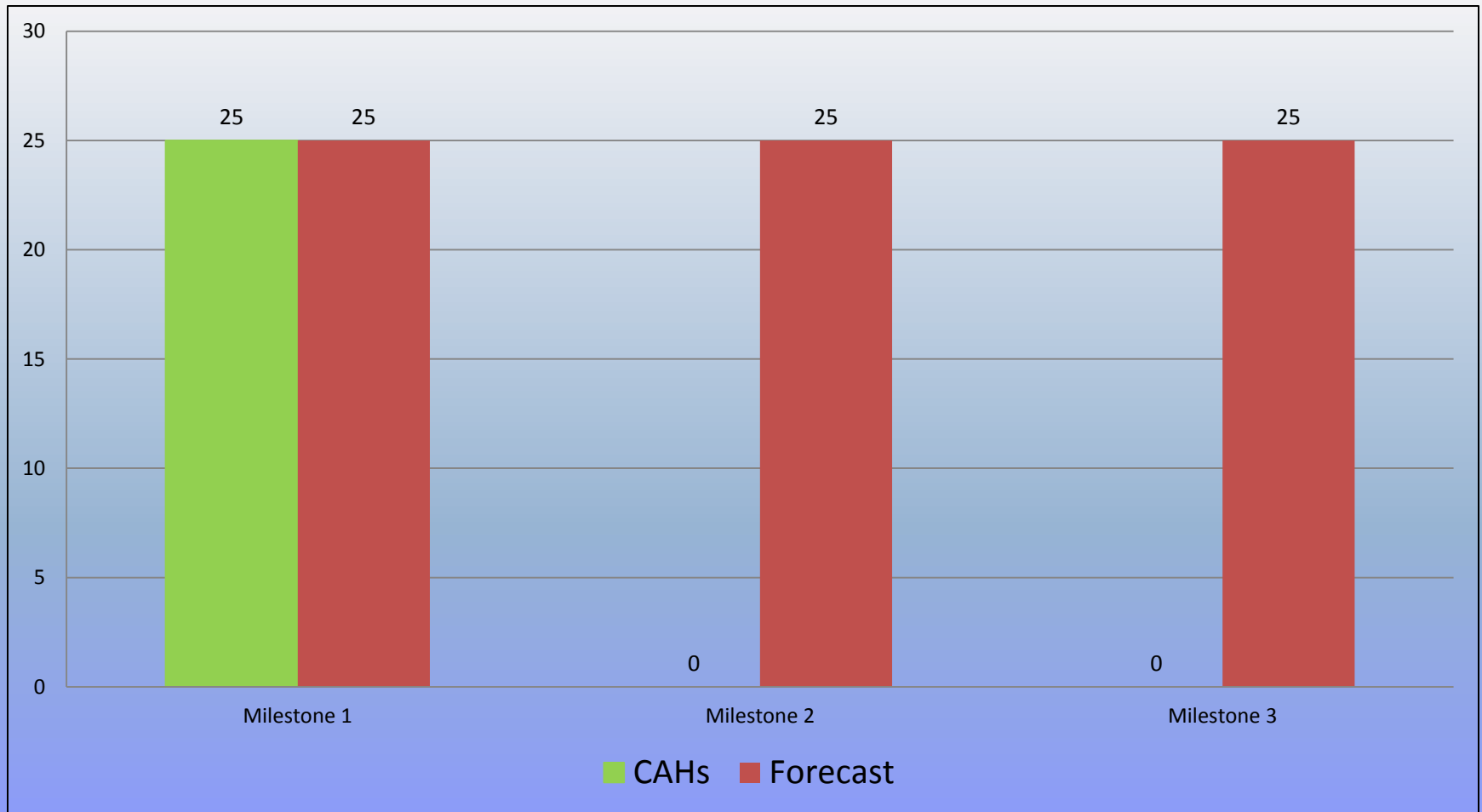
Total Providers



Total Providers by Type

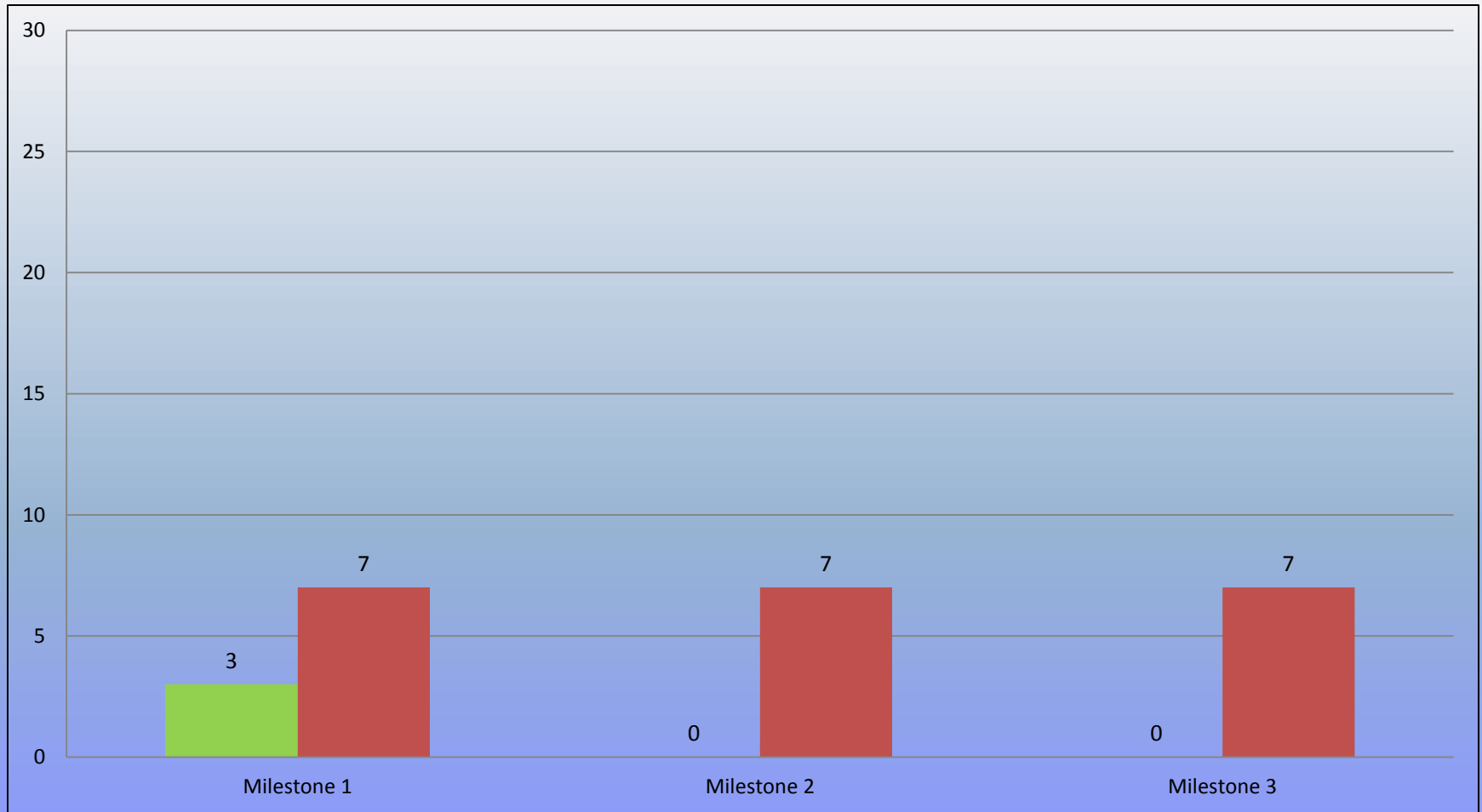


Critical Access Hospitals





Rural Hospitals



Certified Products

- **864 Certified EHR Products**

	Ambulatory	Inpatient	Total
Complete EHR	381	68	449
Modular EHR	189	226	415
Total	570	294	864

- **475 EHR Vendors**

- 60% are small companies (<51 employees)
- 10% are large companies (>200 employees)



O-HITEC Preferred Products: Market Share

- Supported products include: Greenway, NextGen, Allscripts, Epic, eCW

Market Share Represented: 53%

Free standing Clinic Market Share: 41%

Free Standing Clinic "Mind Share": 46%

Questions



HIE Consent Policy: Rule-Making Update

- **Notice of Proposed Rulemaking for HIE consent policy was filed** on July 15, initiating a public comment period.
- **The public comment period was extended** to allow stakeholders additional time to submit feedback.

HIE Consent Policy: Rule-Making Update

- **Timing considerations for filing the proposed rules:**
 1. From stakeholder feedback already received, **more staff time and additional input is needed to design the rules** so that they will provide meaningful consent for patients and be able to be operationalized by the organizations implementing the rules.
 2. There is a **need to align and coordinate** health information exchange policy implementation efforts **with the current CCO development efforts** underway.
 3. **Oregon is taking a phased approach** to HIE beginning with Direct-messaging (point-to-point) secure e-mail services; this allows more time to develop and implement administrative rules for an opt-out policy that will work in a query-based HIE environment.
 4. **Consent management technology is quickly developing** and should be considered and reviewed as part of the consent policy implementation plan.
 5. **The HIE landscape**, both nationally and in Oregon's larger health reform strategy, **has been evolving** throughout the stakeholder policy planning process and continues to do so.

HIE Consent Policy: Rule-Making Update

- **Staff recommendation for timing of adopting rules:**
 - Given the above developments, *OHIT staff recommends allowing more time to gather information on CCO development to understand implications for consent rules and to engage stakeholders to better understand the environment in which the rules will be implemented, before adopting permanent rules.*
- **The rules adoption process should be re-initiated when:**
 - The structure and criteria for CCOs are more clearly defined;
 - Stakeholders and staff have a better understanding of how consent management will work most effectively and efficiently, both from a technological and procedural standpoint; and/or
 - Query-based HIE begins to take shape in Oregon.

HIE Consent Policy: Rule-Making Update

HITOC decision point:

Approve staff recommendation or recommend alternative approach

Finance Update

Dave Witter



Finance Update – Finance Workgroup

- Finance WG met August 24, 2011
- Members received updates and reviewed background materials on:
 - Feedback from CMS on financing issues
 - HB 3650 and CCO development
 - Vermont’s claims tax model
 - Current Oregon premium tax and hospital tax model

Finance Update – Finance Workgroup

- Vermont claims tax model
 - Enacted 2008-sunsets 2015, 0.199% tax on all health insurance claims paid
 - Revenues go into an HIT fund used for HIT programs (including Vermont's statewide HIE initiative)
 - Applies to all health insurers including TPAs and self-insured plans
 - 2011: additional .8% claims tax passed to support Medicaid program
- Oregon taxes (both enacted 2009, sunset 2013)
 - Premium tax: 1% tax on gross amount of premiums earned by health insurers
 - Doesn't apply to TPAs or self-insured plans, other than PEBB, who pays 1% of all claims received
 - Helps finance Health Kids Program and Oregon Health Plan
 - Hospital tax: tax rate (set by OHA director) imposed on net revenue of Oregon's 26 DRG Hospitals
 - Rate was 2.32% through June 30, 2011.
 - Helps fund hospital related services benefiting uninsured children and OHP members

Finance Update – Finance Workgroup

Discussion of potential additional HIE services:

- With OR's new environment of CCO-related health reform, services related to clinical care seem more attractive than they did in late 2010
 - E.g., continuity of care tracking, case management, transitions in care facilitation, etc.
- Important to consider valuable services that directly leverage/employ the Core Services
- The results of the RFP selection process will affect the scope of any additional services

Finance Update – Finance Workgroup

- In developing additional value-add services, it is important to consider both the needs of potential customers and what vendors can provide.
- Questions arose about the development of standards for the different types of messages/data that would be sent using Direct Messaging.
 - Oregon’s HIE Core Services will not create additional standards for messages beyond those require for Direct, and the Trust Services for participation.
 - OHIT will monitor federal and state level efforts working on developing standards and/or administrative rules for certain types of HIT messages/transactions

Finance Update – Finance Workgroup

- The group confirmed the continuing need to engage regional HIOs around the state and closely monitor and evaluate their current/planned investments in order to better coordinate Oregon's HIE planning.

Finance WG – Next Steps

Joint Finance WG & Technology WG meeting to be scheduled in October. Discussion topics will include:

- Additional value-add services:
 - Technical/data dependencies
 - Timing and cost of implementation
- Any outcomes from the RFP selection process
 - How they affect planning of additional services
- Continued dialogue on fair share criteria and opportunities
 - Other state approaches to fair share and MOUs
 - Identification of fee strategies

Break

Labs Draft Outreach Plan & Updates to eRx Plan

Dave Witter



Labs Plan Approach

- Phased Approach
 - Phase 1: 2011 and first half of 2012
 - Phase 2: second half of 2012 and beyond
- Tactics appropriate for each phase
- Assess progress in late 2011-early 2012
 - Reassess phase 2 tactics

Labs Plan Timeline

- April – May: survey and assessment
- May – July: develop plan & tactics
- Aug – Dec: begin implementing phase 1 tactics
- Late 2011-early 2012: assess phase 1 progress
- Jan – Feb 2012: update plans for report to ONC
- July 2012 – onward: begin implementing phase 2 tactics

Labs Plan Goal

- *Increase the adoption and ongoing use of electronically delivered laboratory results to electronic health records (EHRs) and Public Health agencies in Oregon, in order to improve health care quality, efficiency, and overall population health.*

Labs Tactics – Phase 1

- Establish regular communications with national commercial laboratories
- Participate in and monitor national initiatives, standards, and regulations (CoP, S&I)
- Support Oregon PH in encouraging hospital and commercial labs that are not already reporting through the ELR system to do so
- Monitor Direct Project efforts in Oregon and nationally
- Monitor issues, developments, and standards related to electronic laboratory test ordering
- Engage and collaborate with stakeholders and the community

ELR Use Goals

ELR System Participants	June 2010	May 2011	Goal Dec. 2011	Goal Dec. 2012
Reportable Conditions Reporting				
Health system laboratories*	6	6	8	10
Physician practice laboratories	0	0	1	3
Oregon State Public Health Laboratory	1	1	1	1
Commercial laboratories	8	9	9	9
Total Reportable Condition Participants	15	16	19	23
Hospitals by health system reporting**	22	22	26	33
Other “Non-Reportable” Condition Reporting (cancer, diabetes, HPV, and Flu)				
Reportable conditions participants	8	8	10	12
Other clinics, hospitals, labs, networks	8	8	10	12
Total Other Condition Participants	16	16	20	24

*Large hospital and health system laboratories

** Total number of hospitals included in reporting by health system labs.

Note: Oregon currently has 58 acute care hospitals.

eRx Outreach Plan - Updates

- **Goal:** *increase adoption and ongoing use of e-prescribing in order to improve patient safety and prescriber efficiency.*
- Plan updated to include quantitative goals
 - Developed using Surescripts data provided by ONC
 - Goals will be tracked using future quarterly releases of the ONC/Surescripts data

eRx Plan – Quantitative Goals

Oregon Pharmacies Registered with Surescripts & (% of Total Pharmacies)

Pharmacy Type	Dec. 2010	Goal Dec. 2011	Goal Dec. 2012
Chain & Franchise	491 (97.8%)	495 (98.6%)	500 (99.6%)
Independent	84 (61.3%)	110 (80.3%)	120 (87.6%)
Total	575 (90%)	605 (94.7%)	620 (97%)

Oregon Prescribers that are Actively E-prescribing (one or more transaction)

	Dec. 2012	Goal Dec. 2011	Goal Dec. 2012
Total Prescribers	3,992	5,000	5,500

Health System Transformation Overview

Sean Kolmer



Health System Transformation

- Update from Governor's Office
- Overview of CCO Workgroups, timeline, deliverables
- OHIT staff support for planning

Public Comment

Closing Comments

Next HITOC Meeting:

Thursday, October 6th 2011

1-5pm

Oregon State Library, Rooms 102-103

250 Winter St. NE

Salem OR 97301

Questions or Comments:

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Oregon Health Authority