
Health Information Technology Oversight Council

January 5, 2012

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, 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
Health
Authority

Agenda

1:00 pm - Welcome, Opening Comments, Approve Minutes – Steve Gordon

1:10 pm - Meeting Objectives and Updates – Carol Robinson

1:50 pm - Medicaid EHR Incentive Program Update – Lisa Parker

2:05 pm - O-HITEC Report – Dawn Bonder

2:25 pm - Oregon’s Efforts to Promote Interstate HIE – Kahreen Tebeau

2:45 pm - Break

3:00 pm - Administrative Simplification Report – Jeanene Smith

3:20 pm – Developing Oregon’s Strategic Plan for HIT – Carol Robinson

4:40 pm - Public Comment

4:55 pm - Closing Comments – Steve Gordon & Carol Robinson

5:00 pm - Adjourn

Meeting Objectives

- Establish clear vision for HITOC's work in 2012
- Understand efforts and progress toward establishing statewide HIE services in Oregon and promoting interstate exchange

Updates

Carol Robinson



Update: HIE Technology Services Contract

- HIE Core Services Procurement Complete
 - Harris Contract Executed 12/30/11
 - Notice to Proceed 12/30/11
- Start of HIE Core Services Implementation
 - Harris On-Site week of January 9th
 - HIE Requirements and Initial Project Plan
 - Brand Development for HIE Web Portal and Engagement
- Core Services Key Milestones
 - Requirements Complete, January 20th
 - Start of User Acceptance Testing (Limited Availability), March 1st
 - General Availability, March 22nd

Update: Health Policy Board and HIT for CCOs

- HITOC's advice and input presented to Health Policy Board, 12/13/11
- Presentation included information about Direct, Oregon's current HIT environment, and HITOC's approach/rationale
- Feedback from Board included the sentiment that HIT is essential framework for CCOs
- Board will meet 1/10 & 1/24 to finalize CCO Proposal (for legislative approval in February)
- Public Comment: www.health.oregon.gov

Update: March HITOC Retreat

- Date/location reminder:

WEDNESDAY, March 7, 9am- 5pm

Eola Northwest Viticulture Center

215 Doaks Ferry Rd., Salem, OR 97304

- Agenda items will include:
 - Oregon's Strategic Plan for HIT (to be discussed further today)
 - Recommendations from the Consent Implementation Subcommittee and feedback on recommendations from HITOC's stakeholder groups
 - Review of HITOC's current workgroup and panel structure

Update: Finance Workgroup

- December 15, 2011 Webinar
- Feedback from “Deep Dive” review of HIE savings analysis
- Review and discussion of regional HIE activities
- Harris Direct messaging demonstration

Update: Finance Workgroup

- “Deep Dive” savings Review
- Reviewed methods for estimating potential HIE-related savings in Oregon
 - Avoided services
 - Productivity improvements
- Outcomes:
 - Oregon analysis is comprehensive and reasonable
 - Avoided services savings portion of analysis is sound and should be used to support HIE in future policy discussions

Update: CMMI Grant Opportunity

**Oregon
Medicaid EHR Incentive Program**

HITOC Presentation

Lisa A. Parker
Interim Medicaid HIT Project Director
January 5, 2012



Oregon's Medicaid EHR Incentive Program Payments

- 29 Eligible Hospitals have been paid \$22,293,426.91
- 149 Eligible Professionals have been paid \$3,166,250
- Total payments to date over \$25 million

Oregon's Medicaid EHR Incentive Program Applications in Process

- Eligible Professional applications that have been submitted but not finalized/paid: 313
- 1 Eligible Hospital has an application currently being processed

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:

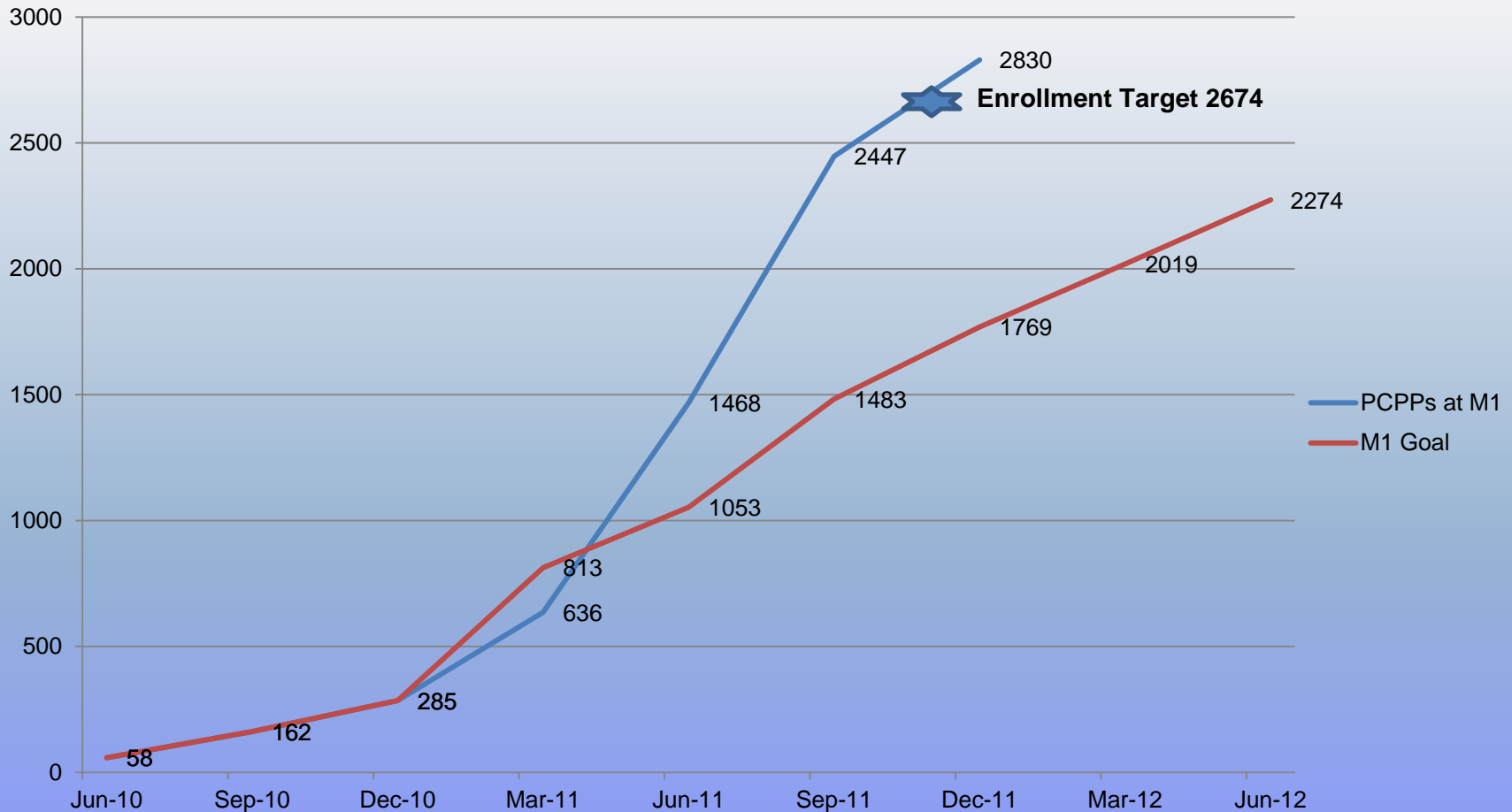
- O-HITEC: www.o-hitec.org
- Tribal providers can contact the National Indian Health Board:
(www.nihb.org/rec/rec.php.)



O-HITEC Update

January 2012

Cumulative O-HITEC Sign-Ups Milestone 1

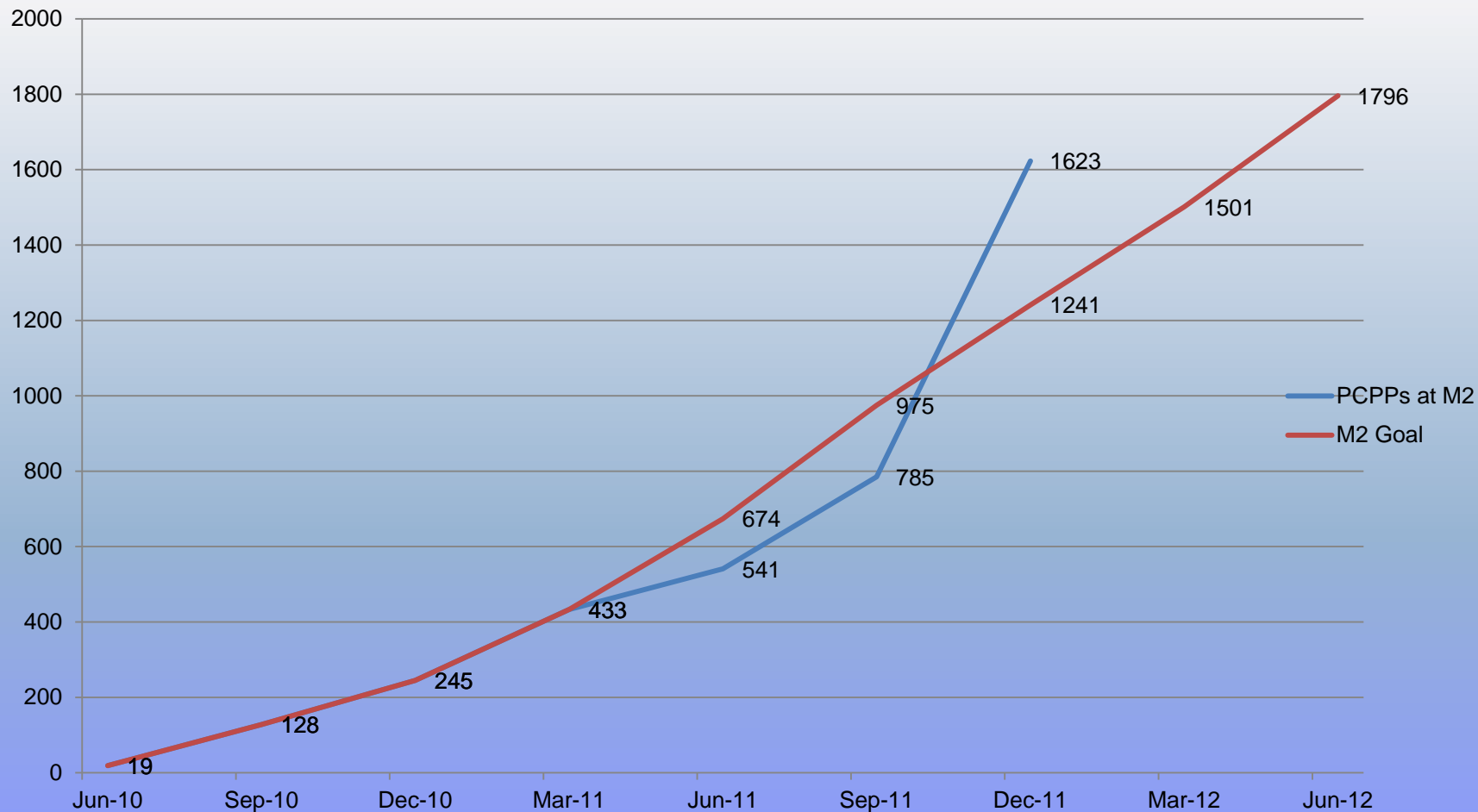


106% of Enrollment Target

As of December 31, 2011



Cumulative O-HITEC Go-Lives Milestone 2

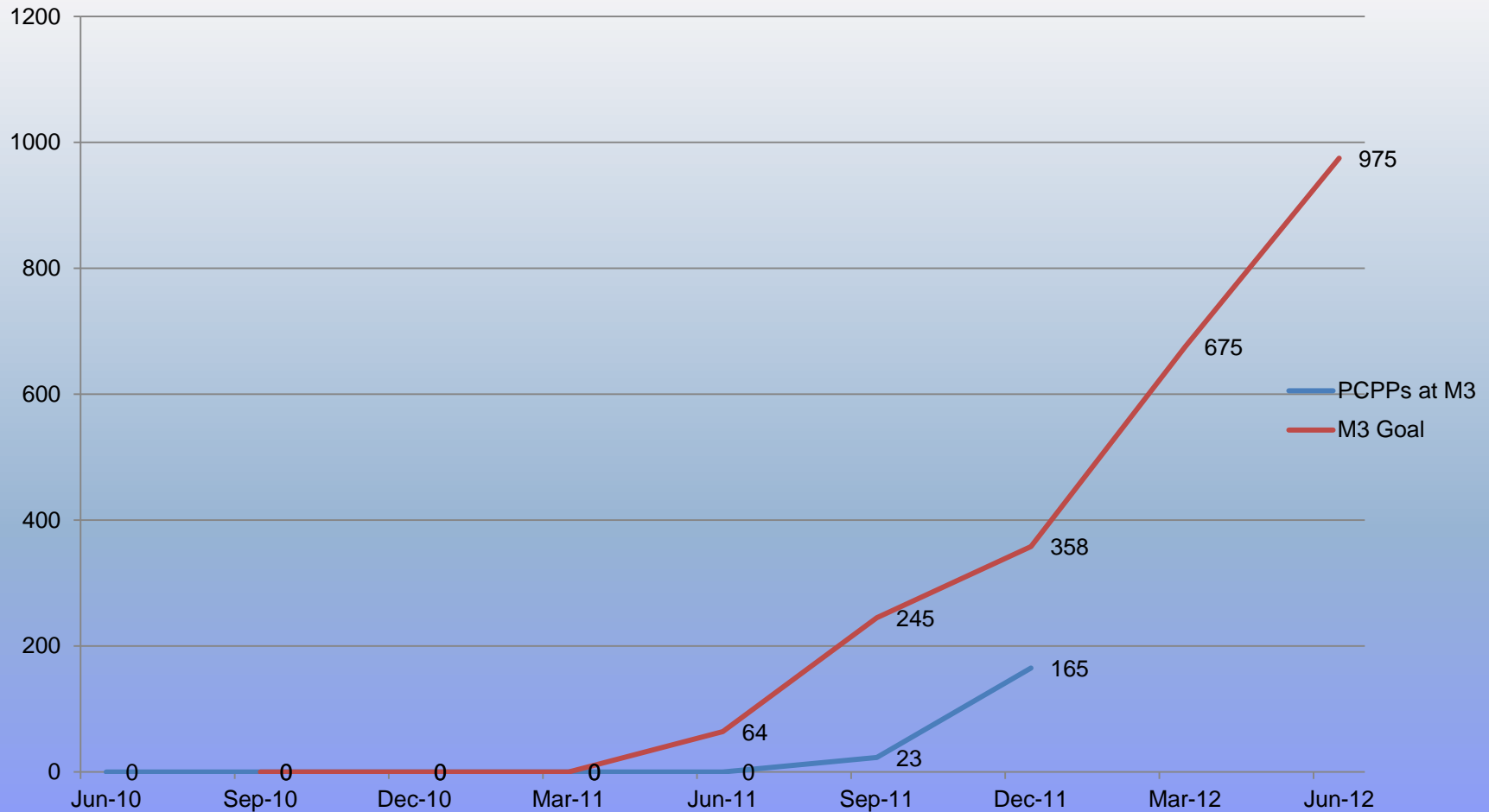


61% of Enrolled PCPPs

As of December 31, 2011



Cumulative O-HITEC MU Attestations Milestone 3



6% of Enrolled PCPPs

As of December 31, 2011

REC Performance as of December 15

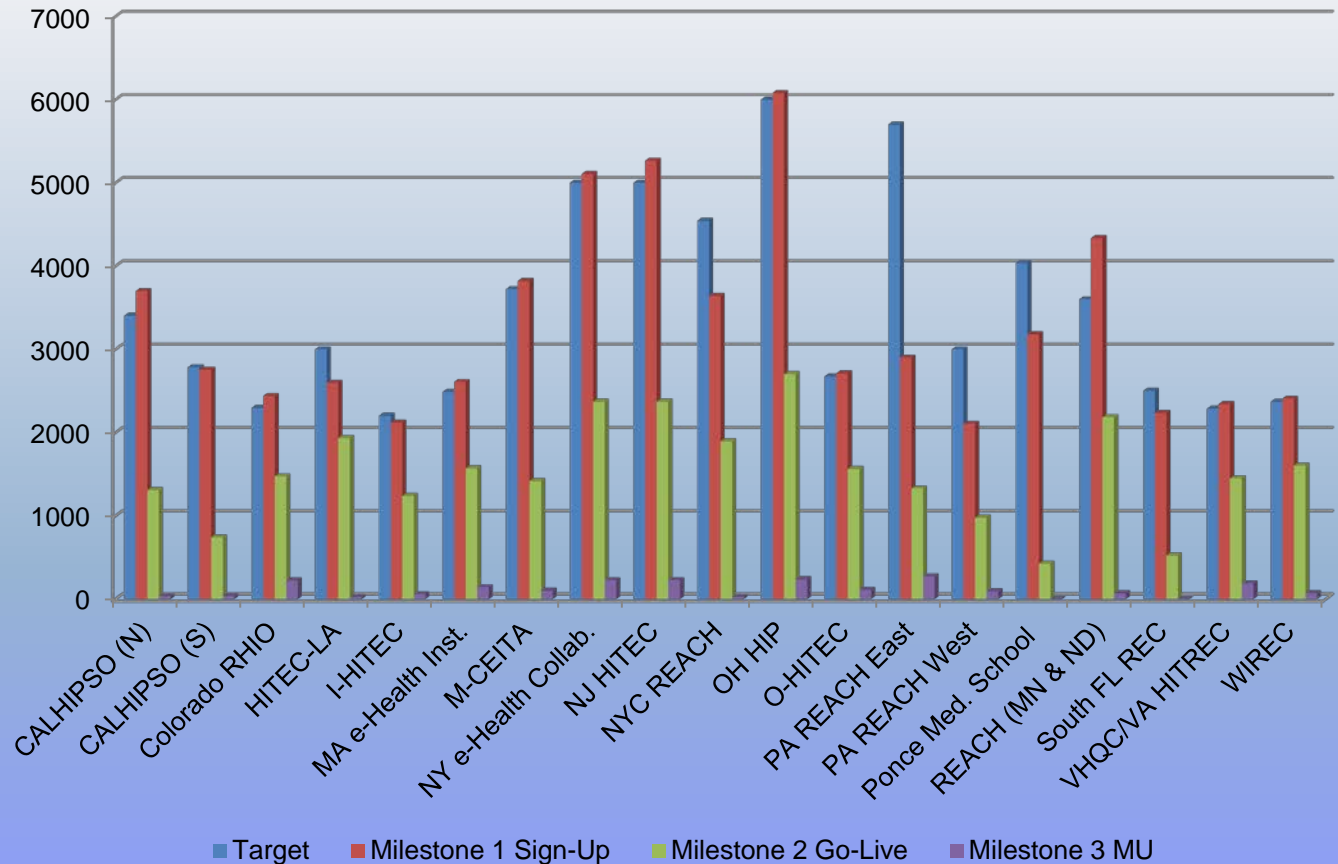
RECs with Enrollment Targets > 2000

Out of 19 RECs
with Targets > 2K

O-HITEC is # 9 in
% Target for
Sign-ups

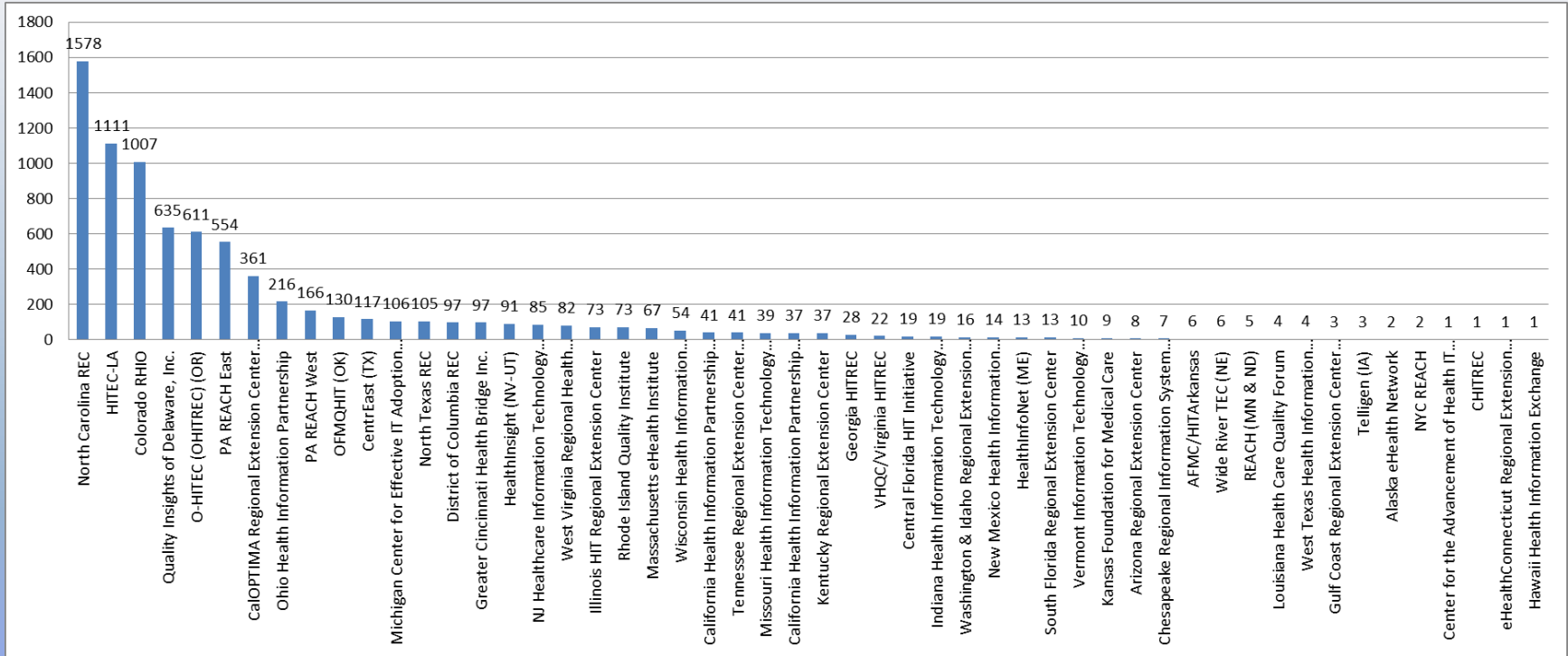
O-HITEC is #6 in
% Target for Go-
Live

O-HITEC is # 7 in
% Target for
Meaningful Use





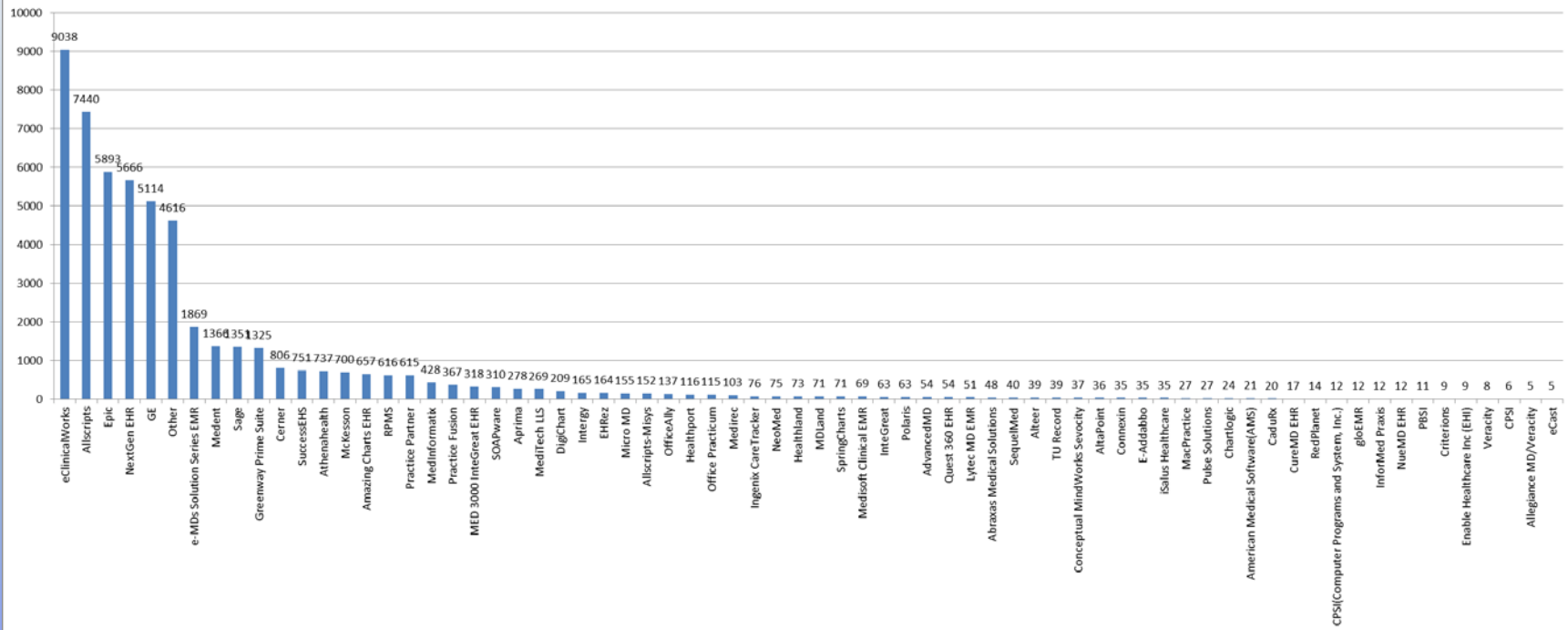
MUVers





O-HITEC's Qualified Products In Top 10 Used Nationally

Number of PPCPs Live by EHR Vendor





REC Biennial Review Criteria

CATEGORY	REVIEW CRITERIA	MAXIMUM POINTS
MILESTONE		
1	1 point for every % over 80% of original target (80% of 2674 = 2139)	20 100% of enrollment target (2674)
2	.5 point for every % over 35% of original target (35% of 2674 = 936)	15 55% of enrollment target (1471)
3	1 point for every % over 1 % of original target (1% of 2674 = 27)	5 5% of enrollment target (134)
Milestone Available Points		40



Biennial Review Criteria

CATEGORY	REVIEW CRITERIA	MAXIMUM POINTS
OPS PLAN		Qualitative
1	Practice and workflow redesign, Implementation and project management, progress towards meaningful use	10
2	Participation of individuals from industry, universities, and state governments	10
3	Dissemination of best practices and research on the implementation, effective use, upgrading, and ongoing maintenance of HIT	10
4	Participation in state HIE	10
5	Utilization of the expertise and capacity that exists in Federal agencies other than the ONC	10
6	Support of HIT workforce development	10
Ops Plan Available Points		60
Total Overall Available Points		100



Biennial Review Targets

December 31, 2011

MILESTONE	PPCP TARGET TO EARN MAXIMUM POINTS	O-HITEC NUMBERS AS OF 12-31-11
1	2674	2830
2	1471	1623
3	134	165



Focus for 2012

- Shift focus and resources from enrollment to ensure successful implementations and assist practices in meeting MU
- Begin working with practices on EHR optimization for those who have achieved MU
- Develop tools and resources to prepare practices for MU Stage 2

Oregon's Efforts to Promote Interstate HIE

Kahreen Tebeau



Interstate HIE: Grant & Pilot Project

- Through **ONC's State Health Policy Consortium grant opportunity** (administered by the Research Triangle Institute, RTI), Oregon and 6 other states have been approved to form the **Western States Interstate HIE Consortium**.
- **Oregon and California** are leads on the Consortium, which also includes **Nevada, New Mexico, Alaska, Hawaii, and Utah**.
- As part of the award, **RTI will provide** project management and subject matter experts, travel funds for in-person meetings, funds for teleconference/webinar meetings, and funding for a pilot project.

Interstate HIE: Grant & Pilot Project

- The planning meetings will focus on developing solutions to **two practical barriers to interstate Direct exchange**: disparate “trust” policies and provider directories across states
- **Trust policies** govern the issuance and revocation of the digital certificates needed to ensure security and identity validation in a Direct exchange- the Consortium’s goal is to develop and agree upon a common set of trust policies. These will address:
 - Who is authorized to use Direct
 - What procedures will be required to enroll and validate participants’ identity and credentials
 - Under what circumstances a Direct participant’s certificate will be revoked
- The Consortium will also investigate ways by which each state’s **provider directory/ies** can be accessible to participants in other states.

Interstate HIE: Grant & Pilot Project

- Once the planning work around shared trust policies and directories is complete, a **demonstration pilot will take place between Oregon and California**, between two unaffiliated organizations using different Direct service providers (or HISPs), to put the policies and solutions into practice.
- The **project period** is scheduled to take place from Dec. 2011 - Dec. 2012

Break



Oregon
Health
Authority

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 above the word "Health" in a larger, 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.

Update on Administrative Simplification Efforts in Oregon

Jeanene Smith MD, MPH

Administrator

Office for Oregon Health Policy & Research (OHPR)



What is administrative simplification?

- “Administrative simplification” refers to efforts to reduce the complexity of health insurance administrative and financial transactions between payers and providers.
- Simplification can reduce total system costs and reduce the amount of provider resources that must be devoted to administrative transactions.

The keys to simplification are elimination, standardization, and automation of processes.

How much do US health plans spend on administration?

- US spending for administration is higher as a percentage of national health care spending than for other advanced industrial countries.
- Medicare spends 2-3% on administration.
- Private insurers spend, on average, 12% of premiums on administration.
- In Oregon, major insurers spend 10-15% of premiums on administration with financial/admin transactions:
 - Health plans = 2-4% of premium (directly)
 - Health plans = 13-19% of premium (indirectly) - reported as claims cost because:
 - Physicians spend 10-15% of revenue
 - Hospitals spend 7-11% of revenue

Many years of international and national simplification efforts

Early administrative simplification:

- World Health Organization adopted diagnosis codes
- American Medical Association developed procedure codes
- Medicare developed claim forms
- Medicare developed billing methodologies
 - RBRVUs for physician payment
 - DRGs for inpatient hospital payment
- Wide adoption (more limited adoption of Medicare billing methodologies).

Federal Implementation of HIPAA - The limits of past efforts

- Federal Health and Human Services adopted standards, including “implementation guides” for several areas
- HIPAA was originally expected to push the healthcare industry into the electronic age and generate billions in savings.
- In reality, the industry is still substantially non-electronic because:
 - HIPAA standards did not fully standardize administrative transactions, and not fully implemented yet
 - There has not been widespread adoption of electronic business methods

HIPAA standards and the new Patient Protection and Affordable Care Act

- Sets deadlines for HHS to adopt standards for electronic funds transfer, claims attachments, and first notice of injury
- Sets deadlines for HHS to adopt operating rules for HIPAA transactions
- Requires periodic HHS review of standards
- Requires HHS to make standards more prescriptive
- Requires providers dealing with Medicare to accept electronic funds transfers and electronic payment remittance advice by 1/1/2014
- Strengthens enforcement provisions

Providers and plans see a role for the states in administrative simplification

- Voluntary efforts have had mixed success.
- Substantial savings could be achieved if everyone did business using electronic processes.
- The states can eliminate barriers to success:
 - Providing the uniformity providers need
 - Assuring payers of the increased use of electronic processes that assures them of a return on their investment in uniformity

Potential for savings from increased administrative simplification

- Projected national savings of \$20-200 billion/year for full electronic adoption
- Oregon estimates:
 - \$222 million per year
(OAHHS-commissioned report)
 - ~\$100 million per year
(OHPR Administrative Simplification Work Group)

Who stands to gain from administrative simplification savings?

- Clinics
 - Those with higher visit volumes may experience greatest savings
- Insurers
- Hospitals
 - Lesser gains due to lower claims volume
 - Lesser gains due to increased automation already
- Purchasers and consumers gain if premiums decrease

State-level efforts on administrative simplification

- **Utah (1993)** – Providers and payers created an electronic post office to handle insurance transactions electronically; they adopted uniform standards pre-HIPAA.
- **Minnesota (2007)** – Legislature directed the state to develop and adopt uniform companion guides for three key transactions and required all providers and all payers to do the transactions electronically - 95% of claims are electronic.
- **Washington (2009)** – Legislature set deadlines for a private entity to develop uniform processes for several transactions and achieve voluntary adoption; instructed Insurance Commissioner to act if private sector fails. No requirement for providers or payers to do business electronically.

Oregon's Public and Private Efforts to Date:

- Beginning in 2008, the Oregon Health Leadership Council (OHLC) has had an Admin Simplification workgroup.
- The OHLC's aim has been to build efficiencies in provider access to information and credentialing.
- The focus is now on claims, eligibility and provider credentialing.
- The initial focus has been:
 - Enhanced provider web-site capability to reduce calls
 - Single source portal for MD's offices to link to payers' sites
 - Centralized source for credentialing
 - Common elements for ID cards

Oregon's Public and Private Efforts to Date (continued):

- Health reform directives from HB 2009
 - The Office of Oregon Health Policy and Research (OHPR) convened a stakeholder workgroup to develop uniform standards for health insurers licensed in Oregon.
 - The Oregon Health Policy Board asked the workgroup to expand the legislative direction and include a broad strategy for administrative simplification, including the role of the state and potential cost savings.
 - The workgroup concluded that the federal reform law should inform Oregon's efforts but does not eliminate the need for state-level action.
 - Final recommendations were included in the Board's Action Plan put forth to the legislature and the Governor and formed the basis of new 2011 legislation - SB 94.

Oregon's recent Legislation:

- SB 94 – passed in the 2011 Legislative session
 - OHA to work with stakeholders on administrative simplification standards to be codified in rule by DCBS/Insurance Division
 - Only one set of standards would be created for all payers (public and private)
 - Administrative Simplification issues to include:
 - Eligibility inquiry and response
 - Claims submissions
 - Payment and remittance advice
 - Claims payment or electronic fund transfers
 - Claims status inquiry and response
 - Claims attachments
 - Prior authorization
 - Provider credentialing

Initial policy implementation is underway

- Implementation has proceeded in partnership with the Oregon Health Leadership Council (OHLC) for a public/private technical workgroup to conduct the industry analysis of the companion guides for electronic transactions.
- DCBS Insurance Division has completed the rules process for any entity identified by DCBS that processes financial and administrative transactions between a health care provider and any one of the following entities:
 - Oregon health insurers
 - Prepaid managed care health services organizations
 - Third-party administrators
 - Clearinghouses

What has been completed?

- Uniform standards for Eligibility Transactions (270/271) were developed and compliance began January 1, 2012.
- Uniform standards for Claims and Encounter Transactions (837) were developed and compliance begins October 1, 2012.
- Oregon Companion Guides are posted to the administrative simplification website:

<http://health.oregon.gov/OHA/OHPB/health-reform/admin>

Next steps in Administrative Simplification

- Work on electronic transactions continues.
- Efforts towards standardized prior authorization and centralized credentialing are moving forward.
- As part of HB 3650 (CCO legislation) development, stakeholders provided to OHA input on other administrative burdens in doing business with the state which are being addressed across the OHA.
- Coordinated Care Organizations will be expected to incorporate administrative simplification efforts.

Administrative Simplification Coordination

- OHA is partnering with the OHLC through its technical experts administrative simplification workgroup meetings that are continuing to work on areas mentioned in SB 94.
- OHA programs (i.e., Medicaid FFS) are participating as well as ensuring their own compliance with initial standards.
- The Office of Health IT is coordinating internal/external communications on electronic transactions by developing a website in December 2011 and a communications plan.
- OHPR is partnering on policy development/implementation as needed to align with transformation efforts.
- Ongoing coordination of efforts is continuing with DCBS, OHIT, OHPR and OHA programs.

Strategic HIT/HIE plan and administrative simplification linkages

Continued work to streamline administrative processes are underway, but:

- Much of the efficiency is through electronic processes needed across the health delivery system.
- There are many administrative aspects to ensuring patient information for care and treatment happens for the right care at the right time and place.
- Just as important is how best to make the financial and administrative activities happen in a timely and less costly manner along with the care .

Questions?

Resources -

Electronic transactions webpage:

<http://health.oregon.gov/OHA/OHPB/health-reform/admin>

2010 Report to the Policy Board from Admin Sim. WG available at:

http://www.oregon.gov/OHA/OHPR/HEALTHREFORM/AdminSimplification/Docs/FinalReport_AdminSimp_6.3.10.pdf

Webinar on Admin Sim for the Policy Board available at:

<http://www.oregon.gov/OHA/OHPB/meetings/2010/100608-admin.pdf>

Oregon's Strategic Plan for HIT

Carol Robinson



Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

1. Is now the right **time** for HITOC to begin developing a strategic plan for HIT for Oregon?
2. What high-level **goals** should Oregon's Strategic Plan for HIT support?
3. What **audience(s)** should Oregon's Strategic Plan for HIT be directed toward?
4. Which **stakeholders** will be guided and or impacted by the Strategic Plan for HIT? What should be the process for capturing all of the necessary input?
5. What should the **scope** of the Strategic Plan for HIT be? What existing or future efforts should be included?
6. What should be the **duration** of the Strategic Plan for HIT? (e.g., 1 year, 3 years, 5 years)

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

1. Is now the right **time** for HITOC to begin developing a strategic plan for HIT for Oregon?

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

2. What high-level **goals** should Oregon's Strategic Plan for HIT support?

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

3. What **audience(s)** should Oregon's Strategic Plan for HIT be directed toward?

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

4. Which **stakeholders** will be guided and or impacted by the Strategic Plan for HIT? What should be the process for capturing all of the necessary input?

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

5. What should the **scope** of the Strategic Plan for HIT be?
What existing or future efforts should be included?

Discussion Questions:

ORS 413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to: (1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

6. What should be the **duration** of the Strategic Plan for HIT? (e.g., 1 year, 3 years, 5 years)

Measurable Results for 2012

Measurable Results - ONC Priority Areas

- **E-prescribing strategy**

- Demonstrate 2 of the 10 remaining unconnected chain and franchise pharmacies are connected in Q1-2012 using Surescripts data.
- Demonstrate 6 of 30 remaining unconnected independent pharmacies are connected in Q1-2012 using Surescripts data.
- Demonstrate that 6,360 prescribers are actively e-prescribing in Q1-2012 using Surescripts data

- **Lab exchange strategy**

- Demonstrate that 5 new hospital labs are participating in ELR reportable conditions reporting using data from Oregon PH Division
- Demonstrate that 4 new labs or clinics are participating in ELR in reporting of other (non-reportable) conditions using data from Oregon PH Division

Measurable Results - ONC Priority Areas

- **Care summary exchange strategy**
 - Enrollment of 100 participants in care summary pilot program
 - Exchange of at least 25 care summaries using Phase 1 services
 - Receipt of at least 5 positive testimonials about Phase 1 services, which will be featured on HIE website
 - Addition of at least 50 non-pilot participants to begin the enrollment process for Phase 1 services
 - Participation in all Direct CoP calls
- **Quality measurement strategy**
 - Completion of the draft project plan for quality measurement
 - Identification of at least five practices sites interested in pilot project participation
 - Completion and testing of the draft assessment tool

Public Comment

Closing Comments

Next HITOC Meeting:

Thursday, February 2, 2012, 1:00 - 5:00 p.m.

Portland State Office Bldg., Room 1-D

800 NE Oregon St

Portland, OR 97232

Questions or Comments:

Carol Robinson

Administrator, Oregon Office of Health Information Technology

State Coordinator, Health Information Technology

Director, HITOC

carol.robinson@state.or.us

503-373-1817 (office)

503-856-6662 (cell)



Oregon Health Authority