
Health Information Technology Oversight Council

February 2, 2012

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Agenda

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

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

1:40 pm - Medicaid EHR Incentive Program Update – Lisa Parker

1:55 pm - Statewide HIE Direct Services Launch – Steve Johnson

2:10 pm - Medicaid IT Architecture (MITA) – Randy Canoy

2:40 pm - Break

2:55 pm - Oregon’s Strategic Plan for HIT – Tom Wunderlich & Carol Robinson

4:20 pm – E-Prescribing Efforts in Oregon – Dave Witter & Rachel Firebaugh

4:40 pm - Public Comment

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

5:00 pm - Adjourn

Meeting Objectives

- Continue to develop vision for Oregon's Strategic Plan for HIT
- More detailed understanding of Phase 1 state HIE services
- Overview of Medicaid Information Technology Architecture (MITA)

Updates

Carol Robinson



Update: Federal HIT Grantee Meeting

- The group discussed the possibility of offering a meeting and webinar, similar to Washington State's approach, that would be open to all interested participants and provide updates on HIT issues in Oregon.
- Quality Corp. provided information about its plan to expand its statewide claims database to include Electronic Medical Record data.
- The group provided feedback about Oregon's strategic plan for HIT, and group members expressed willingness to contribute their subject matter expertise during HITOC's development of the plan.

Update: Feedback from ONC Quarterly Update

- ONC noted as strengths of our performance matrix that we provided clear and detailed tactics, milestones and performance measures for e-prescribing.
- No areas for improvement or clarification were identified.

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: Consent Implementation Subcommittee

- During their last meeting on January 25, 2012, the Subcommittee generally reached consensus on the following points:
 - **Opt-out opportunity:** If PHI is disclosed to a queryable database owned/managed by a third party which aggregates and stores data from multiple sources and makes the aggregate data available to multiple entities, then the patient should be given the opportunity to opt-out of having their PHI disclosed into the database.
 - Opt-out opportunity **would not apply** to disclosures of PHI for the purposes of payment, healthcare operations, public health reporting, or disclosures required by law.

Update: Consent Implementation Subcommittee

- **Remaining question:** What are the implications if the queryable database to which PHI is being disclosed is used for multiple purposes, including treatment and one or more of the following purposes to which opt-out does not apply (e.g. payment, healthcare operations, etc.)?
- **Next steps:**
 1. This and other outstanding implementation questions, including questions posed by the CAP at their January 31 meeting, will be addressed by the Subcommittee during their **two final meetings in February**;
 2. After their final meeting, **a webinar will be held and all HITOC workgroup and panel members will be invited to participate** and review the recommendations from the Consent Implementation Subcommittee;
 3. The Subcommittee's recommendations and feedback gathered at the webinar will be presented to HITOC at the **March 7 Retreat for discussion and vote.**

Update: CCO Proposal

- Oregon Health Policy Board unanimously passed a motion to send the CCO Proposal to the State legislature
- Minor revisions are being made, up-to-date version of proposal to be published at <http://www.health.oregon.gov/>
- HITOC's recommended language for HIT components of CCOs is included in the Proposal, and not part of the sections being revised
- Proposal will be reviewed as a part of February legislative session
- Approval required to request federal waiver, and move forward with CCOs

**Oregon
Medicaid EHR Incentive Program**

HITOC Presentation

Lisa A. Parker
Interim Medicaid HIT Project Director
February 2, 2012



Oregon's Medicaid EHR Incentive Program Payments

- 29 Eligible Hospitals have been paid \$22,293,426
- 198 Eligible Professionals have been paid \$4,214,584
- Total payments to date over \$26.5 million

Oregon's Medicaid EHR Incentive Program Applications in Process

- Eligible Professional applications that have been submitted but are not yet finalized/paid: 413
- Eligible Hospitals applications that have been submitted and are being processed: 3

Eligible Professionals

- February 29 deadline for 2011 applications
- Lots of questions and some delays being experienced by providers who aren't already enrolled with access to the DMAP/OHP Provider Web Portal (change in clinic workflows)
- 4 Webinars held in January focusing on patient volume calculations targeting
 - Federally Qualified Health Centers
 - Rural Health Centers
 - Indian Health Centers/Indian Health Services
 - All Eligible Professionals

2012 Applications: Eligible Hospitals

- As of January 30, MAPIR has been updated to allow hospitals to apply for 2012 payments either under Adopt/Implement/Upgrade or Meaningful Use
- Hospitals applying in 2012 for 1st payment under A/I/U
 - Complete the registration steps at the CMS R&A system
 - Attest with Oregon using MAPIR through the OHP Provider Web Portal
- Hospitals applying for 2nd payment or for 1st payment under Meaningful Use
 - Preparation at the CMS R&A system requires that MU information be submitted to CMS
 - MU information will be sent to the state by CMS
 - Attest with Oregon using MAPIR through the OHP Provider Web Portal

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.)

Statewide HIE Direct Services Launch

Steve Johnson



Oregon HIE Core Services Implementation Update

- HIE Core Services Implementation In Process
 - System and Infrastructure Deployment (Harris, Mirth Mail, EasyStreet)
 - Brand Development for HIE Web Portal and Engagement
 - Participant Engagement
 - HIE Services Business Process Definition
 - Website Content
- HIE Core Services Key Milestones & Dates
 - HIE Participant Validation Business Process Definition, February 3rd
 - Initial Engagement Activity Start, January 30th
 - HIE Branding, Website Graphics, February
 - Start of User Acceptance Testing (Limited Availability), March 1st
 - General Availability, March 22nd

Medicaid IT Architecture (MITA)

Randy Canoy



Oregon Healthcare State Self-Assessment (SS-A)

*Share the Vision, Chart the Course,
Shape the Future*

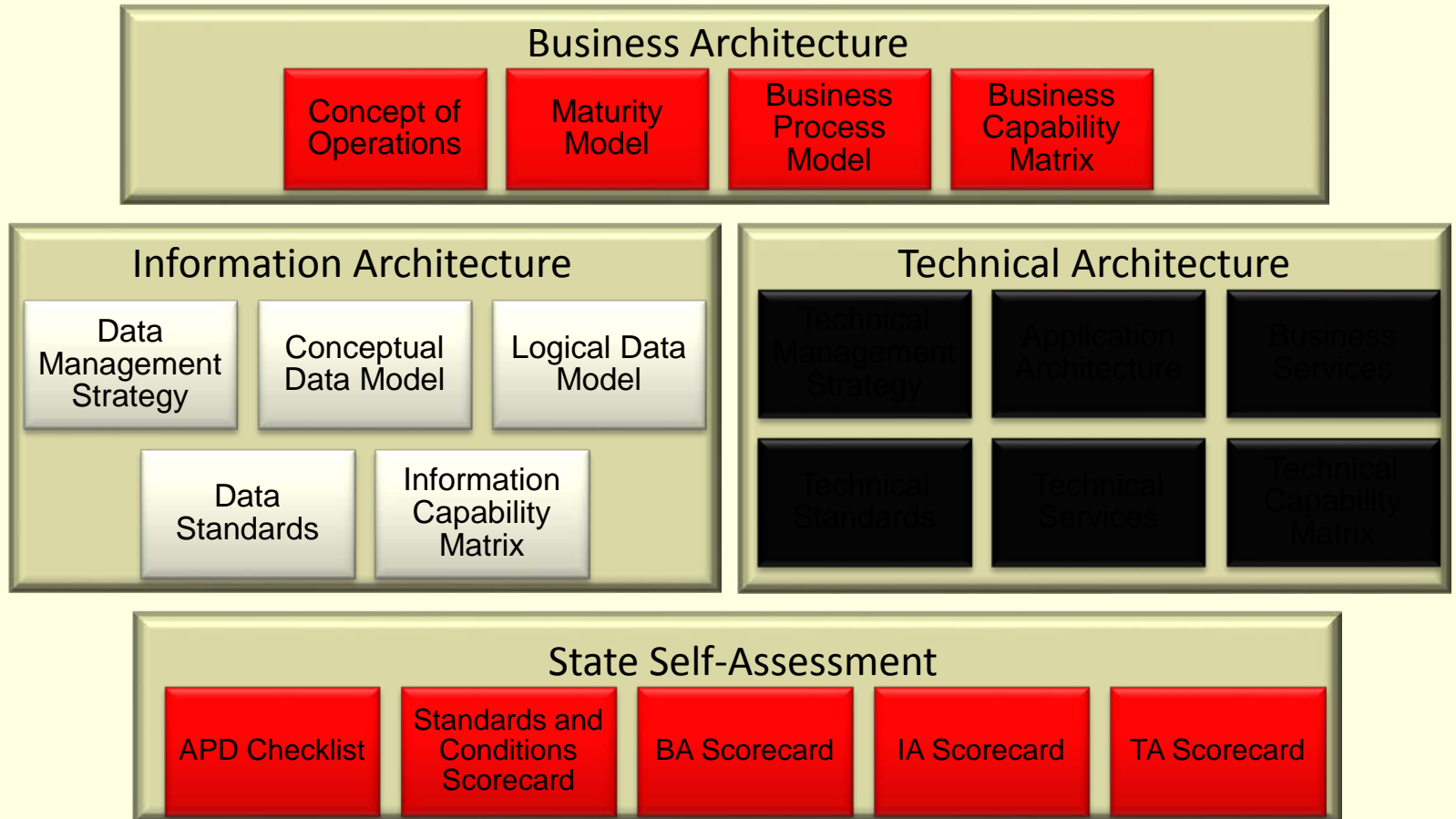
Medicaid Information Technology Architecture (MITA)

- The federal Centers for Medicare and Medicaid (CMS), developed MITA as a national framework that provides guidance to state Medicaid agencies seeking to improve business operations and enhance information technologies.
- CMS requires states to adopt the MITA for access to enhanced federal funding.
- MITA is intended to foster the integration of business and IT across each state's Medicaid and Healthcare enterprise.

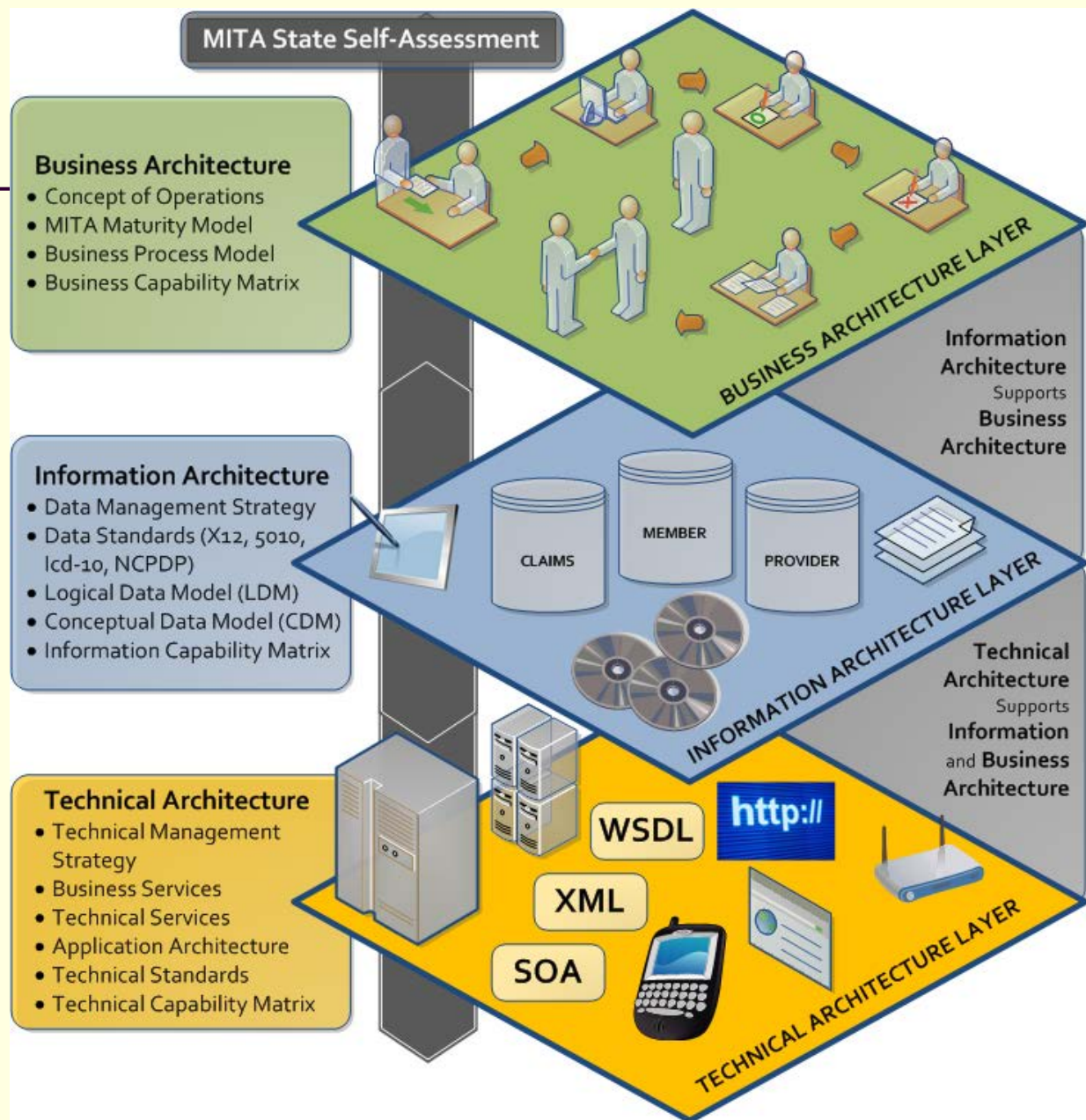
Health Information Technology Architecture (HITA)

- The Oregon Health Authority believes that the MITA framework provides an approach that extends beyond the Medicaid program and creates a business reference model for Oregon's Healthcare Enterprise (OHE).
- Oregon will use the MITA framework as the foundation for the Healthcare Information Technology Architecture (HITA).
- The opportunity to serve shared populations with an IT infrastructure that places people at the center of every transaction is now possible.

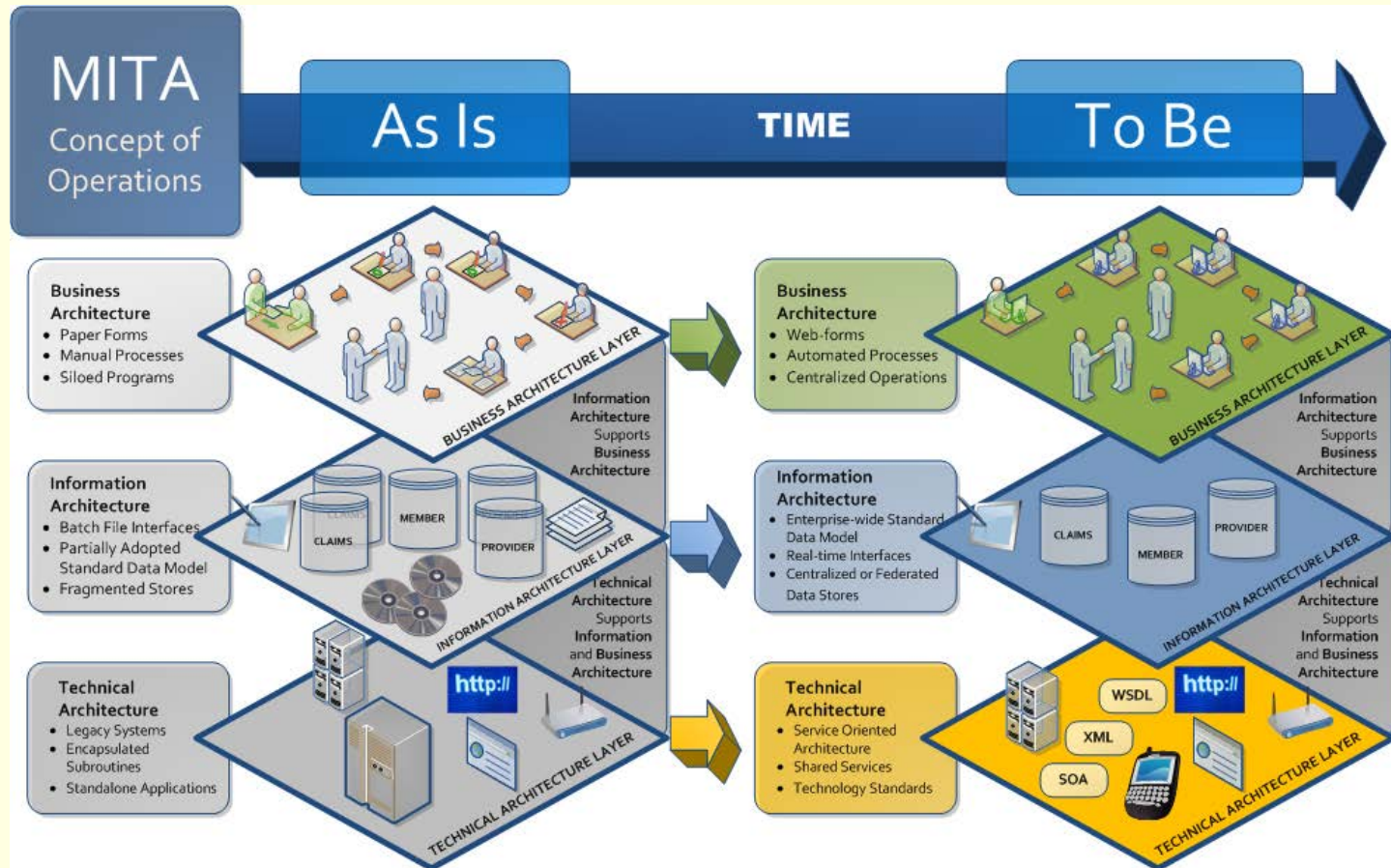
MITA Framework



MITA Framework Components



Transitioning: Concept of Operations



Setting the Vision

The Federal Level

- CMS issued regulations that establish a set of standards and conditions that States must meet in order for Healthcare technology investments to be eligible for enhanced match funding.
- Completing a State Self-Assessment (SS-A) - This establishes the OHE's current business and technical capabilities. Next is the future roadmap; which lays out a 5-10 year plan. The OHE will use this roadmap to accomplish the goals for a new Healthcare IT infrastructure that supports the changing Service Delivery Model.

Governor Kitzhaber's Vision

- A health care system that delivers high-quality health care more effectively and efficiently to improve the health and wellbeing of Oregonians while lowering the actual cost of care.

Work to be Completed

- Diagram current State “As-Is” for Oregon’s Healthcare Enterprise.
- Conduct the State Self-Assessment.
- Diagram the future “To-Be” roadmap.
- Outline the Roadmap which becomes the OHA/DHS Strategic Plan.
- Conduct a Gap Assessment on the “As-Is and “To-Be” business processes and existing “IT Projects.”

Resetting Healthcare in Oregon

Combining the MITA Initiative and Governor Kitzhaber's Vision

- After Oregon has conducted a SS-A, we will be able to identify same/similar business processes, common data and IT systems across the enterprise. Our future roadmap may be to bring these “like business processes and IT systems together.”
- This meets Governor Kitzhaber's vision of undoing silos and saving money with a one stop shop for healthcare.

Questions and Answers

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Break

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Oregon's Strategic Plan for Health Information Technology (OSP-HIT)

Carol Robinson & Tom Wunderlich



Oregon's Strategic Plan for HIT

January – HITOC acknowledged need to develop plan
(see minutes for discussion highlights)

March – HITOC annual retreat

- Look back, look forward
- Envision HITOC's work for next year
- Consider needs for workgroup structure & membership going forward

Discussion Goals

1. Define underlying principles of Oregon's Strategic Plan for Health Information Technology (OSP-HIT)
2. Discuss different approaches to organizing the strategic plan
3. Identify content areas wherein background knowledge is needed

Potential Underlying Principles

- Help maximize current and future federal investments in HIT
- Encourage in-state investments in HIT
- Inform public and private strategic decisions regarding HIT
- Highlight unique aspects of Oregon's health care environment that may support successful HIT adoption/innovation
- Define a path that Oregon can follow in order to become a national leader in Health IT
- Align with Oregon's Action Plan for Health
- Apply to a 3-10 year period

Are these the correct underlying principles on which to develop Oregon's Strategic Plan for Health IT?

Is this list too narrow or too broad?

Should the plan apply to a shorter fixed period (5 years?) with a vision for longer term (10-year) goals?

Two Potential Approaches

1. Organize by known initiatives in Oregon with areas where HIT improvements are needed.
2. Organize by known advantages of HIT that will be most applicable for Oregon.

1. Approach/Option for Organizing

- Potential approach – Organize by known initiatives in Oregon with areas where HIT improvements are needed. Some potential initiatives are:
 - Health system transformation
 - Health system improvement outside of transformation efforts
 - Making Oregon a leading HIT state
 - Public/Private data strategy (administrative simplification, HIX, identity management, etc.)

2. Approach/Option for Organizing

- Potential approach – Organize by known advantages of HIT that will be most applicable for Oregon. Some potential advantages are:
 - Improved care through medical record availability (EHR, HIE)
 - Improve care and controlled cost through data analytics and quality reporting
 - Increased access to care and controlled cost through HIT (telehealth, mobile health, etc.)
 - Increased patient engagement through HIT (e-tools, PHRs, etc.)

Are there strengths/weaknesses to these approaches?

How can the underlying principles for the strategic plan be best represented?

Are there outcomes/milestones that flow naturally from each approach?

Content Areas

- EHRs
- HIE
- Data analytics
- Quality reporting
- Tools for patient access and engagement (telehealth, mobile health, PHRs, e-mail, secure e-mail, etc.)
- Technical assistance
- Workforce
- Existing and future data sources (standards, data sharing, public health, POLST, MMIS)
- Enterprise Architecture (HIX, shared ID management, provider interfaces)
- Administrative Simplification

Content Areas

Background knowledge needed for each content area:

- Major stakeholders
- Existing/available strategic plans or business plans
- Academic research and literature review
- Current/projected market trends

Is this a complete/appropriate list?

Should certain areas be prioritized or de-prioritized in order to support the underlying principles?

Additional Questions/Comments

Additional requests to staff for background work prior to March 7th retreat?

E-Prescribing Efforts in Oregon

Dave Witter & Rachel Firebaugh



Oregon eRx Update

- Prescribers routing e-Prescriptions through Surescripts:

Dec. 2008	Dec. 2009	Dec. 2010	Nov. 2011
1,030	2,464	3,120	6,060

- Pharmacies activated for e-Prescribing:

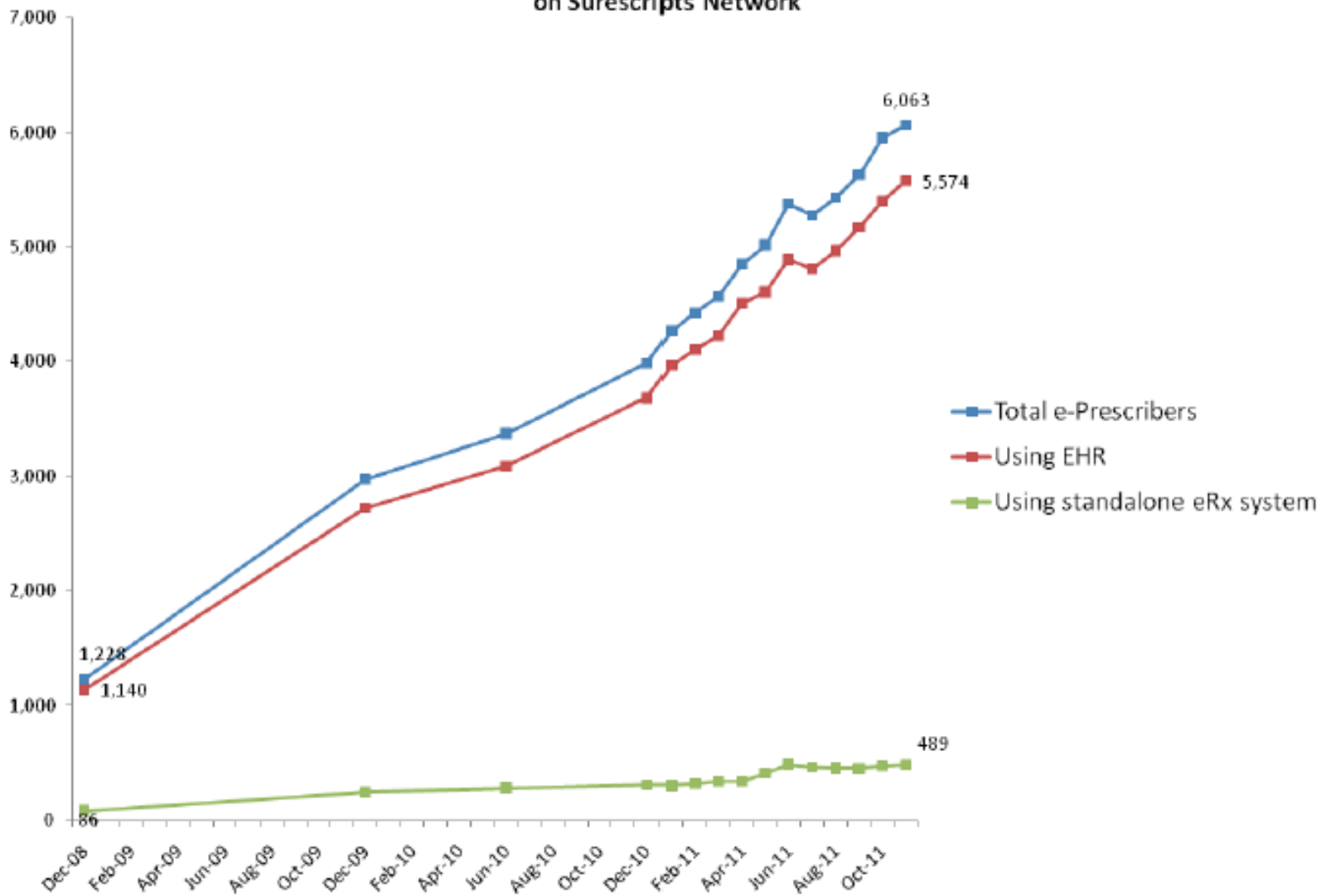
Dec. 2008	Dec. 2009	Dec. 2010	Nov. 2011
475	528	547	612

Oregon eRx Update

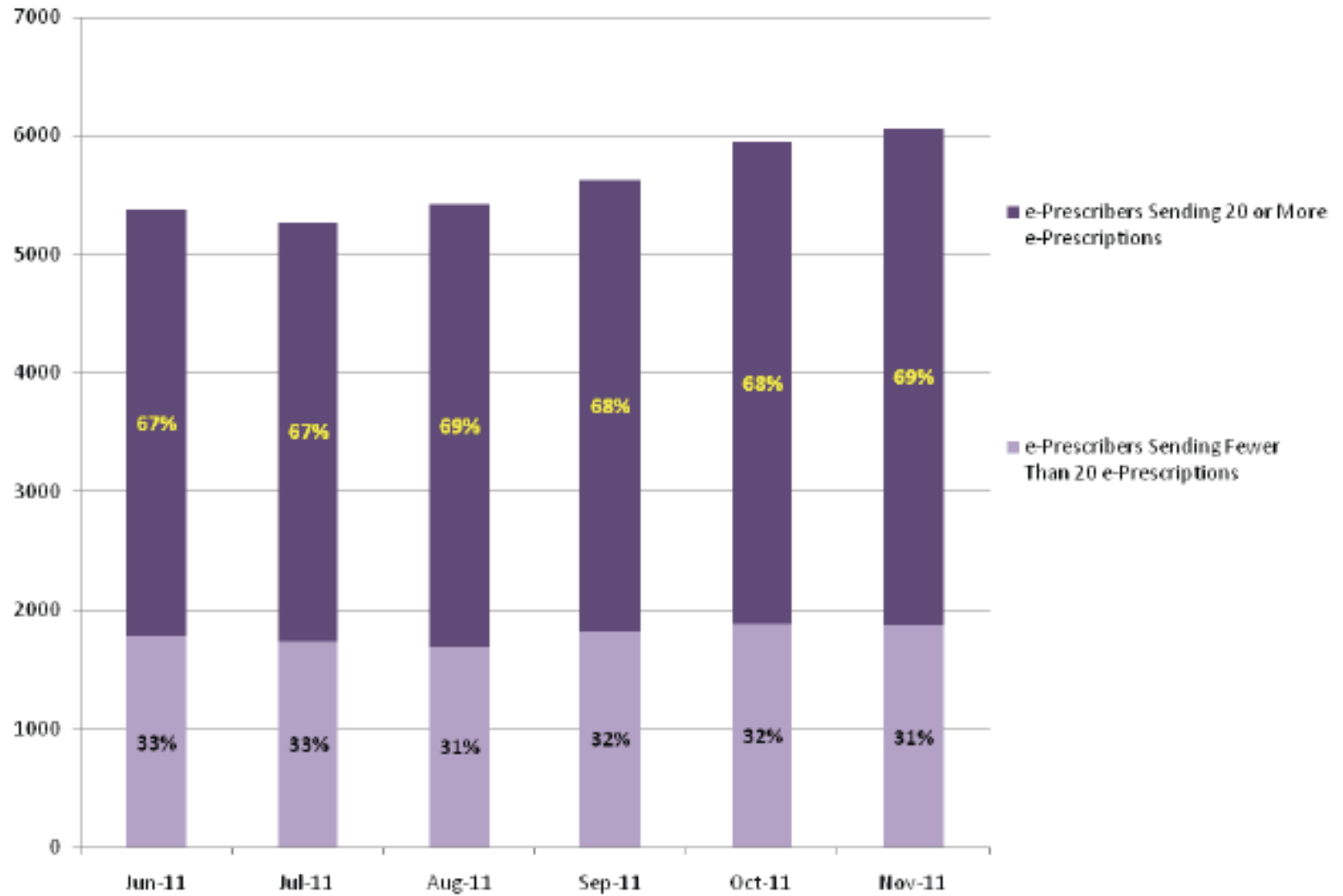
- Total prescriptions routed electronically:

2008	2009	2010	2011 (through Nov.)
693,112	2,658,578	4,266,385	6,419,211

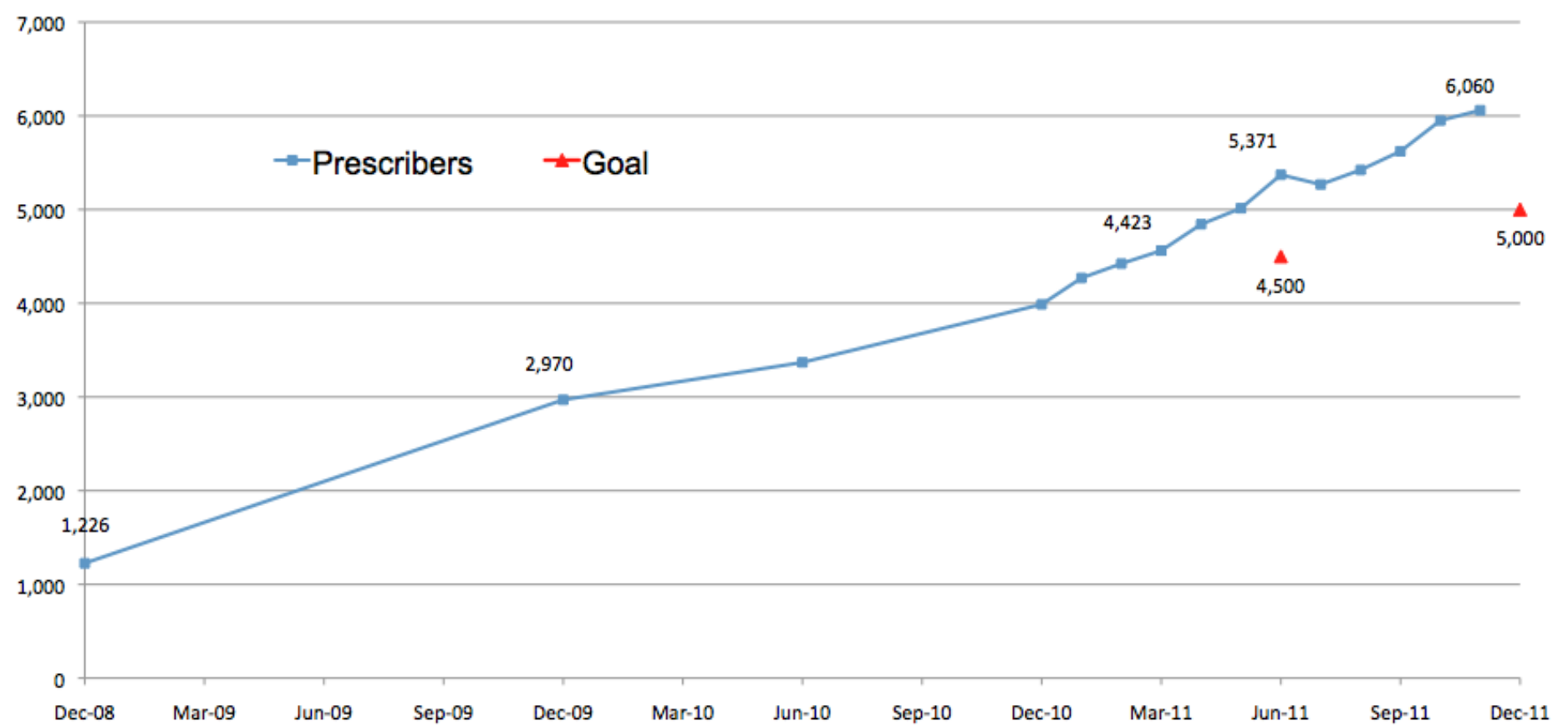
Total e-Prescribers in OR on Surescripts Network



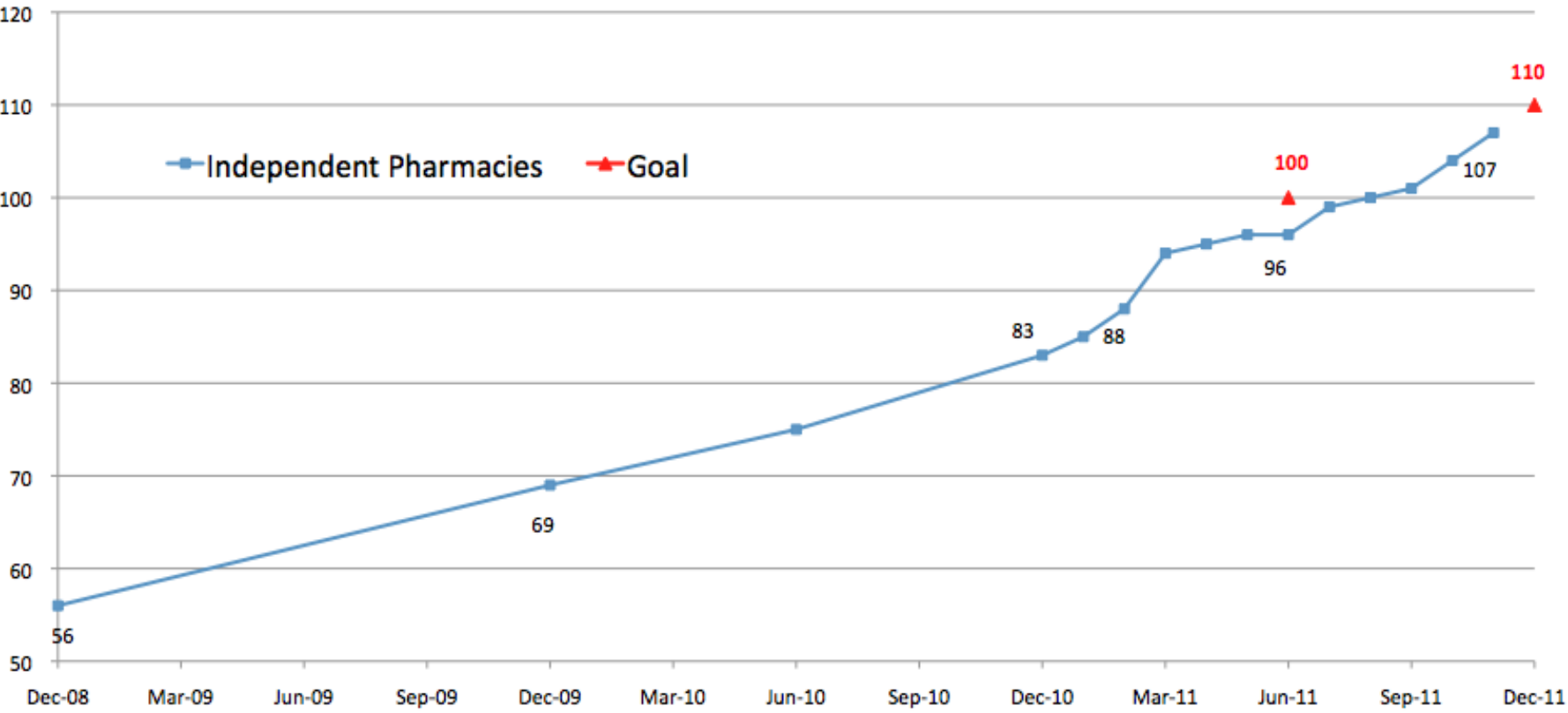
e-Prescribers on the Surescripts Network by Volume of e-Prescriptions in OR



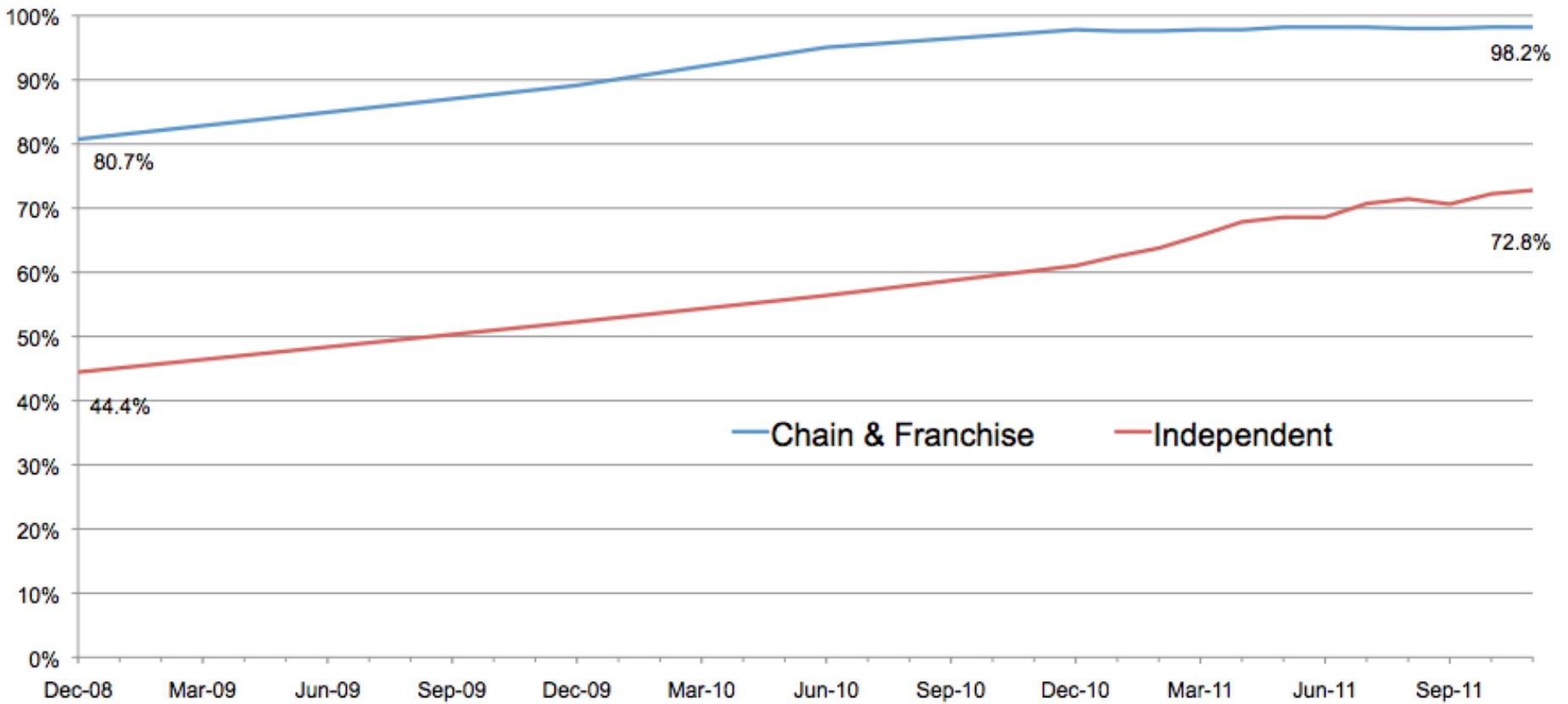
Total Active e-Prescribers on Surescripts Network



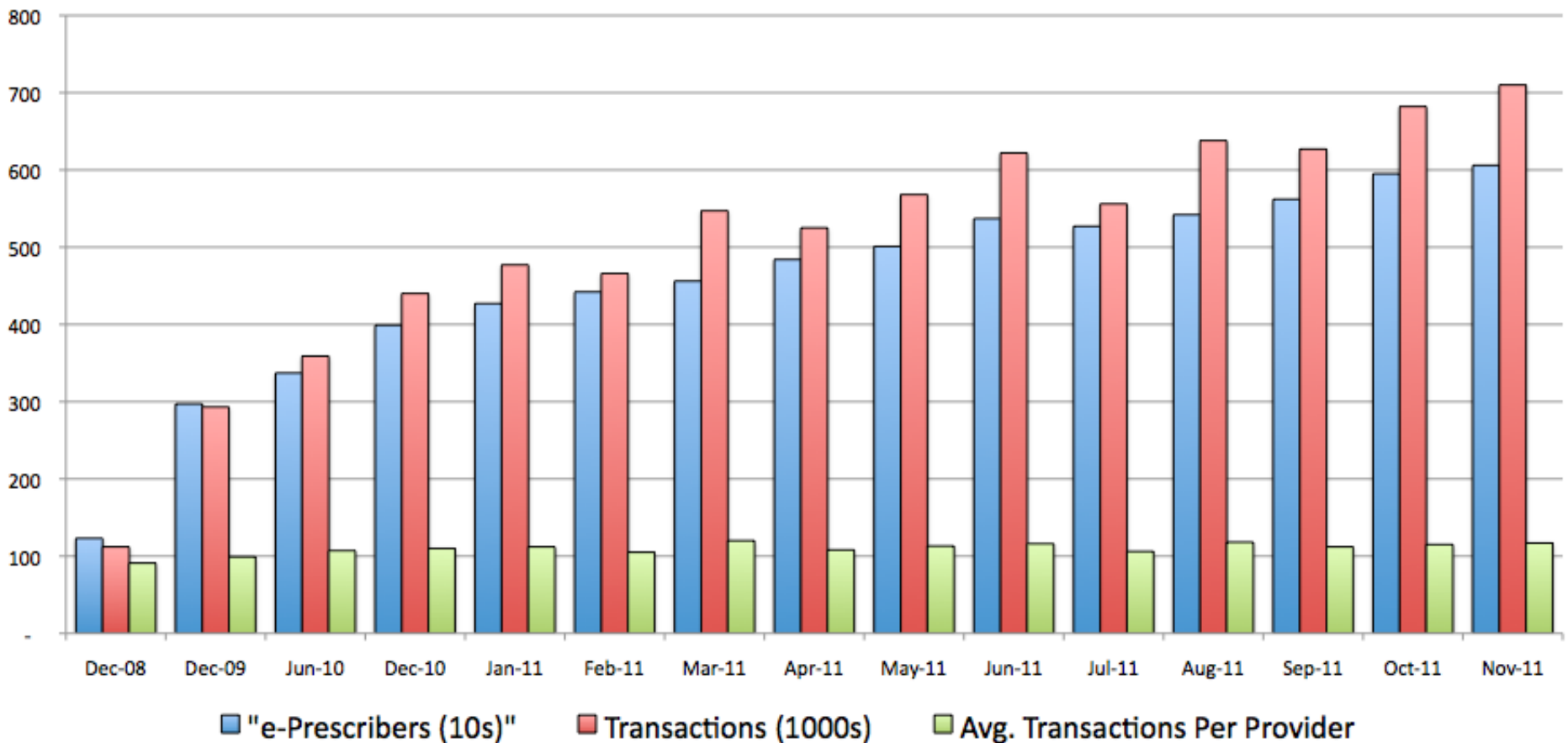
Number of Independent Pharmacies Enabled to e-Prescribe with Surescripts



Percentage of Retail Pharmacies Enabled to e-Prescribe on the Surescripts Network



Oregon e-Prescribing Activity



E-Prescribing Impact on First Fill Medication Adherence: 10% Increase

Source: http://www.surescripts.com/news-and-events/press-releases/2012/february/212_eprescribing.aspx

Pre-adoption of e-prescribing

(100% paper prescriptions)

100 Rx
written by prescriber



73.2 Rx
delivered to pharmacy



69.5 Rx
prescriptions picked up



Post adoption of e-prescribing

(40% e-prescriptions, 60% paper prescriptions)

100 Rx
written by prescriber



81.8 Rx
delivered to pharmacy



76.5 Rx
prescriptions picked up



E-prescribing Efforts In Oregon: Focus Groups

When?

- Independent Pharmacies: 11/4/2011
- Chain Drug Store Pharmacies: 1/19/2012

Why?

- To learn more about what specific barriers/operational issues exist for pharmacists and technicians that drive workflow issues, patient safety concerns, and further adoption of other e-prescribing functionalities
- Improving the adoption and functionality of e-prescribing is a priority for the ONC, OHIT and HITOC

E-prescribing Efforts In Oregon: Focus Groups

What did we learn?

- Lack of e-prescription accuracy is of primary concern--participants believe there are more errors with e-prescriptions than through other transmission methods
- There is a lack of consistent application of the specifications for meeting transmission standards across EHRs and pharmacy dispensing vendor software (leads to missing information, errors, etc.)
- Transaction fees for e-prescriptions are not a barrier for pharmacies

E-prescribing Efforts In Oregon: Focus Groups

What did we learn?

- Pharmacies do not see Surescripts as a source for patient prescription benefit information or medication histories
- E-prescribing as it currently functions fails to support controlled substance prescribing creating workflow issues
- Additional training during EHR implementation would help prescribers ensure the accuracy of their e-prescription transactions
- The findings from both focus groups are aligned with barriers identified by other States and the ONC

Measurable Results and Key Milestones for 2012

Measurable Results and Key Milestones for 2012

- ✓ OHA signed and executed a technology contract with Harris Corporation for HIE core services
- ✓ Initial HIE engagement activities have begun
- ✓ HITOC's recommended language for HIT components was incorporated into the OHPB's CCO proposal
- ✓ Medicaid EHR Incentive Program: Total payments to date are over \$26.5 million

Public Comment

Closing Comments

Next HITOC Meeting:

WEDNESDAY, March 7, 9am- 5pm

Eola Northwest Viticulture Center

215 Doaks Ferry Rd., Salem, OR 97304

Questions or Comments:

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