
Health Information Technology Oversight Council

December 1, 2011

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.

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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**
- 1:50 pm - Phase 1 and 2 HIE Services – Carol Robinson & John Hall**
- 3:00 pm - Confirm Advice and Input to Health Policy Board – Carol Robinson & Tom Wunderlich**
- 3:20 pm - Break**
- 3:35 pm - Oregon Law and Disclosure of Lab Results to Patients – Carol Robinson & Kahreen Tebeau**
- 4:05 pm - Long Term Care Survey Results – Dave Witter**
- 4:40 pm - Public Comment**
- 4:55 pm - Closing Comments – Steve Gordon & Carol Robinson**
- 5:00 pm - Adjourn**

Meeting Objectives

1. Confirm advice/input to the Health Policy Board on HIT for CCOs
2. Consider feedback and determine position on Oregon lab result disclosure law
3. Shared understanding of long term care HIT readiness, and statewide phased approach to HIE services

Updates

Carol Robinson



Update: HIE Services RFP

- Current Status:
 - Intent to Award to Harris Corporation
 - RFP Protest Process Complete
 - Contract Negotiations Scheduled for weeks of 12/5 and 12/12
- Next Steps
 - OHIT and Harris Corporation Contract Negotiations
 - Further Implementation Planning
 - Finalize Contract
- Start of Oregon HIE Solution Implementation

Update: Consent Implementation Subcommittee

- Introductory meeting held Nov. 10, 2011
- Subcommittee discussed and gained common understanding of:
 - Oregon’s strategic plan for HIE, including Direct messaging services in phase one and more robust HIE services in phase 2
 - The scope and purpose of the Subcommittee –to determine how and under what circumstances to implement the opt-out consent policy
- Next steps determined:
 - Next meeting scheduled for Dec. 14, to focus on clarifying key definitions to be used in future rules
 - Subcommittee reviewing tabled OAR language and public comments to inform their thinking about future rules

Update: ONC Conference

November 16-18 in Washington, D.C.

- State HIE Grantee Meeting November 16
- All-Grantee Conference, including RECs, Beacon Communities, Workforce and State HIEs November 17 & 18
- Key Takeaways
 - PIN #2 coming soon, will focus on annual updates to Strategic and Operational Plans
 - Emphasis on moving from planning to implementation
 - Center for Medicare and Medicaid Innovation (CMMI) grant programs
 - Policies for interstate exchange needed– eyes toward Western States Consortium
 - Lots of cheerleading, plenty of anxiety
 - Three states submitting HIE funding requests to CMS
- Attending from Oregon
 - Bob Brown, Carol Robinson, Steve Johnson, Kate Lonborg, Tom Wunderlich, and Lisa Parker

Update: HITOC Appointments

- Appointed by Governor Kitzhaber; Senate confirmed on Nov. 16:
 - Carolyn Lawson, CIO, Oregon Health Authority and Oregon Department of Human Services
 - Ellen Larsen, RN, Director, Hood River County Health Department
- Member terms ending 1/1/2012 will continue until additional Governor appointments are made

**Oregon
Medicaid EHR Incentive Program**

HITOC Presentation

Lisa A. Parker
Interim Medicaid HIT Project Director
Dec. 1, 2011



Oregon's Medicaid EHR Incentive Program Registration and Application Status*

	Eligible Professionals	Eligible Hospitals
Registered with CMS, but application not started	291	14
Application started, but not completed	56	5
Application submitted	166	17
Pended for Review (waiting for response from EP or EH with additional requested documentation)	39	1
Paid	58	3
Totals	609	41

* As of 11/29/11

Oregon's Medicaid EHR Incentive Program Payments through November 2011

- Payments to Eligible Hospitals -
\$4,153,297
- Payments to Eligible Professionals -
\$1,211,250
- Total payments - \$5,364,547

Oregon's Medicaid EHR Incentive Program

- Staffing Update
 - Additional processing resources on board and being trained
- IAPD Update being submitted in December
 - Staffing
 - MAPIR Version 3.0 to enable MU attestations for second year payments
- Communications
 - Updating website and manuals with lessons learned from first two months of program
 - Planning EP targeted outreach for January and February

Oregon's Medicaid EHR Incentive Program

- Next Steps

- Continue to explore options for identifying meaningful users who don't qualify for Medicare or Medicaid EHR incentives
 - Initial conversation with CMS
 - Further analysis needed
 - OHIT not currently funded to do this work
- Continue to fine-tune processing of applications
- Outreach and communication to support Eligible Hospitals and Eligible Professionals to maximize incentive payments in Oregon
- MAPIR

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.)

Phase 1 and 2 HIE Services

Carol Robinson and John Hall



Recap of Our HIE Technology Services Strategy

- **Phase 1:** To offer simple and foundational electronic health information exchange services to all providers in the state of Oregon, regardless of affiliation, patient population or health information technology sophistication
 - Secure email for providers without EHRs or whose EHRs are not yet Direct-compliant
 - XD* support for providers whose EHRs are Direct-compliant
- **Phase 2:** To leverage and augment Phase 1 services with capability that allows for more sophisticated types of HIE and supports the needs of HIOs, CCOs, and ACOs

Where We Are Today

- RFP for Phase 1 HIE Services - Direct messaging services (secure email), provider directory, and trust services - issued in late July
- Currently in contract negotiations with Harris Corp. for Phase 1 services
- Rollout of Phase 1 services expected in Q1 2012
- Planning for Phase 2 Services to begin in December 2011

HIE Moving Forward

- Per the July 2010 Program Information Notice and as a requirement of the Cooperative Agreement, we are allocating additional resources to support high-priority use cases:
 - e-Prescribing
 - Laboratory Test Results reporting (and ordering)
 - Clinical Care Summary exchange
 - Quality reporting and monitoring
- We are working on a plan for specialized pilots of the Phase 1 services that address the specific needs of these priority areas and other identified use cases

Next Steps

- Complete contract negotiations with Harris Corp.
- Identify and engage early adopters for Phase 1 Services
- Launch Phase 1 Services for early adopters
- Roll out Phase 1 Services for all providers
- Identify Phase 2 Services that support the needs of our constituents and work with Harris on an implementation plan




Healthcare Solutions

SDM Use Case and Demonstration for HITOC

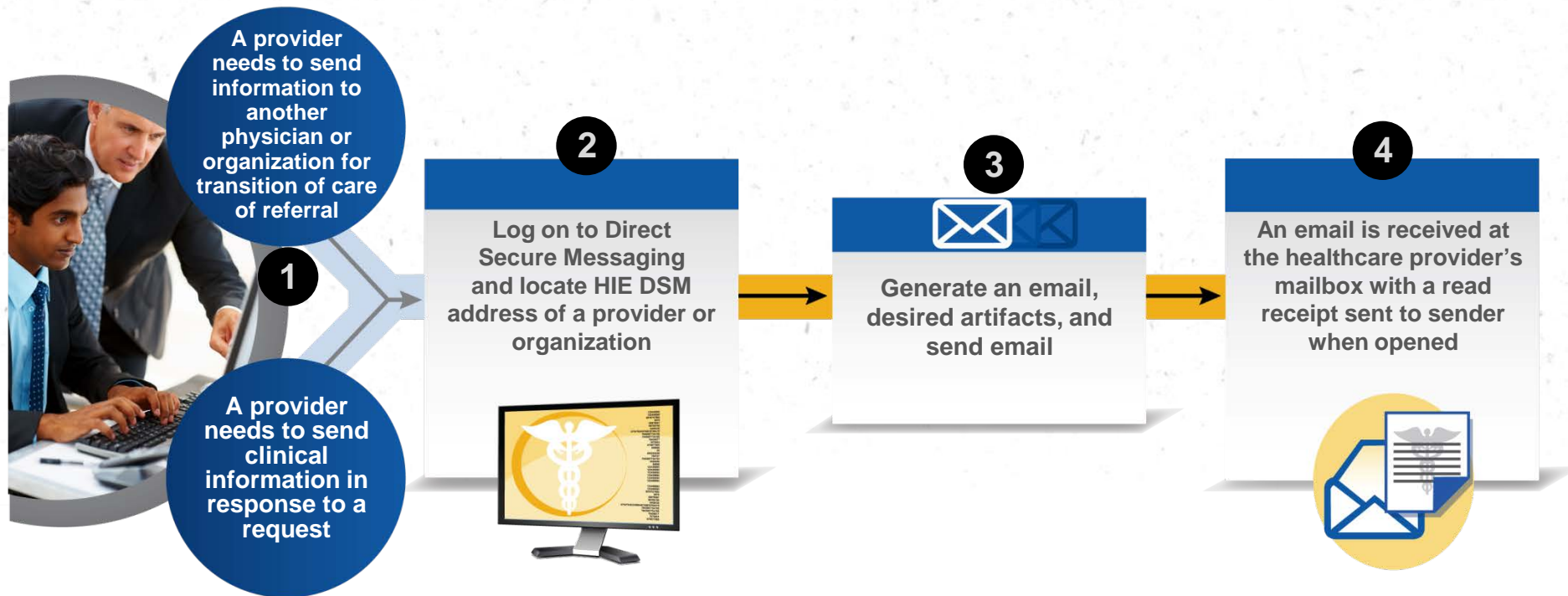
Dec 1, 2011



Trusted at the intersection of
life and data™ 














Direct Implementation

- Harris “Direct Secure Messaging” deployed in Florida in June, 2011
- Concept of “pushing” data from one party to another
- Establishes provider directory and secure communication network (secure email)
- Extensive vetting to ensure providers are licensed and active



Providers can exchange clinical records statewide using secure protocols

Newborn Screening Use Case

DAYS OF LIFE	STEPS OF SCREENING PROCESS
DAY 2	STEP 1 Hospital Send specimen to State Lab
	STEP 2 State Lab Conduct screening test
DAY 3	STEP 3 State Lab Release abnormal results to Children's Medical Services Headquarters via data system 
	STEP 4 Children's Medical Services Headquarters Contact Children's Medical Services Referral Center via phone and send screening results via DSM  
	STEP 5 Children's Medical Services Referral Center Notify Primary Care Physician via DSM and family via phone of abnormal finding  
DAY 5	STEP 6 Children's Medical Services Referral Center Begin treatment and order confirmation lab tests from reference lab via phone and send screening results via DSM  
	STEP 7 Reference Lab Conduct confirmatory tests and release results to Referral Center via DSM, along with a phone call  
DAY 8-9	STEP 8 Children's Medical Services Referral Center Notify family via phone and Primary Care Physician via DSM of confirmatory findings  
	STEP 9 Children's Medical Services Referral Center Send Case Report to Children's Medical Services Headquarters via DSM  

- Over 220,000 babies go through screening process in FL
- Over 265,000 tests are done
- Each one requires at least 6 reports be faxed
- Use of email in place of Fax is:
 - Faster
 - More accurate
 - More cost effective
- Estimated (conservative) savings from 1 use case is over \$200K/Year
- State system use of Secure Direct Messaging is an easy win
 - Will encourage adoption for providers doing business with the state

Review and Confirm Advice and Input to the Health Policy Board

Carol Robinson and Tom Wunderlich



Advice and Input to HPB

Review HIT language in CCO proposal (previously referred to as “business plan”)

- Longer version sent to OHA Director’s office
11/4/11
- Condensed version sent to OHA Director’s office
11/29/11

Advice and Input to HPB (continued)

1. Review to discussion summary from 11/3 HITOC meeting
 2. Review additional considerations (revised)
 3. Review revised memo to HPB on statutory and technological limitations to HIE
- Do these materials represent HITOC's advice and input to HPB?
 - Additional input opportunities through public comment periods

CCO Timeline (taken from 11/15/11 CCO Criteria Workgroup)

Date	Event
12/13/11	Oregon Health Policy Board meeting: Review of draft materials
12/19/11-1/3/12	Public Comment Period on Draft CCO Business Plan
1/10/12	Oregon Health Policy Board meeting: Review of draft materials
1/10/12-1/18/12	Public Comment Period on Draft CCO Business Plan
1/18/12-1/20/12	Interim Legislative Hearings
1/24/12	Oregon Health Policy Board meeting: Approval of final CCO Business Plan
2/1/12	Delivery of CCO Business Plan to Legislature
3/2012	If Legislature approves, apply for required permissions to CMS
3/2012	OHA implementation planning
7/2012	Potential first CCOs certified and enrolling members

Break



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Oregon Law and Disclosure of Lab Results to Patients

Carol Robinson and Kahreen Tebeau



National Context and Oregon Law

- A recent Notice of Proposed Rule-Making (NPRM) at the federal level has prompted reconsideration of Oregon law as it pertains to the release of laboratory test information to patients.
- **Pertinent Oregon statute: ORS 438.430 – In order for a clinical laboratory to release a patient’s test results to the patient,** current Oregon statute requires either that the ordering provider explicitly authorize the lab to release the results to the patient, or, in the absence of the provider’s authorization, the **lab must observe a 7-day waiting period** prior to releasing the test results directly to the patient.

National Context and Oregon Law

- **Federal regulations:**
 - **HIPAA** includes a **right for patients to access their medical records**, but **clinical laboratories are currently exempt** from this requirement.
 - **If the Federal NPRM goes into effect**, this exemption would be removed, and labs would fall under HIPAA regulation, including providing patients with access to their lab results.
 - However, **HIPAA allows covered entities up to 30 days** to provide patients access to their records. Currently Oregon law requires only a 7 day waiting period, after which results are immediately released.

Stakeholder Input to HITOC on Potential Need to Amend ORS 438.430

- Feedback from HITOC stakeholder groups:
 - Legal & Policy Workgroup: supports the **status quo** of Oregon 7 day waiting period, or fold into HIPAA 30 day allowance if federal NPRM goes into effect
 - Consumer Advisory Panel: recommends **amendment of Oregon statute to remove 7 day waiting period**; HIPAA 30 day allowance too lengthy, Oregon law should require that labs immediately disclose results upon request
 - Labs Stakeholder Committee: **not opposed to immediate release of lab results** to patients as soon as they are available

Discuss HITOC's Position on Potential Need to Amend ORS 438.430

- Do HITOC members support a recommendation at this time to the Oregon Health Authority to request statutory changes related to the release of lab results to patients?
- If so, what is HITOC's recommendation?

Long Term Care HIT/HIE Readiness Survey Results

Dave Witter



Oregon LTC EHR Survey

- Goals:
 - Determine the extent of technology integration currently existing within Oregon's LTC community
 - Identify existing challenges to expanding the use of HIT in LTC settings
- Oregon LTC community: 2,274 licensed facilities, 42,590 licensed beds, multiple types of facilities
- Received responses from 63 organizations covering 116 facilities with a total of 7,933 LTC residents/patients (sent to approx. 600 facilities)

LTC Survey - Terms

- “Entity”: any organization, site, or facility that responded to the survey.
 - An organization whose response covered multiple facilities within the organization is considered one entity.
 - An unaffiliated facility whose response covers just that facility is one entity.
- “Facility”: a single site or location.
 - If an organization’s response covered five different locations within the organization, those locations are considered five facilities.
- Types of Settings:
 - assisted living facilities, nursing facilities, memory care communities, residential care facilities, rehabilitation facilities, retirement homes, continuing care retirement communities, respite care, adult day care, adult foster care

LTC Survey - Highlights

Information Technology Use:

- Most of LTC community uses computer and internet technology (96% of entities, 98% of facilities)
- Less than a third use an EHR (30% of entities, 28% of facilities)
- About one fifth use an electronic medication administration (eMAR) system (19% of entities, 22% of facilities)
- Less than half of all respondents have electronic administrative systems (35% of entities, 42% of facilities)

LTC Survey - Highlights

Respondents without an Electronic Health Records (EHR):

- Less than half plan to implement an EHR in the next five years (44% of entities) while 49% are interested but have no plans for implementation
- Main barriers to EHR implementation: cost of purchase and implementation, and requirement of staff training
- Main perceived benefits: greater efficiency, quality monitoring capabilities, decreased errors, and improved resident care management

LTC Survey - Highlights

Respondents using Electronic Health Records (EHR):

- Less than a third use an EHR (30% of entities, 28% of facilities)
- Higher EHR use with multi-facility entities
- Over 85% satisfied or very satisfied
- Even with EHRs, substantial reliance on paper for clinical and administrative functions
- Highest functionalities: care plans, entering/reviewing orders, clinical notes, track medications

LTC Survey - Highlights

Electronic Medication Administration Records (eMAR):

- Only half of respondents without an EHR plan to change or expand their current technology to increase HIT functionality (50% of entities, 51% of facilities)
- Over 40% of them identified eMARs as a top priority for expansion, nearly twice the level of interest for EHRs
- eMARs were also the highest priority for expansion among EHR users (56% of entities, 70% of facilities)

LTC Survey - Highlights

Information Exchange:

- Majority of information exchange in the long term care community is done with paper, even among entities and facilities that have EHRs
- Fax is the primary method of exchanging patient/resident health information
- Less than 10% of entities and facilities participate in any type of exchange via an EHR
 - Minimal exchange through EHR essentially only happening with pharmacies and affiliated providers

LTC Survey - Highlights

Information Exchange:

- Despite current low level of electronic information sharing, there is a clear interest within the LTC community in expanding technology and coordination in order to improve and increase the usage of electronic exchange
- Respondents are most interested in developing greater electronic exchange capabilities and relationships with labs and pharmacies, followed by sharing with hospitals

LTC Survey - Implications

- Raising EHR adoption rates will take time, especially without incentives comparable to hospitals/professionals
- Certification of LTC EHRs just beginning/announced
- HIE: without the EHR, HIE capabilities are going to be limited
- Potential for Direct to provide a partial solution that's not dependent on EHRs
- Priority issue within the LTC community between improving their eMARs and their EHRs
- Significant development will be required to really address the transitions of care and continuity of information issues

Public Comment

Closing Comments

Next HITOC Meeting:

Thursday, January 5, 2012, 1:00 - 5:00 p.m.

Portland State Office Bldg., Room 1-B

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)



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