
Health Information Technology Oversight Council

November 3, 2011

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Agenda

- 1:00 pm Welcome, Opening Comments, Approve Minutes – Steve Gordon
- 1:10 pm Meeting Objectives and Updates – Carol Robinson
- 1:30 pm Medicaid EHR Incentive Program Update- Lisa Parker
- 1:50 pm Regional Assessment of HIE in Oregon – Carol Robinson and Dave Witter
- 2:20 pm Consent Implementation Subcommittee – Carol Robinson & Chris Coughlin
- 2:40 pm Break
- 3:00 pm Discussion: Domains of Responsibility for CCOs and HIT/HIE
- 4:40 pm Public Comment
- 4:55 pm Closing Comments

Meeting Objectives

1. Oregon Regional HIE Assessment Activity
2. Confirm proposed framework for CCO HIT domains
3. Endorse Consent Implementation Subcommittee charter

Updates

Carol Robinson



Update: HIE Services RFP

- Intent to Award to Harris Corporation
- Next Steps:
 1. Protest Period
 2. Contract Negotiations
 3. Implementation Start

Update: Staffing for the Office of Health IT

- OHIT Policy and Planning Manager, Oliver Droppers, moving to new position
- New lead policy analyst: Kate Lonborg, start date 11/14/2011
- New staff members will be joining OHIT as new roles and responsibilities are assigned to OHIT

Update: HITOC Appointments

- Appointed by Governor Kitzhaber; Senate confirmation scheduled for Nov. 16:
 - Carolyn Lawson, CIO, Oregon Health Authority and Oregon Department of Human Services
 - Ellen Larsen, RN, Director, Hood River County Health Department

Update: HIE Priority Areas and Report to ONC

- ONC included three priority areas in the Program Information Notice (PIN) issued in 2010:
 - E-prescribing
 - Laboratory Exchange
 - Care Summary Exchange
- OHIT and HITOC adopted Clinical Quality Metrics as the fourth priority area
- HIE Report to ONC on October 28

**Oregon
Medicaid EHR Incentive Program**

HITOC Presentation

Lisa A. Parker
Interim Medicaid HIT Project Director
November 3, 2011



Oregon's Medicaid EHR Incentive Program

- Registration and Applications
 - Eligible Professionals
 - Eligible Hospitals
- Initial Payments in October
- Operations/Processing will move to DMAP
- Planning will stay in OHIT
- Communications
 - Provider Inquiries – phone and email
 - DMAP Webinar – October 26; scheduling more in November
 - OHA Resource Table at OCHIN and HIMSS conferences in November

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.)

Regional Assessment of HIE in Oregon

Carol Robinson and Dave Witter



Oregon's Ambulatory EHR Landscape*

- Approximately 65% of clinicians (MD/DOs, PAs, NPs) covered by the survey are in practices/clinics with some type of an EHR
- Higher EHR adoption rates in large health systems, practices affiliated with a system, large practices, FQHCs, multi specialty and mixed primary care practices
- Lower EHR adoption in smaller provider practices: 5-9 providers, 54% have EHRs; 2-4 providers, 40% have EHRs; and solo practices, 26% have EHRs
- *EHR functionality level*: 43% of clinicians are in practices/clinics with basic EHR functionality, 32% of clinicians are in practices/clinics with a fully functional EHR
- Fully functional EHR is less than Stage 1 Meaningful Use criteria

* (based upon 2009 Ambulatory EHR Survey)

Oregon's Hospital EHR Landscape*

- *Critical Access Hospitals (CAH)*: 17 of Oregon's 25 CAHs have some form of an EHR
- *Non-Critical Access Hospitals*: 30 of 33 hospitals have some form of an EHR
- *Acute Care Hospitals (ACH)*: 47 of Oregon's 58 ACHs have some form of an EHR
- Functionality/scope of many EHRs not sufficient for Stage 1 Meaningful Use
- A number of hospitals are upgrading or replacing EHR systems
- Others plan to implement an EHR systems

* (based upon 2010 data)

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

Regional HIE Activities Survey

- ***Portland Metropolitan (Multnomah, Clackamas, Clark, and Washington Counties)***
 - HIE networks/participants: Anticipated connectivity among Epic EHR users (Kaiser Permanente, Legacy Health System, OCHIN, OHSU, and Providence Health & Services)
 - Known scope of HIE solution: Access to Epic EHR and HIE functionality available through Epic Care Everywhere.
 - A number of existing constraints/gaps

Regional HIE Activities Survey

- ***Willamette Valley (Lane County, Linn, Benton, Lincoln, Marion and Polk Counties)***
 - HIE networks/participants: Samaritan Health Services (Linn, Benton, and Lincoln Counties)
 - Known scope of HIE solution:
 - PeaceHealth (GE Centricity) supports limited point-to-point interfaces among practices
 - Kaiser and Salem hospital use Epic EHR and have a number of direct connections
 - Samaritan has contracted with a HIE vendor to provide ambulatory connectivity between all employed providers within their region (approximately 90% of providers are affiliated); core EHR system selection is underway
 - A number of existing constraints/gaps

Regional HIE Activities Survey

- ***Central Oregon (Deschutes, Jefferson, Crook & Harney Counties)***
 - HIE networks/participants: Central Oregon HIE (St. Charles Health System)
 - Known scope of HIE solution:
 - Primarily hospital based HIE connectivity
 - In process of defining a transition from hospital-based governance structure into a non-profit organization that will assume management of HIE services across Central Oregon.
 - St. Charles has 40% of regional physicians on EHRs, with 400+ providers participating in HIE
 - A number of existing constraints/gaps

Regional HIE Activities Survey

- ***Roseburg (Douglas County)***
 - HIE networks/participants: Umpqua OneChart HIE (DCIPA)
 - Known scope of HIE solution: Over 90% of region's providers on a single EHR platform with connectivity to hospital and labs as well
 - A number of existing constraints/gaps
- ***Eastern Oregon (Hood River, Wasco, Sherman, Gilliam, Union, Wallowa, & Bakers Counties)***
 - HIE networks/participants: limited to Gorge Health Connect and North Eastern Oregon Network (NEON).
 - Known scope of HIE solution:
 - Gorge Health Connect offers point-to-point HIE through Direct HISP (first in state); plans to implement Medicity HIE exchange product in 2012
 - NEON engaged in exploring CCO and HIE infrastructure needs
 - A number of existing constraints/gaps

Regional HIE Activities Survey

- **Southern/Coastal Oregon (Jackson, Josephine, Curry & Coos Counties)**
 - HIE networks/participants: Jefferson HIE (Asante Health System & affiliates) and BACIA (Bay Area Hospital and some Coos Bay provider groups).
 - Known scope of HIE solution:
 - Jefferson HIE deployed Medicity as an HIE solution connecting affiliated physicians with Asante moving to Epic, working with Sky Lakes in Klamath County as well; does not expect to provide Direct Project messaging services
 - BACIA has a governance board in place, under the auspices of the local hospital district, and is supporting Siemens as a hospital based EHR system, but with Medicity under contract to provide HIE
 - A number of existing constraints/gaps

HIE/HIO Regional Activities Summary

- Federated approach to HIE fall broadly into two categories: (1) those carried out by large health systems, affiliated providers and hospitals, and (2) local or regionally driven Health Information Organization (HIO) efforts
- HIE connectivity gaps exist in regions with some HIE functionality (gaps specific to unaffiliated provider groups, small providers and specific provider types)
- Approximately 15 of Oregon's 36 counties have no organized HIE services available for coordination of care between providers, labs and hospitals
- Regional/local HIOs may increase services and expand geographically, but primarily driven by designated medical service area(s); such investments and actual capability has yet to occur

HIE/HIO Regional Activities Summary

- Varying levels of effort, perceived barriers, and differences between and among localities in terms of existing infrastructure
- Electronic exchange of clinical information for coordination and care delivery currently occurs primarily within a limited number of health care systems
- Complexities and ongoing challenges in assessing landscape of variances w/in context of Coordinated Care Organization (CCO) development
- Need ongoing regional HIE assessments to better ascertain technical infrastructure that will foster provision of person-centered care as well as infrastructure & planning for community-level services to enable evaluation of key patient, provider and community-level outcomes

Consent Policy: Implementation Update

- **Consent Implementation Subcommittee** formed to assist staff in gathering the information and providing the expertise needed to answer procedural and technical implementation questions (*see Charter in meeting materials*)
- Information and feedback gathered through the Subcommittee's work with staff will be used to re-draft the administrative rules to implement the opt-out consent policy
- Membership on Subcommittee: representation from the Legal & Policy Workgroup, the Consumer Advisory Panel, and targeted community organizations (*see Member List in meeting materials*)

Break

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Discussion: HIT/HIE Domains of Responsibility for CCOs

Carol Robinson



Input from Oct. 25 HITOC Webinar Meeting

- HITOC reviewed proposed CCO HIT domains of responsibility
- CCO HIT criteria should be as comprehensive as the Advisory Board Company core competencies for ACOs
- Workforce development and provider-level vs network-level requirements should be additional considerations
- Some members & public comment emphasized the importance of analytics

Input from Oct. 25 HITOC Webinar Meeting

- Criteria should incorporate a phased or evolutionary approach
- HITOC could provide advice and input by presenting to the HPB:
 1. Baseline criteria (EHR, HIE)
 2. Transformational requirements (Analytics, Quality Reporting, Patient Engagement, Other HIT Applications)
 3. Additional considerations/background information

Proposed Criteria/Requirements Overview

	Domain of Responsibility	
Baseline	EHR	<ul style="list-style-type: none"> Identify EHR adoption rates, may be divided by provider type Identify strategies to increase adoption rates Consider minimum requirements for adoption, over time
	HIE	<ul style="list-style-type: none"> Identify HIE options Meet minimum HIE functionality requirements, may have different requirements for different provider types Minimum requirements are phased over time
Transformational	Analytics	<ul style="list-style-type: none"> Report current capacity Identify goals to use analytics to improve care coordination Identify plans to achieve goals
	Quality Reporting	<ul style="list-style-type: none"> Report current capacity to submit claims data electronically Identify capacity and plans to collect and submit clinical data Identify capacities and plans to collect and submit data on demographics and patient satisfaction
	Patient Engagement	<ul style="list-style-type: none"> Identify opportunities for increased HIT use with current system capacity Enhance other patient engagement efforts with HIT
	Other HIT Applications	<ul style="list-style-type: none"> Identify service areas that could be enhanced through greater HIT use Develop a plan for increased HIT including benchmarks

Additional Considerations

- A. Current EHR adoption rates
- B. Provider-level vs network-level HIT requirements
- C. Potential inclusion of analytics in CCO criteria
- D. Process for assessing CCO strategic plans for HIT (transformational requirements)
- E. HIT workforce development
- F. Statutory barriers to HIE

Discussion Questions

- Are the sections appropriate? (Baseline Requirements, Transformational Requirements, Additional Considerations)
- Are the headings in each section appropriate? (Baseline: EHR, HIE, Waivers; Transformational: Analytics, etc.)
- Is anything missing from the “additional considerations” section

Discussion Questions (continued)

- What input would be necessary to properly define the placeholder figures? (“X% by year 1”, etc.)
- How can HIE requirements best align with Oregon’s Strategic Plan for HIE?
- Is the tiered approach for criteria appropriate? What are the advantages and risks of this approach?
- Should HITOC’s advice and input reference the OHIT memo on statutory barriers?

Next Steps for CCO HIT Advice and Input

- Staff will make any suggested edits to the draft CCO HIT Considerations document
- CCO HIT Considerations document and a summary of today's conversation will go to HPB 11/8/11
- HPB may make additional requests of HITOC
 - Final CCO workgroup meetings: week of 11/14/11
 - CCO Business Plan is being developed

Public Comment

Closing Comments

Next HITOC Meeting:

Thu Dec 1, 2011, 1 - 5 pm

Portland State Office Bldg, Room 1D

800 NE Oregon St

Portland OR 97232

Questions or Comments:

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Oregon Health Authority