

About the Health Information Technology Oversight Council (HITOC)

The Health Information Technology Oversight Council (HITOC) was created by the passage of HB 2009 within the Oregon Health Authority. The Council is comprised of eleven individuals appointed by the governor, and is charged with developing and implementing a statewide strategic plan for electronic health information exchange, coordinating public and private efforts to increase adoption of electronic health records, setting technology standards, ensuring privacy and security controls, and creating a sustainable business plan to support meaningful use of health information technology to lower costs and improve quality of care.

[HITOC Member Photos & Bios](#)

Upcoming HITOC Meetings:

Thursday, May 5, 2011
1:00 pm - 5:00 pm
Oregon State Library, Rooms
102-103
250 Winter St. NE
Salem OR 97302

Thursday, June 2, 2011
1:00 pm - 5:00 pm
Oregon State Library, Rooms
102-103
250 Winter St NE
Salem OR 97301

Direct Project Gaining Influence in Oregon And Nationwide as Simple Data Exchange Method

[The Direct Project](#) (formerly known as NHIN Direct) is a simple way for providers to get involved with exchanging patient data, even if they don't have an electronic health record in their offices, HITOC was told at its monthly meeting April 7. Direct will also help providers meet meaningful use requirements as part of the Medicare EHR Incentive Program.

Technology consultant John Hall explained the pivotal role Direct will have in accelerating exchange at both the state and national levels. "It's a tool," he explained. "It's not a panacea, it won't solve every problem, but it certainly offers a way to speed adoption, fill white spaces (areas where there is little HIT adoption), and set the stage for later, more advanced interoperability. It's a way to get HIE moving and then layering on top of it" more complex options.

Hall noted that Direct:

- provides a low-cost way to send patient data
- does not replace other electronic exchange, but could augment them
- could replace slow, inconvenient, expensive methods such as paper and fax

Direct is standards-based, which means it does not require a vendor's proprietary technology to function.

To participate in Direct, a provider needs to get a Direct Address through a Health Information Services Provider (HISP), along with a security certification. Then the provider needs software such as an email program, an EHR or web portal. Finally, the provider needs the addresses of other Direct users, which could be other providers, labs, personal health record providers or others with whom patient data needs to be shared.

Once HITOC's first core services for exchange are up and running (projected for later in 2011), they will include a HISP that provides these services; others are set up by health information organizations (HIOs), which are local and regional groups set up to help providers exchange data.

HITOC Chairman Steve Gordon, MD, Vice President, Chief Quality Officer of PeaceHealth, said the Oregon HIT community is excited about the prospects for Direct and hopes to soon see emerging pilot projects in Oregon with Direct standards.

MGMA Survey Indicates EHRs Save Docs Money

Medical practices that have bought an electronic health record (EHR) and implemented it are largely satisfied, and a majority has found that the system increases productivity and practice revenue, according to [a survey](#) released in early April by the Medical Group Management Association.

Sixty-one percent of practices that have implemented EHRs reported being satisfied or very satisfied about the EHR's role in increasing provider productivity and increasing practice revenue.

ONC Five-Year Strategic Plan Proposes Ambitious Goals for Health IT

Taking advantage of the national momentum toward adoption of health IT, federal officials have set out a new five-year strategic plan that sees health IT as central to improving Americans' health and the health care system. The [five-year strategic plan](#), last updated in 2008, was issued by the Office of the National Coordinator for Health IT on March 25. Comments on the plan can be submitted through April 22.

The plan includes five main goals:

- Achieve adoption and information exchange through meaningful use of health IT
- Improve care, improve population health, and reduce health care costs through the use of health IT
- Inspire confidence and trust in health IT
- Empower individuals with health IT to improve their health and the health care system
- Achieve rapid learning and technological advancement.

HITOC reviewed the list during its April 7 meeting and will look to its specifics for strategies to implement in Oregon.

Save the Date: September 14

The newly named National Coordinator for Health IT, Farzad Mostashari, MD, will be speaking in Portland as the keynote for AIM 2011, the annual Oregon HIE stakeholder conference, to be held on September 14.

The daylong conference will feature talks by Mostashari and other invited speakers on a variety of state and national HIE-related topics. It will be held at the Oregon Convention Center in Portland.

Labs, Pharmacies Being Surveyed

HITOC's e-prescribing and lab stakeholder groups are carrying out surveys of hospital pharmacies and laboratories in an effort to gather information about health data exchange issues.

The groups are also reaching out to independent and chain pharmacies to better understand their HIE issues. Information about the [stakeholder groups](#) is available on HITOC's website.

EHR Incentive Programs Moving Forward

Many hospitals and medical professionals will be eligible for incentive payments to purchase electronic health records. There are two incentive programs (for Medicare and Medicaid), each with its own deadlines and rules.

The [Medicare incentive program](#), run by the federal Centers for Medicare and Medicaid Services, opened for "attestation" (when providers file paperwork for the program) on April 18. The Medicare program has been open for registration since early 2011.

Oregon hospitals and eligible professionals applying for the Medicare program may find useful information on the [Oregon Health Authority Public Health website](#), which explains how to meet three public health-related meaningful use requirements.

The [Oregon Medicaid incentive program](#) is run by the state and is in the development stages. Registration will be opening later in 2011.

Providers eligible under the Medicare incentive program can receive up to \$44,000, and those eligible for Oregon's Medicaid incentive program could receive up to \$63,750. Eligible professionals (as opposed to hospitals) must choose one program or the other.

Contact Information

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Recent Articles of Interest

- [More States Launch Medicaid EHR Incentive Program](#), Government Health IT, April 7
- [Big Medical Groups Begin Patient Data-Sharing Project](#), Bits Blog, New York Times, April 6
- [Role of IT Appears Key to ACO Push.](#), April 1