

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.

Upcoming Events:

HITOC Meeting

Thursday, January 5, 2012
1 p.m. to 5 p.m.
Portland State Ofc. Bldg. Rm 1B
800 NE Oregon St.
Portland, OR

HITOC Meeting

Thursday, February 2, 2012
1 p.m. to 5 p.m.
Portland State Ofc. Bldg. Rm 1D
800 NE Oregon St.
Portland, OR

HITOC Advises Health Policy Board on HIT in CCOs Require improvement, encourage innovation, council says

This month, the Oregon Health Policy Board reviewed the [draft implementation proposal](#) for Coordinated Care Organizations. The draft proposal is a working document from the policy board that will be under review through January, with two periods for extensive [public comment](#).

Over the past few months, HITOC developed recommendations for the policy board on how CCOs could use health IT to create a system of coordination. Carol Robinson, administrator of the Office of Health Information Technology and HITOC's director, delivered the council's report.

HITOC's recommendations to the policy board included:

- Meet providers where they are now, require improvement over time,
- Align CCO requirements with federal incentives for health IT, and
- Encourage innovation to explore health IT applications in a value-based environment.

Coordinated Care Organizations: Local organizations with networks of providers that offer comprehensive health care for members in a community.

The use of electronic health records and the secure exchange of health information between providers are among the foundational strategies HITOC suggested in order to create a system of better health, better care and lower costs.

HITOC recommended supporting health care providers' efforts to adopt EHRs certified to meet meaningful use standards; the robust use of EHRs empowers providers to engage in better coordination of care.

Health IT can contribute to the success of CCOs through quality reporting and analytics, by engaging patients through existing tools such as email, and extending providers' reach with technology such as mobile devices and telehealth, the council noted. Among the challenges are expanding efforts beyond simple interconnectivity to true interoperability and engaging all types of providers.

HITOC advised that all providers within a CCO should be registered with Direct secure messaging services (to be offered statewide in coming months), unless all providers are otherwise capable of sending secure electronic messages to any other provider in the CCO using any other EHR system, as well as those with no EHR system.

The draft CCO implementation proposal is available at health.oregon.gov. Public comment is open now until January 3.

National EHR Adoption Continues to Rise, CDC Data Show Oregon ranks sixth for physician adoption of EHRs

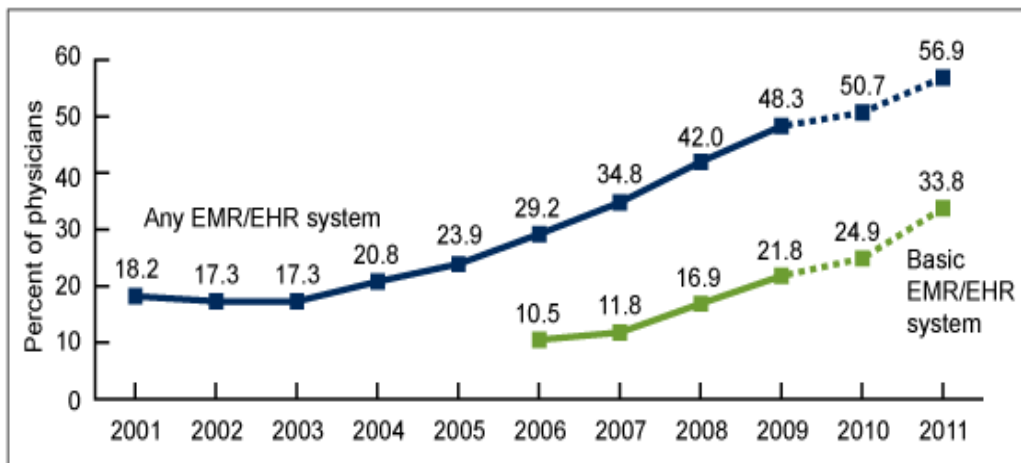
Oregon is among the top states for physician adoption of electronic health records according to a [report](#) by the Centers for Disease Control and Prevention released in mid-December. The mail survey of office-based physicians found state rates of adoption of any EHR system ranging from 40 percent (Louisiana) to 84 percent (North Dakota). Oregon, at 74.7 percent, ranked sixth, behind North Dakota, Utah, Minnesota, Wisconsin and Washington.

The survey found a national average EHR adoption rate of 57 percent. It also found that between 2010 and 2011, the percentage of physicians reporting having a basic system increased by 36 percent.

Also, 44 percent of Oregon physicians told surveyors they intended to participate in the EHR incentive payment program, compared with a national average of 52 percent.

Among physicians planning to apply for EHR incentive payments, the percentage with systems that would allow them to meet eight Stage 1 Core Set meaningful use objectives exceeded the national average (43 percent) in eight states (Iowa, Maine, Massachusetts, Minnesota, Oregon, Utah, Washington and Wisconsin). The percent in Oregon was 65.5 percent.

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2009, and preliminary 2010–2011



NOTES: EMR/EHR is electronic medical record/electronic health record. "Any EMR/EHR system" is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2006 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Oregon Medicaid EHR Incentive Program Well Under Way

The Medicaid EHR Incentive program is now well under way in Oregon. Since the program launched in September, 30 hospitals and more than 300 health care providers have applied for Medicaid EHR incentives, with more than \$20 million in federal payments going to hospitals and eligible professionals participating in the Medicaid program by the end of the year.

For eligible providers, the deadline to apply for a payment in 2011 is February 29, 2012. It may take 4-6 weeks for providers to gain access to the Provider Web Portal, which must be accessed to start an application. Eligible professionals should submit enrollment requests to DMAP by Friday, January 13 to meet this timeline. The deadline for hospitals to apply for 2011 payments was November 30, though applications can be started anytime until 2015.

In January, program staff will host a series of free webinars for various provider groups. Each webinar is tailored to fit the needs of each practice setting and will have information and resources to help practices apply for incentives.

- [Thursday, January 12](#), 1 p.m. to 2 p.m.: HIS/Tribal clinics
- [Tuesday, January 17](#), 10 a.m. to 11 a.m.: Federally qualified health centers
- [Wednesday, January 18](#), 8 a.m. to 9 a.m.: Rural health centers
- [Thursday, January 19](#), noon to 1 p.m.: General (all eligible professionals)

Stage Two Meaningful Use Delayed by CMS to 2014

Providers encouraged to seek incentives in 2011

Eligible hospitals and professionals that apply for electronic health record incentive payments during 2011 will have some extra time to meet the accompanying meaningful use requirements, the Centers for Medicare and Medicaid Services said recently.

Instead of having to “meaningfully use” their EHRs according to set standards by 2013, providers that accept incentive payments will have until 2014 to comply. The idea is to get more providers joining the program more quickly so the nation’s health IT goals can stay on a fast track, federal officials said. The move was in response to reports that providers were delaying their applications until 2012 so they’d have more time to prepare for meaningful use requirements.

“When doctors and hospitals use health IT, patients get better care and we save money,” said Health and Human Services Secretary Kathleen Sebelius. “We’re making great progress, but we can’t wait to do more. Too many doctors and hospitals are still using the same record-keeping technology as Hippocrates. Today, we are making it easier for health care providers to use new technology to improve the health care system for all of us and create more jobs.”

CMS Web Page Offers Helpful Maps and Data

CMS has created a [new web page](#) featuring Medicare and Medicaid EHR Incentive Program payment and registration data. The page, updated in October, will continue to maintain updates regarding the programs' registration, payment, and state Medicaid launches. It includes maps that illustrate:

- State breakdown of payments to Medicare and Medicaid providers,
- State breakdown of registration by Medicaid and Medicare providers,
- State breakdown of registration by Medicare providers, and
- State breakdown of registration by Medicaid providers.

The site also offers individual state reports of registrants and payment updates on state launches of the Medicaid EHR programs, and a list of recipients of payments from the Medicare EHR Incentive Program.

Visitors can use the maps to see how states compare on [registration](#) and [payment](#) totals for the EHR incentive programs. For more information see the [EHR Incentive Programs website](#).



Recent Articles of Interest

- [**CMS Has Issued Nearly \\$2B in EHR Incentive Pay**](#) (Health Data Management)
- [**Hospitals Increasingly Turning to Telemedicine**](#) (Roseburg News-Review)
- [**1,000 Kansas Providers Sign Up for Statewide HIE**](#) (Health Data Management)

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Administrative Simplification Explained Online

A [new website](#) offers questions and answers about the administrative simplification initiative authorized by Senate Bill 94.

Administrative simplification is an effort to streamline administrative processes. For example, a hospital or clinic could use the same form, or transaction, for all of its patients' various public and private insurance plans.

The Q&A explains new standards for eligibility transactions (known as 270/271 eligibility transactions).

OHSU Training Program Featured in ONC Health IT Blog

The University-Based Training Program at Oregon Health & Science University is getting some national exposure on the [Health IT Buzz Blog](#), maintained by the federal Office of the National Coordinator for Health IT.

The blog entry describes the training program, includes a number of student success stories, along with comments from people in the industry. It is written by William Hersh, MD, professor and chair of OHSU's Department of Medical Informatics & Clinical Epidemiology.