



September 7, 2009

Dr. David Blumenthal  
National Coordinator for Health Information Technology  
Department of Health and Human Services  
200 Independence Ave. SW, Suite 729-D  
Washington, DC 20201

**Re: Oregon Health Information Technology Regional Extension Center (OHITREC)**

Dear Dr. Blumenthal,

It is with great pleasure that we submit this preliminary application to the Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program to develop an *Oregon Health Information Technology Extension Center (OHITREC)*.

Oregon's vision is to use Health Information Technology (HIT) as a catalyst to transform the delivery of primary care services to patients across our state, and beyond. While Oregon has one of the nation's highest rates of Electronic Health Record (EHR) adoption – nearly 60 percent – we fully recognize that installing EHRs is just the beginning of the transformation process and that this experience will become the basis for assisting the remaining 40 percent of clinics – who we expect to be the most difficult to implement. In addition to providing real-time point of care information about the right patient at the right time, HIT is the vehicle that can offer clinicians, health systems, and policy makers information that will prove pivotal to the future of our healthcare system and healthcare workforce.

The proposed *Oregon Health Information Technology Regional Extension Center* leverages the proven abilities of two lead partners – OCHIN (the applicant) and the Oregon Health & Sciences University (OHSU) – as well as the combined experience of several core, community, and technical partners who are collectively working to improve the quality of care provided to residents throughout Oregon, our region, and the nation. Given our long-standing commitment to finding creative healthcare solutions, and our proven track record of achieving implementation and meaningful use of HIT solutions in our state, OCHIN and its partners eagerly embrace the opportunity to become a designated health IT Regional Extension Center serving the State of Oregon. In so doing, we seek to position Oregon as a test bed for technology-driven transformation of health care in our region and, in collaboration with the national Health Information Technology Research Center (HITRC), across the nation.

As the lead applicant, OCHIN brings to the table our unique, long-term experience providing high quality EHR implementation, support, ongoing system maintenance, and optimization of the system to support priority providers and practices. We have substantial experience implementing and supporting Practice Management (PM) and EHR systems and their modules and we have learned how to create the most effective technology solutions. We also have an exceptional record of accomplishment and deep commitment to building capacity among our members to use EHRs in meaningful ways. We work diligently to ensure that our most vulnerable populations receive optimal care. Our practice is completely in line with our mission: *"To improve the health of the medically underserved by transforming the medial delivery system through the best use of information and information technology."*

## *Oregon Health Information Technology Regional Extension Center – A Statewide Model*

Over the past nine years, OCHIN has developed the technical and operational capacity to provide and sustain a comprehensive program of HIT implementation and support services that benefit Safety Net Clinics and small practices throughout Oregon, California, and Washington. OCHIN has implemented PM and EHR systems in more than 200 physical locations that together comprise one of the largest collaborative networks of community health centers (in both rural and urban areas), Federally Qualified Health Centers (FQHCs), FQHC look-alikes, rural health centers, school-based health centers, and mobile health clinics on the West Coast.

As a not-for-profit Health Center Controlled Network (HCCN), OCHIN works to enhance its member clinic practices via the installation and use of HIT systems that are designed to improve the health outcomes of the medically vulnerable patients our members serve. Our initial focus on the installation and maintenance of technology solutions was geared to improve clinical workflows, optimize billing, and streamline reporting in a concerted effort to improve provider productivity. However, OCHIN quickly realized the opportunity to leverage HIT as a crucial tool for generating information, supporting research, and coordinating the development and delivery of education and workforce training that supports provider efforts to directly improve the quality of care delivered to patients.

As a result, our current EHR systems are being optimized to improve provider proficiencies and to give them access to the best information. We recognize the value of this understanding and the need to share these learnings with other areas of the state. Moreover, we are working with many partners to develop and support ongoing education and training that enables providers to use those systems to generate new knowledge that can be used to improve quality at the point of care. We have never had a failed implementation and the Health Services Record Administration (HRSA) often commends us for our leading efforts to pioneer the development of comprehensive EHR care systems, including behavioral and mental health and dental functionalities that enable providers to take an integrated approach to diagnosis and treatment. It is precisely this investment in experience and knowledge that we want to share with all users of any EHR system.

We fully understand how to use technology as a catalyst for transforming care, and we are partnering with one of the leading educational institutions in the country, OHSU, to develop strategies to strengthen the fragmented primary care delivery system through a coordinated program of technology, information, and education to help existing providers use technology more meaningfully and to develop the 21<sup>st</sup> Century healthcare workforce.

We have built solid relationships in the research arena with prestigious researchers and institutions focused on analysis and evaluation designed to improve the quality of care and inform relevant policy questions and implications with an emphasis on proactively managing chronic diseases, data aggregation and population management, and providing preventive care. The collaborative development of the Safety Net West practice-based research enterprise represents a crucial step in engaging clinicians in quality improvement activities and an evidence-based culture in primary care practice to improve the health of medically underserved patients throughout our region.

We understand the importance of building and leveraging economies of scale. We have built our organization on a business structure that generates sufficient program income to sustain our operations in a market where others have struggled. We have reduced our reliance on grant funding to less than 27 percent of our annual budget while steadily increasing our implementation, optimization, quality improvement (QI), and research capabilities.

We recognize that while technically complicated and expensive, the installation and support of HIT tools is only part of the larger challenge regionally and nationally. Our collective focus on supporting translational research, institutionalizing best practices, and advancing QI and care transformation strategies helps practicing providers use medical informatics to create the foundation to transform primary care practice. Our collaborative implementation and ability to provide robust, vendor neutral technical assistance positions us to effectively support and train thousands of providers who are continuously learning to use these systems to deliver improved levels of care.

The *Oregon Health Information Technology Regional Extension Center* partners have the proven record of accomplishment to facilitate meaningful use of HIT throughout our state and, in so doing, to serve as a national model for assisting providers in becoming meaningful users of certified EHR technology. This includes improving provider productivity through the effective use of technology, stimulating research and innovation across the primary care enterprise, and facilitating the adoption and meaningful use of HIT through continued education and workforce development.

Our partners share our collective vision and are committed to working together to realize the value of HIT to transform the quality of care delivered to our nation's medically vulnerable populations. For these reasons, we believe that it is critically important that the *Oregon Health Information Technology Regional Extension Center* receive federal support through the initial round of funding.

#### *Oregon Health Information Technology Regional Extension Center – A Partnership Effort*

#### OCHIN

OCHIN, Inc. is a fast-growing collaborative currently comprised of 28 federally qualified health centers (FQHC), FQHC look-alikes and rural health centers located throughout Oregon, California, and Washington that are collectively committed to improving the health of the medically underserved through the best use of information and information technology. As an HCCN, the majority of OCHIN's board members are executives from member health centers that we are organized to assist, which gives us direct access to the best possible understanding regarding the unique challenges facing primary care providers across a range of practices.

OCHIN has gained substantial experience working with large and complex county organizations and community-based practices focusing primarily on primary care and behavioral health services in critical access areas. Over the past nine years, the OCHIN collaborative, which operates much like a co-operative, has successfully implemented, supported, and optimized the use of HIT – with an emphasis on PM and EHR systems – across a region that includes over 28 distinct community health centers comprised of over 200 physical locations. Through this network, OCHIN currently supports 1,927 primary care clinicians providing services to more than 685,000 unique patients (over 5 million visits since 2003) in multiple states.

The populations we serve are heavily weighted toward those with limited resources. In 2008, 91% of patients served were below 200% of the federal poverty level; of these, 30% were uninsured, 48% were Medicaid, and 11% were primary Medicare. Hispanic patients made up 30% of the patient population; African Americans, 7%; white non-Hispanic populations, approximately 60%. A significant proportion of patients of all races were recent immigrants whose primary language was not English.

With support from the Health Records Services Administration (HRSA) Office of Health Information Technology (OHIT), OCHIN has successfully implemented PM and EHR systems in clinics that help providers reach and serve the most medically vulnerable patients throughout Oregon's fast-growing urban and sparsely populated rural communities. As one of the most successful HRSA Office of Health Information Technology grantees, we are recognized not only for our 100 percent success rate installing and supporting EHRs in community health centers, but also for our ongoing optimization of our PM and EHR systems in a collaborative manner (clinical, technical, research and leadership levels). In all areas, our work is designed to incorporate best practices and optimize system functionality. This approach enables us to ensure that our member providers use the best systems and practices to provide the highest quality of primary care provided to their patients.

OCHIN has substantial experience reaching and serving priority practices through a collaborative and innovative approach to EHR implementation:

- OCHIN, in collaboration with its member organizations and the Oregon Clinical and Translational Research Institute (a CTSA collaboration of Oregon Health & Sciences University and the Kaiser Center for Health Research), has established the AHRQ-registered Safety Net West Practice-based Research Network (PBRN), consisting of the clinic and clinician members of OCHIN;
- OCHIN is currently co-developing a software product, HMS Solutions, that aggregates data from a variety of EHR vendors and other products including scheduling, billing, lab, population/disease management systems, and pharmacy IT systems, etc. Solutions performs calculations on the data, applies expertise, and presents the results in a common format that enables health care providers to manage quality improvement and stakeholders to use it for decisions and actions;
- OCHIN has contracted with Surescripts, the country's largest electronic prescribing network. Used in all 50 states, the Surescripts network connects prescribers through their choice of e-prescribing software to the nation's major chain pharmacies, the nation's leading payers, and independent pharmacies nationwide;
- OCHIN has developed internally an HL7 interface engine that augments the functionality of EHR and third party interfaces delivered through commercial off-the-shelf (COTS) products. This enables the sharing of relevant clinical information internally and with external entities – the initial steps in rolling out a regional Health Information Exchange (HIE).
- OCHIN is building on our experience and developing technology tools that transcend the primary care practice through the integration of behavioral, mental, and dental functionality in EHR systems; and,
- OCHIN is currently providing support and assisting in the execution, installation, and use of Personal Health Records (PHRs) for all Medicaid patients across the State of Oregon.

#### Oregon Health & Science University

Capitalizing on OCHIN's close working relationship and strong history of collaboration with the Oregon Health & Science University (OHSU), the state's only academic health center, *Oregon's Health Information Technology Regional Extension Center* will leverage the collective strengths of its Department of Family Medicine (OHSU FM) and Department of Medical Informatics and Clinical Epidemiology (DMICE) to train and support providers to effectively use EHR systems to transform primary and other health care services.

As the only academic health center in the nation with a school of science and engineering focused exclusively on human and environmental health, OHSU is dedicated to improving the health and quality of life through excellence, innovation, and leadership in health care, education, and research. These two OHSU departments have complementary portfolios in the area of providing these services and both are national leaders in their own fields.

OHSU has implemented EHRs for more than 2,000 providers, led quality improvement and practice redesign efforts for more than 1,500 providers, and trained over 1,000 providers in informatics through programs like "10x10," an OHSU initiative intended to train 10,000 clinicians in informatics by 2010. OHSU is nationally renowned for its leadership and innovation in teaching clinical informatics via distance learning, which enhances our ability to provide services to small practices throughout our State.

OHSU Family Medicine has a 38-year history of training family physicians to practice in our state and to assume positions of national and international leadership in the specialty of family medicine. The department plays a

major role in the continuing education of family physicians throughout the Northwest, with nearly 300 Oregon family physicians having academic appointments on the department's faculty. OHSU family Medicine is recognized for its work in preparing the primary care workforce for 21<sup>st</sup> century practice and has established working relationships with family physicians from over one-half of the state's primary care practices, ranging from large groups to solo rural practices.

- OHSU FM has 14 faculty members conducting extramurally funded research that falls into four core programs: evidence-based family medicine with an emphasis on systematic evidence reviews and comparative effectiveness research; educational research, including work on the evaluation team for the national P4 residency curriculum innovation project; health policy and health services research that leverage strong partnerships with the Oregon State Office of Health Plan Policy and Research; and a research program in primary care practice transformation.
- OHSU FM has 75 primary faculty members who are located in Portland and in their affiliated residency program in Klamath Falls, Oregon. In addition, they have over 350 volunteer faculty located in communities throughout the state. In latest edition of U.S. News & World Report ranks the department second among the nation's academic family medicine departments.

OHSU's Department of Medical Informatics & Clinical Epidemiology (DMICE), an academic and research department in the OHSU School of Medicine, is at the cutting edge of training leaders in the information sciences. The department, founded in 1989, was one of the first of its kind in the world. Today, its faculty are known for their pioneering work in the field and emphasis on the blend of teaching, research, and service, which uniquely positions DMICE to be both leaders and innovators in medical informatics and clinical epidemiology. DMICE faculty have exceptional experience in helping practices achieve meaningful use of their HIT through various grant-funded programs and are currently ranked among the top five family medicine programs in the country.

- OHSU DMICE has trained more than 2,000 providers, and has already successfully worked with hundreds of others on site to help them achieve meaningful use.
- The DMICE chair, Dr. Bill Hersh, and his colleagues are known for their leadership in informatics workforce development, education, interoperability, and information exchange. The department has deep expertise in HIT quality (e.g., Dr. David Dorr, Dr. Paul Gorman, and Dr. Judy Logan), health information management (Dr. Joanne Valerius), and assessment of the implementation and use of health information technology (Dr. Joan Ash and others) in America.
- The Care Management Plus (CM+) initiative, lead by Dr. David Dorr, is a program of primary care redesign that has trained more than 78 clinical teams to achieve meaningful use of their EHR systems by enhancing quality metrics, improving care coordination, and focusing on patient and family engagements. Studies have shown that CM+ has helped achieve significant improvements in quality and safety as well as cost savings through reduced hospitalizations.

DMICE sponsors graduate programs in medical informatics while OHSU family Medicine is a clinical department with a four-practice clinical delivery system. Two of those clinics are currently using the OCHIN record system and are fully integrated into the same data system as most of Oregon's Safety Net. DMICE, OHSUFM, and OCHIN all collaborate closely with the Kaiser Permanente Center for Health Research (KP CHR) and we are working on a formal research affiliation to learn from the database OCHIN is creating.

#### OHSU Oregon Practice-based Research Network

Complementing our core technology, education and informatics expertise, the Oregon Rural Practice-based Research Network (ORPRN) has established a foundation for practice transformation based on the extension center principles using Practice Enhancement and Research Coordinators (PERC) as practice facilitators. Through

the PERC role, ORPRN has built durable relationships with these small, rural clinics and is actively supporting and working together with groups of primary care clinicians to answer community-based health care questions and translate research findings into practice. ORPRN engages clinicians in quality improvement activities and an evidence-based culture in primary care practice to improve the health of all patients they serve. ORPRN PERCs live in rural Oregon and work directly with the clinics, implementing research studies, quality improvement projects and leading practice change activities.

Many clinics have come to see the PERC as part of their practice team. In a current study, PERCs worked with information technology, billing and nursing personnel to create reports from electronic systems using national quality measures. ORPRN's reach extends to individual and small group practices, community health organizations, critical access hospitals, FQHCs and rural health clinics where resources are limited and the population is at risk. ORPRN's on-the-ground relationships will greatly enhance training efforts by increasing uptake and providing personnel to work alongside clinicians and staff to demonstrate meaningful use of HIT systems.

- Founded in 2002, ORPRN currently represents 157 primary care providers in rural Oregon, with more than 90% serving in clinics with less than 10 providers. These providers care for over 235,500 patients in Oregon, many of whom are uninsured or under-insured. Approximately half of these providers lack an electronic health record, and those having HIT report a lack of trained personnel to configure, maintain and navigate the systems.

Combining OHSU's unique and world-class research, education and workforce training centers with OCHIN's experience in technology and widespread, multi-level collaboration will enable the OHITREC team to greatly improve the capacity of existing providers and prepare the future workforce to effectively use HIT to advance the transformation of primary care practice in our state and the nation.

#### Additional Partners

A successful proposal and Regional Extension Center is dependant on effective partnerships. OCHIN has substantial working relationships with several public and private partners throughout the State who will be instrumental in facilitating the delivery of the proposed services to priority primary care providers throughout Oregon. In addition to OHSU, ORPRN and a number of Independent Physician Associations (IPAs), we also have strong and growing working relationships with health plans (e.g., CareOregon and Regence BlueCross and BlueShield of Oregon), hospital systems (OHSU, Kaiser Permanente, Legacy and various critical access hospitals), medical professional societies (e.g., American College of Physicians and the Oregon Medical Association), community colleges (Portland Community College), state and tribal organizations (including Multnomah, Benton, Tillamook and Deschutes county health departments, which are all OCHIN members), primary care associations (e.g., the Oregon Primary Care Association and Mid Valley IPA), local QI organizations (e.g., Accumentra and the Oregon Healthcare Quality Corporation (QCorp), as well as committed technology partners (e.g., CDW and Polar Systems), among others. We look forward to solidifying working relationships with even more partners during the development of the full proposal outlining our statewide initiative.

We are currently strengthening our working relationships with a number of Oregon-based Independent Physician Associations (IPA's) who will be crucial partners in helping us ensure that the extension effort will enhance the use of various EHR systems among their members. The IPAs support and use multiple vendor products and systems. The IPA physicians represent a critical link to serving the state's urban and rural residents who do not seek care in either the major hospitals or community health centers, especially those in sparsely populated rural areas. Oregon IPA physicians serve roughly 20 percent of the state's population. Since 2005, they have collectively been working to implement multiple vendor EHR systems and are actively engaged in providing a comprehensive and personalized approach to HIT that encompasses their entire range of practice. It is our intent to use and share their experience in an effort to bridge statewide interoperability issues.

- The Mid Valley IPA (MVIPA), for instance, supports more than 240 primary care providers (nearly 600 providers overall) who serve approximately 10 percent of Oregon’s population, over 90 percent of whom work in clinics with fewer than 5 providers.

Collectively, *Oregon’s Health Information Technology Regional Extension Center* partners have the right orientation and expertise to ensure that the regional extension center is successful in Oregon and, by implementing our vision for the transformation of primary care, are uniquely prepared to collaborate with HITRC to share knowledge with other regional extension centers ensuring success throughout the nation. Our shared vision will be realized through the substantial commitments already made by all of the partners who are collectively dedicated to working together to realize the value of HIT to transform the quality of care delivered to our nation’s medically vulnerable populations.

*Request for Support – A Solid Investment in Oregon and our Region*

As the process of health care reform proceeds in America, it is becoming clear that our nation’s primary care system must be both expanded and transformed to meet the demands of our country. This means that we need more primary care providers, but, more importantly, we need a new model of primary care provider, armed with new skills and better equipment for the job at hand. The EHR is a necessary tool for the patient-centered medical home, which requires proper training and implementation to produce the desired effect. Thus, a partnership between Oregon’s most experienced organization at bringing health information technology to small safety net practices (OCHIN) and the state’s health science university (OHSU) and other partners such as the IPAs is exactly the right combination to bring about this transformation.

We are committed to maximally leveraging our collective capabilities to help upwards of 40 percent of the nearly 7,582 primary care providers throughout Oregon to achieve meaningful use of their EHR systems and, by so doing, achieve greater capacity for quality improvement, electronic exchange of health information, and primary care transformation.

We were excited to learn that the federal government is committed to supporting the process of primary care transformation in this way and we stand ready to make this vision a reality in Oregon, and beyond.

Sincerely,



Abigail Sears  
CEO