

## Oregon Health Information Technology Program and HITOC Updates – April 2018

Oregon’s [Health Information Technology Oversight Council \(HITOC\)](#) is legislatively established and reports to the Oregon Health Policy Board. This document provides HITOC updates on OHA’s health IT efforts. OHA’s [Office of HIT](#) staffs HITOC and the Oregon HIT Program.

HITOC is charged with the following roles:

- Identify and make specific recommendations to the Board related to health information technology (HIT) to achieve the goals of health system transformation.
- Regularly review and report to the Board on:
  - OHA’s HIT efforts, including the Oregon HIT Program, toward achieving the goals of health system transformation;
  - Efforts of local, regional, and statewide organizations to participate in HIT systems;
  - Oregon’s progress in adopting and using HIT by providers, health systems, patients and others.
- Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state’s efforts in utilizing HIT.

### HITOC Update: Policy, environmental scan, and strategic planning

<p>Federal Updates/ Changes</p> <p><i>For more information: Sean.M.Carey@state.or.us</i></p>	<p>OHA submitted comments on ONC’s proposed Trusted Exchange Framework and Common Agreement (TEFCA). ONC expects to evaluate feedback and begin procurement for a Recognized Coordinating Entity in late Spring, with the final TEFCA version available by the end of 2018.</p> <p>CMS announced the new MyHealthEData initiative at the HIMSS conference in March. Spearheaded by the Office of American Innovation, this initiative aims to empower patients with their healthcare data by working to break down barriers to access and control.</p> <p>CMS also announced Blue Button 2.0, an initiative that allows app developer access to four years of a Medicare beneficiary’s Part A, B, and D claims history. More information: <a href="https://bluebutton.cms.gov/">https://bluebutton.cms.gov/</a></p>
<p>Landscape/ Scan Activities</p> <p><i>For more information: Marta.M.Makarushka@state.or.us</i></p>	<p>OHA’s Office of HIT (OHIT) engages in ongoing HIT environmental scan activities to inform HIT efforts and ensure strategies and programs address evolving needs. OHIT is in the process of compiling program participation data across the agency in order to serve various purposes, including setting targets for and reporting on OHIT’s work.</p> <p>OHIT released a draft for discussion of its <a href="#">Behavioral health HIT/HIE scan report</a> at the December 2017 HITOC meeting, and will finalize the report in early 2018. The report presents data from stakeholder interviews and an online survey from about 50% of licensed behavioral health agencies across the state regarding HIT and health information exchange (HIE) use, needs, challenges, and priorities.</p>
<p>HIT Strategic Plan Update</p> <p><i>For more information: Sean.M.Carey@state.or.us</i></p>	<p>The <a href="#">HITOC HIT 2017-2020 Strategic Plan</a> was finalized and approved by the Oregon Health Policy Board in October 2017 and provides a roadmap for Oregon’s HIT work ahead, including strategies for a “network of networks” approach to statewide health information exchange and the HIT Commons model of governance. OHPB also approved HITOC’s 2018-2020 workplan (which can be found in the Strategic Plan document), which includes work to develop policy</p>

	<p>recommendations and strategies to support behavioral health information sharing, HIT to support alternative payment models, data sharing needs to address social determinants of health, and patient access to their health information.</p>
<p><b>Oregon HIT Program: Programs in Development</b></p>	
<p>HIT Commons</p> <p><i>For more information:</i> BRITTENY.J.MATERO@state.or.us</p>	<p>The HIT Commons is a public/ private partnership to coordinate investments in HIT, leverage funding opportunities, and advance health information exchange across the state. It will focus initially on continuing the spread and adoption of EDIE/ PreManage and on launching a statewide subscription to the PDMP Gateway. OHA and Oregon Health Leadership Council (OHLHC), with the assistance of an interim governance advisory group, completed a <a href="#">business plan</a> and appointed an initial Governance Board in 2017.</p> <p>The HIT Commons Governance Board began meeting in January 2018, and met again in March 2018. Initial work has focused on approving EDIE/ PDMP project steering committees, reviewing and updating key policies, and developing a stakeholder communications plan.</p>
<p>HIE Onboarding Program</p> <p><i>For more information:</i> Kristin.M.Bork@state.or.us</p>	<p>CMS released new guidance to states in 2016 allowing for the use of 90% federal match funding to support HIE onboarding for a broad array of Medicaid providers. Oregon’s <a href="#">HIE Onboarding Program</a> will increase Medicaid providers’ capability to exchange health information by supporting the costs of an HIE entity to onboard providers, with or without an electronic health record (EHR).</p> <p>OHA completed significant stakeholder input into the development of the HIE Onboarding Program, including meetings with a short-term advisory group, meetings with stakeholder organizations, and a Request for Information from prospective HIE organizations that may apply to participate in the program. CMS approved the funding request and the Request for Proposals (RFP). On October 20, 2018, OHA released the RFP for HIE entities to apply. The RFP closed on December 6, 2018. Reliance eHealth Collaborative was selected to provide onboarding services under the HIE Onboarding Program. OHA anticipates launching the onboarding program sometime Spring 2018, dependent upon timing of CMS approval of the contract.</p>
<p>Oregon Common Credentialing Program (OCCP)</p> <p><i>For more information:</i> MELISSA.ISAVORAN@state.or.us</p>	<p>OHA is continuing to work with stakeholders to implement the <a href="#">Oregon Common Credentialing Program</a> that will include a web-based system that will centralize the collection and verification of practitioner credentialing information for use by credentialing organizations. The program will create efficiencies in the credentialing process for an estimated 55,000 practitioners across Oregon and more than 300 credentialing organizations, including all Oregon health plans, CCOs, hospitals, health systems, dental care organizations, ambulatory surgical centers, and independent physician associations. The <a href="#">Common Credentialing Advisory Group</a> provides stakeholder input and oversight to OHA’s development of this program.</p> <p>Current activities underway as part of implementation include working with vendors on system configuration, developing program policies, and executing marketing and outreach design and strategy. OHA is now engaging a technical advisory group to address credentialing organization consumption of OCCP data and obtain advice on system testing activities, and a stakeholder group to assist in</p>

	<p>the development of change management tools for OCCP users. The anticipated operational date is November 5, 2018.</p>
<p>Clinical Quality Metrics Registry</p> <p><i>For more information: KATRINA.M.LONBORG@state.or.us</i></p>	<p>The <a href="#">Clinical Quality Metrics Registry (CQMR)</a> will collect, aggregate, and provide clinical quality metrics data to meet program requirements and achieve efficiencies for provider reporting. Initially, the CQMR will support the Medicaid EHR Incentive Program (see below) and the Coordinated Care Organization (CCO) incentive measures that are EHR-based. Over time, other quality reporting programs could use the CQMR as well, which will support OHA’s goal of streamlining and aligning quality metric reporting requirements and reducing provider burden.</p> <p>OHA began implementation of the CQMR in December 2017 with its prime vendor, Peraton (formerly known as Harris Corporation), and subcontractor, MiHIN. The project plan has been finalized and baselined. The current implementation phase is focused on architecture, enhancements, and component testing. System testing is scheduled for August and September, and user acceptance testing, for October and November. The CQMR is expected to go live in December 2018.</p> <p>Current project activities include developing legal agreements and the addition of OneHealthPort to provide a single sign-on service for end users. Program activities include development of communication materials and discussions with the Comprehensive Primary Care Plus (CPC+) payer group about opportunities for alignment with use of the CQMR.</p>
<p>Provider Directory</p> <p><i>For more information: Karen.Hale@state.or.us</i></p>	<p>The <a href="#">Provider Directory</a> will serve as Oregon’s directory of accurate, trusted provider data. It will support care coordination, health information exchange, administrative efficiencies, and serve as a resource for health analytics. Authoritative data sources that feed the provider directory will be matched and aggregated and data stewards will oversee management of the data to ensure the Provider Directory maintains initial and long-term quality information. <a href="#">The Provider Directory Advisory Committee</a> provides stakeholder input and oversight to OHA’s development of this program.</p> <p>OHA held a kick-off meeting with its vendors for the Provider Directory in December 2017. Implementation activities are now underway including reviewing and refining requirements. The Provider Directory is expected to go live in August 2018 and will initially support health information exchange use cases, with other use cases added over time. Other programmatic work in process includes adoption and communications planning for all phases, operations planning, and legal agreements development.</p>
<p><b>Oregon HIT Program: Operational HIT Programs</b></p>	
<p>Medicaid EHR Incentive Program</p> <p><i>For more information: JESSICA.L.WILSON@state.or.us</i></p>	<p><a href="#">The Medicaid EHR Incentive Program</a> offers qualifying Oregon Medicaid providers federally-funded financial incentives for the adoption or meaningful use of certified electronic health records technology. Eligible professional types include physicians, naturopathic physicians, pediatric optometrists, nurse practitioners, certified nurse-midwives, dentists, and physician assistants in certain settings. Since its inception in 2011, the program has paid over \$104 million to over 3,500 unique eligible professionals, and over \$74 million to 60 eligible hospitals.</p>

	<p>Program Year 2016 was the last year that new applicants could join the program, and was the most prolific year the program has seen to date. There were 2,157 eligible professionals participating in 2016 with 698 of those being first time participants. Program Year 2017 is open for returning program participants. The program ends 2021.</p>
<p>Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)</p> <p><i>For more information: JESSICA.L.WILSON@state.or.us</i></p>	<p><a href="#">OMMUTAP</a> helps certain Medicaid providers maximize their investments in EHRs, meet federal Meaningful Use requirements, improve efficiency and coordination of care, and improve the quality of EHR data. Through a contract with OCHIN, technical assistance is provided for the following services:</p> <ol style="list-style-type: none"> <li>1) Certified EHR Adoption, Implementation, and Upgrade Assistance</li> <li>2) Interoperability Consulting and Technical Assistance</li> <li>3) Risk and Security Training and Assessment</li> <li>4) Meaningful Use Education and Attestation Assistance</li> </ol> <p>To date, nearly 1,400 providers across 314 clinics are participating in the program. The program runs through May 2019.</p>
<p>Emergency Department Information Exchange (EDIE)/ PreManage</p> <p><i>For more information: BRITTENY.J.MATERO@state.or.us</i></p>	<p>The <a href="#">Emergency Department Information Exchange (EDIE)</a> is a web-based application that allows Emergency Departments (EDs) to identify patients with complex care needs who frequently use the emergency room for their care. PreManage expands the services in EDIE to other users such as health plans, Coordinated Care Organizations (CCOs), and physical, behavioral or dental clinics to improve coordination of patient care.</p> <p>Recent highlights:</p> <ul style="list-style-type: none"> <li>• The EDIE Utility has moved under the new HIT Commons as of January 2018 and has launched three initial work groups: Behavioral Health User Community; CCO ED Disparity Metric Work Group; and EDIE/PreManage Community Leadership Work Group</li> <li>• 5 Community Collaborations have been established across Oregon to convene their community EDIE/PreManage users. These collaboratives focus on adoption and use of the tools and are driven by local leaders. Communities involved are: Central Oregon; Salem; Southern Oregon; Portland Coordinated Care Association; and Columbia Pacific CCO Region</li> <li>• PreManage adoption has continued to increase across Oregon. 14 out of 15 CCOs are now receiving hospital notifications either through PreManage or through their HIE. Most major Oregon health plans are using PreManage, as well as 6 out of 9 of Oregon’s Dental Care Organizations. Behavioral health continues to be a major category of PreManage users. All Area Agency on Aging and Aging &amp; People with Disability District offices are now using PreManage, and Developmental Disability programs through DHS are onboarding.</li> <li>• For hospitals who have integrated EDIE into their EHR, EDIE alerts may now include Prescription Drug Monitoring Program data (see below)</li> <li>• The Physician Orders for Lifesaving Treatment (POLST) Registry program are projected to be available for viewing in EDIE in 2018 (see below)</li> </ul>

	<ul style="list-style-type: none"> <li>Grants for rural hospitals to integrate EDIE into their EHRs are available through the Oregon Association of Hospitals Research and Education Foundation (OREF). Grants may be used for EDIE and/or PDMP Gateway.</li> </ul>
<p>Direct secure messaging Flat File Directory and CareAccord</p> <p><i>For more information: BRITTENY.J.MATERO@state.or.us</i></p>	<p>The Flat File Directory assists organizations with identifying Direct secure messaging addresses across Oregon to support use of Direct, including to meet federal Meaningful Use requirements for sharing Transitions of Care summaries.</p> <p>As February 2017, the Flat File Directory includes more than 15,300 Direct addresses from 24 interoperable, participating entities who represent more than 630 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.).</p> <p><a href="#">CareAccord</a> provided accredited Health Information Service Provider (HISP) Direct secure messaging services at no cost for organizations facing barriers to health information exchange. OHA ended the CareAccord program on March 31, 2018 and completed work with participants on wrapping up the service.</p>
<b>HIT Initiatives and HIT support for OHA programs</b>	
<p>Prescription Drug Monitoring Program (PDMP) HIT Integration via Gateway</p> <p><i>For more information: BRITTENY.J.MATERO@state.or.us</i></p>	<p>The PDMP Gateway connects EDIE, HIEs, EHRs and other health IT systems to <a href="#">Oregon's PDMP</a>, which includes prescription fill information on controlled substances, and is administered in OHA's Public Health Division.</p> <p>The PDMP Gateway went live in summer of 2017 and is in Phase 1 of adoption, which includes:</p> <ul style="list-style-type: none"> <li>EDIE notifications can now include PDMP data when certain triggers are met. This new feature is being rolled out hospital by hospital and can only be implemented by hospitals who have integrated EDIE alerts into their EHRs (some hospitals receive EDIE notifications via fax or secure printer).</li> <li>Reliance eHealth Collaborative and Inter-Community Health Network (IHN) CCO's Regional Health Information Collaborative (RHIC) are in process of rolling out implementation to their members.</li> </ul> <p>Phase 2 is anticipated to launch in late spring/early summer 2018 and will include a statewide subscription to Gateway services under the HIT Commons, supporting Oregon prescribers and pharmacists who connect their EHRs or other HIT to the Gateway to access integrated PDMP data in their electronic workflow.</p> <p>Recent highlights:</p> <ul style="list-style-type: none"> <li>15 hospitals across Oregon are receiving PDMP data as part of their EDIE alert. ED physicians at Asante Rogue Regional share that having the PDMP data in their EDIE notifications has been one of the most valuable tools provided to them since EDIE itself.</li> <li>Grants for rural hospitals to integrate PDMP Gateway into their EHRs are available through the Oregon Association of Hospitals Research and Education Foundation (OREF). Grants may be used for hospital integration costs related to EDIE and/or PDMP Gateway.</li> </ul>
<p>POLST Registry: HIT Integration</p>	<p>OHA awarded a grant to the <a href="#">Oregon POLST Registry</a> in December 2016 to support EHR and HIT system integration with the registry. The goal of the grant is to</p>

<p><i>For more information:</i> BRITTENY.J.MATERO@state.or.us</p>	<p>provide electronically completed POLST forms to health systems, hospitals, and others to support patient care.</p> <p>The upgrade has been completed to the electronic POLST (ePOLST) system and bidirectional data flow is now possible. The first test of POLST forms available through EDIE is anticipated to go live in Q2 2018, with a rolling go-live across hospitals after the testing hospital is successful.</p>
<p>ONC Advance Interoperable HIT Cooperative Agreement on Behavioral Health Information Sharing</p> <p><i>For more information:</i> Marta.M.Makarushka@state.or.us</p>	<p>In 2015, OHA and sub-recipient Reliance eHealth Collaborative (formerly Jefferson Health Information Exchange) were awarded a two-year, \$2.2 million cooperative agreement from the federal Office of the National Coordinator for HIT (ONC) aimed at advancing the adoption and expansion of HIT infrastructure and interoperability. The agreement ended in July 2017. Through the project, Reliance addressed barriers to information sharing and care coordination across settings, particularly for behavioral health data.</p> <p>See August HITOC meeting materials/Program updates for more information about Reliance’s accomplishments with this grant, including the implementation of a Common Consent Model for exchanging 42 CFR Part 2 protected substance use treatment data with the proper permissions; connections to Prescription Drug Monitoring Program (PDMP), EDIE, and Veteran’s Administration; other clinical interfaces and alerts/notifications.</p>
<p>OpenNotes</p> <p><i>For more information:</i> Kristin.M.Bork@state.or.us</p>	<p>One of Oregon’s HIT goals is to ensure that Oregonians have access to their own health information electronically. OpenNotes supports healthcare organizations working with their EHR vendors to make full clinician notes available through their EHR’s patient portal. <a href="#">We Can Do Better</a>’s Northwest OpenNotes Consortium has advocated to nineteen different organizations, including vendors and clinics, for the implementation and dissemination of OpenNotes. OHA leveraged federal State Innovation Model funding to support the spread of Open Notes in Oregon, and continues to explore ways to enhance this effort.</p>