

Health Information Technology Update: House Bill 2294

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How does Health IT support CCOs and the coordinated care model?

Selected characteristics of the coordinated care model:

- Care coordination, population management throughout the system
- Integration of physical, behavioral, oral health
- Accountability, quality improvement and metrics
- Alternative payment methodologies
- Patient engagement

Coordinated care model relies on access to patient information and the Health IT infrastructure to share and analyze data



Goals for HIT-optimized health care:

- Providers have access to meaningful, timely, relevant and actionable patient information at the point of care.
 - Information is about the whole person – including physical, behavioral, social and other needs
- Systems (Health plans, CCOs, health systems and providers) have the ability to effectively and efficiently use aggregated clinical data for
 - quality improvement,
 - population management and
 - to incentivize value and outcomes.
- Individuals, and their families, have access to their clinical information and are able to use it as a tool to improve their health and engage with their providers.

HIT: Opportunity and Challenges

- HIT and EHR investments in Oregon abound
 - But not working well or interoperable in many cases
 - HITOC can convene and plan to improve interoperability and “making the investments work for health system transformation”
- OHA and others are investing in state-level HIT
 - HITOC will monitor and report on progress and ensure we are delivering value for the investment
- Connecting all members of the care team is important
 - Challenges with behavioral health information sharing and barriers to participating in HIT for non-physical health providers
 - HITOC can study these issues and make recommendations for policy or other changes
- Patient engagement in their own health outcomes is critical
 - Patients can now access health information via patient portals
 - HITOC can evaluate how well these are working

HITOC so far (Greg Fraser)

- [Perspective from Greg Fraser, HITOC Chair on:
 - HITOC accomplishments
 - HITOC needs from the OHPB
 - HITOC involvement in advising OHA staff on next round of HITOC membership, etc.]

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

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HB 2294: Bill summary

- HB 2294 has three major components:
 - Establishes the Oregon Health IT Program, authorizing OHA to offer statewide health IT services beyond Medicaid/OHA programs, and to charge fees to users
 - Authorizes OHA to participate in partnerships or collaboratives to implement and provide statewide health IT services
 - Updates and refines the role of the Health IT Oversight Council (HITOC)
 - The Health Policy Board shall determine membership
 - HITOC shall report to the Board

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HB2294: Bill History

- Endorsed by the Health Policy Board
- Purpose was to update the state's health IT legislation (adopted in 2009) to reflect changes that have occurred including:
 - Significant HIT efforts underway at OHA (funded by substantial federal investments)
 - Partnerships that are developing across health care stakeholders statewide (including OHA) around HIT efforts
- Strong stakeholder support – no opposition
- OHPB Chair Zeke Smith testified in support of HB2294 during a public hearing of the House Health Care Committee

Impacts of HB2294

- Oregon Health IT Program
 - Some services are already operational
 - CareAccord – Direct Secure Messaging
 - Other services, such as a statewide provider directory, are planned to launch
- Partnerships
 - The Emergency Department Information Exchange (“EDIE”) launched in 2014
 - OHA may now act as a voting member of the EDIE Utility Governance Committee
- Reforming of HITOC
 - First meeting of the new HITOC will occur in September 2015

HITOC responsibilities

- Make recommendations related to Health IT to the Board to promote health system transformation
 - Strategic plans for health IT
 - Policy priorities and/or barriers
 - Respond to Board requests
- Regularly review and report to the Board on:
 - Status of the Oregon Health IT program and other OHA health IT efforts
 - Efforts of local, regional, and statewide organizations to participate in health IT systems
 - Adoption and use of health IT among providers, systems, patients, and other users in Oregon
- Advise the Board or the Congressional Delegation on federal law and policy changes that impact health IT efforts in Oregon

OHPB responsibilities

- HB2294 moves HITOC under the Health Policy Board
 - The Board is responsible for chartering HITOC, appointing members and determining terms, and
 - Ensuring that there is broad representation on HITOC of individuals and organizations that will be impacted by the Oregon HIT Program
 - Experience, knowledge, expertise in XYZ (from HB2294)
 - Other priorities for membership
- Board considers HITOC recommendations and reports and refers HIT issues to HITOC as needed

Next steps

Today:

- Approval of Proposed HITOC By-Laws and Charter
- Approval of Proposed Membership Roster
- Appointment of OHPB Liaison to HITOC

By end of 2015:

- HITOC proposed priorities/workplan
- Set reporting format, frequency, preferences to OHPB
- Begin reporting

Questions?