

HITOC Update: Phase 1.5 Implementation

August 2014

Vision: HIT-optimized health care: A transformed health system where HIT/HIE efforts ensure that the care Oregonians receive is optimized by HIT.

Three Goals of HIT-Optimized Health Care:

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.
- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention. In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

Hospital Notifications: Emergency Department Information Exchange (EDIE)

OHA has been working closely with other stakeholders throughout the state on EDIE, which will provide statewide hospital notifications. In July, the EDIE Plus Utility business plan received the support of both the Oregon Health Leadership Council (OHLC) and the CCO CEOs. Hospitals will contribute emergency department as well as inpatient data and discharge notes to the utility. The business plan details the governance and financial structure of the utility for 2015-2017. The utility costs will be shared equally by hospitals and OHLC-member health plans/CCOs on a tiered financial model and will enable hospitals to send and receive notifications that include inpatient data and discharge notes as well as emergency department data.

This fall, OHA will request federal matching funds to support the CCO share of the costs for the EDIE Plus Utility. OHA will also be working closely with OHLC in the next few months on monitoring the implementation of EDIE Plus in the Oregon hospitals and beginning to facilitate discussions around PreManage—the companion program that allows CCOs, providers, HIEs, and health plans to access EDIE Plus hospital notifications.

Common Credentialing

Currently, health care practitioners are credentialed by organizations independently, resulting in a duplication of efforts and a burdensome process for practitioners that must repeatedly complete credentialing applications and provide supporting documentation for each credentialing organization. As mandated by Senate Bill (SB) 604, the [Oregon Common Credentialing Program](#) will require credentialing organizations and health care practitioners to use a common electronic solution to submit and obtain credentialing information. This solution will significantly reduce administrative burden on practitioners, as well as create

CCO “Deeper Dive” Meetings

In July, Oregon Health Authority (OHA) staff started meeting with each Coordinated Care Organization (CCO) to dive deeper into each CCO’s HIT/HIE efforts and ensure that our state-level Phase 1.5 initiatives align with and support CCO needs.

Information gathered from the meetings scheduled will provide a basis for contractors to build work plans. We have obtained helpful feedback thus far from the first eight Deeper Dive meetings and look forward to using the acquired information for a broader environmental scan regarding the status of HIT/HIE across the state. Some of this information gathering will inform HITOC as we move forward in assessing Oregon’s progress toward our goals for an HIT-Optimized health care system.

efficiencies for credentialing organizations. The solution will be operational in early 2016.

For the last year, the Common Credentialing Advisory Group has been meeting to advise OHA on the implementation of common credentialing including the generation of a list of health care practitioners to be included in the solution and accrediting entity requirements for credentialing. Once operational, OHA will work to leverage health care practitioner data captured in the common credentialing solution to help populate the state-wide provider directory. Because providers will be required to attest every 120 days, the information will be a reliable source of information for provider directories where maintaining accurate up-to-date information is a constant struggle. This could help ensure that quality provider data are efficiently retained and help to lower the costs of health care administration and support access to care.

Provider Directory

The state-wide Provider Directory is a new centralized program that will collect and route reliable health care practitioner information to health care organizations and state and local agencies. The Provider Directory project is currently in the procurement phase. Between February-May 2014, the Provider Directory Subject Matter Expert workgroup held five, three hour meetings. Guidance on initial requirements and parameters for establishing a state-level provider directory that collects, shares, and routes health care practitioner information was the focus for the meetings. The workgroup summary report can be found [here](#).

Feedback gathered from those meetings as well as internal OHA meetings has helped to shape the scope of work for the procurement documents currently being drafted and finalized.

Clinical Quality Metrics Registry (CQMR)

The CQMR technical solution will enable OHA to collect, aggregate, display and export key clinical quality measure data. The CQMR project is currently in the procurement phase. OHA continues to work with the CCO metrics Technical Advisory Group (TAG), Subject Matter Experts, and other stakeholders to refine requirements for the CQMR. OHA has submitted a federal funding request to CMS for the 'procurement bundle' (Systems Integrator, Provider Directory, and CQMR). A Request for Information (RFI) is expected to be released for the bundle in late summer/early fall.

Technical Assistance

OHA continued its work to bring technical assistance to Oregon Medicaid providers for using electronic health records (EHRs) and meeting Meaningful Use (MU) requirements. An RFP is currently being developed to secure contractors to provide these services.

CCO Technology Plans

The CCO Technology Plans and Data Submissions are required components for reporting in Year Two (2014) on three measures in the CCO Incentive Metric Set. All CCOs received approval of the Year One Technology Plan by the April 30th deadline. Proof-of-Concept Data Submissions from all CCOs were received by OHA on May 1st

EHR Incentive Program

Oregon providers have received \$288.4 million in EHR incentive payments, with \$103 million in Medicaid* EHR incentives going to 1,900 providers and 53 hospitals and \$185.4 million in Medicare** EHR incentives to 3,900 providers and 40 hospitals.

As mentioned in the June HITOC meeting, the Centers for Medicare & Medicaid Services (CMS) issued a notice of proposed rulemaking (NPRM) for Certified EHR Technology flexibility and pushing out Stage 2. The rule is expected to be finalized later this fall. The proposed rule can be found [here](#).

* Medicaid data as of August 2014 (provided by Oregon's Medicaid EHR Incentive Program)

** [Medicare data](#) as of June 2014.

2014; 15 of 16 CCOS receiving approval¹ for all 3 EHR-based CCO Incentive Measures. Payments associated with the Proof-of-Concept Data Submissions were incorporated within the June 2015 distribution.

Requirements for the CCO Year Two Technology Plan and Data Submission were recently published and can be found [here](#). Minor modifications to the Year One process and requirements have been made in order to incorporate lessons learned as well as further incent increased capacity for electronic clinical quality measure reporting.

CareAccord Update

Please join us in welcoming to CareAccord the newest members of the CareAccord Trust Community: Southern Oregon Regional Brokerage; Partners in Care; James A. Dutro, DMD; Saint Alphonso Medical Group; and Tuality Physicians.

CareAccord has continued to see an increase in HISP interoperability through the DirectTrust community. There are now 33 accredited HISPs within the DirectTrust with whom CareAccord is actively engaging to test exchange.

CareAccord users continue to send around 400 messages per month. We anticipate seeing an increase beginning this month (August) as the Flat File Directory becomes known and used within CareAccord for expanded coordination beyond CareAccord users.

In addition to ongoing outreach with CCOs and trading partners, CareAccord has begun working with Aging & People with Disabilities (APD) and Developmental Disabilities (DD) to develop an OHA/DHS internal workgroup to identify use cases and project plans for Direct secure messaging through CareAccord. The first work group meeting is scheduled for Monday, August 18th.

Crosswalk of Efforts Supporting HIT-Optimized Health Care Goals

	Goal 1: Providers	Goal 2: Systems and Policymakers	Goal 3: Individuals and Families
EHR Incentive Program	X	X	X
CareAccord	X	X	
CCO Technology Plans		X	
Phase 1.5			
Statewide Direct secure messaging	X	X	
Hospital Notifications	X	X	
Provider Directory	X	X	
Technical Assistance	X		
Clinical Quality Metrics Registry		X	

For questions regarding this HITOC update, please contact Justin Keller, Policy Analyst at the Office of Health Information Technology, at Justin.keller@state.or.us, or (971) 208-2967.

¹ One CCO received approval for 2 of the 3 EHR-based CCO Incentive measures.

Statewide Direct Secure Messaging: Launch of the Flat File Directory

OHA is now offering a new Flat File Directory service that will expand the discovery of health care professionals' addresses for Direct secure messaging to improve the electronic exchange of health information.

Launched in July, the first round included more than 2,700 users with Direct secure messaging addresses for health care professionals at:

- Oregon Health & Science University (OHSU)
- Legacy Health Systems
- Tuality Healthcare
- CareAccord®

The goal with the Flat File Directory is to support providers and care coordination team members' ability to access meaningful, timely, relevant and actionable patient information at the point of care and to assist hospitals and providers seeking to attest to Meaningful Use Stage 2.

For more information visit [here](#).