

---

# Health Information Technology Oversight Council

January 10, 2013

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon  
Health  
Authority

## Agenda

- 1:00 pm - Welcome, Opening Comments, Approve Minutes** – Steve Gordon
- 1:15 pm - Staff Update** – Carol Robinson
- 1:30 pm - Consumer Advisory Panel (CAP) Selection** – Matt Ausec
- 1:55 pm - HITOC Membership and Appointments** – Carol Robinson
- 2:20 pm - Oregon’s Medicaid Accountability Plan** – Lisa Angus and Sarah Bartelmann
- 3:00 pm - Break**
- 3:15 pm - Coordinated Care Organization (CCO) Engagement** – Carol Robinson
- 3:35 pm - Oregon Health Network** – Kim Lamb
- 3:55 pm - CareAccord™ and Office of the National Coordinator for Health IT (ONC) Priorities** – Carol Robinson
- 4:15 pm - Western States Consortium** – Christy Lorenzini-Riehm and Pete Mallord
- 4:35 pm - Medicaid Electronic Health Record (EHR) Incentive Program** – Karen Hale
- 4:45 pm - Public Comment**
- 5:00 pm - Adjourn**

# Meeting Objectives

- Receive update on state staffing
- Provide input on stakeholder engagement for OSP implementation
- Receive briefing on Oregon Quality Strategy
- Discuss next steps for CCO engagement
- Receive briefing from Oregon Health Network
- Receive updates from key programs

---

# Staff Update

Carol Robinson



# Office of Health Information Technology (OHIT) Organizational Location Shift

- OHIT is moving from:  
Office of Information Services (OIS) – Office of the CIO – Carolyn Lawson, CIO
- OHIT is moving to:  
OHA – Office of Health Policy and Research (OHPR) – Dr. Jeanene Smith, OHPR Administrator

# New Roles and Responsibilities

- Carol Robinson, Director of HIT Policy Design, State Coordinator of HIT, Director of HITOC
- Lisa A. Parker, Director of HIT Policy Implementation and Program Design

---

# Consumer Advisory Panel (CAP) Selection

Matt Ausec



# CAP Charter Revisions

## Substantive changes

- Broaden scope from HIE to HIT
- Fewer hours required for participation
- Request references

# CAP Application Announcement

The CAP Selection Committee approved a list of contacts and locations for the announcement to be shared

- Send to HITOC stakeholder list
- Send to the Office of Equity and Inclusion and ask them to distribute to their list
- Post on HITOC and OHIT websites
- Contact list of consumer organization contacts used in prior recruitment
- Presenting in person to Allies for a Healthier Oregon Coalition

# CAP Next Steps

- Applications are due January 21, 2013
- Monitor applications and do additional outreach based on responses
- The CAP Selection Committee will review applications and bring suggested members for approval by HITOC at the February meeting

---

# HITOC Membership and Appointments

Carol Robinson



# HITOC Membership Expiring Terms

- Greg Fraser, MD 1/1/2012
- Dave Widen 1/1/2012
- Steve Gordon, MD 1/1/2013
- Bridget Barnes 1/1/2013
- Robert Rizk 1/1/2013
- Sharon Stanphill 1/1/2013
- Ellen Larsen, RN 1/1/2013
- Carolyn Lawson 1/1/2013

# HITOC Membership Governor Appointments

- Working with Governor's office to achieve diverse membership
- Health IT, care delivery, policy, and research expertise
- Geographic representation
- Public and private sector
- Consumers, providers, privacy and IT experts

# Oregon's Medicaid Accountability Plan

HITOC - January 10, 2013

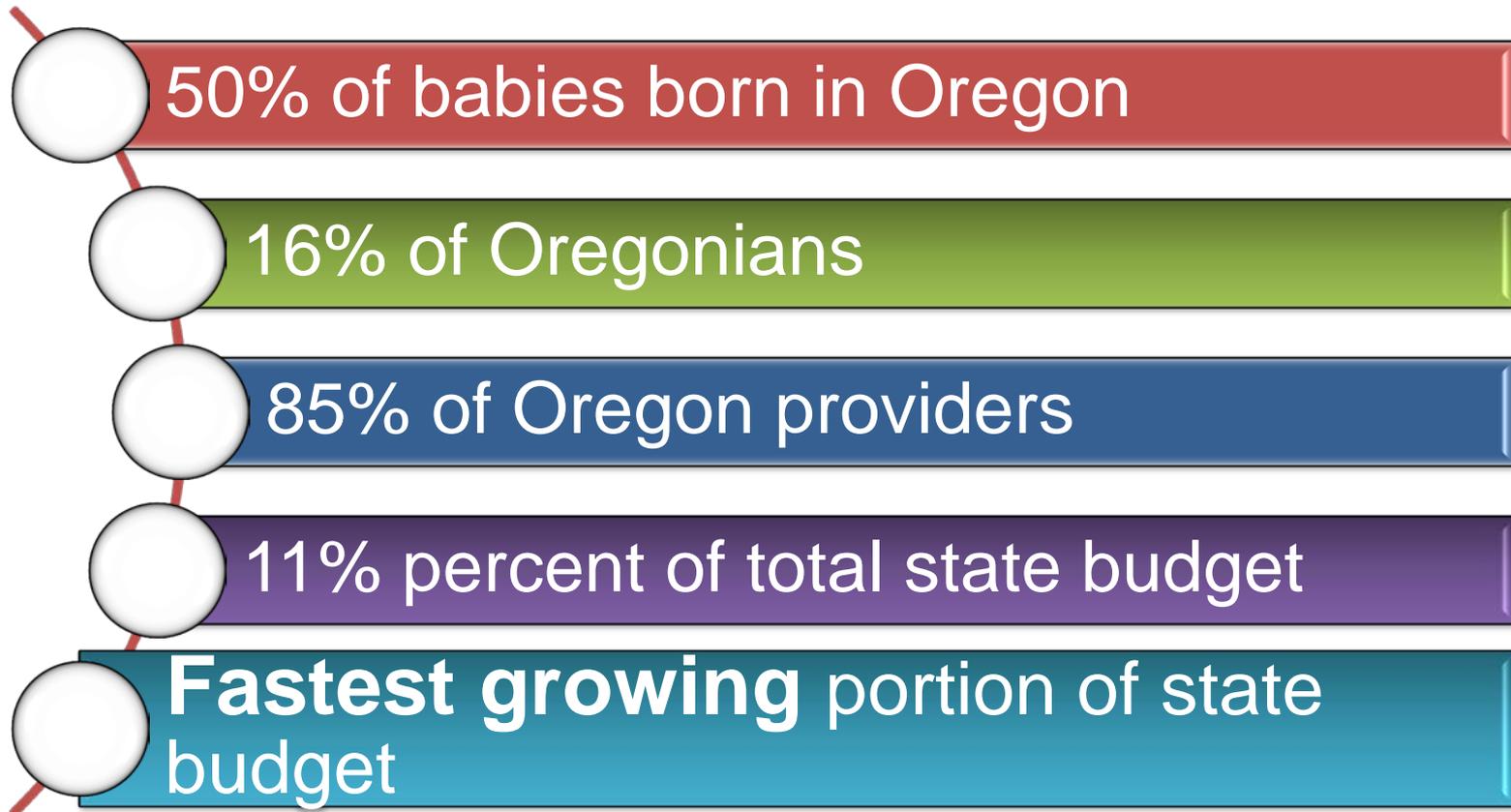
*Lisa Angus*  
*Health Policy and Research*

*Sarah Bartelmann*  
*Health Analytics*

# Overview

- Oregon's Health System Transformation
- Oregon's Accountability Plan
- Quality Strategy
- Measurement Strategy
- Discussion

# Health System Transformation



# Health System Transformation: Achieving the Triple Aim

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves

# Health System Transformation

Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

Metrics: standards for safe and effective care

Local accountability for health and budget

Local flexibility

# What is the Accountability Plan?

- Addresses the Special Terms and Conditions that were part of the \$1.9 billion agreement with the Centers for Medicare and Medicaid Services (CMS)
- Describes accountability for reducing expenditures while improving health and health care in Oregon's Medicaid program, focusing on:
  - CCO reporting to state
  - State reporting to CMS
- Approved by CMS on December 18, 2012

# Accountability Plan Components

- Oregon's Quality Strategy

How CCOs will work towards the Triple Aim.

- State "Tests" for Quality and Access

How OHA will demonstrate that cost reduction is not being achieved at the expense of quality and access.

- Measurement Strategy

How OHA will monitor transformation efforts.



# Oregon's Medicaid Program Commitments to CMS

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Establish a 1% withhold for timely and accurate reporting of data
- Establish a quality pool



# Purpose of the Quality Strategy

- Address the Special Terms and conditions of the waiver and how Oregon proposes to meet them, including strategies for transformation.
- Address how Oregon will meet federal requirements.



# Supports and Stimuli for CCOs

## Supports

- Transformation Center and Innovator Agents
- Learning collaboratives
- Peer-to-peer and rapid-cycle learning systems
- Community Advisory Councils: community health assessments and community improvement plan
- Non-traditional healthcare workers
- Primary care home adoption

## Stimuli

- Financial incentives
- Global budgets
- Transformation Plan / Contractual requirements
- Quality Improvement Focus Areas (rapid cycle improvement)



# HIT-Relevant CCO Requirements

- CCOs are directed to use HIT to link services and core providers across the continuum of care to the greatest extent possible.
- CCOs must have plans for HIT adoption for providers:
  - Create pathway to adoption and meaningful use of certified EHR technology;
  - Ensure that every provider is either registered with a statewide or local Direct-enabled HISP or is a member of a HIO that enables electronic sharing of information within the network.



# HIT-Relevant CCO Requirements

- CCOs must develop a transformation plan that demonstrates, among other elements, how it will develop EHRs, HIE and meaningful use.
- CCOs must meet benchmarks for adoption and meaningful use of EHRs for eligible providers (see incentive measures)



# Measurement Strategy

- Five important sets of metrics:
  - Core performance metrics
  - Quality Pool “Incentive” metrics
  - Child Health Insurance Program (CHIP) Core Set
  - Medicaid Adult Core Set
  - Seriously and persistently mentally ill special focus

# CCO Incentive Metrics

*Behavioral health metrics, addressing underlying morbidity and cost drivers:*

1. Screening for clinical depression and follow-up plan
2. Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT)
3. Mental health and physical health assessment for children in DHS custody
4. Follow-up after hospitalization for mental illness
5. Follow-up care for children on ADHD medication

# CCO Incentive Metrics

*Maternal/child health metrics reflecting the large proportion of women and children in Medicaid:*

6. Prenatal care initiated in the first trimester
7. Reducing elective delivery before 39 weeks
8. Developmental screening by 36 months
9. Adolescent well care visits

# CCO Incentive Metrics

*Metrics addressing chronic conditions which drive cost:*

10. Optimal diabetes care
11. Controlling hypertension
12. Colorectal cancer screening

*Metrics to ensure appropriate access:*

13. Emergency department and ambulatory care utilization
14. Rate of PCPCH enrollment
15. Access to care: getting care quickly (CAHPS survey)
16. Patient experience of care: Health plan information and customer service (CAHPS survey)



# CCO Incentive Metrics

## 17. Electronic health record (EHR) adoption and meaningful use:

- #2: Implement drug-drug and drug-allergy interaction checks (The EP has enabled this functionality for the entire EHR reporting period.)
- #4: Generate and transmit permissible prescriptions electronically (eRx) (>40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology).
- #5: Active Medicaid List: >80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.



# Metrics Selection

- Principles from OHPB Stakeholder Workgroup on Outcomes, Quality, and Efficiency Metrics
- Metrics and Scoring Committee
  - Established by 2012 legislature to provide stakeholder involvement.
  - Nine members serve two-year terms.
  - Uses public process to identify objective outcome and quality measures and benchmarks for quality pool.
- Revisit incentive measures and benchmarks after measurement year one (2013)



# Measurement Strategy: Data Collection

- Administrative (claims/billing) data
- Hybrid measures (claims and other): OHA will work with CCOs to develop the most effective, least burdensome strategy for collecting this data, e.g.:
  - Surveys (CAHPS)
  - Chart reviews (EQRO)
- Future: EHRs for health outcome data



# Measurement Strategy: Transparency

- Core measures and incentive measures will be posted on OHA website
- Measures will be reported at the state level and by CCO
- First public reports expected late summer, 2013

# For More Information

The Accountability Plan is available online at:

<http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>

The Metrics and Scoring Committee website is:

<http://www.oregon.gov/oha/Pages/metrix.aspx>

## Contact Us:

Sarah Bartelmann – [sarah.e.bartelmann@state.or.us](mailto:sarah.e.bartelmann@state.or.us)

Lisa Angus – [lisa.angus@state.or.us](mailto:lisa.angus@state.or.us)

---

**BREAK**

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health", which is in a larger, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

Oregon  
Health  
Authority

---

# CCO Engagement

Carol Robinson



---

# ONC Video Challenge

<http://www.youtube.com/watch?v=2SFkbQq10AI>

Dr. Ken Carlson

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font.

Oregon  
Health  
Authority

# CCO Transformation Plan

- CCOs are developing with the Transformation Plan Guidance Letter as a framework
- Webinar was held to provide examples and answer questions; feedback is also being provided upon request
- HIT Guidance for Transformation Plans
  - CCOs Submit Draft Plans: January 15, 2013
  - CCOs Submit Final Plans: February 15, 2013
  - OHA Approval of Plans: March 1, 2013
  - Amendment Effective: July 1, 2013

# OREGON HEALTH NETWORK

## *HITOC Update*

*January 10, 2013*

Presented by:

**Kim Lamb**

*Executive Director*

Oregon Health Network



# Agenda

- **STATUS:** OHN as FCC Rural Health Care Pilot Program
- **HIGHLIGHTS:** New (Permanent) FCC Health Programs
- **NEEDS & OPPORTUNITIES:** Membership & Health Care Landscape
- **STRATEGY:** Efforts Underway

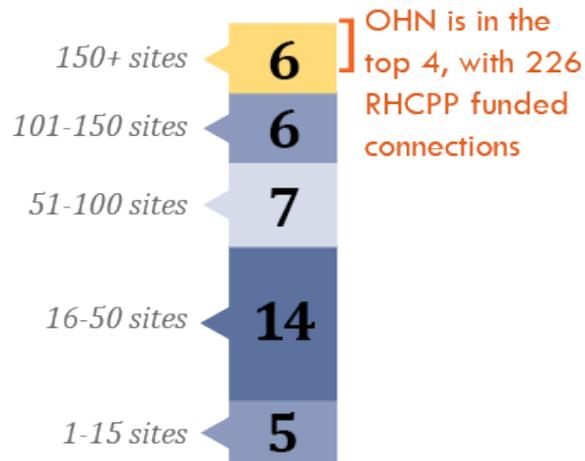


# STATUS: *FCC Rural Health Care Pilot Program*

- *Award*: \$20.182M to cover 85% non-recurring (installation) telecommunications cost (NRC) & monthly recurring costs (MRC)
- *Five-Year Program*: For OHN, ends May 30, 2014
- *National RHCPP Performance*:
  - Considered one of the top four largest and most successful in the country
  - Anticipate spending majority of funding for members and OHN NOC
  - Funding benefitted all counties in Oregon except one [among those that have health care providers (Sherman County)]
- *National Leader*: Strong, trusted relationship with the FCC & Universal Services Company (USAC) to influence program policy and management

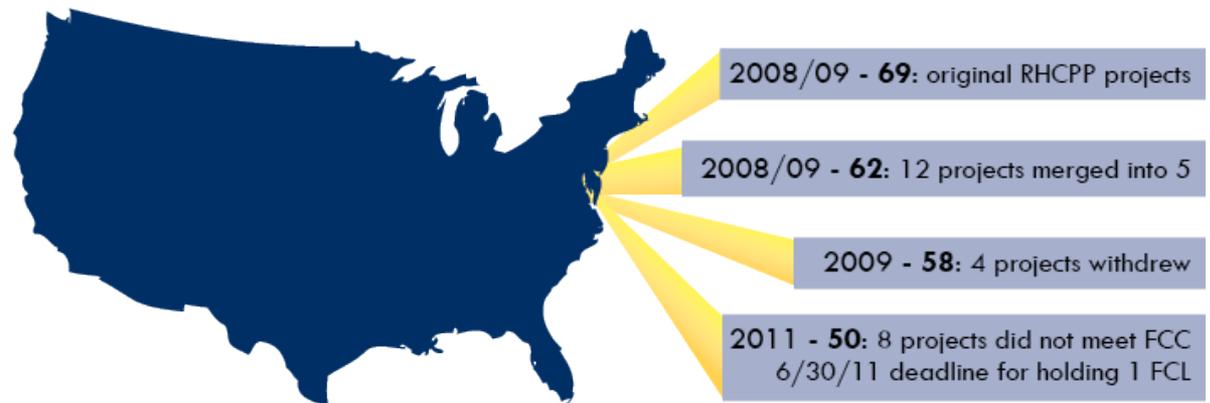
# STATUS: FCC Rural Health Care Pilot Program (RHCPP)

Number of member sites connected per RHCPP project, nationwide \*



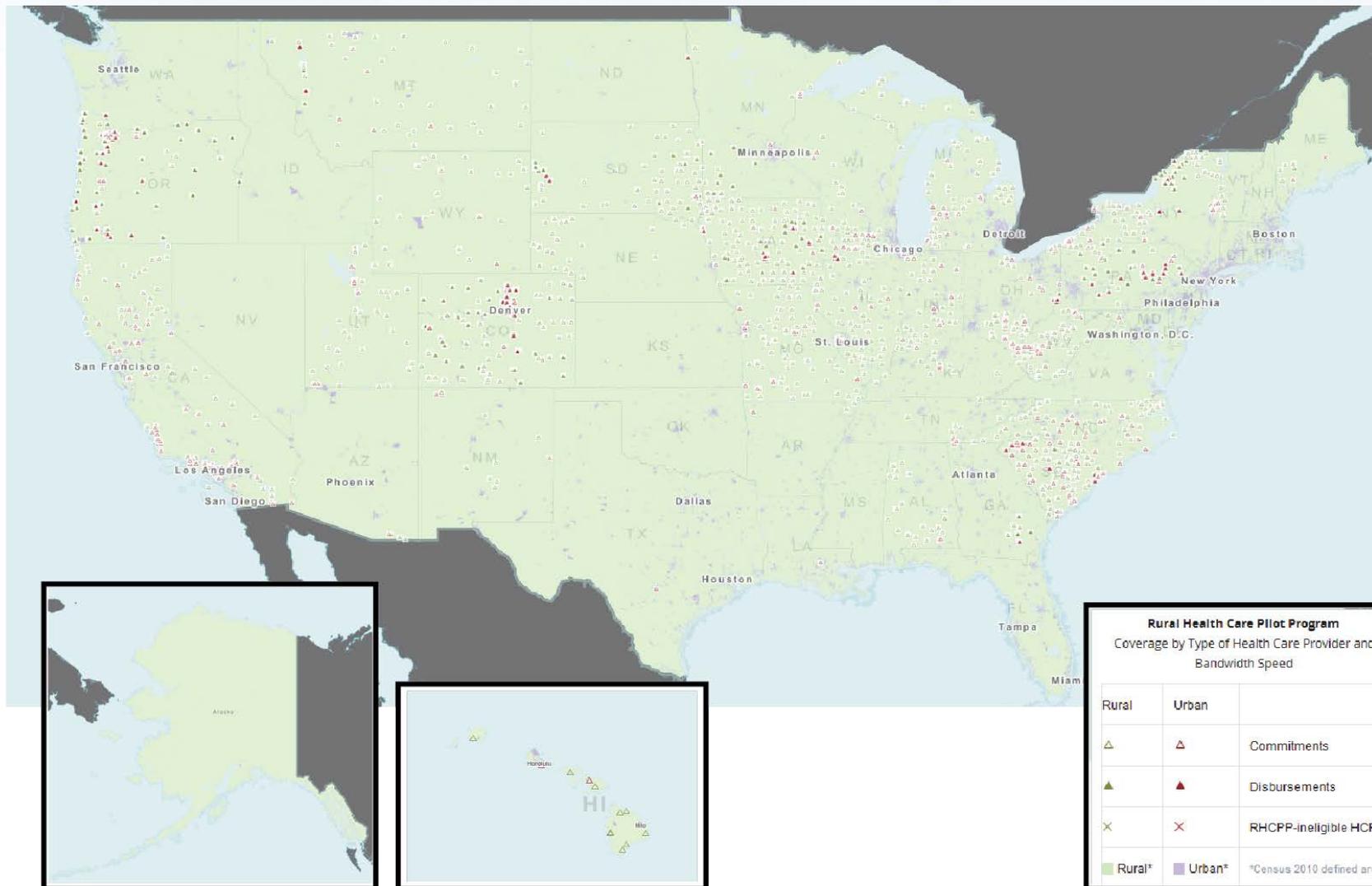
(\*12 sites did not report data)

National RHCPP Projects: as of May 1, 2012



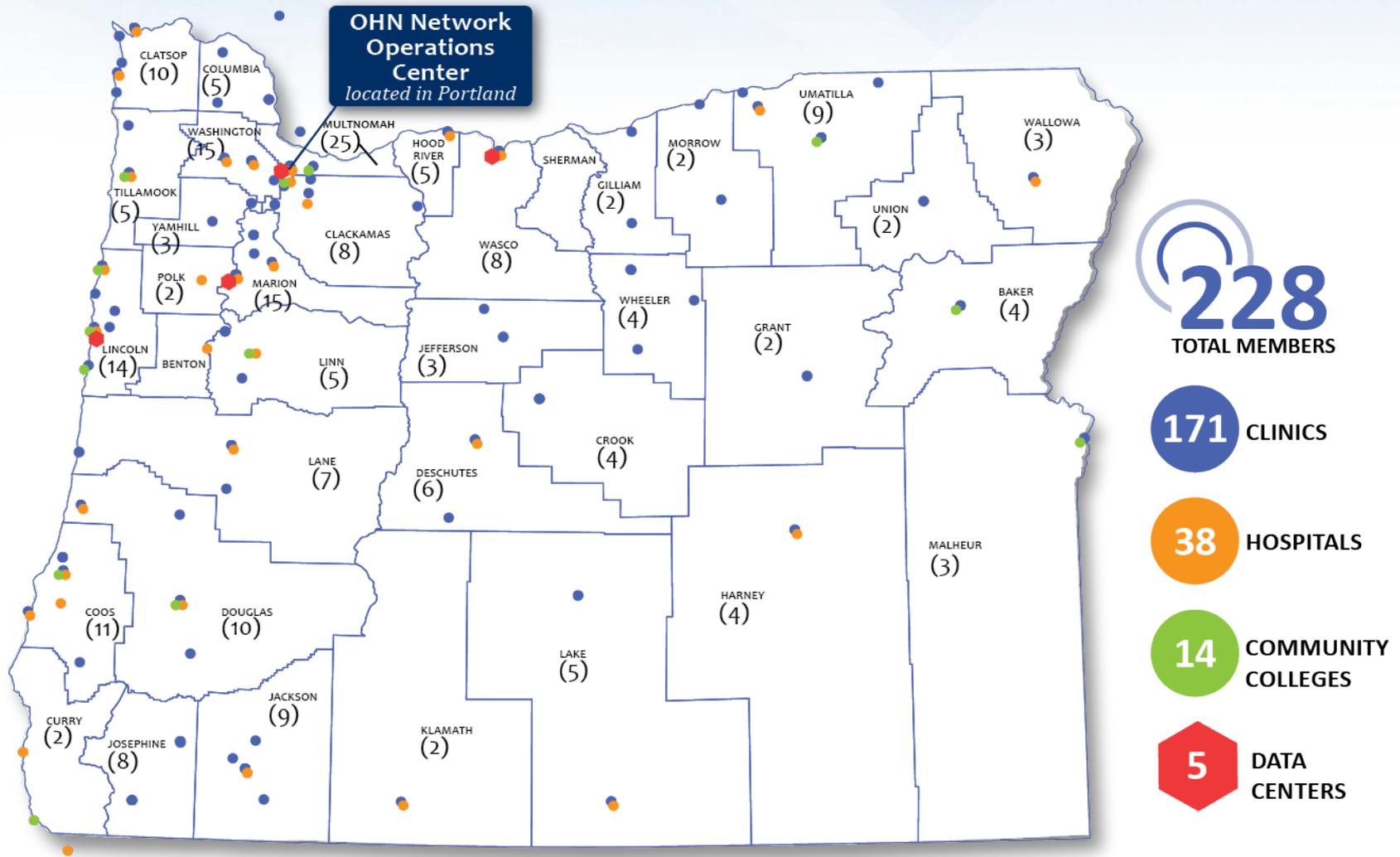
# STATUS: FCC Rural Health Care Pilot Program (RHCPP)

<http://www.fcc.gov/maps/rural-health-care-pilot-program>



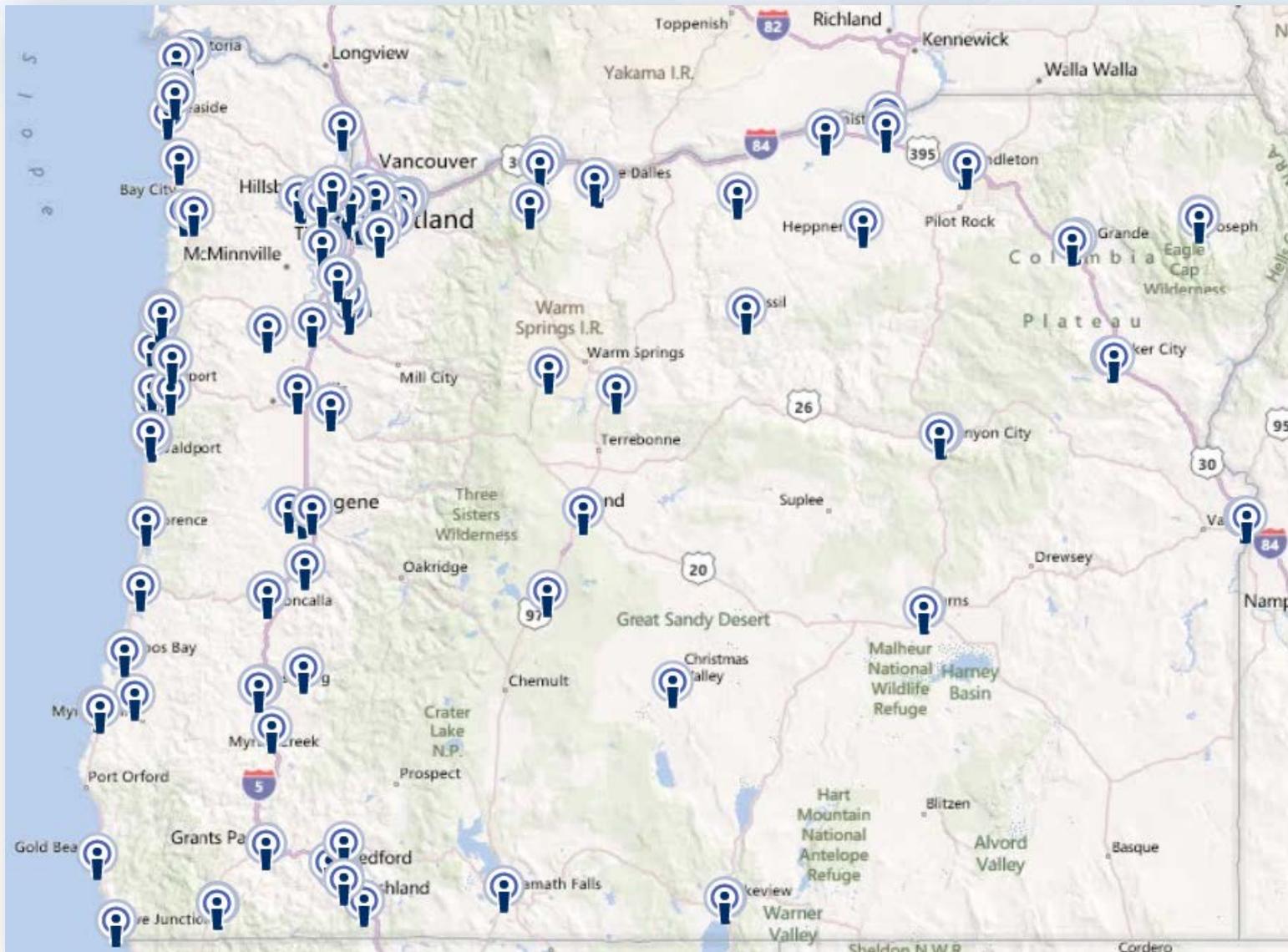
This map provided by the FCC and represents all RHCPP sites nationally. Locations are approximate. To view the full map, visit [fcc.gov/maps/rural-health-care-pilot-program](http://fcc.gov/maps/rural-health-care-pilot-program)

# STATUS: Membership



Note: FCC Funded Members and Non-Funded Members are counted differently.

# STATUS: Interactive Map ([www.oregonhealthnet.org](http://www.oregonhealthnet.org))



# Oregon's first and only statewide health care highway providing:



CONNECTIVITY

**Connectivity:** We provide a scalable, high-speed, reliable, and managed solution that connects a growing majority of Oregon's health care and education providers to each other.

- *24/7/365 monitoring and service level issue resolution of your connection by our Network Operations Center (NOC)*
- *A "just in time," effective, affordable, **one-step connection** solution designed to address your need to connect to the state HIE and CCOs, and ultimately, the expanding nationwide health care delivery system*



FCC PROGRAM  
MANAGEMENT &  
CONSORTIUM  
ADMINISTRATION

**Federal Communications Commission (FCC) Program Management & Consortium Administration:**

- *As experts in FCC program management, OHN helps administrate and navigate the complexities surrounding program/subsidy eligibility, contract application, monthly invoicing, and audit preparation and oversight.*



THOUGHT  
LEADERSHIP

**Thought Leadership:** As a convener and provider of health IT solutions that enable the best outcomes in coordinated health care delivery, OHN is the means by which you can:

- *Better serve the Triple Aim goals of CMS and Oregon's DHS & OHA*
- *Enhance economic and workforce development by keeping patients and providers in the community*
- *Gain industry knowledge and insight with OHN-provided newsletters, events, forums, and data sets (such as statewide telehealth provider data)*

# Oregon's first and only statewide health care highway providing:



## HOSTED SERVICES & SOLUTIONS

**Hosted Services and Solutions:** The first of many solutions to come, we offer one of the only full-service video conferencing solutions of its kind in the country to best support your expanding coordinated care and telehealth program initiatives.

- *Oregon State University's back-end video network is combined with competitive hardware and systems solutions from OneVision Solutions; leasing and grant writing options are available*
- *Conferencing system options are designed to meet your changing needs and offer a \$1 equipment buy-out*



## ADVOCACY

**Advocacy:** As Oregon's only statewide health care network, we are charged with ensuring that federal and state health care strategies, policies, and programs best align with the expanding health IT needs of our members—specifically as it relates to the critical role of connectivity. On behalf our members, we have developed trusted, respected partnerships with the **Federal Communications Commission (FCC)**, the **Health Information Technology Oversight Council (HITOC)**, and the **Oregon Broadband Advisory Council (OBAC)**.

# HIGHLIGHTS: *New FCC Health Care Program (HCP)*

*“Broadband connectivity has become an essential part of 21<sup>st</sup>-century medicine”* – The FCC

- New funds provide for the expansion of health care provider access to broadband, especially in rural areas, and encourages the creation of state and regional broadband health care networks
- Formal and expanded recognition: *broadband is vital and integral to healthcare delivery*
- Goals that directly support integrated and coordinated consortium healthcare networks
- Recognition and inclusion of telehealth/telemedicine initiatives and reporting metrics supported by health care networks
- Recognition that networks provide the nucleus for rural providers to have access to urban providers for essential specialty care

# HIGHLIGHTS: *Three FCC Health Care Programs*

**\$400M/year (nationally):** RHCPP Programs like OHN will be prioritized and awarded funding on a “first come, first served” basis:

1

## Healthcare Connect Program

- **Consortium Filers (2 or more filers):** *Accepted, current OHN RHCPP members grandfathered in provided at least 51% are deemed “rural”*
- **Individual Filers:** *Accepted (onsite installation and MRC only)*
- **Urban or Rural Providers:** *Both accepted\**
- **Non-Recurring Costs(%):** *Yes @ 65% ; <\$50K\**
- **Monthly Recurring Costs(%):** *Yes @ 65%*

2

## Telecommunications Program (Former Primary RHP)

- **Consortium Filers (2 or more filers):** *Accepted*
- **Urban or Rural Providers:** *Rural only*
- **Non-Recurring Costs (%):** *No*
- **Monthly-Recurring Costs (%):** *Yes @ calculated urban broadband rate*

*\* Additional eligibility/definition detail*

# HIGHLIGHTS: *Three FCC Health Care Programs*

**\$400M/year (nationally):** \$50M Pilot Program over three years. However, FCC concerned re: program sustainability past three years; skilled nursing is not included the original definition of an eligible health care provider (HCP) in the 1996 Telecommunications Act.

3

## Skilled Nursing (Pilot Program)

**Effective 2014: No additional details supplied at this time; OHN not certain it will apply for this funding**

✓ ***CALL TO ACTION: State and health care community to lobby to congress for change/inclusion of skilled nursing as an eligible health care provider.***

# HIGHLIGHTS: *FCC Program Implementation Timeline*

1

## Healthcare Connect Program

OHN will submit its application as a consortium in Q1 2013; we are forecasting a drawdown of \$7M annually by 2015 to support current and new membership (roughly 400) inside/outside of Oregon.

- *Current OHN-RHCPP Members & NOC (\$3.8m): 226 members*
- *Non-OHN but “HCP eligible” Providers (\$3m): 174 members*
  - *NOTE: OHN will not be supplying any match funding as we did through multiple state agency funds in the RHCPP.*

# HIGHLIGHTS: *FCC Program Implementation Timeline*

2

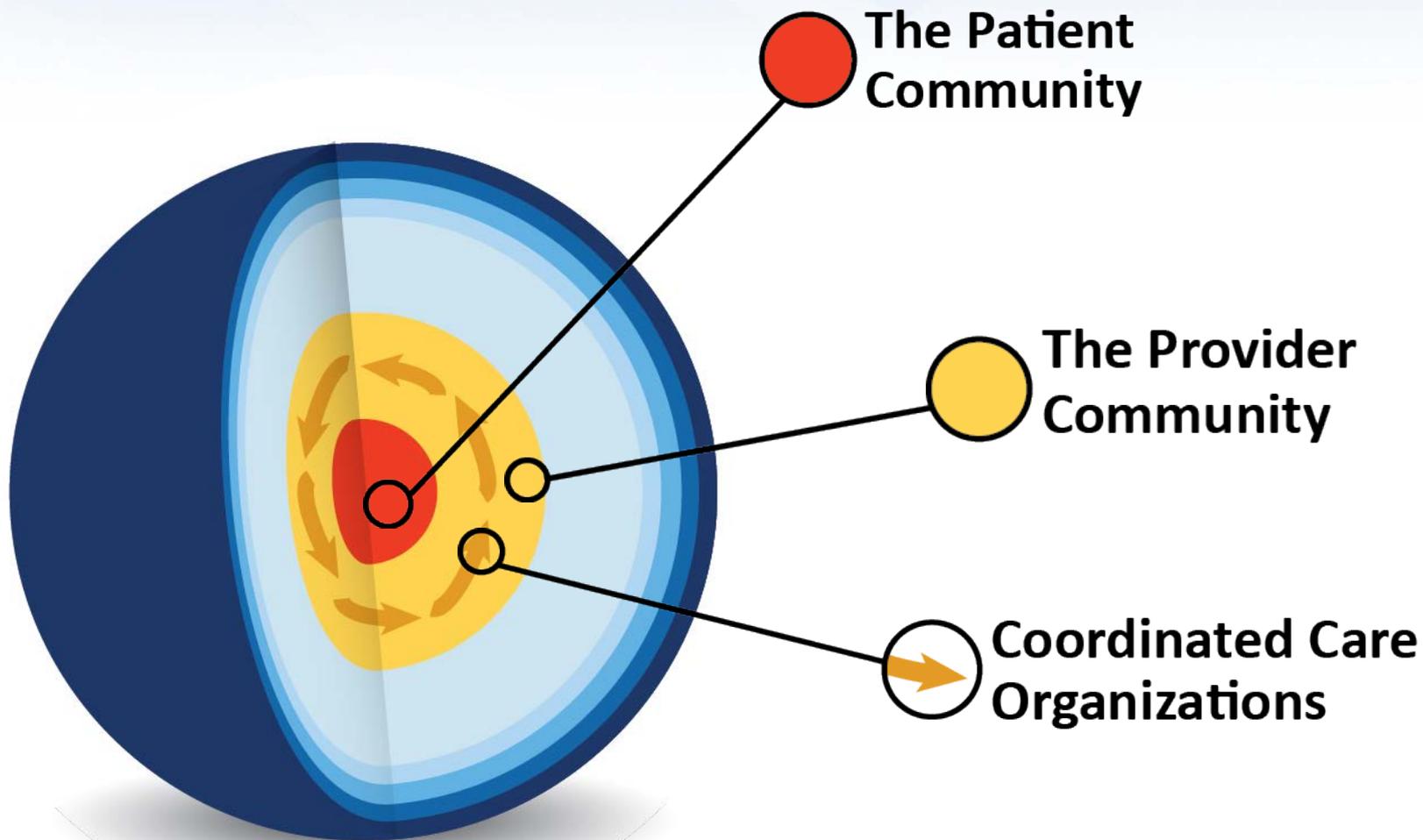
**Telecommunications Program** (Former Primary RHP)

We will be determining if we will expand our scope of service to include administration of this program as well.



# NEEDS & OPPORTUNITIES:

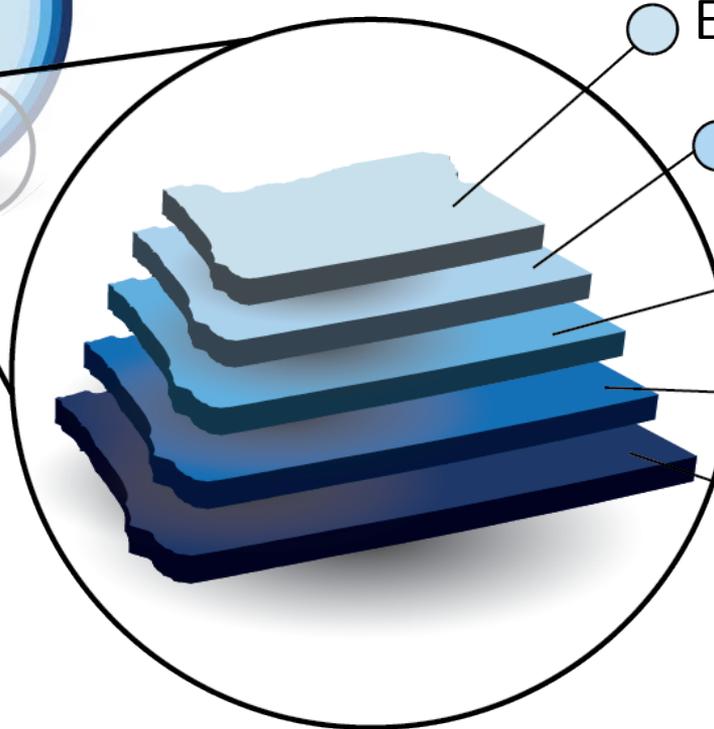
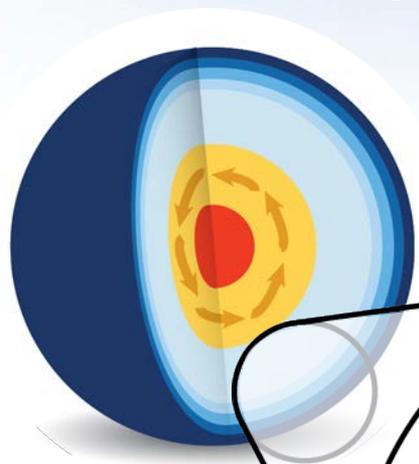
## *HIT to support Coordination of Care*





# NEEDS & OPPORTUNITIES:

## *HIT to support Coordination of Care*



- Electronic Health Records (EHRs)
- Workforce Development
- Health Insurance Exchange
- Health Information Exchange (HIE)
- Broadband Connectivity

# NEEDS & OPPORTUNITIES: *Education, Awareness, and a “Coordinated Care Get-Started HIT Package”*

Electronic Health Records (EHRs)



The **Oregon Community Health Information Network (OCHIN)** is nationally recognized for its innovative use of Health IT to improve the integration and delivery of health care services across a wide variety of practices. OCHIN runs Oregon's Health Information Technology Extension Center (O-HITEC), whose goal is to help Oregon providers and practices select, adopt, and achieve the federal Meaningful Use requirements. [www.ochin.org](http://www.ochin.org) (For more information on the Medicare and Medicaid EHR Incentive Programs, please visit [MedicaidEHRIncentives.oregon.gov](http://MedicaidEHRIncentives.oregon.gov).)

Workforce Development



The OHSU **Biomedical Informatics Graduate Program** includes a Graduate Certificate, two Master Degrees, and a PhD. The program, available both on-campus and via distance learning, prepares students for professional and leadership roles in the implementation of EHRs, HIE, telehealth, and health care quality measurement and improvement. [www.ohsu.edu/informatics](http://www.ohsu.edu/informatics)

Insurance Exchange



Cover Oregon is a central marketplace where consumers and small employers can shop for health insurance plans and access federal tax credits to help pay for coverage. This program will make it easy for Oregonians to compare their health coverage options and find out if they are eligible for financial assistance, starting in October 2013. [www.coveroregon.com](http://www.coveroregon.com)

Health Information Exchange (HIE)



**CareAccord**, Oregon's Health Information Exchange, is administered by the **Oregon Health Authority**. CareAccord facilitates the secure exchange of health information between Oregon's health care organizations and providers, enabling the coordination of care for better health, better care and lower cost. [www.careaccord.org](http://www.careaccord.org)

Broadband Connectivity



A nonprofit organization, **Oregon Health Network (OHN)** is Oregon's first, and only, statewide health care “highway” with over 230 connected hospitals, clinics, and community college members. Core services include: 24/7 NOC monitoring, hosted services (such as video conferencing), advocacy, and HIT best practices. [www.oregonhealthnet.org](http://www.oregonhealthnet.org)

# STRATEGY: *OHN's Plans & Efforts*

- ***Simplify, modify/adjust:*** Review OHN's strategy and role to better assist state and partners in streamlining the HIT strategies, needs, and resources needed across the state to meet quality measures and aggressive timelines
- ***Support the courageous and willing:*** Target and best support state's CCOs who have best embraced the benefits of coordinated care; to help them get across the first finish line of quality/performance metrics; replicate from there
- ***"Build with the end in mind" (national coordinated care):*** Streamline and/or better partner with other Oregon organizations to identify a coordinated care solution (network, hardware, software, services, funding) that is designed to support the entire health care continuum (statewide, nationally)—with a "coordinated care get-started health IT package"



---

# CareAccord™ and ONC Priorities

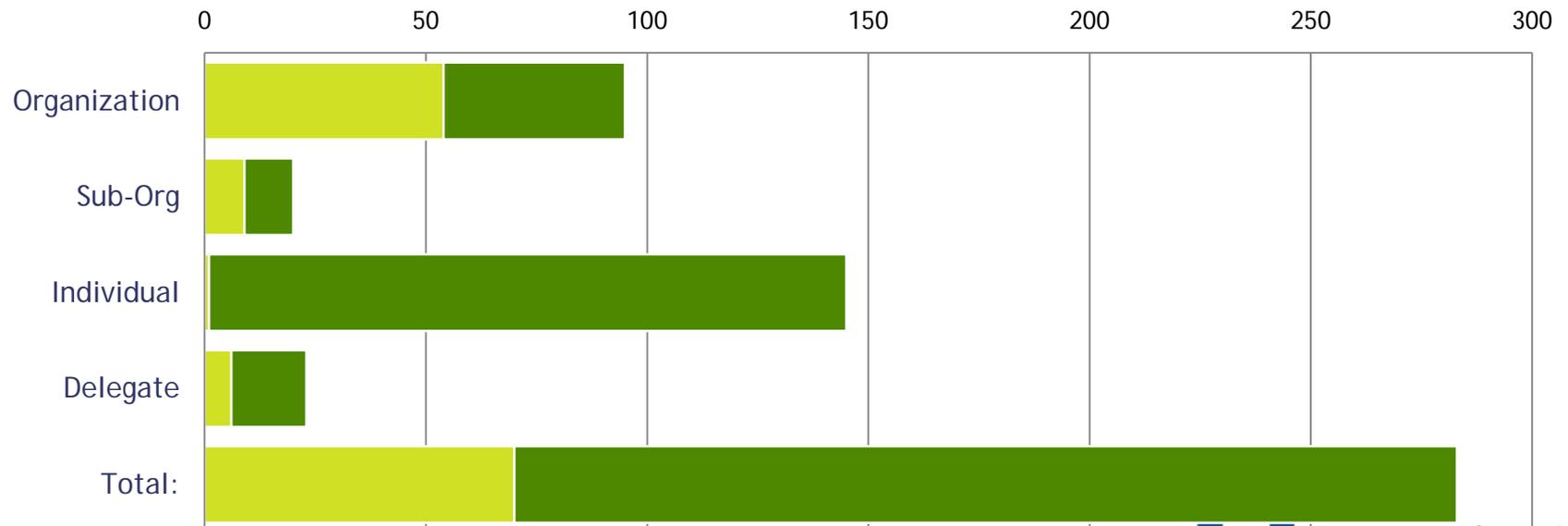
Carol Robinson



# Account Registration

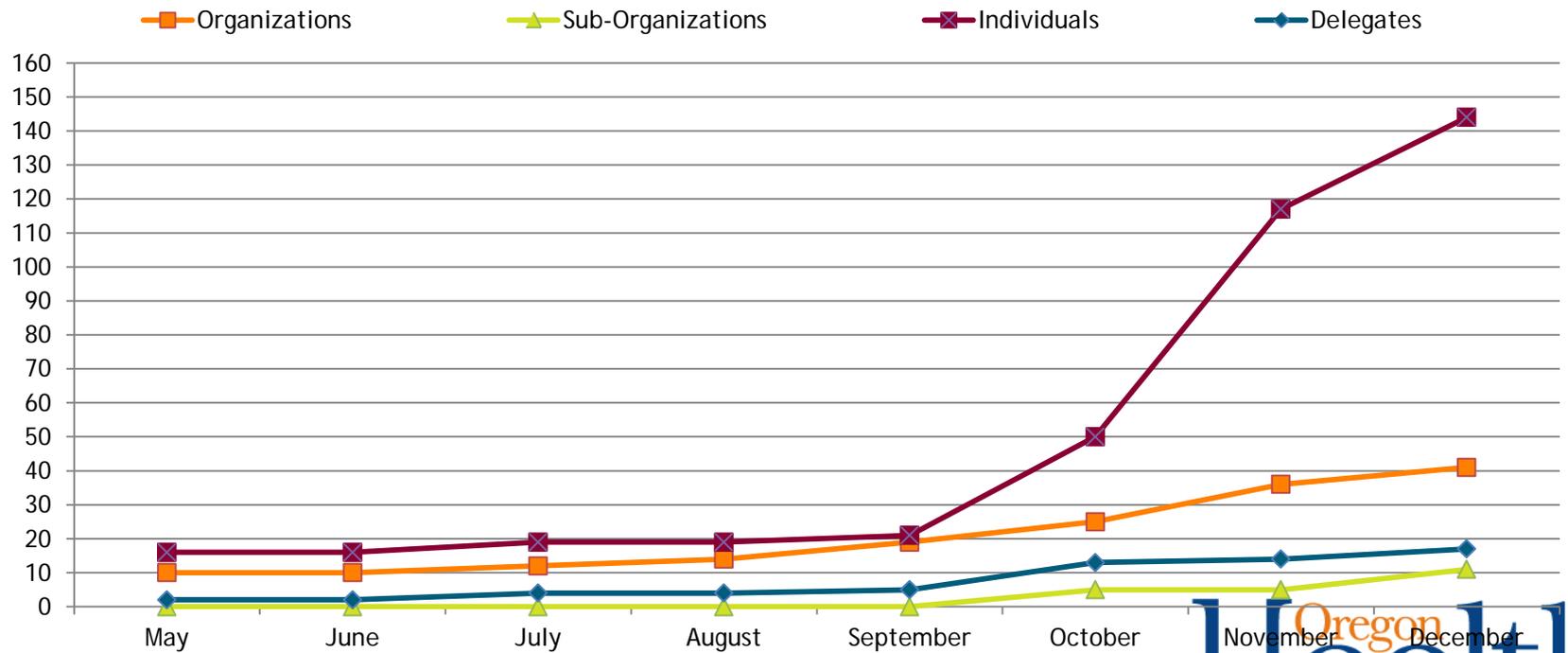
## 2012 Registrations by Account Status

■ Registrations in Progress ■ Active



# Growing!

## 2012 Active Account Trends (by Month)

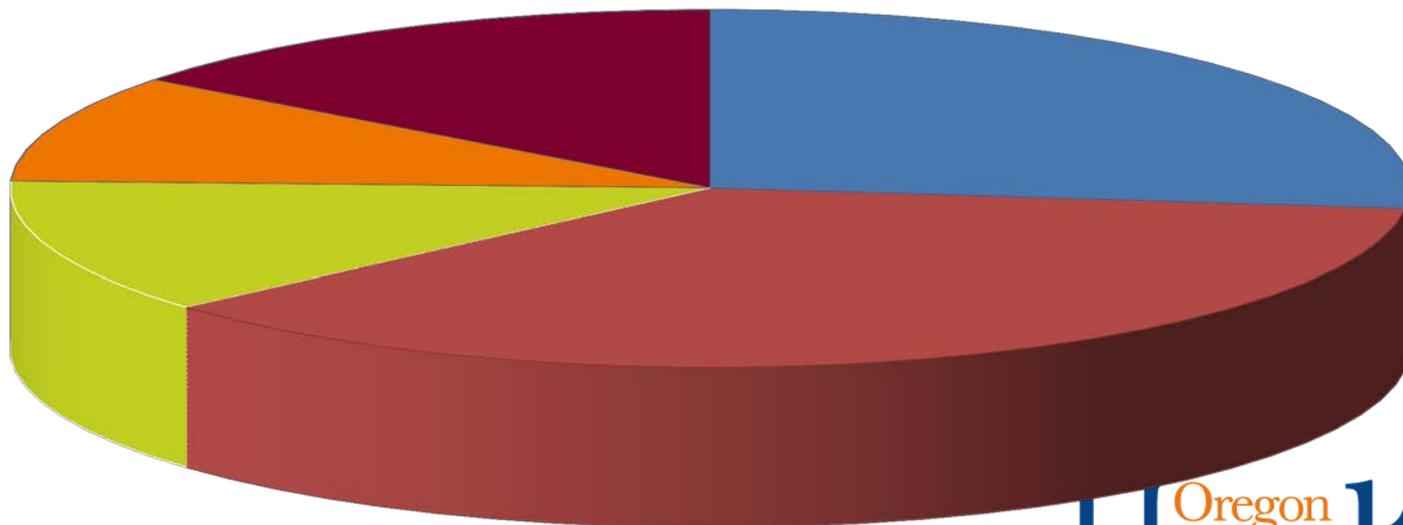




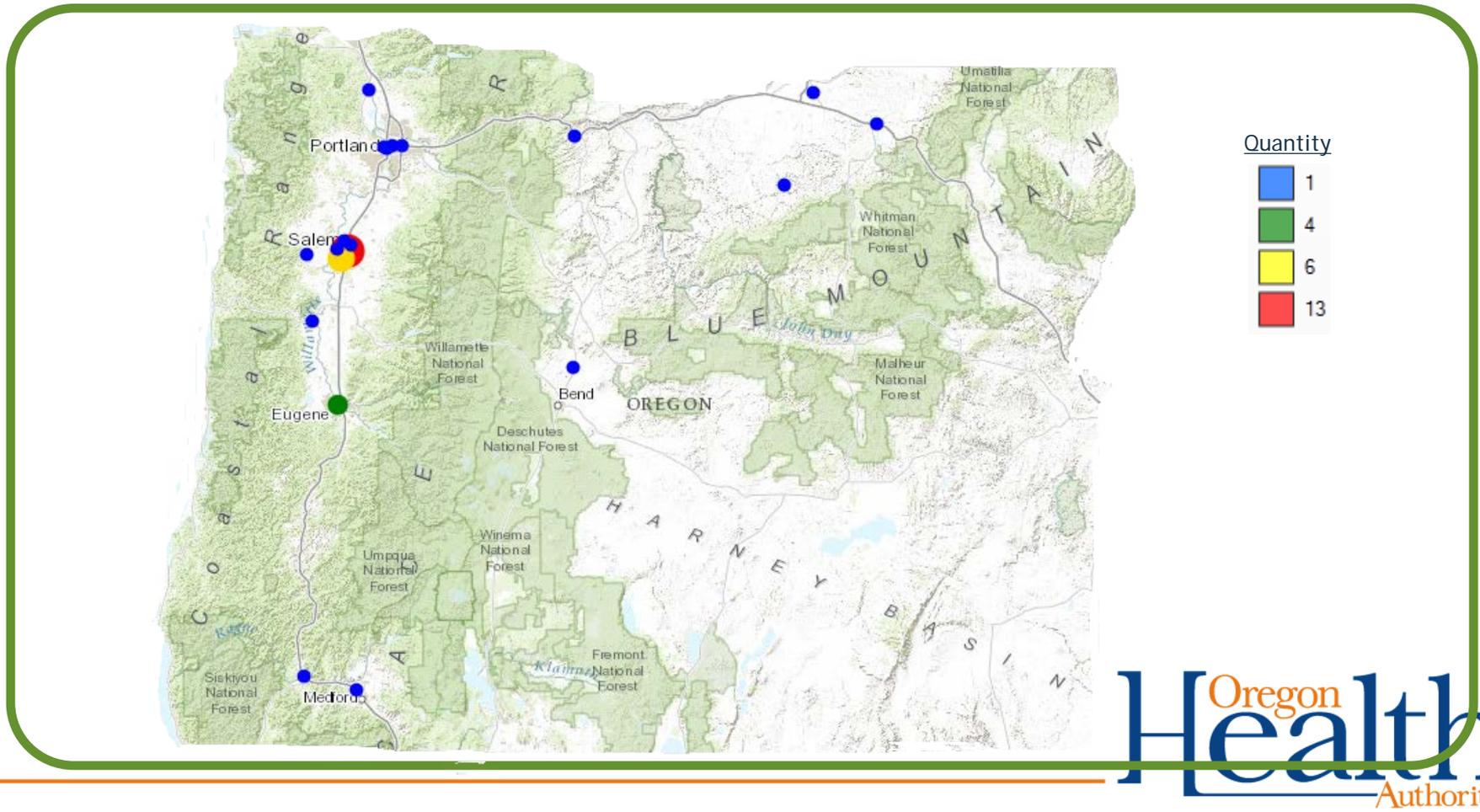
# Active Organization Accounts

Category/Specialty

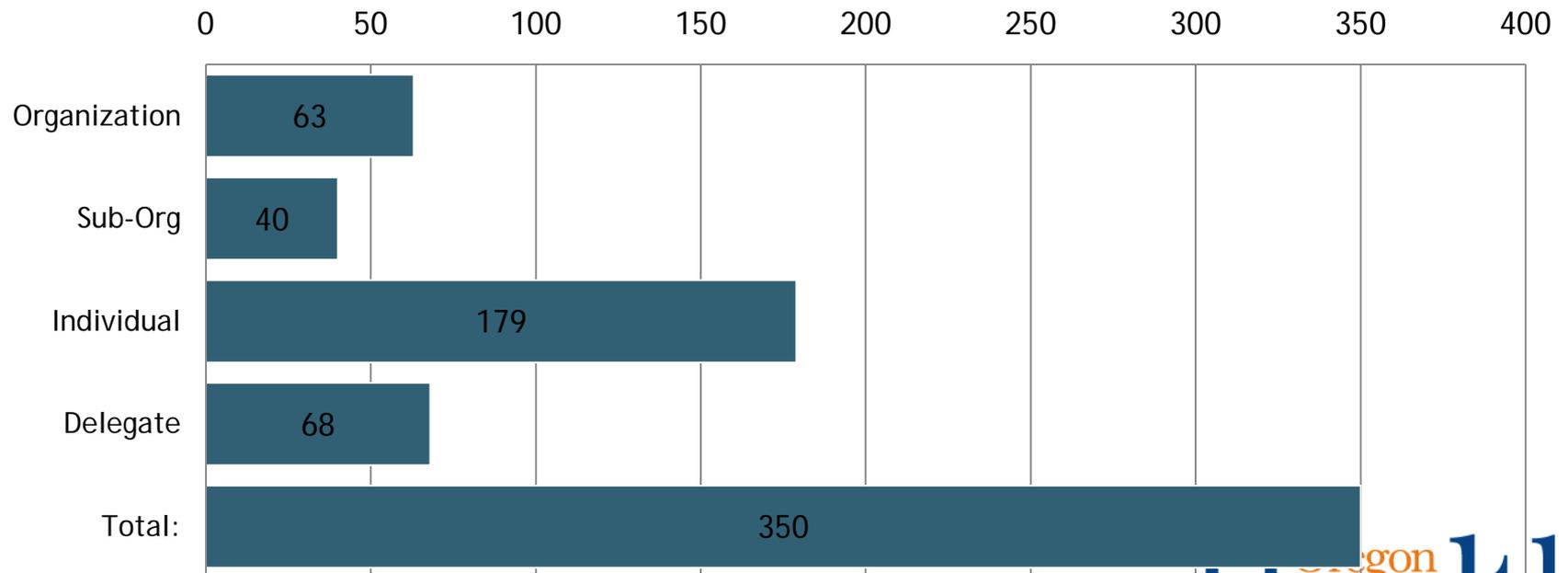
- General Practice/Clinic
- Specialty Clinic
- Hospital
- Behavioral Health
- Other



# Active Organization Accounts



### 2012 Total Direct Messages Exchanged



## CareAccord Outreach and Collaboration

- Central Oregon IPA Webinar: 1/23/13
- Public Health: 500 emails to Meaningful Use Coordinators
- WVCH CCO: Series of (4) emails to providers
- Bill Hockett/ODS: Right Click Dentistry blog site
- Syndromic Surveillance, POLST Registry, Department of Corrections, Department of Community Justice

# DirectTrust.org Accreditation

The Electronic Healthcare Network Accreditation Commission (EHNAC), a non-profit standards development organization and accrediting body, will partner with DirectTrust.org to create a national accreditation program for health information “trusted agent” service providers, including health information service providers (HISPs), certificate authorities (CAs) and registration authorities (RAs).

# DirectTrust.org Accreditation

- CareAccord™ is expected to be one of the first HISPs to go through the accreditation process
- Build experience and knowledge for a statewide accreditation process in Oregon

# Strategic and Operational Plan Updates

Updates to the plan are required to continue funding through ONC's State Health Information Exchange Cooperative Agreement Program

- HIE Sustainability Plan
- Privacy and Security Framework

---

# Western States Consortium

Christy Lorenzini-Riehm

Pete Mallord

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font.

Oregon  
Health  
Authority

# Western States Consortium

- Face to face meeting with WSC member states took place on December 10<sup>th</sup> in Washington, DC
- Memorandum of Understanding was presented to the rest of the WSC
- As of today, Alaska, Arizona, Nevada, and Hawaii have all expressed interest in moving forward as signatories to the MOU
- Various WSC member states are contributing to the writing of the Final Report due to ONC at the end of the Pilot Phase (March 2013)

# Western States Consortium

- Scenario 2 was successfully launched on December 6<sup>th</sup>, 2012
- Scenario 2 consists of testing query behavior between provider directories
- Scenario 2b will build on Scenario 2 using a federated model within multiple HISPs
- The technology team is working on how to automate the management of the trust bundle (add/remove)

# Western States Consortium

- **ONC Funding Opportunity Announcement**
  - HIE Governance Entities Cooperative Agreement Program
  - Support for a collaborative exchange within existing private or public sector organizations that have already established governance for HIE
  - Funding per award is \$200K-\$400K with \$800K total funding for this initiative for 12 months
  - Received approval from OHA to support the application
  - California applying on behalf of WSC
  - Letter of Intent due January 11, 2013
  - Application due February 4, 2013
  - Award date is March 25, 2013

---

# Medicaid EHR Incentive Program

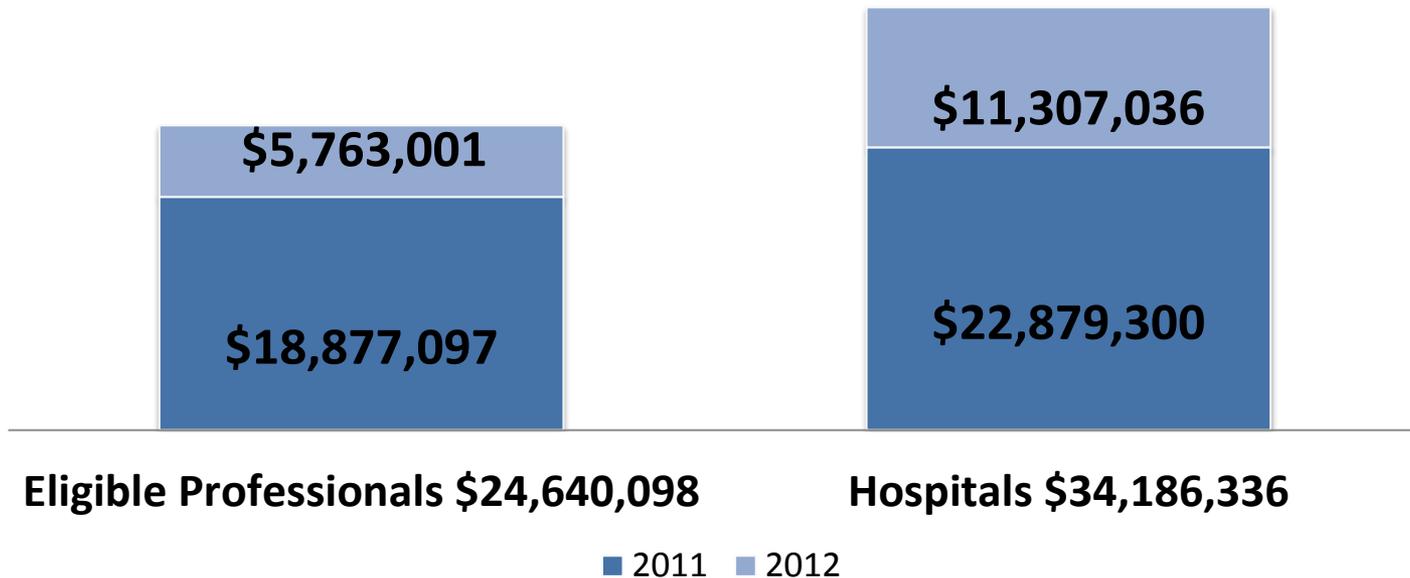
Karen Hale



# Medicaid EHR Incentive Program update

Total Oregon Medicaid incentives paid to date = **\$58,826,434**

Total Paid by year/type



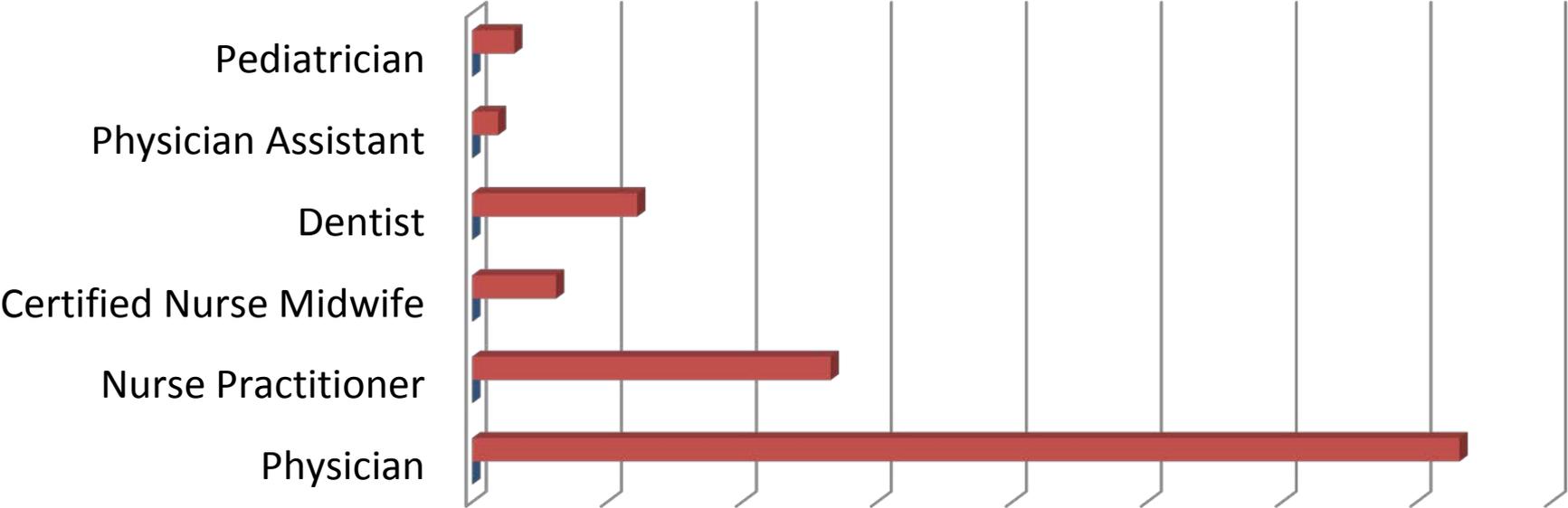
# Medicaid EHR Incentive Program update

Number of Payments				
	2011	2012	Total Payments	Total Participants
Eligible Professionals	902	283	1185	1162
Hospitals	30	20	50	43
<b>Total</b>	<b>932</b>	<b>303</b>	<b>1235</b>	<b>1205</b>

Applications in Process			
	1 <sup>st</sup> Year Applying	2 <sup>nd</sup> Year Applying	Total
EP	289	(Meaningful Use) 256	545
EH	6	3	9

31% of 2011 Medicaid EHR providers have received payment or applied for meaningful use

# Medicaid EHR Incentive Program update



	Physician	Nurse Practitioner	Certified Nurse Midwife	Dentist	Physician Assistant	Pediatrician
■ Amount	\$14,637,000	\$5,312,500	\$1,241,000	\$2,443,750	\$382,500	\$623,348
■ Number	684	248	56	115	18	44

---

# Here I Stand

<http://youtu.be/Lo-TsASZYJ8>

Ross Martin

Oregon  
Health  
Authority

---

# Public Comment



# Closing Comments

Next HITOC meeting:

**Thursday, February 7, 2013, 1:00-5:00 pm**

**Portland State Office Building**

**Room 1B**

**800 NE Oregon St.**

**Portland, OR**

---

# Questions or Comments:

Carol Robinson

State Coordinator, Health Information Technology

Director, HITOC

[carol.robinson@state.or.us](mailto:carol.robinson@state.or.us)



# Oregon Health Authority