



Oregon

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Health Information Technology Oversight Council

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Beacon Communities Program: State of Oregon Letter of Support Process

I. BACKGROUND

- On December 2, 2009, the Office of the National Coordinator (ONC) for Health Information Technology announced the Beacon Community Cooperative Agreement Program (Beacon Communities), under which approximately 15 Beacon Communities will be selected for funding. Selected Beacon Communities will be expected to invest in the health information infrastructure of the community and engage in specific activities outlined in the Funding Opportunity Announcement (FOA) # [HHS-2010-ONC-BC-004](#) in order to develop and strengthen an existing infrastructure of interoperable health IT and standards-based information exchange while also advancing specific health improvement goals declared by each community.
- The application process requires applicants to obtain a letter of support from the state Health IT Coordinator for all states within the proposed geographical area for the community. Letters of support from the state Medicaid directors and/or other public health officials are also desirable, particularly if they are relevant to the chosen health improvement goal.
- This document outlines the process to be used by applicants wishing to obtain one or more letters of support from the Oregon Health IT Coordinator, Medicaid Director, and/or other state public health official.
- Beacon Community applications are due to ONC by 5:00 PM EST, on February 1, 2010. To ensure letters from state officials are coordinated and prepared in a timely manner, please submit your request no later than 3:00 PM, on January 22, 2010.

II. PROCESS

1. Organizations wishing to obtain letters of support from Oregon State health officials must email their request, with draft letter(s) attached, to:
Susan.otter@state.or.us
Oregon Office of Health Policy & Research
2. The request should contain the following administrative information:
 - Applicant name (person who will sign the Beacon Community application, or designee)

- Applicant organization
 - Contact telephone number and email address.
3. In addition to attaching draft letter(s) of support, the applicant request must address all items below, in no more than five single-spaced pages in 11 point font. Page limit does not include Letter of Interest submitted to ONC. Applicants must address the following:
- a. Letter of Interest. Provide a copy of the letter of interest you will submit to ONC (that is due at 11:59 PM EST, January 22, 2010). Submit the copy to: susan.otter@state.or.us
 - b. Description of Geographic Community and Service Area. Provide a clear definition and physical description of the “community”. It is our interpretation that ONC is targeting this money to physically defined geographic communities - versus a community of aligned interests. (BC FOA, Section IV C 6 a., page 30)
 - c. Adoption and Meaningful Use Commitment. Describe the demonstrated or committed support from the distribution of physicians, hospitals, and other care givers in your defined community. Ideally, this would include all in the community, including safety-net providers and any federal institutions including those in the Veterans Administration or Department of Defense. (BC FOA, Section IV C 6 a., page 30)
 - d. Goals and Objectives. Briefly describe how you might use the ONC grant to advance your community, including key health outcomes for which you may be aiming. Include a description of how care outcomes, cost, and quality would be measured. This should be brief and is not intended to duplicate the ONC application process. (BC FOA, Section IV 6 b, page 31)
 - e. Significant Experience with Existing HIT Applications in Community. We suggest providing some statistics on how you implemented significant HIT innovations, such as, EMR adoption rate, and cross community data sharing (what data/how much on a volume basis). Describe any applications that may be available to aid consumers in managing their health and/or chronic conditions and describe the community’s use of disease registries, etc. (BC FOA, Section IV 6 c., page 31)
 - f. Collaboration. Describe your commitment to working cooperatively with the State and any state-designated entities serving as the Statewide Health Information Exchange and the Regional Extension Center. (BC FOA, Section IV 8, pages 35 - 37)
4. The request will be screened by a subcommittee of the Health Information Technology Oversight Council (HITOC) using criteria in the checklist on pages 3-5 of this document. Criteria has been developed from the BC FOA, Part V, with additional consideration given to proposals with plans to advance Oregon’s health reform goals, as developed within the Oregon Health Policy Board Work Plan for 2009-2011.

5. HITOC staff will provide feedback to applicants and if appropriate, facilitate securing the required letters of support from the state Health IT Coordinator, state Medicaid and/or public health official. The feedback and discussion will be conducted by HITOC subcommittee members and staff. Results should in no way be interpreted as a guarantee of a similar assessment result by ONC.
6. Applicants should note that the State of Oregon is unable to offer any financial support to BCP applicants at this time.

Beacon Community Scoring Criteria	√
<i>Scoring results should in no way be interpreted as a guarantee of a similar assessment result by ONC.</i>	
Community has baseline EHR adoption rate of at least 40% among physicians and 20% among hospitals in the community and proposal details credible method for deriving estimates.	
For those Communities that intend to purchase certified EHR technology, support is limited to providers who are ineligible for meaningful use incentive payments under Medicare and/or Medicaid, in accordance with Section 3011 of ARRA.	
Community does not intend to extend funds proposed to accelerate the adoption of EHR systems through the purchase of certified EHR software to providers who are, or who will become, eligible for meaningful use incentive payments.	
Existing HIE services relevant to meaningful use and necessary for care coordination are utilized by at least 20% of providers and proposal details plan to extend these services to all community providers during the performance period.	
Applicant has partnered, or plans to partner, with ONC funded State HIE efforts (explains how.)	
Proposal details a strong, credible, and feasible plan to supplement existing efforts to advance meaningful use in the community and promote advanced health IT functionalities such as Clinical Decision Support, disease monitoring/management, data aggregation, and quality and public health reporting, as well as partnership with an ONC funded regional health information extension center.	
Health IT systems proposed for purchase can achieve standards-based interoperability consistent with meaningful use specifications.	
Community includes VLER site, Federally funded broadband initiative, Indian Health Service facility and/or HRSA funded health IT initiative.	
Established and demonstrated excellence in the area of practice redesign and care coordination, as evidenced by the success of previous and/or existing care coordination, workflow and/or process redesign, quality outcomes improvement initiatives.	

Presented a strong, credible, and feasible plan to expand existing care coordination capabilities utilize Program funding to integrate health IT into care delivery to reach proposed quality and/or population health improvement goals by end of FY 2012.	
Demonstrated understanding of the central importance of health IT infrastructure for enabling and sustaining process redesign and health outcomes improvement.	
Established and demonstrable excellence in the area of evaluation, performance monitoring and feedback, including: Strength of experience in performance measurement and feedback (e.g., existing public reporting of practice-level quality measures) Success of previous and/or ongoing cost-efficiency improvement initiatives (e.g., reduction of preventable hospitalizations, prevention of hospital readmissions, reduction of emergency room visits, improvement in medication therapy management, efficiency improvements, reduction in redundant and inappropriate diagnostic services, and prevention of hospital-acquired conditions).	
Strong project plan to advance health IT infrastructure to enable achievement cost-efficiency improvement goals by end of FY2012.	
Priority area(s) proposed by the applicant is/are well-justified, important, specific and measurable and meet(s) the objectives of the Beacon Community program as outlined in the FOA.	
Proposal includes especially strong strategy for leveraging other Federal resources, including but not limited to ONC funded regional centers and State HIE initiatives, VLER, HRSA Federally qualified health centers or health center controlled networks, IHS facilities, Federally funded Broadband initiatives, and HRSA health IT grant programs.	
Applicant has strong likelihood of demonstrating expected cost-efficiency, quality, and/or population health improvements.	
Proposal emphasizes and demonstrates central and specific role of health IT in accomplishing project objectives.	
Project is community-based and involves multi-modal intervention for priority areas.	
Proposal outlines plan for integration of the three areas (Health IT and Exchange Infrastructure, Integration of Health Information Technology into Care Delivery, and Evaluation, Performance Monitoring and Feedback (as defined in specific area criteria in Section V.A)).	
Sustainability plan includes commitments from community stakeholders (government, purchasers, and payers) to participate in Beacon Community activities after Federal support has ended. Such participation may be in the form of cash or in-kind (e.g., equipment, volunteer labor, building space, indirect costs, etc.)	
Sustainability plan details linkage to existing payment pilots or multi-payer collaboratives (e.g., quality reporting initiatives, patient-centered medical home, and bundled payments) or plans to achieve these linkages within the first year of funding in order to generate adequate program income to sustain Beacon Community activities after the 36 month funding period.	
Stakeholder Summary Matrix shows Level 4 Commitment by creditable community organization with experience relevant to health IT enabled health outcome and/or cost savings goal(s) (See Section IV.C.8. Collaborations and Letters of Commitment from Key Participating Organizations and Agencies).	

Organizational Capacity demonstrates experienced, exceptionally strong project leadership, including executive sponsorship, governance structures and functions, decision making processes, dedicated coordinator and point of contact for the project.	
The project management structure and design will enable accountability.	
The leadership team includes patient/consumer representative or member of a patient/consumer advocacy group.	
Active engagement and commitment from political leaders, the State HIT Coordinator, the State Medicaid Director and relevant public health agencies on a city, county or state level.	
Existing multi-stakeholder collaboration to promote health IT, improve community health, and/or enable quality reporting, with participants that include, but are not limited to: primary care providers (PCPs), practicing clinicians, hospitals, public and private payers, consumers, local and state public health departments, safety net providers, employers, academic institutions, charitable foundations, industry, laboratories, pharmacies, employers, quality improvement organizations, hospital associations, government entities, and medical societies.	
Diverse care settings (e.g., small practice, community health center, rural health clinic, long term care, tertiary hospital) along established patterns of care.	
Inclusion of safety net providers (Community Health Center Controlled Networks, Federally Qualified Health Centers, IHS facilities, providers with high volume Medicaid and uninsured populations).	
Opportunities for participation by rural hospitals and clinics.	
Involvement of underserved or minority populations.	
Involvement of care settings for veteran populations (applicant must include the number of providers contracted to provide care for military personnel and veterans in the community).	
Proposal includes existing relationship(s) or strategy for involvement of the following entities (proposals will be scored according to strength and number of the existing relationships and/or strategies): ONC funded Regional Extension Center ONC funded State Health Information Exchange program DoD and VA facility in concert with the VLER HRSA EHR, health IT and workforce grant programs Federally funded broadband access program Indian Health Service telehealth program ARRA funded Comparative Effectiveness Research initiative	
Additional Criteria Based on Oregon Health Policy Board’s Work Plan for Health Reform Goals	√
Work to advance Oregon health reform goals by establishing pilot payment model.	
Work to advance Oregon health reform goals by developing or implementing model for primary care payment reform.	
Work to advance Oregon health reform goals by partnering to disseminate findings on comparative effectiveness research.	
Work to advance Oregon health reform goals by partnering to implement and measure	

statewide health care quality standards.	
Work to advance Oregon health reform goals with partnership(s) to patient-centered primary care home pilot programs.	
Work to advance Oregon health reform goals with partnership(s) to behavioral health integration pilot programs.	
Work to advance Oregon health reform goals with partnership(s) to Accountable Care Community pilot programs.	
Work to advance Oregon health reform goals by participating in a program for public reporting of cost and quality data.	