News from the Office of Health Information Technology
engage
Oregon Health Authority
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EMERGENCY DEPARTMENT INFORMATION EXCHANGE: COLLABORATION HELPS COORDINATE CARE ACROSS OREGON

More than 140 representatives from Oregon's coordinated care organizations, health plans, hospitals and providers came together in September to participate in the Emergency Department Information Exchange (EDIE) Learning Collaborative. Hosted by the Oregon Health Leadership Council (OHLC) with support from the Oregon Health Authority's (OHA) Office of Health IT, the Learning Collaborative provided an opportunity for health care professionals to share information and best practices, pinpoint areas for improvement, and identify future needs to help reduce avoidable emergency department (ED) visits.

The EDIE utility provides real-time hospital notifications for patients who visit the ED frequently. All 59 of Oregon's hospitals have adopted EDIE. Additionally, nine of OHA's coordinated care organizations have signed on or in process to use PreManage, which pushes EDIE hospital event data out to health care organizations outside the hospital system in real-time.

Dr. Nathan Schlicher, M.D., J.D. FACEP, kicked off the morning as the keynote speaker. Dr. Schlicher was instrumental in launching Washington's efforts to use EDIE. As part of a legislative mandate that addressed several goals, adoption of EDIE was driven by the Washington hospital association and not widely embraced by Washington's other health care stakeholders in its first days. Dr. Schlicher offered lessons learned, successes to date, and encouragement. He applauded Oregon's efforts to voluntarily collaborate across OHLC, Oregon Health Authority, Oregon's hospitals and emergency room physicians, CCOs, health plans, providers and others to launch EDIE and PreManage across the state.

A panel discussion also provided attendees with EDIE and PreManage user perspectives. Kris Anderson, Kaiser Permanente; Stefanie Avery, Adventist Health;

Highlights in this issue

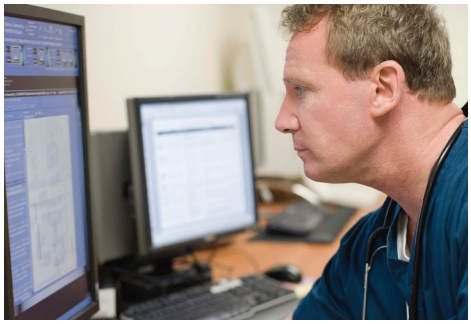
National EHR Incentive Program Payments

As of September 2015, **$31.1 billion in total payments** have been paid out from the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs nationally.

More than **$21 billion in Medicare EHR Incentive Program** payments have been made between May 2011 and September 2015.

More than **$10.1 billion in Medicaid EHR Incentive Program** payments have been made between January 2011 (when the first states launched programs) and September 2015.

See page 6 for Oregon payments.



Anamarie Clemens, PeaceHealth; Cindy Holloway, FamilyCare Health; and Kate Dowd Esser, Northwest Primary Care discussed early successes and specific strategies for using EDIE and PreManage to improve care for high needs patients. Many strategies discussed included the unique role EDIE and PreManage can play in reducing inappropriate prescribing of opioids. (See FamilyCare Health story on page 5 to learn how using PreManage made a difference in significantly improving one patient's health.)

Breakout sessions offered peer-to-peer sharing with a focus on use cases, work flows and lessons learned in different settings. Additionally, the ability for hospitals to access the Prescription Drug Monitoring Program (PDMP) information from EDIE, which would require a legislative change, was identified as an important future need.

OHA and the OHLC thank everyone who attended the EDIE and PreManage Learning Collaborative. The information and feedback gathered from the event will inform the work ahead, such as:

- Developing legislation that allows EDIE and other qualified systems to pull PDMP information into notifications;
- Piloting the inclusion of Discharge Summaries as part of PreManage notifications; and
- Creating resources to support new users.

To learn more about EDIE and PreManage visit the Oregon Health Leadership Council at www.orhealthleadershipcouncil.org/

"When care guidelines are shared patients feel that 'wherever I go, everyone is going to help me in the same way'. And they will say 'you all are talking to each other'"

Kate Dowd Esser,
Northwest Primary Care

"I don't remember how I used to do my job without EDIE and PDMP. It's taken the profiling out of what I do – takes the guesswork out"

Stefanie Avery, Adventist Health

OREGON HEALTH IT PROGRAM IMPLEMENTATION UPDATE

The Oregon Health Authority is contracting with Harris Corporation to serve as its prime contractor and a systems integrator (SI) for the Oregon Health Information Technology Program's implementation projects. Under the contract, Harris will be responsible for overseeing the implementation of three key projects, the Common Credentialing solution, Provider Directory and Clinical Quality Metrics Registry.

These projects work together, and when completed will provide crucial building blocks for statewide HIT services to support care coordination, quality improvement, efficient operations and analytics, and new models of care and payment in Oregon.

Harris has experience with the State's healthcare transformation efforts and has successfully partnered with OHA since 2011 to manage and deliver initial components of the State's HIE strategy. Harris works under the direction and approval of OHA's Office of Health IT.

The three projects will be delivered in a staggered approach in 2017. Common Credentialing is legislatively mandated and is the first priority for implementation. It will be followed closely by the Clinical Quality Metrics Registry, with Provider Directory as the final project to be delivered.

To learn more about each of these projects, visit www.HealthIT.Oregon.gov.

CONNECTING BEHAVIORAL HEALTH THROUGH HIE

Improving coordination between behavioral and physical health care is a key objective of an effort being driven by Jefferson Health Information Exchange (JHIE) in partnership with the Oregon Health Authority.

JHIE's project addresses barriers to information sharing and care coordination across settings, particularly for behavioral health data. Jefferson HIE is focusing on consent management which is a major obstacle to electronic health information exchange across providers and care settings. The goal is to enable coordination between primary care, behavioral health and emergency providers, by developing a common consent model that can be supported within the JHIE technology.

The project is funded by the Office of the National Coordinator for Health Information Technology. The ONC awarded the Oregon Health Authority (OHA) and program collaborator, Jefferson Health Information Exchange (JHIE), a $1.6 million grant in July. Oregon was one of 12 states selected to receive the two–year grant funding under the ONC's "Advance Interoperable Health Information Technology Services to Support Health Information Exchange Cooperative Agreement program."

JHIE currently serves Southern Oregon and the Columbia Gorge region. JHIE provides robust, sustainable and scalable HIE services to providers, hospitals and coordinated care organizations. Learn more about Jefferson HIE at www.JHIE.org or email info@jhie.org.

Sign up to receive OHIT's quarterly newsletter at www.HealthIT.Oregon.gov. Next issue will highlight the JHIE project and behavioral health information sharing.

TELEHEALTH SERVICES INVENTORY PORTAL NOW AVAILABLE

The Office of Health Information Technology contracted with the Telehealth Alliance of Oregon (TAO) to evaluate telehealth services available in Oregon. Telehealth allows health care service providers to expand their geographic reach and increase capacity. These technologies are growing and have the potential to extend services to more people and in new ways, particularly in Oregon's rural areas.

The project with TAO includes a telehealth services inventory of available providers and services in Oregon that is accessible through a searchable Web portal; an assessment of the current status of telehealth in Oregon; and a review of state and national laws and policies for telehealth. The law and policy review resources and the Telehealth Inventory Portal are now available via the TAO website at www.ortelehealth.org.

- OHA encourages CCOs, health plans, health care systems and organizations, and their providers to visit the Web portal and find information about telehealth services currently provided in Oregon. This information is available to anyone who is looking for telehealth services or is interested in offering services in areas where access to direct services is limited.
- Telehealth service providers can contact Cathy Britain through TAO to discuss the process for entering information at: http://www.ortelehealth.org/content/contact-us.
- If you have questions, contact Kristin Bork in the Office of Health Information Technology at Kristin.m.bork@state.or.us. These projects are supported by the agency's State Innovation Model grant.

MEANINGFUL USE STAGE 3 — 2015 FINAL RULES

The Centers for Medicare & Medicaid Services (CMS) published the final rule with opportunity to comment for Meaningful Use Stage 3 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule, dated October 16, focuses on supporting interoperability and providing flexibility and simplification of program requirements. It also updates current requirements for meaningful use for program years 2015-2017. High level provisions include:

- Stage 3 will be optional in 2017 and required for all participants in 2018
- All participants will have a 90-day EHR reporting period in 2015
- EHR reporting period for hospitals will be based on the calendar year starting in 2015
- Objectives that are redundant, duplicative, and topped out, or paper-based have been consolidated or removed
- Requirement to be using 2015 certified EHR technology by 2018
- For 2015-2017, patient action measures and public health reporting requirements are modified

To facilitate additional feedback, CMS also opened a 60-day public comment period that that ran through December 15, 2015. CMS will use the feedback to inform future policy developments for the EHR Incentive Programs, as well as consider it during rulemaking to implement Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), expected to be released in the spring 2016.

In addition, the Office of the National Coordinator (ONC) released the 2015 Edition final rule for Health IT certification criteria. The new rule modifies the ONC Health IT Certification Program to make it accessible to more types of health IT and health IT that supports various care and practice settings. It also establishes the standards and implementation specifications for Certified EHR Technology that is needed to support the achievement of meaningful use. The rule can be found online at: www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base

MEDICAID EHR INCENTIVE PROGRAM IMPORTANT DATES

Year 2015 attestations: As of December 15, 2015, the Medicaid Electronic Health Records (EHR) Incentive Program will only accept attestations coming into the program under adopt, implement or upgrade (AIU). The program will not be able to accept any attestations that use the 2015-2017 modifications for meaningful use (found in the CMS Final Rule). OHA anticipates opening to accept such attestations for both Eligible Professionals and Eligible Hospitals in early 2016.

2016 is the last year to begin the Medicaid EHR Incentive Program: Program year 2016 is the last opportunity to enter the Medicaid EHR Incentive Program (coming in under AIU or MU Payment Year 1). Eligible professionals can receive an incentive payment for adopting, implementing or upgrading, certified EHR technology in their first year of participation. Incentive payments for eligible professionals can be up to $63,750 over six years.

HOSPITAL NOTIFICATIONS HELP CCO IMPROVE MEMBER'S CARE

Jeremy Koehler is a member of FamilyCare Health service coordinator team that works to help members get the right care for improved health.

After attempting to contact a member for weeks, FamilyCare Health service coordinator Jeremy Koehler was notified that the member was in the emergency department. Jeremy immediately hit the road and headed to the hospital.

As it turns out, Ron* had been to the ER many times. At the height of his visits, Ron had been to the ED 23 times in one month.

His visits were spread across seven different hospitals in the Portland area and he arrived at varying times of the day. He always had a new injury or symptom, and had been successful at accessing narcotics. His visits were short and he was never admitted into the hospital. He also never followed up with primary care.

Jeremy received this notice about Ron because FamilyCare Health had recently launched a PreManage subscription. PreManage is a companion service to the Emergency Department Information Exchange (EDIE) Utility that is used by all 59 of Oregon's hospitals. The EDIE Utility is led by the Oregon Health Leadership Council and co-sponsored by the Oregon Health Authority.

EDIE and PreManage provide real-time hospital notifications and key care summaries for patients who visit the ER frequently. The goals of these notifications are to reduce avoidable hospital use and improve health outcomes. Whereas EDIE provides notice to professionals within the hospital system, PreManage takes that information and pushes it to health care organizations outside the hospital system in real-time.

Organizations like FamilyCare Health, where Jeremy was able to immediately see the notification and take action to try to get Ron to the right setting for appropriate care. Having let the ER know he was on his way, Jeremy was met by the hospital's social worker. Together they got Ron to agree to stay a little longer and talk with them.

"I immediately realized he had some developmental disabilities," says Jeremy. "And there were numerous social determinants that were affecting his health." Ron explained he was homeless, living in his truck, and although he had a phone, it wasn't kept charged. They also learned that Ron traveled with a female partner. She had arrived with him at the ER that day.

"As soon as we got her to step away, Ron really opened up to us," says Jeremy. "He told us his travel companion had been coaching him on injuries and that she had, on occasion, inflicted his injury. She also had arranged for her dad to become the payee on Ron's disability checks."

Jeremy immediately contacted Adult Protective Services (APS). Ron has since been interviewed and an APS investigator is involved in his case.

Since that first visit, FamilyCare Health has worked with Ron to create a long-term care plan and connect him with primary care. "We've outreached to the emergency departments to educate them on his history, and to discourage narcotics prescriptions," says Jeremy. FamilyCare Health has also developed

"I talk with him a few times a week," Jeremy says. "In fact he just called me. We're getting him the right care in the right setting so he is better able to manage himself."

*Not the client's real name.

and uploaded an EDIE care plan so if Ron does arrive at the ER, clinicians have immediate access to his care plan and treatment history.

FamilyCare Health is one of the nine coordinated care organizations that are subscribing to PreManage and doing what they need to do to help clients improve their health and stay out of the emergency room. Whether that's making primary care appointments, finding child care, or showing up at the ER.

For Ron, that one real-time alert and Jeremy's quick response has definitely changed his outcomes.

Today, Ron is making efforts to get and take his medications. His diabetes and blood pressure are under control and being managed. He has been back to the ER, but only three times in his highest month. He still has challenges ahead, but the resources for helping him face them are there. Recently, Jeremy arranged for Ron to get a screening with County Development Disabilities Program. Ron is now in the process of getting assigned a case manager and soon he will be moving into temporary/transitional housing.

Learn more about: EDIE and Premanage at www.orhealthleadershipcouncil.org/

Development Disabilities Eligibility and Services at www.oregon.gov/dhs/DD/Pages/eligibility.aspx

Sign up to receive OHIT's quarterly newsletter at www.HealthIT.Oregon.gov. Next issue will highlight telehealth and behavioral health information sharing projects.

OHIT Meetings 2016

January 13
Provider Directory Advisory Group
10:00 a.m. to 1:00 p.m. in Portland

February 4
Health Information Technology Oversight Council
1:00 to 4:30 p.m. in Portland

February 10
Common Credentialing Advisory Group
2:00 to 4:00 p.m. in Portland

February 17
Provider Directory Advisory Group
10:00 a.m. to 1:00 p.m. in Woodburn

March 16
Provider Directory Advisory Group
10:00 a.m. to 1:00 p.m. in Portland

Visit www.HealthIT.Oregon.gov for meeting materials and locations.

Oregon EHR Incentive Program Payments

As of September 2015, a total of **$391.6 million** has been paid to Oregon providers for the Medicare and Medicaid EHR Incentive Programs: **$126.9 million for Medicaid and $264.7 million for Medicare.**

For more information on EHR Incentive Programs, visit the CMS website www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html.

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