

---

# Electronic Health Information Presentation to Oregon Health Policy Board

Susan Otter, Director of Health  
Information Technology, OHA

November 4, 2014



# Overview of Today's Update

- Useful Definitions
- Vision and Goals of Health IT-Optimized Care
- Current Health IT Environment
- The State's Role in Health IT & Highlights of our Work
- Future of the Health IT Oversight Council

# Health Information Technology

What does **Health IT** refer to?

- Technology that stores, retrieves, or shares health information and data
  - Hardware (computers, smart devices)
  - Software (computer programs, apps)
- Examples:
  - An electronic health record (EHR)
  - Data registry for clinical information (e.g., immunization registry)

## Other Useful Definitions

- **Health Information Exchange (HIE)** – the electronic transfer of health information between two or more health IT systems
  - Sometimes HIE can also refer to an organization that provides this service
- **Interoperability** – the ability of different health IT systems to communicate and exchange data between them, and make use of that data

# Vision of an “HIT-optimized” health care system

The vision for the State is a transformed health system where statewide HIT/HIE efforts ensures that all Oregonians have access to “HIT-optimized” health care.

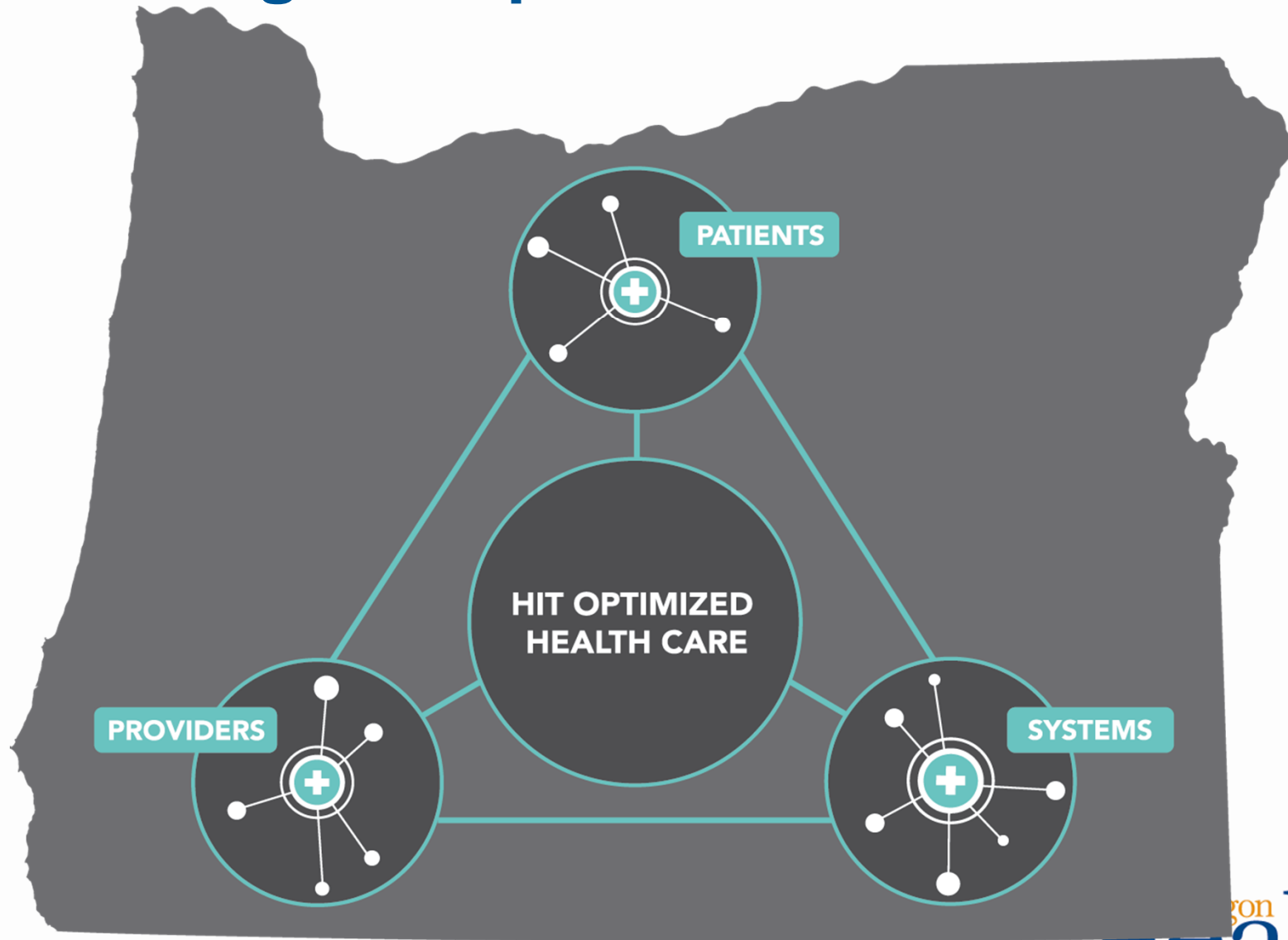
Oregon HIT Business Plan Framework (2013-2017):

[http://healthit.oregon.gov/Initiatives/Documents/HIT\\_Final\\_BusinessPlanFramework\\_2014-05-30.pdf](http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf)

# 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.

# Envisioning HIT Optimized Health Care



# 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



# Transforming health care relies upon health information technology

CCOs are investing in health information technology for:

- Collecting and sharing patient information between providers and care team members
- Using health information to manage populations, identify target populations and initiatives
- Assessing quality and impact of care and interventions
- Tracking CCO metrics by provider to the patient level, and paying providers incentives for achieving outcomes

# Federal environment: ARRA and HITECH

- **American Recovery and Reinvestment Act of 2009 (ARRA)**
  - “... preserving and improving affordable health care ...”
- Under ARRA, the **Health Information Technology for Economic and Clinical Health (HITECH) Act** authorizes HHS:
  - To establish programs to improve health care quality, safety, and efficiency...
  - Through promotion of health IT, including:
    - Electronic health records (EHRs)
    - Electronic health information exchange (HIE).



# “Meaningful Use”

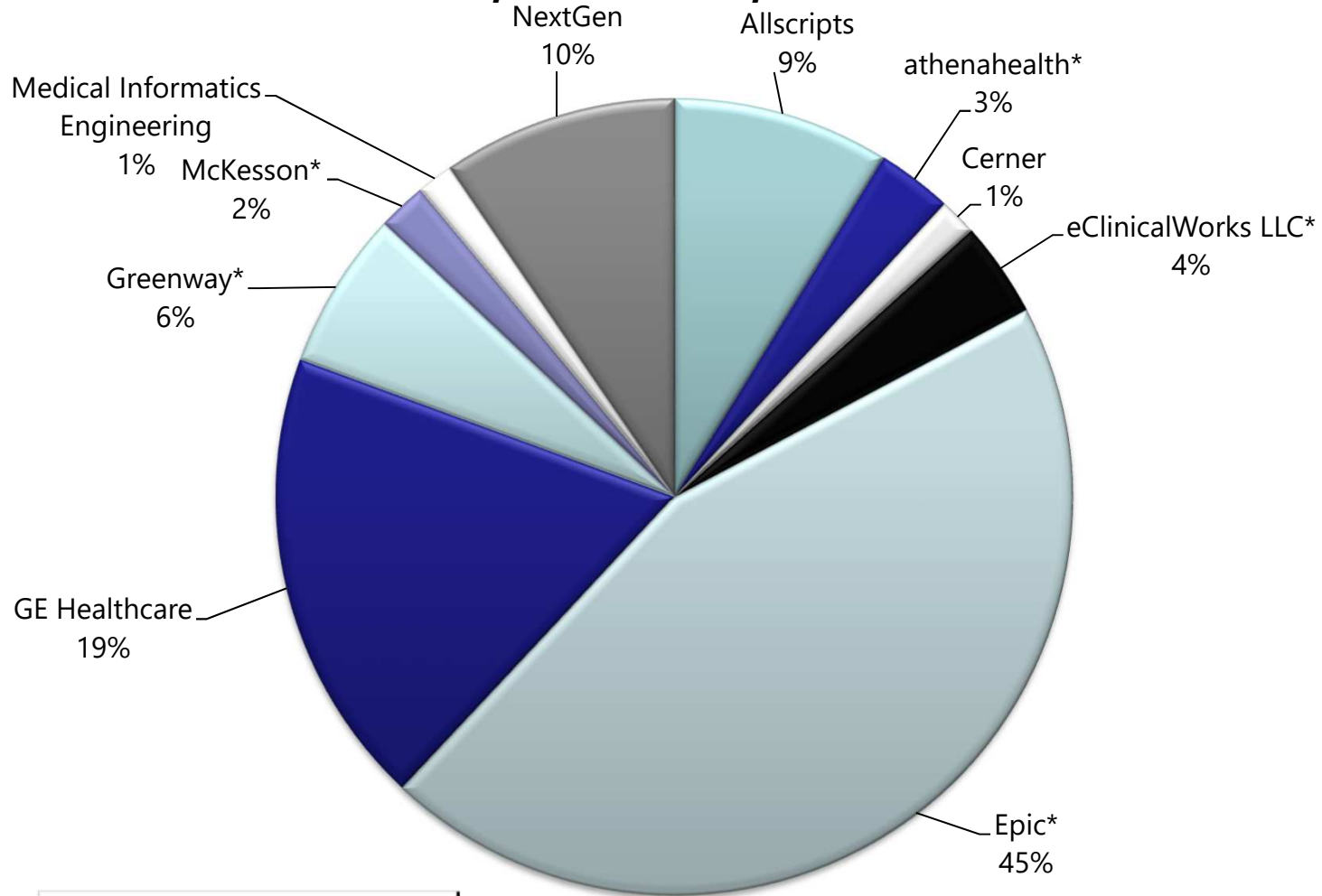
- Under HITECH, eligible providers and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.
- Two regulations define “meaningful use”:
  - Incentive Program for Electronic Health Records
    - Issued by CMS
    - Requirements for what eligible providers must do (objectives and measures) to get incentives
  - Certification Criteria for Electronic Health Records
    - Set by the Office of the National Coordinator for HIT (ONC)
    - Standards for the EHR technology

# EHR Adoption and Meaningful Use in Oregon

- Oregon providers have been early adopters of EHR technology
- Currently, Oregon is in the top tier of states for providers receiving EHR incentive payments, with
  - more than \$290 million in federal funds coming to:
  - nearly all Oregon hospitals and
  - nearly 6,000 Oregon providers
- However, more than 100 different EHRs are in use in Oregon

# EHR Vendor Systems purchased by Oregon Eligible Professionals (top 10)

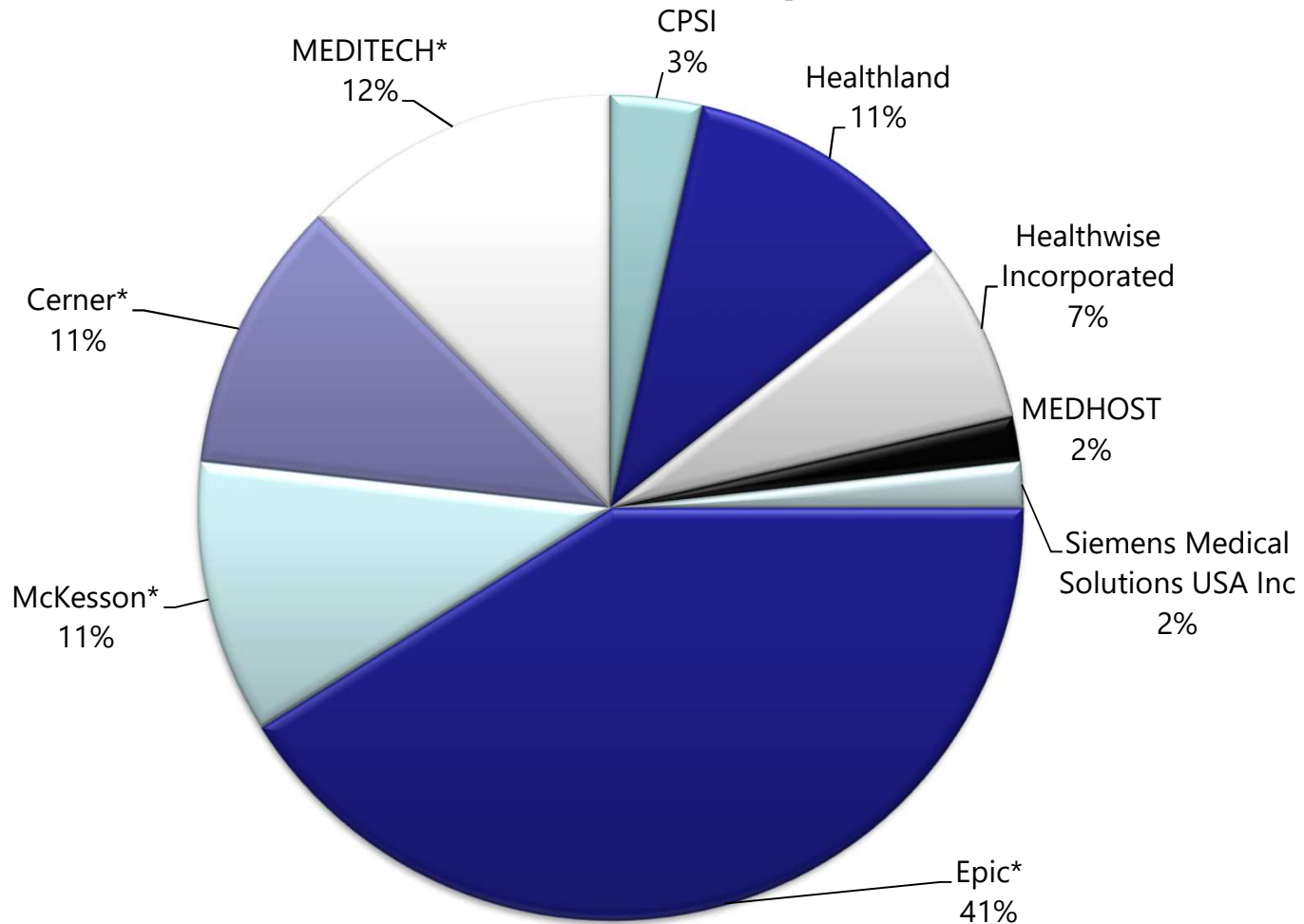
N=4,912 out of 6,007 total



\* Denotes vendor also has 2014 CEHRT version in use

Count of unique providers that received a payment in either the Medicare or Medicaid EHR Incentive Programs from 2011 – August 2014.

## EHR Vendor Systems in use by Oregon Hospitals (56 out of 59 total hospitals)



\* Denotes vendor also has 2014  
CEHRT version in use

Count of unique hospitals, that received a payment in either the Medicare or Medicaid EHR Incentive Programs from 2011 – Aug 2014

# Health Information Exchange in Oregon

- Several community HIEs:
  - Gorge Health Connect – mid-Columbia River Gorge region
  - Jefferson HIE – Southern Oregon
  - Central Oregon HIE – Central Oregon
  - Coos Bay, Corvallis, others in development
- Epic Care Everywhere
  - Functionality for viewing among participating Epic users
- Direct secure messaging within EHRs is beginning
  - CareAccord, Oregon's statewide HIE
- Other organizational efforts by CCOs, health plans, health systems, independent physician associations, and others
  - including HIE and HIT tools, hosted EHRs, etc. that support sharing information across users

## HIT/HIE exists in Oregon, but gaps remain

Many providers, plans, and patients do not have the HIT/HIE tools available to support a transformed health care system, including new expectations for care coordination, accountability, quality improvement, and new models of payment.



---

# The Role of the State in Health IT

Community and  
Organizational  
HIT/HIE Efforts

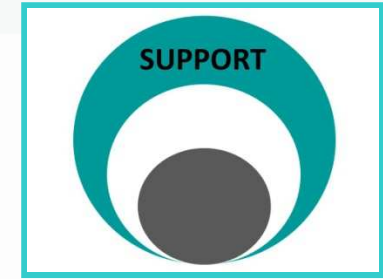
**SUPPORT**

**STANDARDIZE  
& ALIGN**

**PROVIDE**

---

## State role: Supporting Community and Organizational HIT/HIE Efforts



- Promoting electronic health record (EHR) adoption and provider's ability to use EHRs in meaningful ways
- Promoting interoperability and statewide health information sharing
- Providing guidance, information, and assistance
- Monitoring the changing state and federal health IT environment
- Convening stakeholders to inform state HIT efforts, share best practices and identify challenges (HITOC)

# State role: Standardizing and Aligning Efforts



- Adopt standards for organizations using state HIT services, to ensure safety, privacy, security, and interoperability
- Align state clinical metrics and reporting requirements

## State role: Providing or Enabling New State-Level Services



- Services for sharing health information to support care coordination
- Foundational HIT services to support HIE and organizations using aggregated health data
- Medicaid-focused services including Technical Assistance with EHRs and meaningful use for Medicaid practices

# Principles for state-level HIT efforts

- Prioritize interoperability and avoid redundancy:  
Leverage existing resources and national standards, while anticipating changes
- Demonstrate incremental progress
- Support services with value that achieve common good
- Protect the security and privacy of health information of Oregonians

# Oregon HIT Funding

- Medicaid 90/10 funding for staff, planning efforts affiliated with HITECH (through 2021 or so)
- In general, federal Medicaid match for Health IT projects:
  - 90% federal to 10% state funds for implementation
  - 75% federal to 25% state funds for operations
- Transformation Funds secure federal match for new HIT services, support of all 16 CCOs (through June 2017)

## Other funding:

- ONC grants to states to support HIE (2010-2014)
- Some Oregon CMMI SIM funding for HIT pilots and initiatives (2013-2016)

# Information sharing with Direct secure messaging

Statewide Direct secure messaging as baseline for health information exchange:

- HIPAA-compliant way to encrypt and send any attachment of protected patient information electronically;
- OHA administers CareAccord, offering web-portal based Direct secure messaging
  - For providers, plans, CCOs, and other care team members and state programs who don't have EHRs, or face barriers to exchanging information

# Statewide sharing of electronic health information: Direct Secure Messaging

- Physical health providers and hospitals moving to Direct secure messaging in 2014/2015:
  - Providers seeking EHR Incentive payments must adopt 2014-certified EHR technology, which must include Direct secure messaging
- National accreditation is helping to ensure interoperability between Direct secure messaging providers (HISPs)
  - Accreditation means connection statewide to care team
  - CareAccord – first statewide HIE to become accredited



# Statewide Hospital Notifications and EDIE

- Hospital notifications systems provide real-time alerts to providers and the care team when their patient has a hospital event (emergency department, inpatient, discharge)
- Oregon is pursuing statewide hospital notification through a two stage process:
  - Collect all hospital information and provide notifications back to hospitals via the Emergency Department Information Exchange (EDIE) by end of 2014
  - Add inpatient and discharge data, and make hospital event information available for subscribers such as plans, CCOs, providers, etc. starting in 2015

# EDIE Implementation Status

- EDIE is a collaboration between the Oregon Health Leadership Council (OHLIC), OHA and other partners including hospitals, health plans, CCOs and Emergency Department physicians
  - Through this collaboration, all 59 eligible hospitals in Oregon have committed to implementing EDIE in 2014
  - EDIE already in place in Washington state
- Implementation (as of October 6, 2014):
  - 49 hospitals (82%) have live data feeds to EDIE
  - 45 hospitals (75%) are receiving notifications
  - 27 hospitals are sending/receiving both ED and inpatient data to/from EDIE (46%)

# How does EDIE work?

- ED visit triggers EDIE:
  - When a patient visits an ED, that patient's visit information is automatically sent to EDIE
- EDIE checks for high ED utilization:
  - at least 5 ED visits in 12 months
  - At least 3 ED visits to different facilities in 60 days
- EDIE automatically returns critical information to the ED in real time for high utilizers
  - A care history of ED visits
  - Care coordination information including care guidelines and progress notes
  - Current known care providers

## Next steps: Notifications to care team

- Hospital notifications
  - Subscription-based product
  - Can be used by CCOs, health plans, medical providers or medical groups, HIEs, etc. to get the same real time notifications that are sent to hospitals with EDIE
  - Subscribers can only access information for their patients—by uploading this list to the system.

<http://www.orhealthleadershipcouncil.org/our-current-initiatives/emergency-department-information-exchange-edie>

# Health Information Technology Oversight Council (HITOC) - 2009

- Governor-appointed, Senate-confirmed council established by HB 2009 (2009)
  - Tasked with setting goals and developing a strategic plan for health information technology in the state
  - Led extensive strategic planning effort for Oregon's 2010 plan to the Office of the National Coordinator for Health IT
- HITOC
  - monitors and evaluates the shifting HIT environment
  - makes policy and strategy recommendations
  - convenes committees as needed to collect and share information

# Updating HITOC's Role – relationship to OHPB

HITOC would:

- Report to the Oregon Health Policy Board (OHPB), membership would be set by the OHPB
- Monitor and regularly report on progress of state and local HIT efforts in achieving goals of adopting/using HIT to support health system transformation
- Make recommendations to the OHPB on HIT efforts needed to achieve goals of health system transformation
  - Strategy, policy, planning, HIT priorities
  - Areas of concern, barriers
  - Respond to OHPB requests
  - Examples: Integration of behavioral health; patient engagement
- Advise Board on federal HIT law/policy changes

# Discussion Questions?

---

For more information on Oregon's HIT/HIE developments,  
please visit us at <http://healthit.oregon.gov>

CareAccord, Oregon's state HIE:  
[www.careaccord.org](http://www.careaccord.org)

Susan Otter, Director of Health Information Technology  
[Susan.Otter@state.or.us](mailto:Susan.Otter@state.or.us)

