
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.

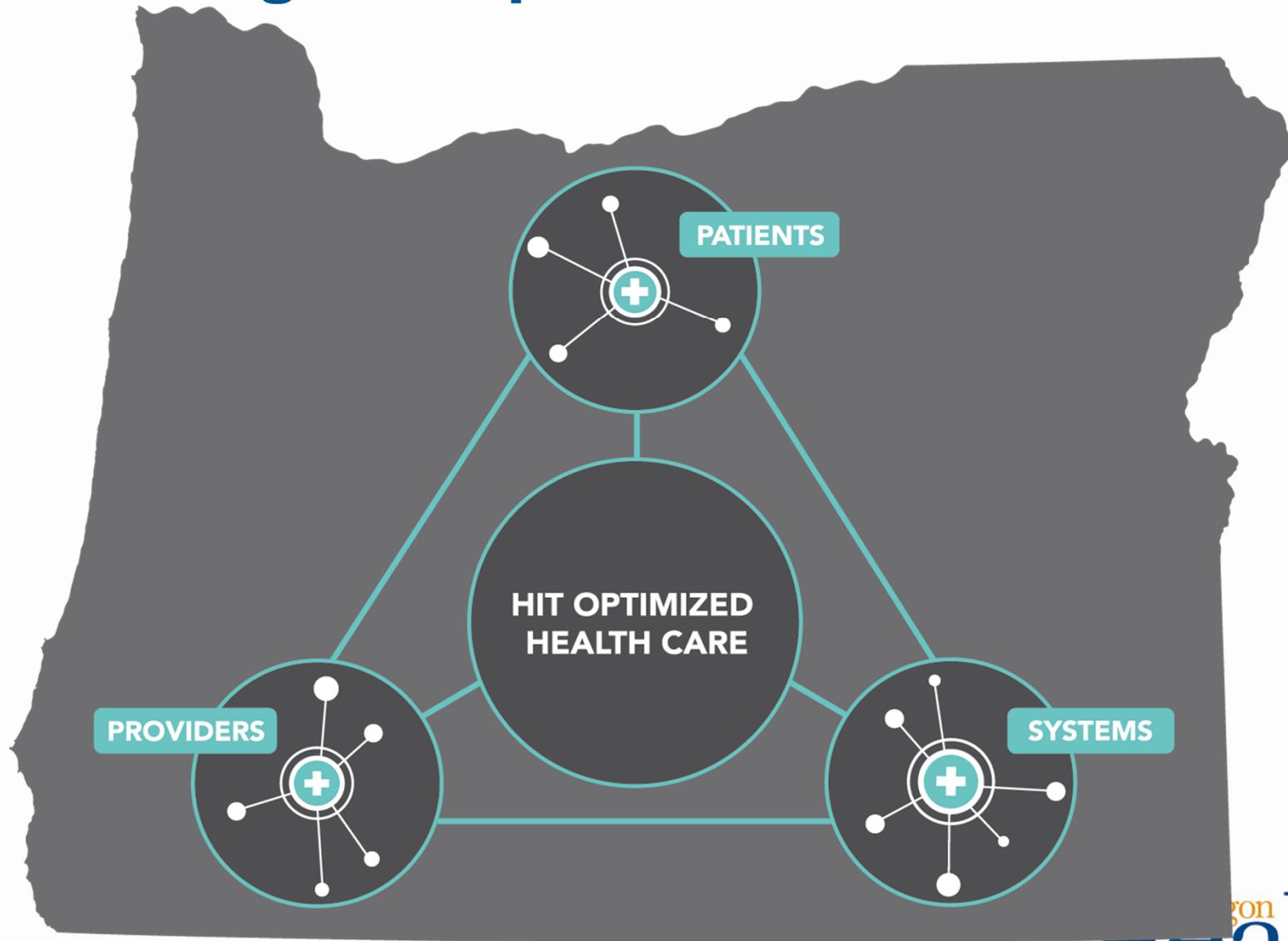
Oregon HIT Business Plan Framework (2013-2017):

http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf

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”

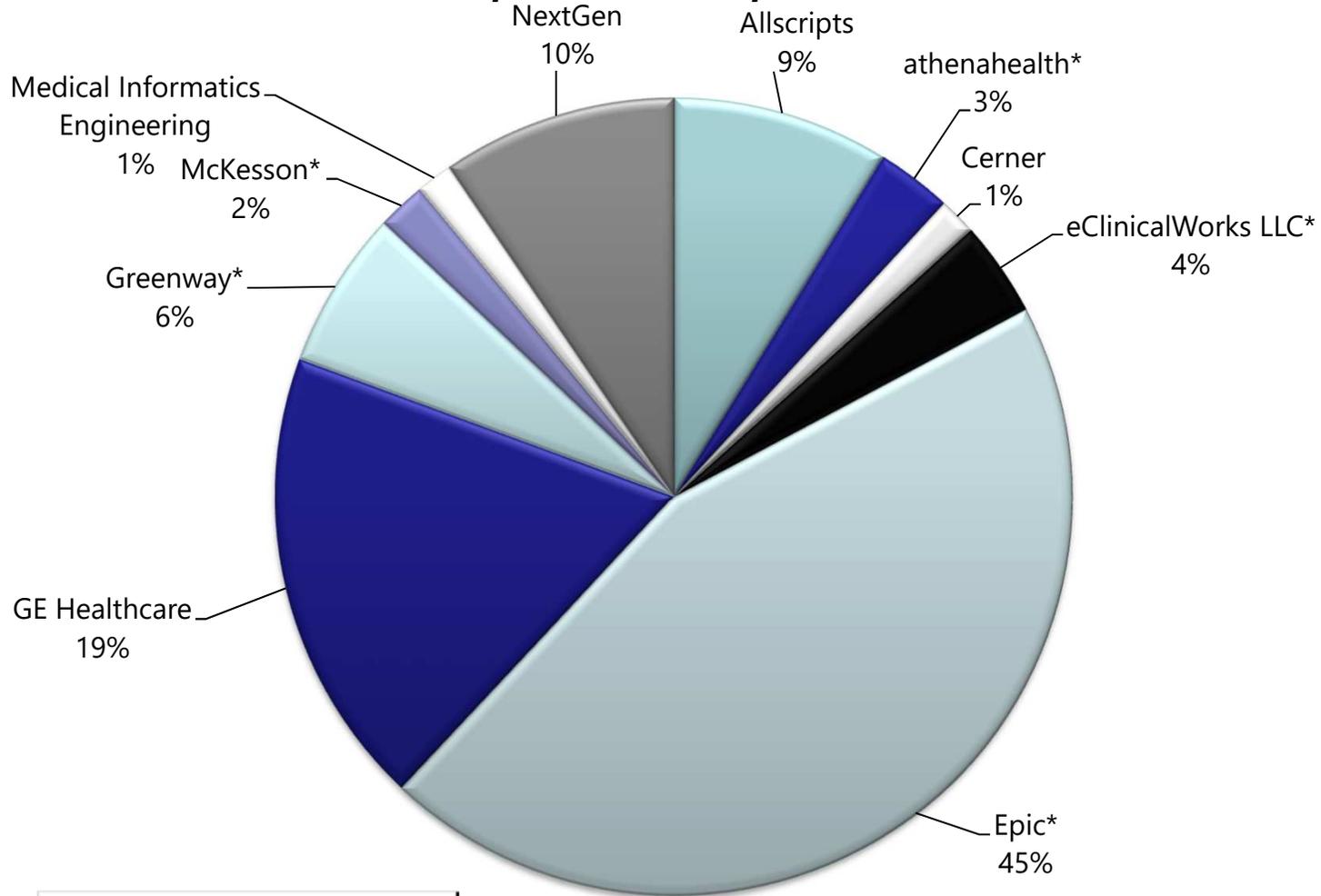
- Under HITECH, eligible providers and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.
- Two regulations define “meaningful use”:
 - Incentive Program for Electronic Health Records
 - Issued by CMS
 - 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)

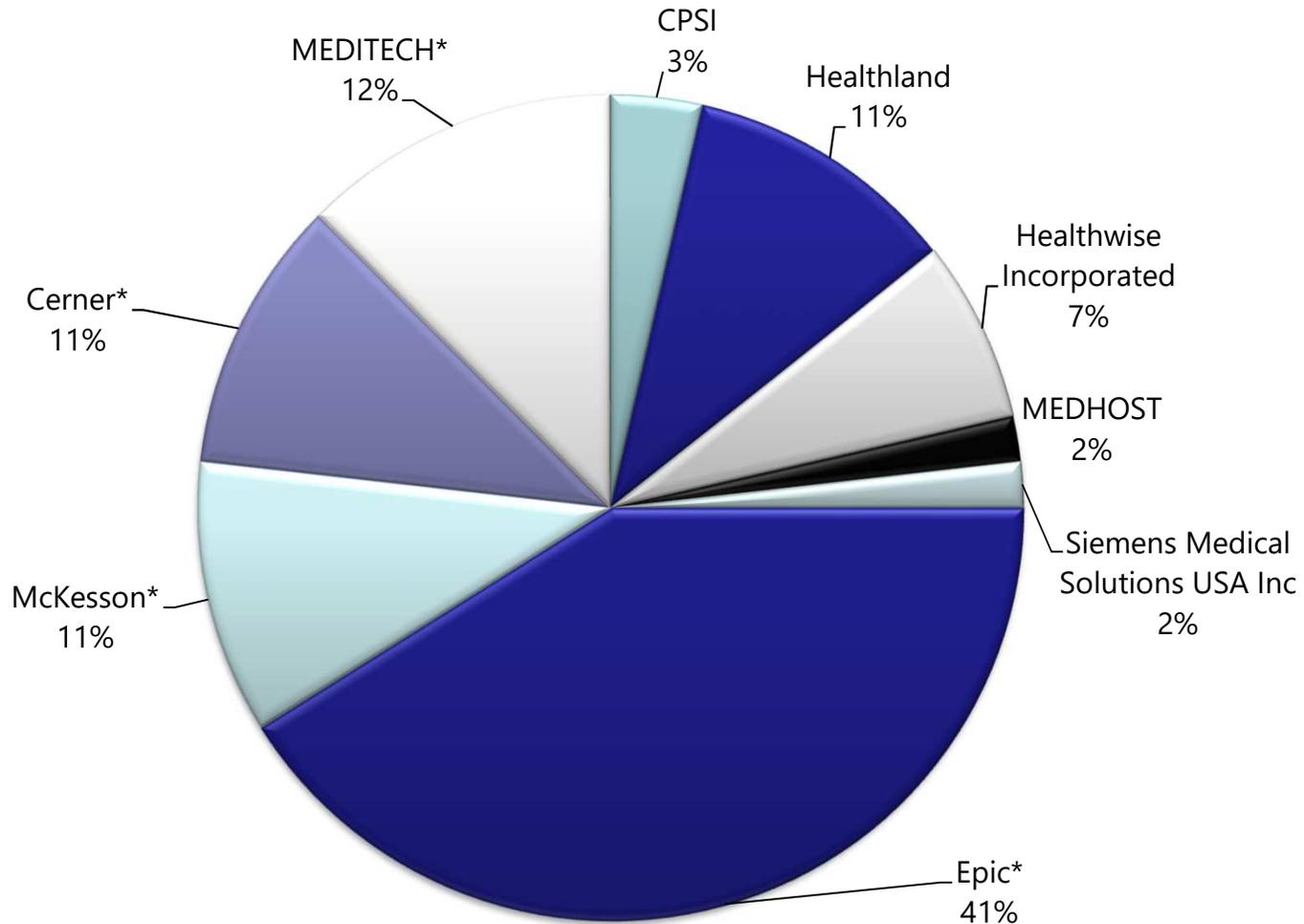
N=4,912 out of 6,007 total



* 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

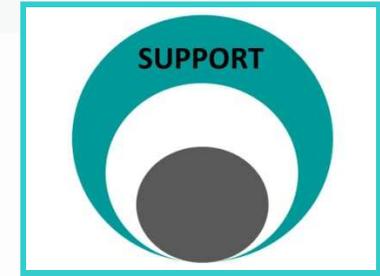
Community and
Organizational
HIT/HIE Efforts

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

Susan Otter, Director of Health Information Technology
Susan.Otter@state.or.us

