
Supplemental Materials Provided

- 2019 Health Information Technology Oversight Council (HITOC) Draft Work Plan (p. 2)
- January 2019 HITOC update for OHPB retreat (p. 3)
- HITOC Overview: <https://bit.ly/2Wfxeh2>
- Oregon's Strategic Plan for Health Information Technology (HIT) and Health Information Exchange (2017-2020): <https://bit.ly/2CsrDer>
- December HITOC Programs Update: <https://bit.ly/2Ual0ob>
- Behavioral Health HIT Workgroup Report and Scan (Resources section of webpage): <https://bit.ly/2DuRyUI>

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HITOC 2019 Draft Work Plan

- Exploratory work in social determinants of health
- Exploratory work in patient engagement
- Next steps for statewide health information sharing (“network of networks”) efforts
- Wrap up planning for behavioral health and HIT work
- Show Oregon’s HIT progress via dashboards and milestones
- Potential update to Strategic Plan in fall 2019
- Continued oversight work on partnerships/programs
- New landscape assessment as appropriate

Health Information Technology Oversight Council (HITOC)

Background and scope

HB 2294 (2015) realigned the Health Information Technology Oversight Council under OHPB. HITOC is charged with the following roles:

- Identify and make specific recommendations to the Board related to health information technology to achieve the goals of health system transformation.
- Regularly review and report to the Board on:
 - OHA's health information technology efforts, including the Oregon Health Information Technology Program, toward achieving the goals of health system transformation;
 - Efforts of local, regional, and statewide organizations to participate in health information technology systems;
 - This state's progress in adopting and using health information technology by providers, health systems, patients and other users.
- Advise the Board or the Congressional Delegation on changes to federal laws affecting health information technology that will promote this state's efforts in utilizing health information technology.

Membership

- Bill Bard, Retired, Consumer Advocate
- Maili Boynay, Vice President of Information Services Applications, Legacy Health
- Kacy Burgess, Clinical Systems Analyst, Deschutes County Health Services
- Jennifer Clemens, DMD, Dental Director, Capitol Dental Care
- Erick Doolen, Chief Operations Officer, PacificSource
- Amy Fellows, Executive Director, We Can Do Better
- Valerie Fong, RN, Executive Director and Chief Nursing Informatics Officer, Providence Health & Services
- Charles (Bud) Garrison, Clinical Informatics Director, Oregon Health & Science University
- Janet Hamilton, Deputy Director, Project Access Now
- Amy Henninger, MD, Deputy Medical Director, Multnomah County Health Department
- Mark Hetz, Chief Information Officer, Asante Health System
- Anna Jimenez, MD, Primary Care Physician, CareHere
- Bonnie Thompson, Dir. of Health System Improvements, Greater Oregon Behavioral Health Inc
- Greg Van Pelt, President, Oregon Health Leadership Council
- Steven Vance, Director of Information and Technology Services, Lake Health District Hospital

Summary of 2018 activities

- Continued in-depth scan work of the the behavioral health information technology environment to better understand electronic health record (EHR) adoption rates, the unique challenges that behavioral health providers face around EHR adoption and maintenance, adoption and use of tools for electronic health information sharing between organizations (including physical health and oral health), and other health information technology-related successes and challenges
- Convened a Behavioral Health Information Technology Workgroup, composed of respondents to the behavioral health information technology scan surveys, to flesh out scan learnings and translate them

into a roadmap for improving health information technology opportunities for behavioral health providers

- Provided forums for public input about health information technology requirements for the Coordinated Care Organization (CCO) 2.0 effort, reaching over 100 Oregonians, including CCOs, behavioral health providers, social determinants of health providers, primary care providers, health systems, independent provider associations, telehealth providers, peer support workers, corrections health advocates, and consumer advocates
- Studied Oregon’s health information exchange environment to identify critical gaps; began work towards a more connected Oregon with statewide electronic health information sharing, including convening a group to help define foundational technical elements and chartering an “network of networks” advisory group to launch in 2019
- Collaborated to support the launch of the Health Information Technology (HIT) Commons, which is a public-private partnership, co-sponsored by OHA and the Oregon Health Leadership Council. HIT Commons aims to accelerate and advance health information technology adoption and use across the state. The HIT Commons is a core component of HITOC’s strategic plan and includes all Oregon hospitals, commercial plans and CCOs as participants. HIT Commons is supporting operations for two initiatives:
 - Emergency Department Information Exchange (EDIE) Utility: EDIE ensures that emergency department (ED) providers have critical information about patients who frequently utilize ED services or have complex care needs. It is available at all Oregon acute care hospitals.
 - Prescription Drug Monitoring Program (PDMP) Integration: The PDMP Integration initiative allows authorized health care providers to access controlled substance prescription data without leaving their electronic health system. This promotes use of PDMP data at the point of care while reducing access barriers for providers.
- Provided oversight for Oregon’s Health Information Technology Program, including
 - The Oregon Provider Directory, which will provide a trusted, single, and complete source of data about Oregon health care providers (launch in 2019 for use by approved health care entities— not consumer facing)
 - The Clinical Quality Metrics Registry, which will collect, aggregate, and provide clinical quality metrics data to support quality reporting programs in Oregon (launch in 2019), and
 - The Health Information Exchange Onboarding Program, which will provide one-time onboarding support to providers who choose to connect to a community-based health information exchange to electronically share health information (launch in 2019)

Planned Activities for 2019

HITOC is still finalizing its 2019 work plan and will provide a full work plan to OHPB during its scheduled February report. Activities are expected to include:

- Expanded exploratory work around health information technology opportunities to support the social determinants of health and patients’ engagement in their own health care
- Wrapping up work with the Behavioral Health Information Technology Workgroup on the roadmap for improving health information technology opportunities for behavioral health providers; action steps based on the roadmap
- Continued work towards a more connected Oregon with statewide electronic health information sharing, including work with the planned “network of networks” advisory group and coordinating a potential transition of this work to the HIT Commons in late 2019 or early 2020

- Health information technology dashboards providing information on the adoption and use of EHRs and health information exchange across Oregon's providers, data-driven milestones, and possible additional scan work in behavioral health or new areas
- Monitor technology and regulatory impacts to the health information technology landscape, with particular focus on opportunities or challenges that impact Oregon's Health Systems Transformation efforts.
- Oversee Oregon's Health Information Technology Program, including the implementation of the Provider Directory, the Health Information Exchange Onboarding Program, and the Clinical Quality Metrics Registry.

For OHPB consideration

- HITOC will make a full report including 2019 workplan to OHPB in OHPB's February meeting
- HITOC would like to have an OHPB liaison assigned

HITOC Report to the Oregon Health Policy Board

February 5, 2019

Susan Otter, Director of HIT, OHA

Erick Doolen, HITOC Chair

Amy Henninger, MD, HITOC Vice Chair



Items for today

- Brief background on HITOC and 2018 Progress
- HITOC Recommended 2019 Workplan
- Request OHPB Action

Brief Background on HITOC and 2018 Progress



HIT and Health System Transformation

- Goal: better health, better care, and lower costs for everyone in Oregon
- Primary tool: Coordinated care model, including
 - Care coordination and population management throughout the system
 - Integration of physical, behavioral, oral health
 - Accountability, quality improvement and metrics
 - Value-based payment; patient engagement
- The coordinated care model relies on access to patient information and HIT infrastructure to share/analyze data

HIT for the Coordinated Care Model

- Foundational Components
 - Adoption and use of Certified Electronic Health Records
 - Health information sharing across entities
 - Clinical quality metrics reporting (e.g., CCO Quality Incentives)
- Value-based payment and population management:
 - Tools to support analytics, improve quality, manage risk
 - Quality measurement and tying clinical outcomes to payment
 - Risk stratification
 - Care management and addressing care gaps
 - New sources of data to have “line of sight” to innovate/adjust:
 - Social determinants of health data
 - High-value public health datasets

OHPB's Responsibilities Re: HITOC

- Charter HITOC
- Set HITOC's priorities
- Appoint HITOC's members and decide length of terms
- Consider HITOC's recommendations and take action when appropriate

HITOC's Responsibilities

The Oregon legislature created HITOC to ensure health system transformation efforts are supported by HIT.

HITOC's responsibilities under the law/charter are:

- Explore HIT policy
- Plan Oregon's HIT strategy
- Oversee OHA's HIT efforts
- Assess Oregon's HIT landscape
- Report on Oregon's HIT progress
- Monitor Federal HIT law and policy

Vision/Goals for HIT-Optimized Health Care

Vision: A transformed health system where HIT efforts ensure that the care Oregonians receive is optimized by HIT.

Goal 1: Share Patient Information Across the Care Team

Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.

Goal 2: Use Data for System Improvement

Clinical and administrative data are efficiently collected and used to support quality improvement and population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.

Goal 3: Patients Can Access to Their Own Health Information

Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers

Policy Priorities and Oregon's HIT/HIE Strategic Plan

Policy Priorities	HIT/HIE Strategic Plan: Focus Areas for 2017-2020
Care Coordination; Integrated Care	<ul style="list-style-type: none"> • Spread health information exchange and support EHR adoption
Improve Behavioral Health System	<ul style="list-style-type: none"> • Support high-value data sources, including information related to SDOH
Social Determinants of Health and Health Equity	<ul style="list-style-type: none"> • Leverage HIT to promote health equity • Implement core HIT infrastructure
Value-Based Payment	Support value-based payment with HIT efforts
Sustainability, cost-containment	Develop shared governance for long-term sustainability and alignment (HIT Commons)
Patients, caregivers, families	Spread patient access to data
Accountability, Transparency	Report OHA's progress and HIT environment

HITOC's 2018 Progress

HITOC Role	2018 HITOC Work
Explore HIT Policy Areas	CCO 2.0 stakeholder input: <ul style="list-style-type: none"> • Social Determinants of Health and Health Equity • Value-Based Payment • Behavioral Health
Plan HIT Strategy	<ul style="list-style-type: none"> • BH HIT Workgroup • Network of Networks technical group
Oversee OHA's HIT Efforts	Launched: <ul style="list-style-type: none"> • HIT Commons public/private partnership • Prescription Drug Monitoring Program (PDMP) Integration initiative Reports on work in progress
Assess HIT Landscape	Health information sharing changing environment
Report on HIT Progress	Regular program updates to HITOC
Monitor Federal Policy	Federal Trusted Exchange Framework (draft)
HITOC Membership	Filled 6 vacancies, increased consumer representation and diversity

Progress Highlight: HIT Commons

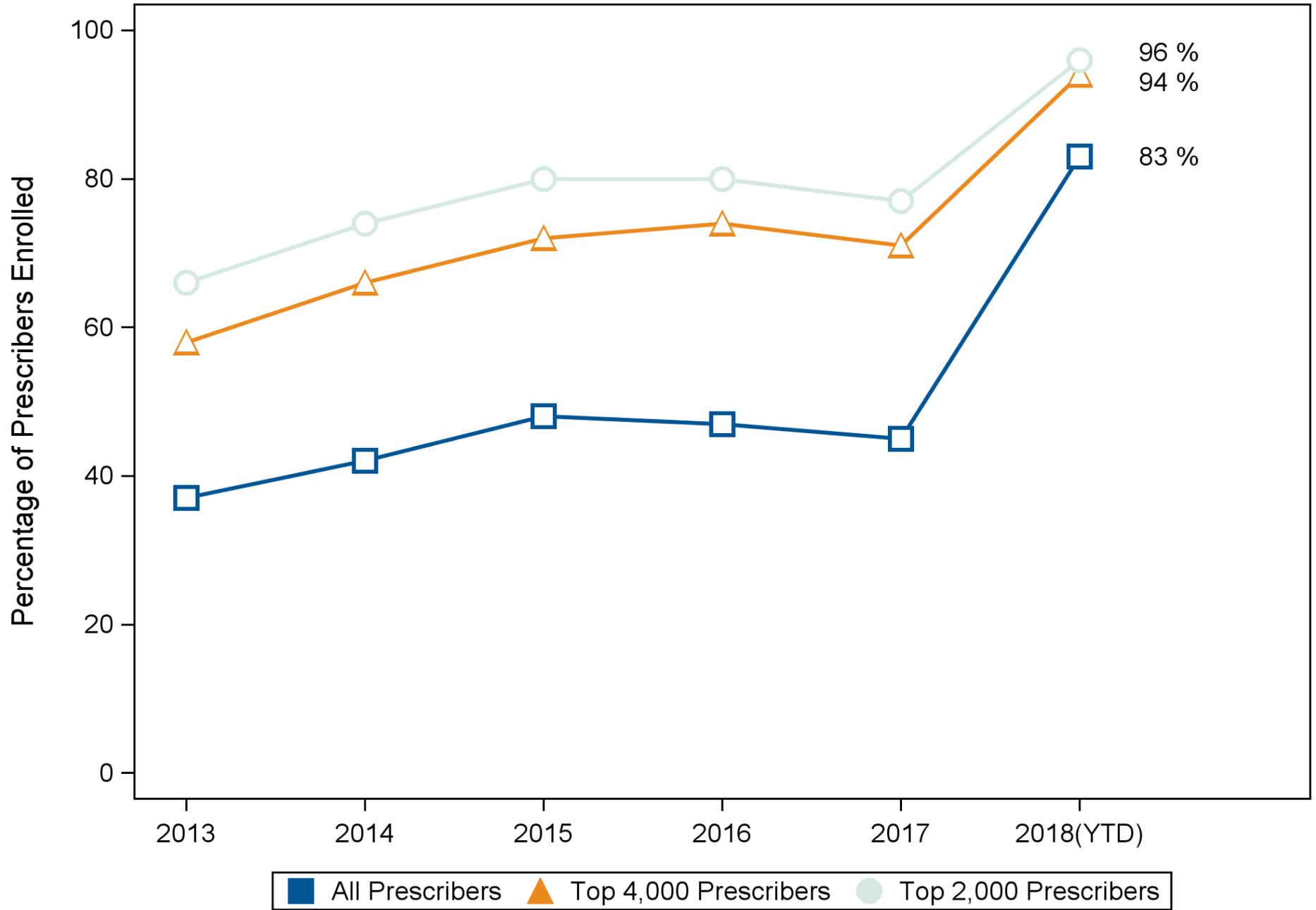
- The HIT Commons is a public-private partnership to accelerate and advance statewide HIT efforts in Oregon
 - Co-sponsored by OHA and Oregon Health Leadership Council
 - Jointly funded by OHA, CCOs, Health Plans, Hospitals
 - Emergency Department Information Exchange (EDIE) is foundational work
- 2018 Progress:
 - Launched HIT Commons Governance Board, January
 - Continued to spread use of EDIE and PreManage statewide
 - Launched second initiative: PDMP Integration initiative in partnership with OHA

HIT Commons: Prescription Drug Monitoring Program Integration Initiative

- The PDMP helps providers make care decisions
 - Provides information about patients' prescriptions (schedule II-IV controlled drugs)
 - Authorized users (physicians, dentists, etc.) can access the PDMP to see their patients' prescription histories
- HIT Commons launched the PDMP Integration initiative
 - Allows authorized users to get the information in their workflow, without going to a different window or typing in their password again, so providers are more likely to use it
 - More than 3,700 prescribers and 200 pharmacists are integrated today. More than 12,000 prescribers in queue for 2019 integration.

Numbers as of 1/2019

Oregon PDMP Registration: 2013-2018

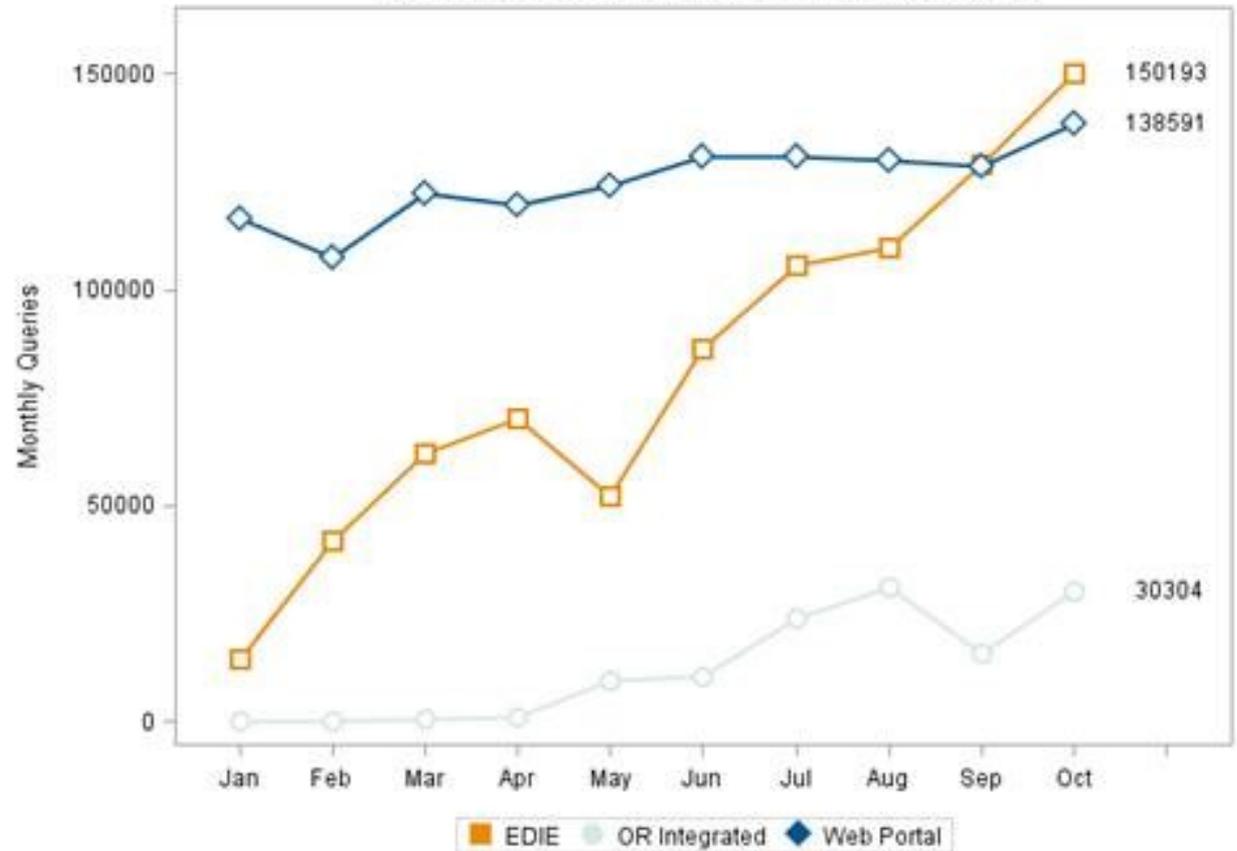


HIT Commons Success Metrics

2018 goal for increasing PDMP use

✓ **30% increase**

Figure 1. Oregon PDMP Queries by Month, 2018



**Does not include out of state queries – currently connected to ID, NV, ND, KS, TX*

Recommended HITOC Priorities for 2019



Proposed 2019 Major HITOC Priorities

- Exploratory work in social determinants of health
- Exploratory work in patient engagement
- Next steps for statewide health information sharing (“network of networks”) efforts
- Wrap up planning for behavioral health and HIT work
- Show Oregon’s HIT progress via dashboards and milestones
- Potential update to Strategic Plan in fall 2019

Note: Ongoing priorities include continued oversight work on partnerships/programs; new landscape assessment as appropriate

Exploring Social Determinants of Health and HIT

- HIT is critical to OHA's SDOH work
 - To assess an individual's SDOH needs
 - To coordinate care between providers and SDOH organizations
 - To manage referrals for addressing SDOH
 - To use SDOH data for risk modeling, population management
- 2019 HITOC work:
 - Panel discussion with organizations piloting HIT for SDOH work to understand current efforts and potential for HITOC role
 - Consider recommendations for future HITOC work, possibly through a HITOC workgroup; may be included in 2019 strategic plan update

Exploring Patient Engagement and HIT

- Patients can use HIT to improve their health
 - HIT provides patients with access to their own health information
HIT can be part of patient engagement with their care team
 - HIT can help patients collect and track their own health information
- Current work:
 - Support for OpenNotes
 - CCO 2.0 policy option re HIT for patient engagement
 - Increased consumer representation on HITOC
- 2019 HITOC work:
 - Panel discussion with multiple organizations to better understand current efforts and possible HITOC role

Wrap up planning for Behavioral Health and HIT work

- 2018 BH HIT Scan and Workgroup Recommendations
- 2019 HITOC work
 - BH HIT Workgroup develop workplan/staging and ongoing input on OHA's BH HIT efforts
 - Review workplan for pursuing Workgroup recommendations and decide on next steps; may include more details in 2019 strategic plan update

Behavioral Health HIT Scan Results

OHA conducted a survey of Oregon's 275 behavioral health agencies with at least one state licensed program; about half (48%) completed a survey

EHR Adoption among Responding BH Agencies



EHR challenges for those who have an EHR

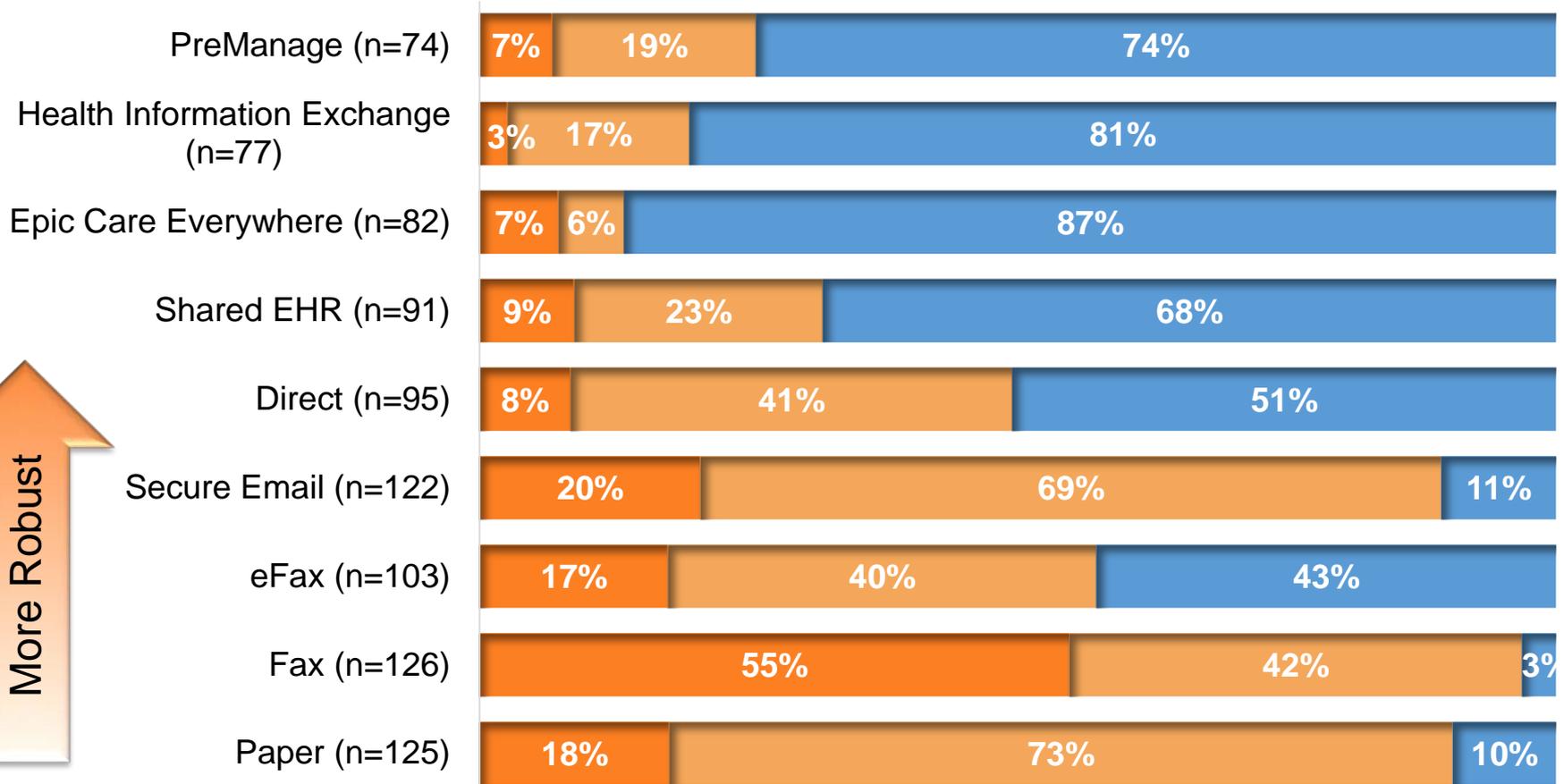
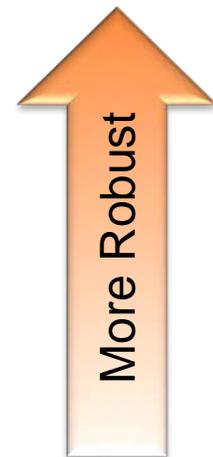
		Count	Response Rate
1	Financial costs	71	70%
2	Unable to exchange information with other systems	55	54%

EHR barriers for those who do not have an EHR

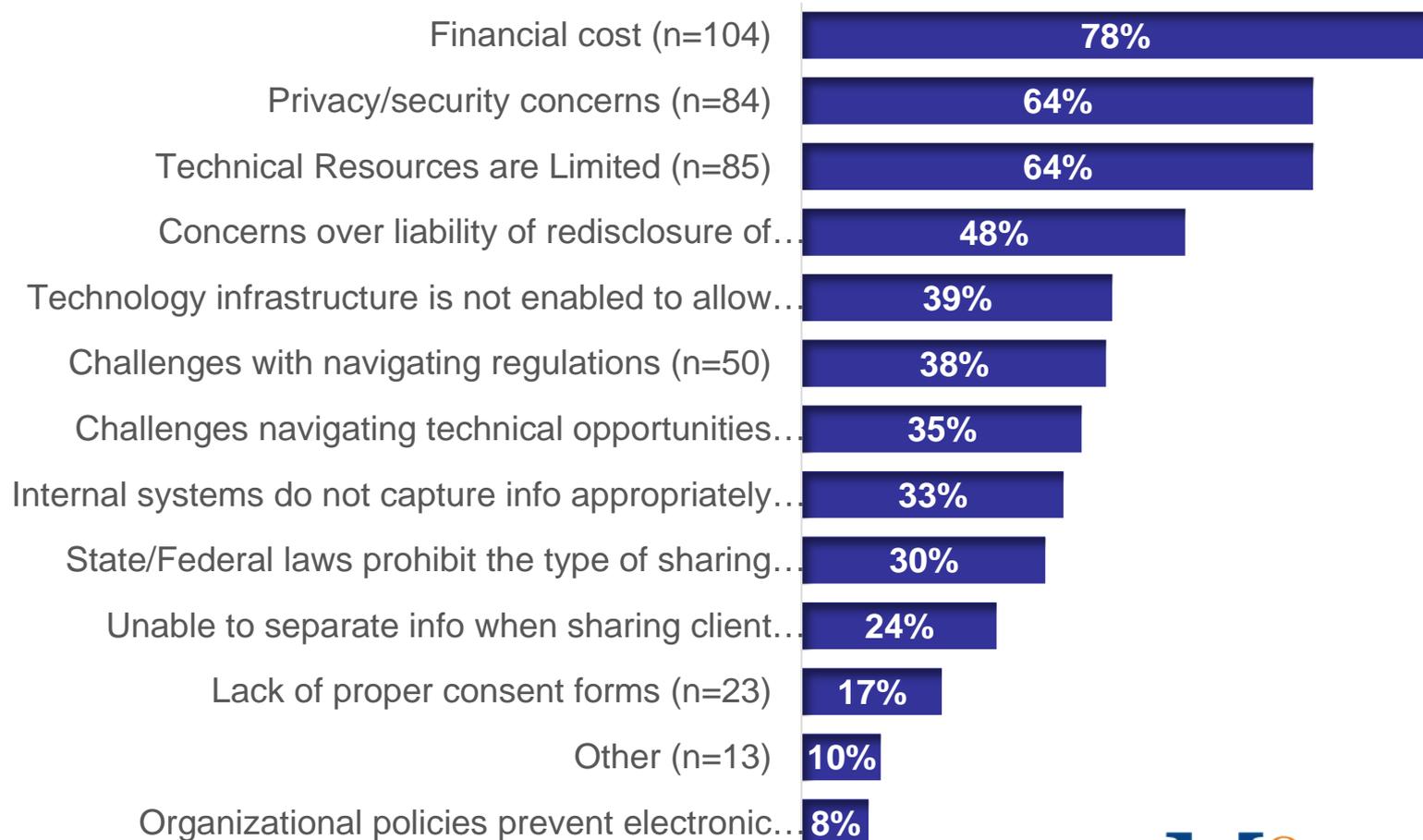
		Count	Response Rate
1	Financial cost	25	78%
2	Agency size is too small to justify the investment	21	66%
3	Lack of staff resources	15	48%
4	Lack of technical infrastructure	15	48%

Behavioral Health HIT Scan Results: Current Frequency of HIE Use

■ Most of the time
 ■ Some of the time
 ■ None of the time



Top Barriers to Electronic Information Sharing



2019 Behavioral Health HIT Workgroup: Recommendations

- A. Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR
- B. Continue existing work on HIE, and bolster with additional strategies
- C. Support improved understanding of HIT/HIE
- D. Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and reporting data back to agencies

OHA work is underway in some of these areas

Definition: “Network of Networks” for Health Information Exchange (HIE)

- Goal: Have minimum core data available wherever patients receive care or services across the state
- “Network of Networks” for HIE:
 - Build upon existing HIE investments and connect “networks” of HIE
 - Coordinate stakeholders to develop the necessary framework for HIE including:
 - Common rules of the road, technical and legal frameworks for cross-network exchange
 - Any technology infrastructure necessary centrally
 - Ensure interoperability to improve the use and value of information exchanged
 - Ensure privacy and security practices are in place
 - Provide neutral issue resolution

Statewide health information sharing (“network of networks”): Continue work

- HITOC began “network of networks” exploration to determine how existing tools can be connected or better coordinated
 - In-depth, multi-organization panel in April 2018
 - Chartered advisory group and technical definitions group
 - Technical definitions group completed its work in October 2018
- 2019 HITOC work:
 - Identify next projects through stakeholder input, advisory group
 - Partner with HIT Commons on work
 - May be included in 2019 strategic plan update

OHPB ACTION: 2019 HITOC Priorities

Action: Are these the right priorities for HITOC in 2019?

- Exploratory work in social determinants of health
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Note: Ongoing priorities include continued oversight work on partnerships/programs; new landscape assessment as appropriate

Learn more about Oregon's HIT/HIE developments and

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HITOC

www.oregon.gov/oha/HPA/OHIT-HITOC

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