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**2021 and Beyond**

**Oregon's Strategic Plan for Health IT**





# Logistics

- Session will be recorded and posted online
- Presentation runs about 1.5 hours, then 1.5 hours for discussion
- Technical problems? Chat the issue to us
- Written materials are here
- Strategic plan update website



# Questions and comments

- Need to **clarify** something you heard? Please ask right away!
- Have **input** or a **comment**? Please wait for the discussion portion.
- Use the chat window to enter your question
- Will open phone lines in last 10 minutes
- Written **comments are encouraged!** Open through April 30, see our website for details.



# Key Resources

- 2017-2020 Strategic Plan for Health IT
- Health IT Oversight Council (HITOC) Overview
- Office of Health IT Overview
- Health IT Roles (HITOC, HIT Commons, and more)
- 2019 Data Report to HITOC (draft)



# Agenda

Introduce the revision process and how input will be used

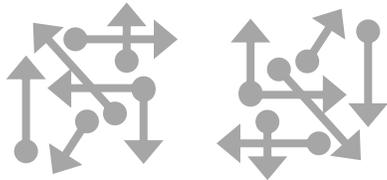
Short overview of key health IT issues in Oregon

Talk about your experiences and share current work

Learn about how to stay involved and submit a written comment

**Introduce the revision process  
and how input will be used**

# What is the strategic plan?



OHA is transforming the health care system; the core of those efforts is the coordinated care model

The coordinated care model relies on health IT to succeed

Coordinating health IT efforts at the state level is important because there are so many moving parts

Oregon's Health IT Oversight Council (HITOC) is charged with creating a statewide strategic plan for health IT in Oregon

# Health IT helps...

Consumers, patients,  
families, caregivers



Get access to their own health information and participate in their care.

Providers



Securely gather, store, and share patients' clinical data so the care team can work together.

Track and report on quality measures, which support efforts to hold the health care system accountable for delivering high-quality care.

CCOs, health plans,  
and providers



Analyze data to identify disparities and when patients need more care to allow targeted efforts to improve health.

# Why do we need a coordinated statewide strategy for health IT?

## There are many moving parts in the health IT landscape

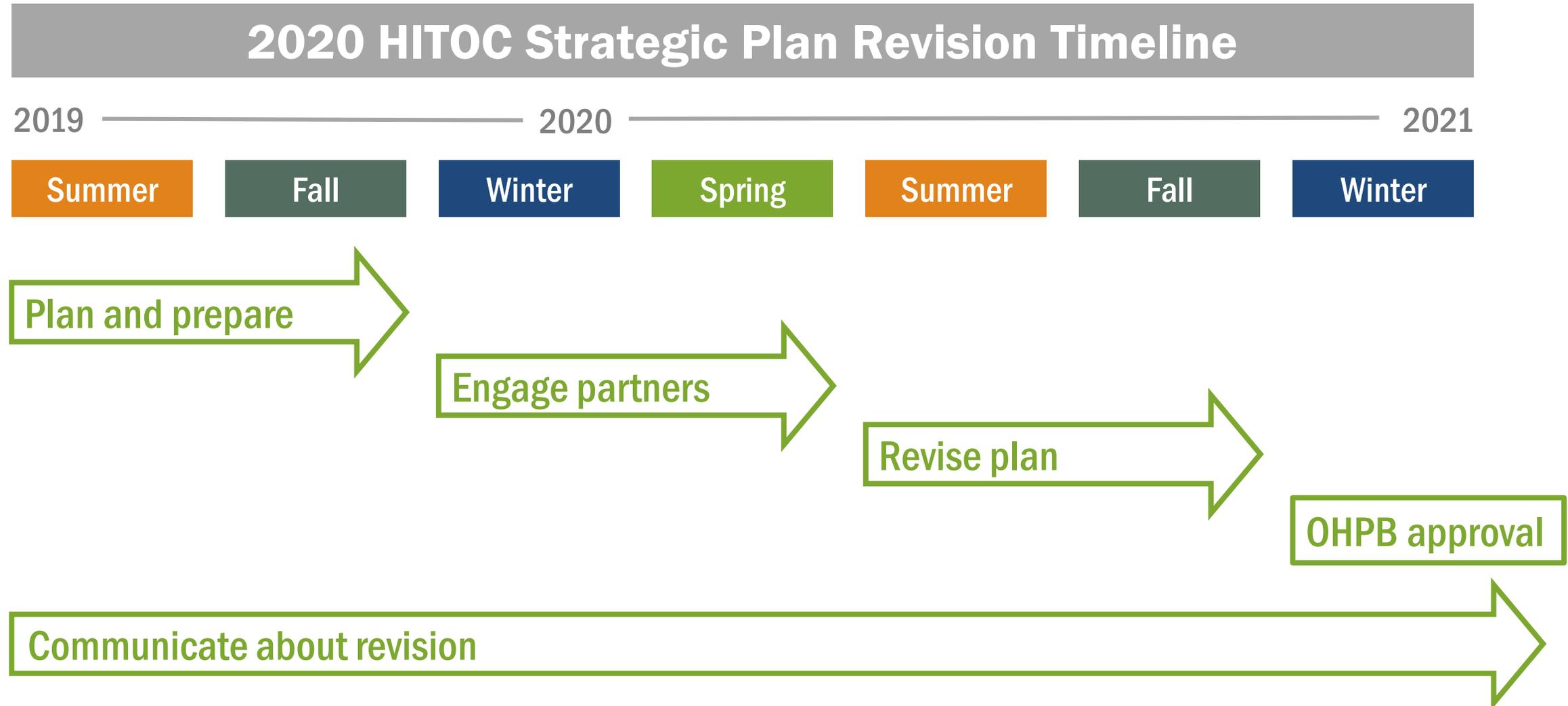
- ⚙ Changing technology and standards
- ⚙ Evolving health IT needs that often conflict
- ⚙ “Digital divides” that disadvantage critical providers
- ⚙ Opportunities to leverage federal funding or to centralize or coordinate health IT efforts
- ⚙ Need for help navigating complex federal and state privacy laws
- ⚙ Need to share information across organizations so patients get the care they need

**A statewide strategy helps ensure we all move forward together** ▶▶▶

# Everyone has a role in the strategic plan



# How does the revision process work?



# How will my input be used?

- ✓ Considered as we take action on the strategic plan
- ✓ Shared with HITOC to inform strategic plan revisions
- ✓ Shared with OHPB to inform strategic plan approval decision
- ✓ Report on input will be available on public website
- ✓ Recorded sessions will be available on public website

# Health IT in Oregon

# Providers are using EHRs/EMRs at high rates overall

## *Why it matters*

EHRs support patient care and patient access to their own information (via patient portals); the data they gather supports care coordination, value based payment, and population management

- Overall EHR adoption rate is higher than the national average
- Number of providers using more advanced EHRs is growing
- “Digital divides” still remain

# Health information exchange options have grown significantly

## *Why it matters*

Electronic health information exchange (HIE) supports care coordination, value based payment, and population management.

- EDie/PreManage have been a standout success
- National networks provide access to care summaries
- Regional HIEs and other efforts support CCOs and communities
- “Digital divides” remain; no single tool can meet all needs

# Health IT supports value-based payment

## *Why it matters*

CCOs and providers **need health IT tools** and processes to manage value-based payment arrangements.

- CCOs have developed Health IT Roadmaps that include plans for health IT and value-based payment
- This will support major growth in value-based payment arrangements under CCO 2.0
- Most CCOs, health plans, and providers will need to develop new health IT capacity to manage value-based payment

# Health IT can help address social determinants of health

## *Why it matters*

Health IT tools can support social needs assessments, risk scoring, and connect health care with social services.

- Providers are using health IT to assess social needs
- Work is underway to explore options for community information exchange, connecting health care providers with social services for referrals and care coordination
- This work raises new challenges with technology, privacy, and care coordination

# Your Input: Health IT Goals

# Health IT goals

*Vision: a transformed health system where health IT efforts ensure that care Oregonians receive is optimized by health IT*



**1. Share patient information across care team**



**2. Use data for system improvement**



**3. Patients can access their own health information and collaborate in their care**

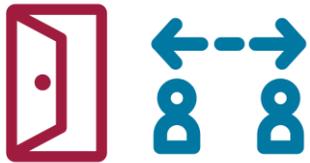


**Emerging area: Health IT supports social determinants of health and health equity**

# Health IT goals support policy priorities

## Health IT Goals

## Health System Transformation Policy Priorities



- ✓ Increase access to care
- ✓ Enhance care coordination



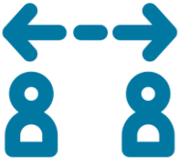
- ✓ Pay for outcomes and value
- ✓ Measure progress



- ✓ Improve health equity
- ✓ Shift focus upstream

## Goal 1

# Share patient information across the care team



## Details

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

### conversation starters

What would achieving this goal look like?

How is this going for you today?

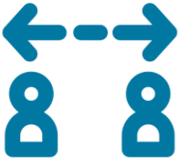
Where are you experiencing impacts?

What has been most helpful?

Where are the biggest challenges/barriers?

What are the right roles for state, providers, CCOs/health plans, and others?

What changes would have the biggest positive impact? Biggest negative impact?



# Current work toward Goal 1

## Electronic health records (EHR/EMR)

Medicaid EHR Incentive Program

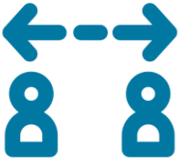
*Complete: Oregon Medicaid Meaningful Use Technical Assistance Program*

## Electronic health information exchange

EDie/PreManage (Collective platform), including Medicaid Subscription Prescription Drug Monitoring Program Integration initiative

Oregon Provider Directory and Flat File Directory

# **(continued) Current work toward Goal 1**



## **Electronic health information exchange (HIE) (cont.)**

HIE Onboarding Program

Network of networks for statewide HIE

*Planned: Behavioral Health Information Sharing Toolkit (42 CFR Part 2)*

*Complete: Expanding Interoperability - ONC Cooperative Agreement*

## **Behavioral Health and Health IT Workplan**

**Shared Governance: HIT Commons public/private partnership**

**CCO 2.0 EHR and HIE support requirements**

## Goal 2

# Use data for system improvement



### Details

Clinical and administrative data are efficiently collected and used to support quality improvement and population health management, incentivize improved health outcomes.

Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.

### Conversation starters

How is this going for you today?

What would achieving this goal look like?

Where are you experiencing impacts?

What has been most helpful?

Where are the biggest challenges/barriers?

What are the right roles for state, providers, CCOs/health plans, and others?

What changes would have the biggest positive impact? Biggest negative impact?

# Current work toward Goal 2



- Goal 1 work on EHRs and HIE is foundational
- Clinical Quality Metrics Registry
- Health IT Roadmaps for CCOs (ensuring health IT in place for value-based payment arrangements and population health efforts)

## Goal 3

# Patients can access their own information and engage in their care



## Details

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

### Conversation starters

How is this going for you today?

What would achieving this goal look like?

Where are you experiencing impacts?

What has been most helpful?

Where are the biggest challenges/barriers?

What are the right roles for state, providers, CCOs/health plans, and others?

What changes would have the biggest positive impact? Biggest negative impact?



## Current work toward Goal 3

- Goal 1 work on EHRs and HIE is foundational
- Exploration of barriers and opportunities from consumer perspectives
- CCO 2.0 year 2 requirement for health equity plans: patient engagement with health IT
- ✓ Complete: State Innovation Model (SIM) grant for OpenNotes

## Emerging area

# Health IT supports social determinants of health and health equity



### Conversation starters

How is this going for you today?

What would achieving this goal look like?

Where are you experiencing impacts?

What has been most helpful?

Where are the biggest challenges/barriers?

What are the right roles for state, providers, CCOs/health plans, and others?

What changes would have the biggest positive impact? Biggest negative impact?

# Current work toward emerging area



- HIT Commons: Exploration of Oregon Community Information Exchange (CIE)
- Potential for EHRs to track demographic data to help identify disparities (ONE system tracks this data for OHP members)
- Clinical Quality Metrics Registry future capacity to track patient-level data
- Oregon Provider Directory capturing demographic information
- Exploration of connection between health IT and health equity



**Anything we missed?**

Oregon  
Health  
Authority

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# Stay involved



## How can I give more input?

### Submit a written comment (February 1 through April 30, 2020)

- See instructions online: [go.usa.gov/xdDek](https://go.usa.gov/xdDek)
- Send an email to [HITOC.info@dhsoha.state.or.us](mailto:HITOC.info@dhsoha.state.or.us)
- Written comments close on April 30, 2020

# What happens next?

**Stakeholder/partner engagement ends April 2019**

**HITOC begins drafting the revised strategic plan June 2019**

**Goal: Complete revision by early 2020**

**Stay up to date**

- Get updates on our website: [go.usa.gov/xdDek](http://go.usa.gov/xdDek)
  - Sign up for our e-newsletter
  - Follow HITOC meetings online (public comment period provided)

# Key Resources

- 2017-2020 Strategic Plan for Health IT [go.usa.gov/xpzEt](https://www.go.usa.gov/xpzEt)
- Health IT Oversight Council (HITOC) Overview [go.usa.gov/xpzEK](https://www.go.usa.gov/xpzEK)
- Office of Health IT Overview [go.usa.gov/xpzEz](https://www.go.usa.gov/xpzEz)
- Health IT Roles (HITOC, HIT Commons, and more) [go.usa.gov/xpzEJ](https://www.go.usa.gov/xpzEJ)
- 2019 Data Report to HITOC (draft) [go.usa.gov/xdDJz](https://www.go.usa.gov/xdDJz)

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**Thank you!**

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