Oregon Status Report & Next Steps

Stakeholder Engagement Event

July 23rd, 2009

The Road so far: HISPC

Health Information Security and Privacy Collaborative

- Multi-phase project to address privacy and security concerns related to the exchange of electronic health information
  - Phase I: Facilitated stakeholder engagement
  - Phase II: Produced documentary on privacy, security and the uses of health information
  - Phase III: Participated in multi-state Consumer Education and Engagement Collaborative to develop consumer education toolkit
  - Challenge Phase: Outreach to consumer and provider organizations to disseminate education toolkits

Road so Far: Multitude of Activity around the State

Early adopters

- Individual practices adopting Electronic Health Record systems

- Individual health systems connecting their facilities and providers

- Individual regions working together

- Oregon Health Information Network

- Accumetra & IPAs' project

Road so far: HIIAC

Health Information Infrastructure Advisory Council

- Executive Order by the Governor in 2008
- Developed initial recommendations for the Oregon Health Fund Board

Oregon Health Fund Board

"Triple Aim" towards a Healthy Oregon

- Healthy population
- Extraordinary patient care for everyone
- Reasonable costs shared equitably

Health information technology is a critical tool in achieving these goals

Implementing the Vision: HB 2009

Health Information Technology Oversight Council (HITOCH)

- Established within the Oregon Health Authority to achieve system transformation
- Set goals and shepherd Oregon's efforts for statewide health information exchange
- Maximize Federal ARRA (HITECH) dollars to come into the state
- Transitioning from the HIIAC

How far along the road are we?

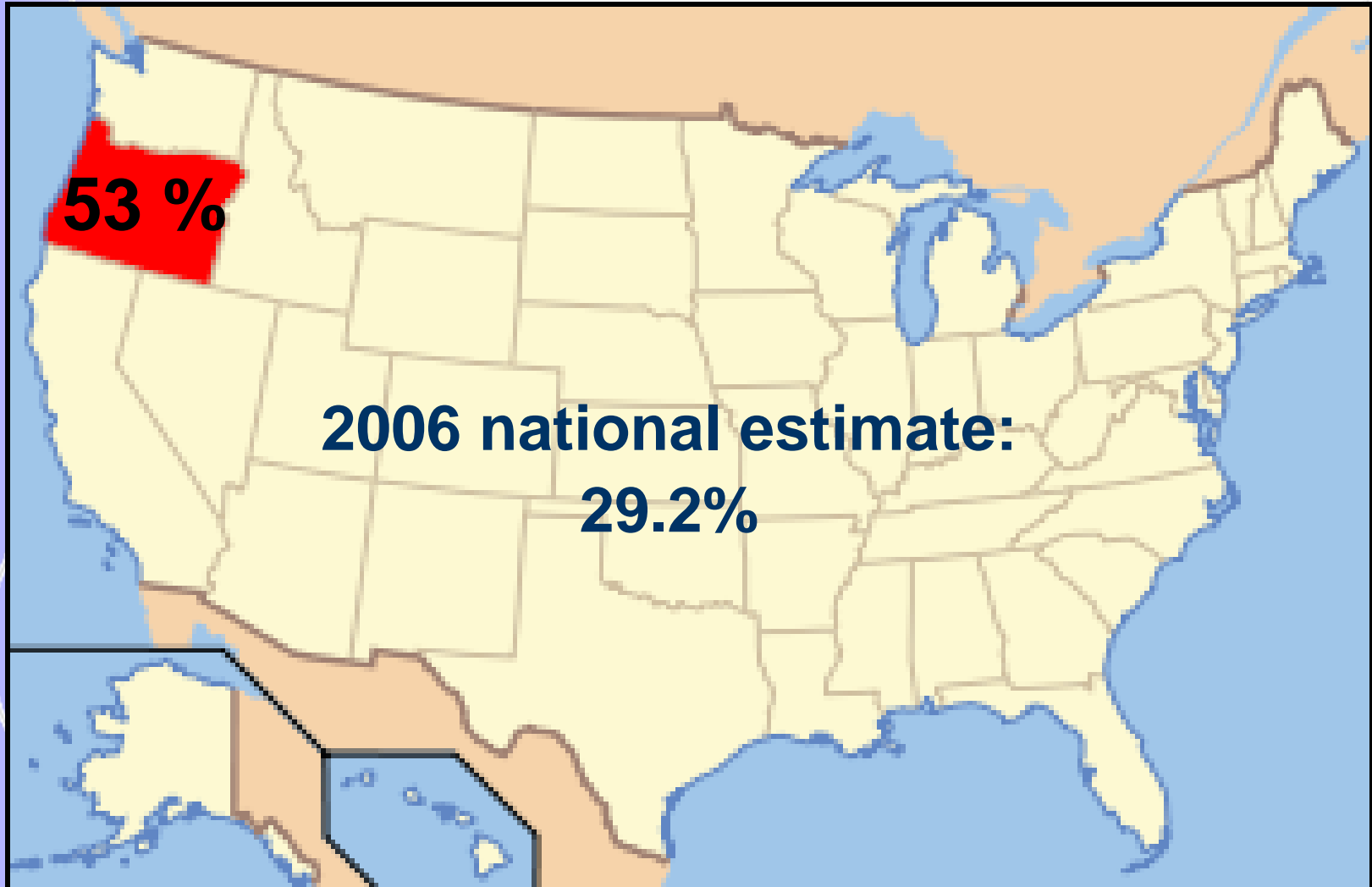Environmental Scan of Oregon's HIT readiness is underway:

- EHR survey of clinics/providers
- Hospital HIT survey
- Health Plan and IPA surveys
- DHS internal scan of HIT
- Focused interviews to augment the surveys' information
- Division of Medical Assistance Programs Physician Workforce Survey 2009 (to estimate Medicare/Medicaid mix)

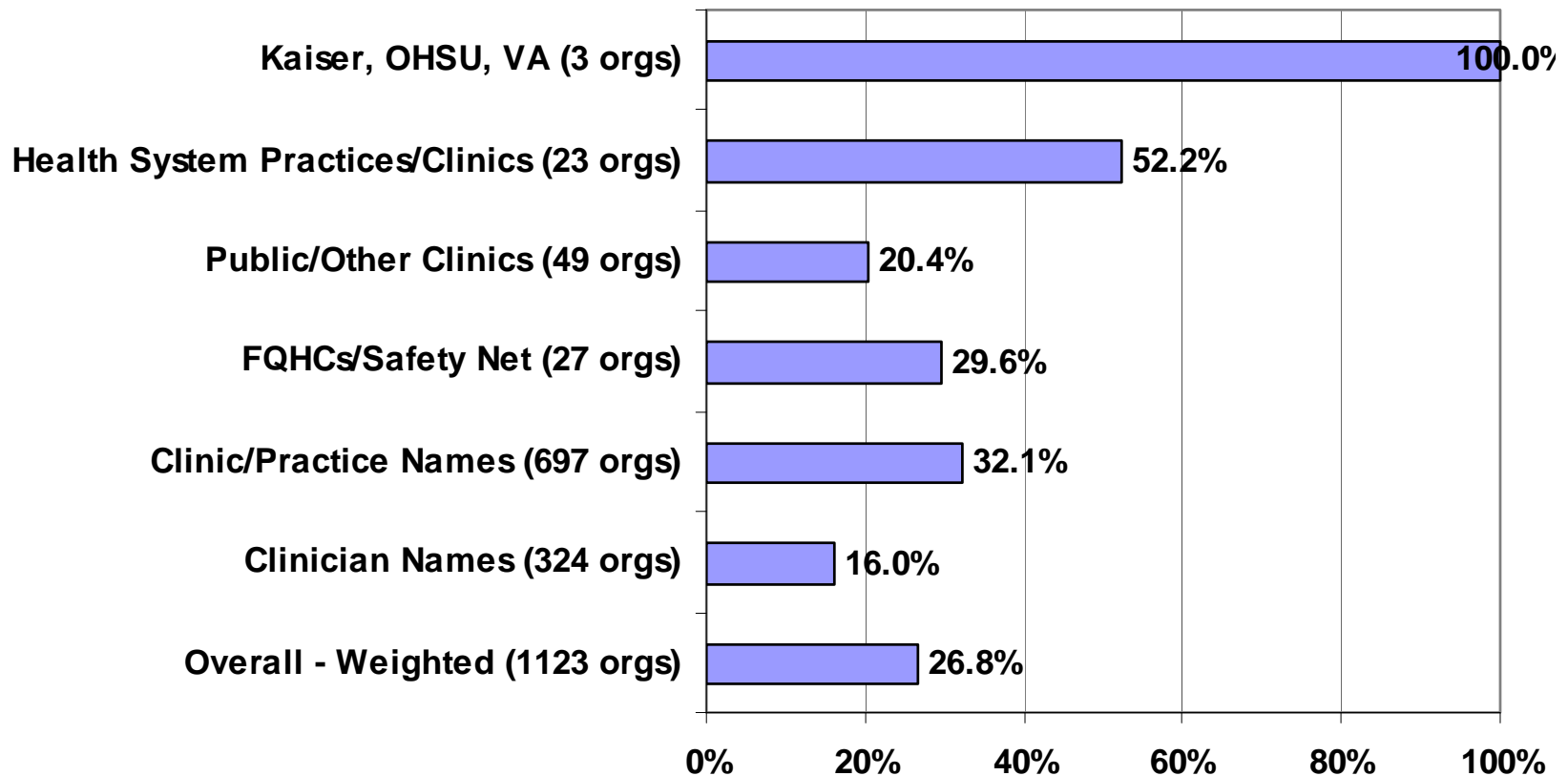Results to be finalized by end of summer

Electronic Health Record Survey, 2006

- Collaboration between the Office for Oregon Health Policy & Research and the Oregon Healthcare Quality Corporation
- Survey fielded in August 2006
- Sent to over 2,400 Oregon ambulatory clinics and physician practices
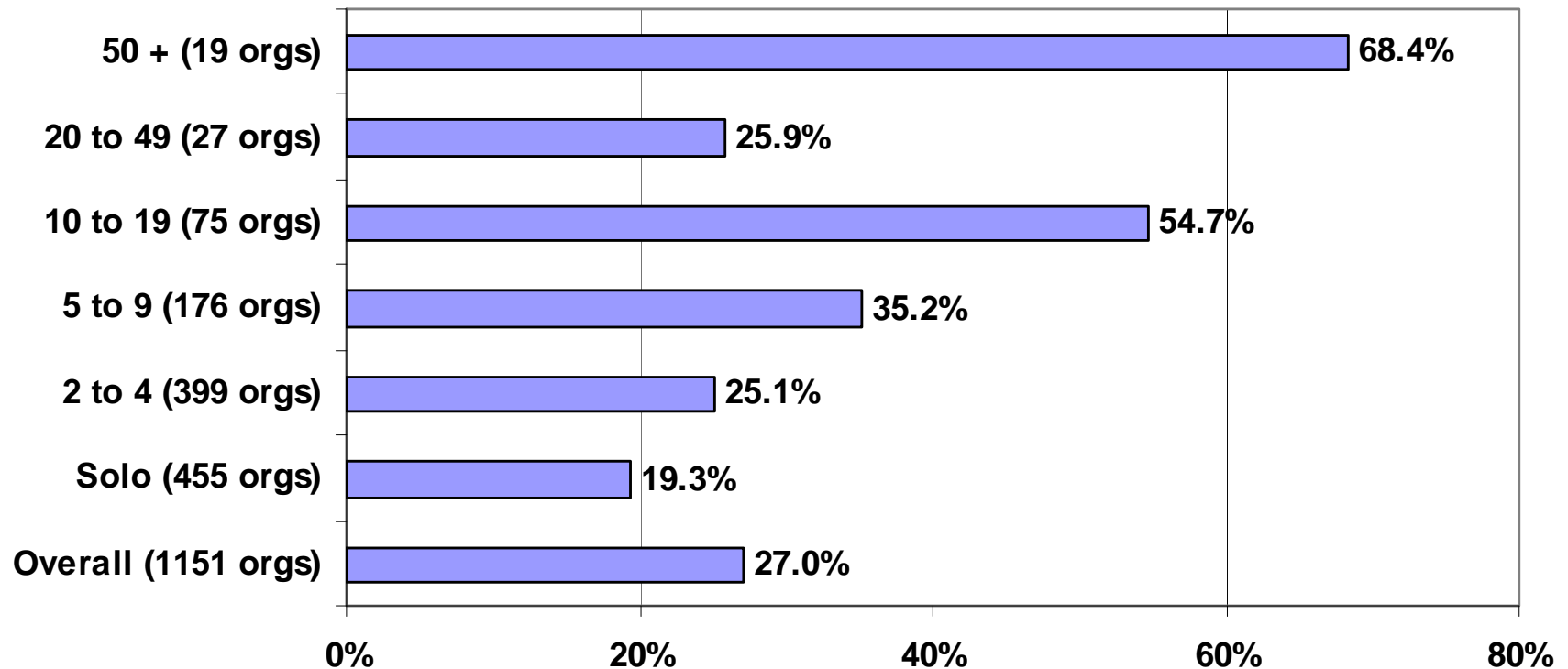- 58.4% of clinics/practices responded

Oregon's clinician EHR adoption rate was well above the national rate in 2006

53 %

2006 national estimate: 29.2%

EHR Adoption by Practice Type-Organizations, 2006

Practice Type	EHR Adoption
Kaiser, OHSU, VA (3 orgs)	100.0%
Health System Practices/Clinics (23 orgs)	52.2%
Public/Other Clinics (49 orgs)	20.4%
FQHCs/Safety Net (27 orgs)	29.6%
Clinic/Practice Names (697 orgs)	32.1%
Clinician Names (324 orgs)	16.0%
Overall - Weighted (1123 orgs)	26.8%

EHR Adoption by Practice Size-Organizations, 2006

Practice Size	Adoption %
50 + (19 orgs)	68.4%
20 to 49 (27 orgs)	25.9%
10 to 19 (75 orgs)	54.7%
5 to 9 (176 orgs)	35.2%
2 to 4 (399 orgs)	25.1%
Solo (455 orgs)	19.3%
Overall (1151 orgs)	27.0%

EHR Products with CCHIT Certified Vendors-Clinicians, 2006

Category	CCHIT Vendors	Not CCHIT
Kaiser, OHSU, VA (2104 clincians)	74.0%	26.0%
Health System Practices/Clinics (872 clincians)	46.2%	53.8%
Public/Other Clinics (132 clinicians)	22.0%	78.0%
FQHCs/Safety Net 982 clinicians)	100.0%	0.0%
Clinic/Practice Names (1473 clinicians)	69.9%	30.1%
Clinician Names (72 clinicians)	37.5%	62.5%
Overall (4758 clinicians)	66.0%	34.0%
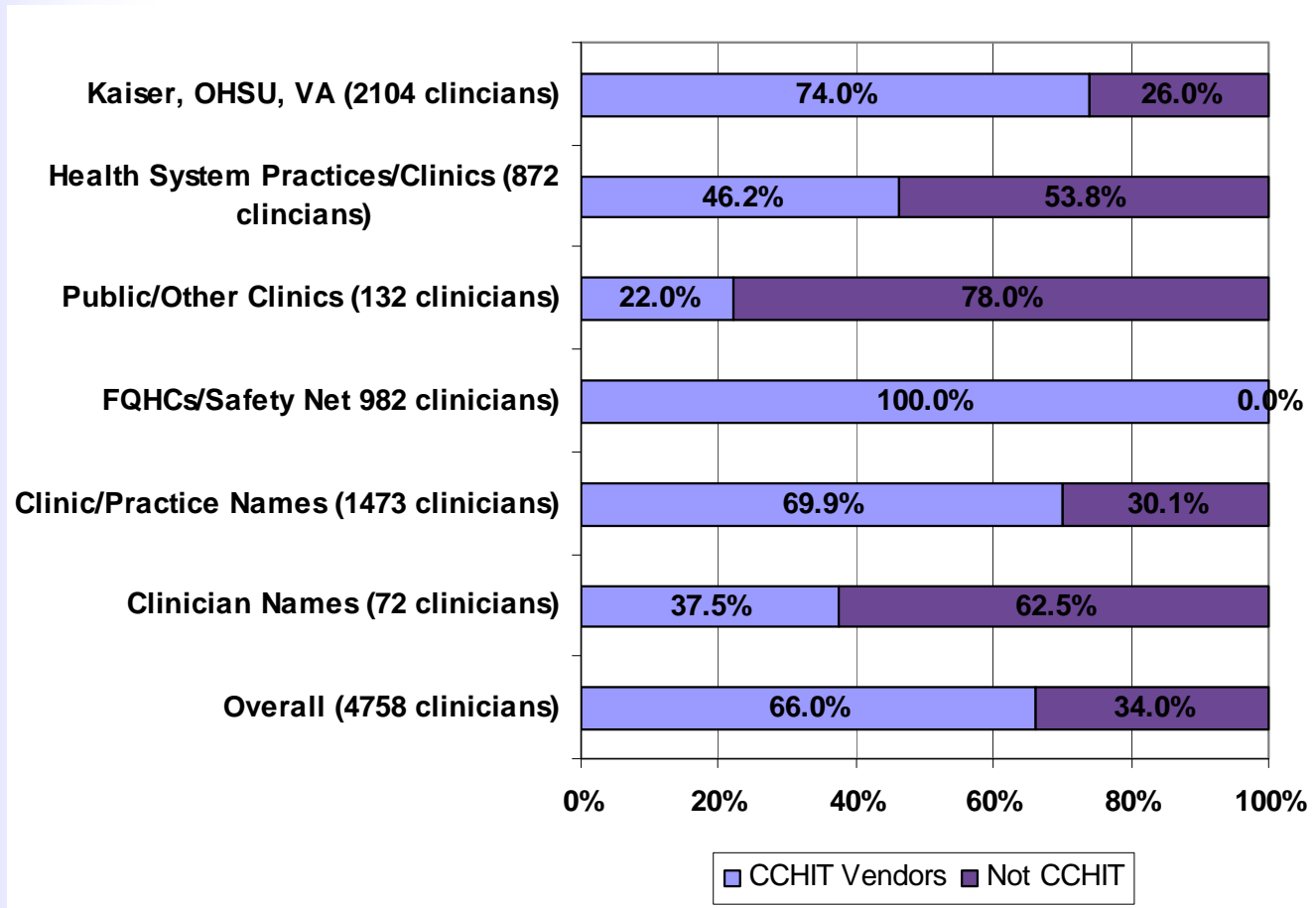
Reasons for Not Investing in Foreseeable Future by Practice Types, 2006

Reason	Clinicians	Organizations
Too expensive.	69.9%	64.1%
Satisfied with paper records	42.7%	53.1%
Product obsolesence worries	24.4%	20.1%
Implementation productivity loss	22.9%	22.2%
Confusing product choices	18.3%	14.3%
Staff expertise to use EHR	17.0%	18.5%
No product meets our needs.	17.8%	13.0%
Interoperability with other systems	16.7%	18.7%
Other reasons	26.8%	32.4%

□ Organizations ■ Clinicians
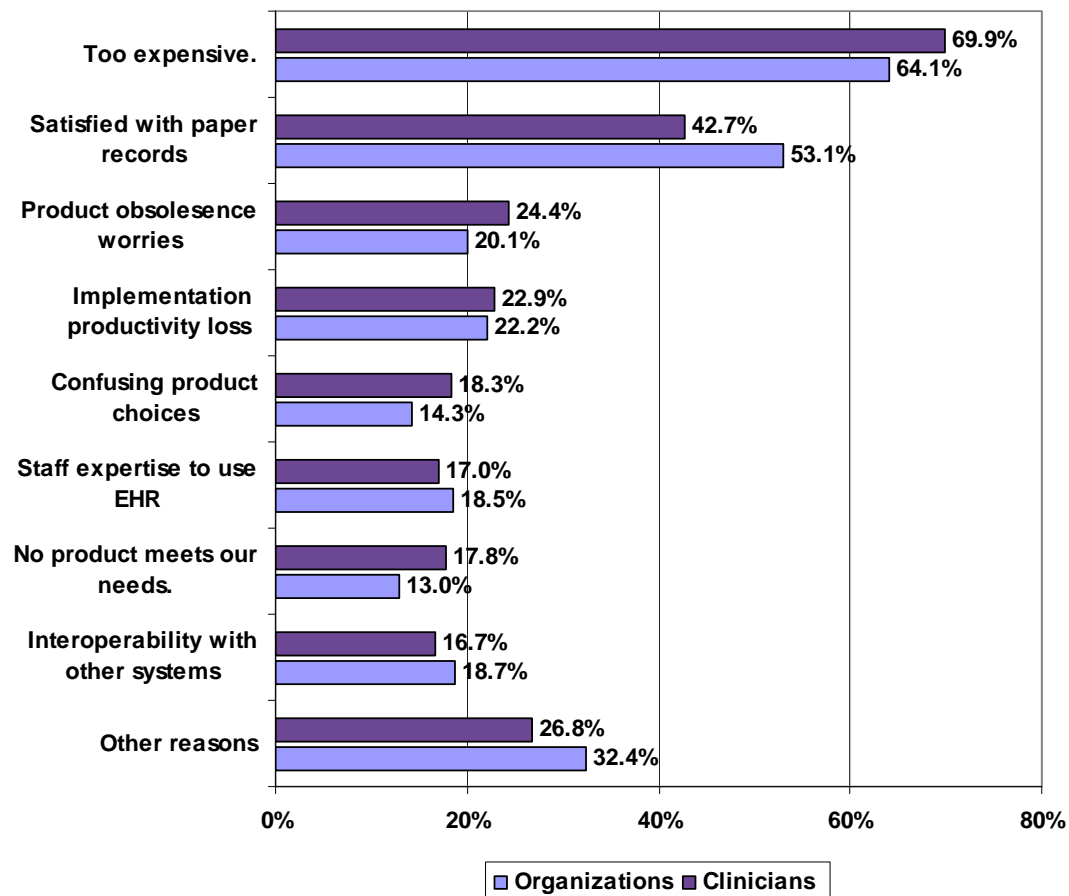
EHR Adoption Trajectory-Clinicians, 2006
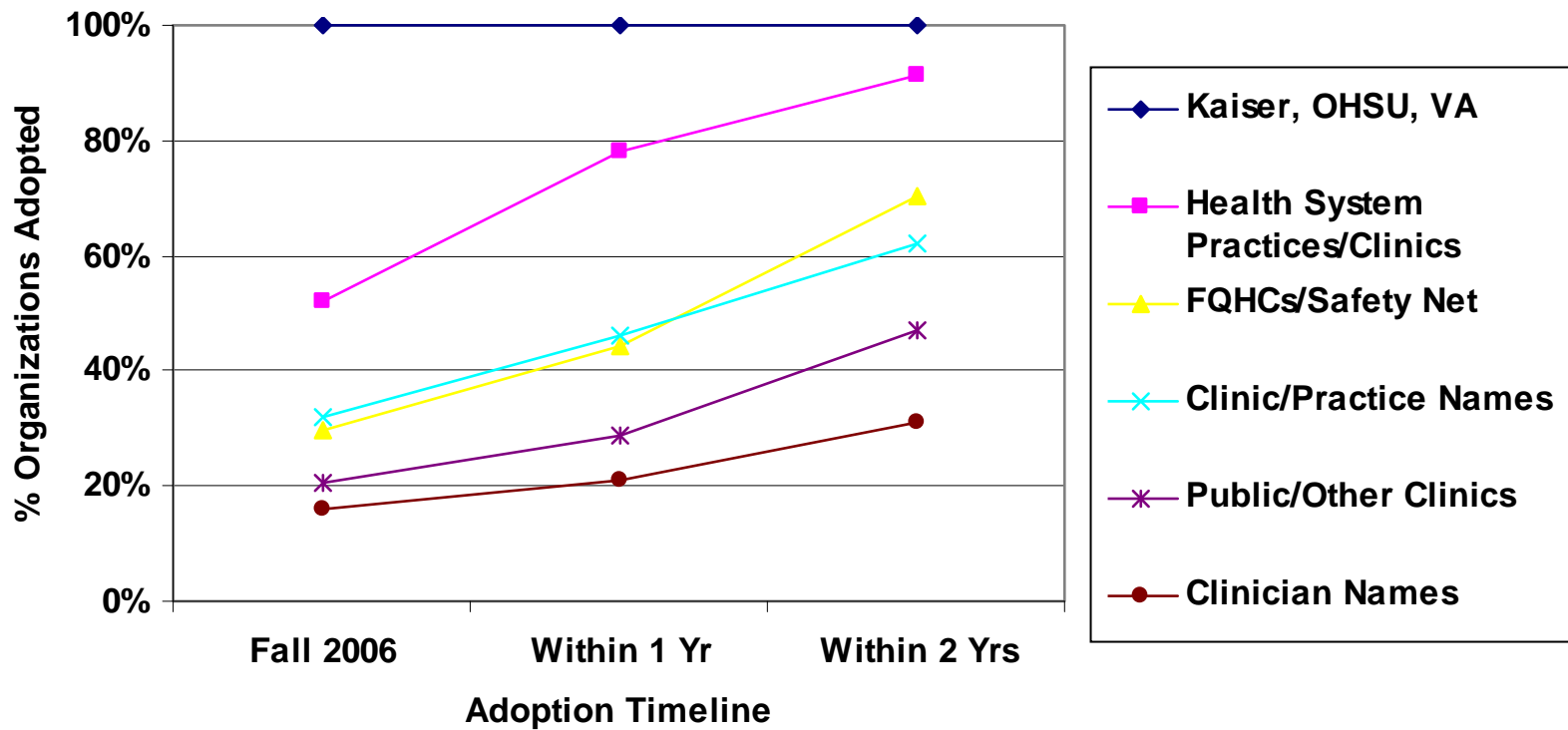
EHR Adoption Trajectory: Clinicians by Organization, 2006

Legend:
- Kaiser, OHSU, VA
- Health System Practices/Clinics
- FQHCs/Safety Net
- Clinic/Practice Names
- Public/Other Clinics
- Clinician Names

X-axis (Adoption Timeline): Fall 2006, Within 1 Yr, Within 2 Yrs
Y-axis: % Clinicians Adopted (0% to 100%)
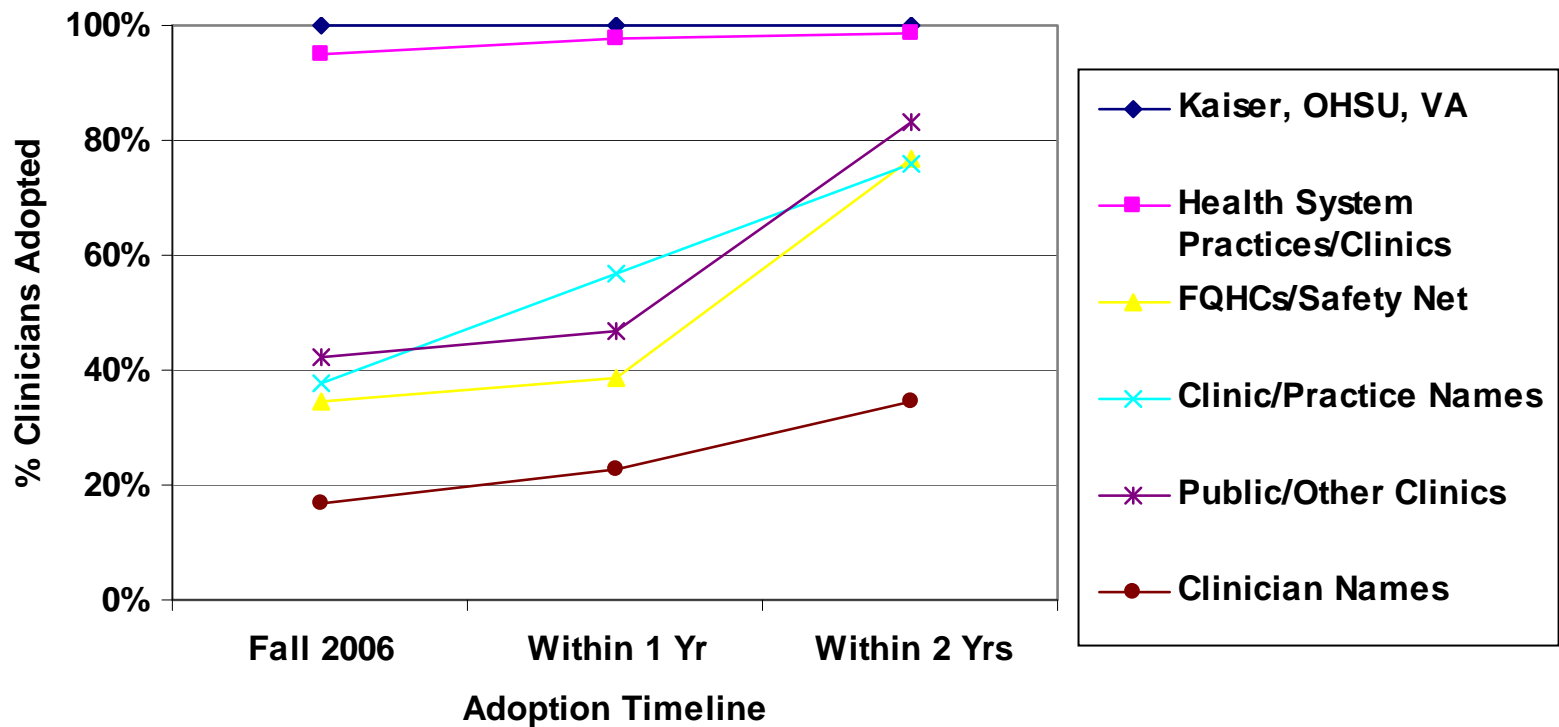
Where are Oregon ambulatory clinics and practices in 2009?

- OHPR fielded a EHR survey in the mid-late spring 2009
  – Targeted over 2,200 ambulatory clinics and practices
- Currently in the analysis phase
- Projected completion and report by end of summer 2009

What can be expected from the 2009 EHR survey?

- Updates to the 2006 information
- Adds new information:
  - Functionality (i.e. e-prescribing, lab orders, etc)
  - Decision support tools (i.e. drug interactions, etc)
  - Electronic health information exchange
- Additional information critical to understanding "meaningful use" in ambulatory clinics
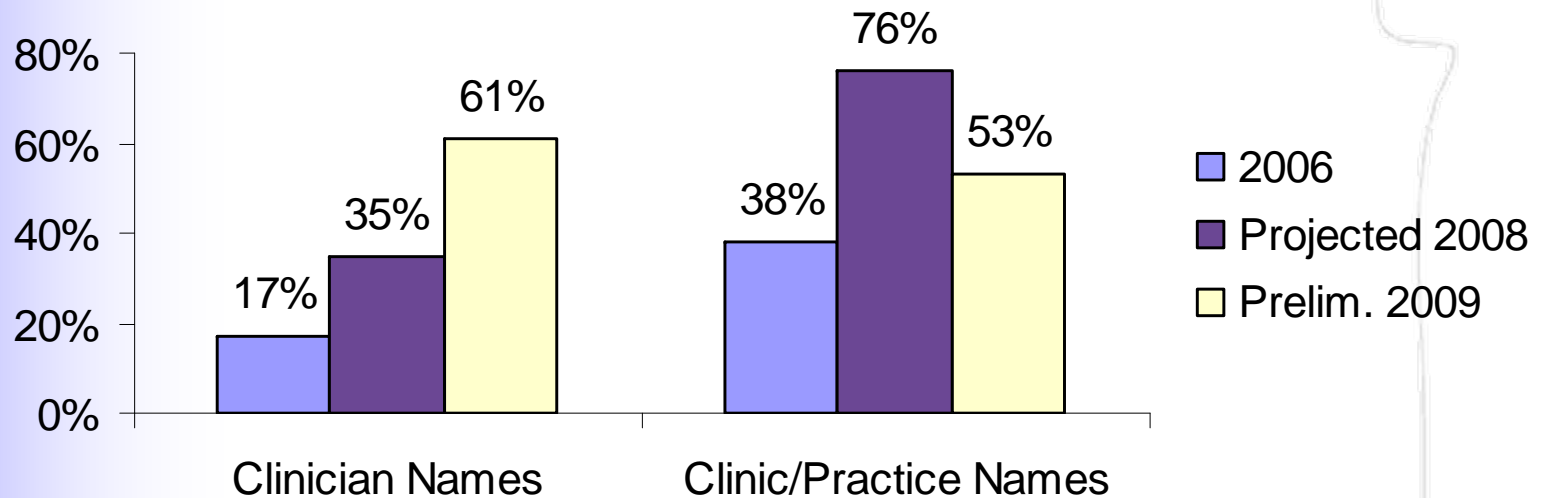
Increased clinician organization EHR adoption from 2006 but below projected

Comparison of EHR adoption of clinician organizations: 2006, Projected 2008 and Preliminary 2009

Legend:
- 2006
- Projected 2008
- Prelim. 2009

Clinician Names: 16%, 31%, 23%
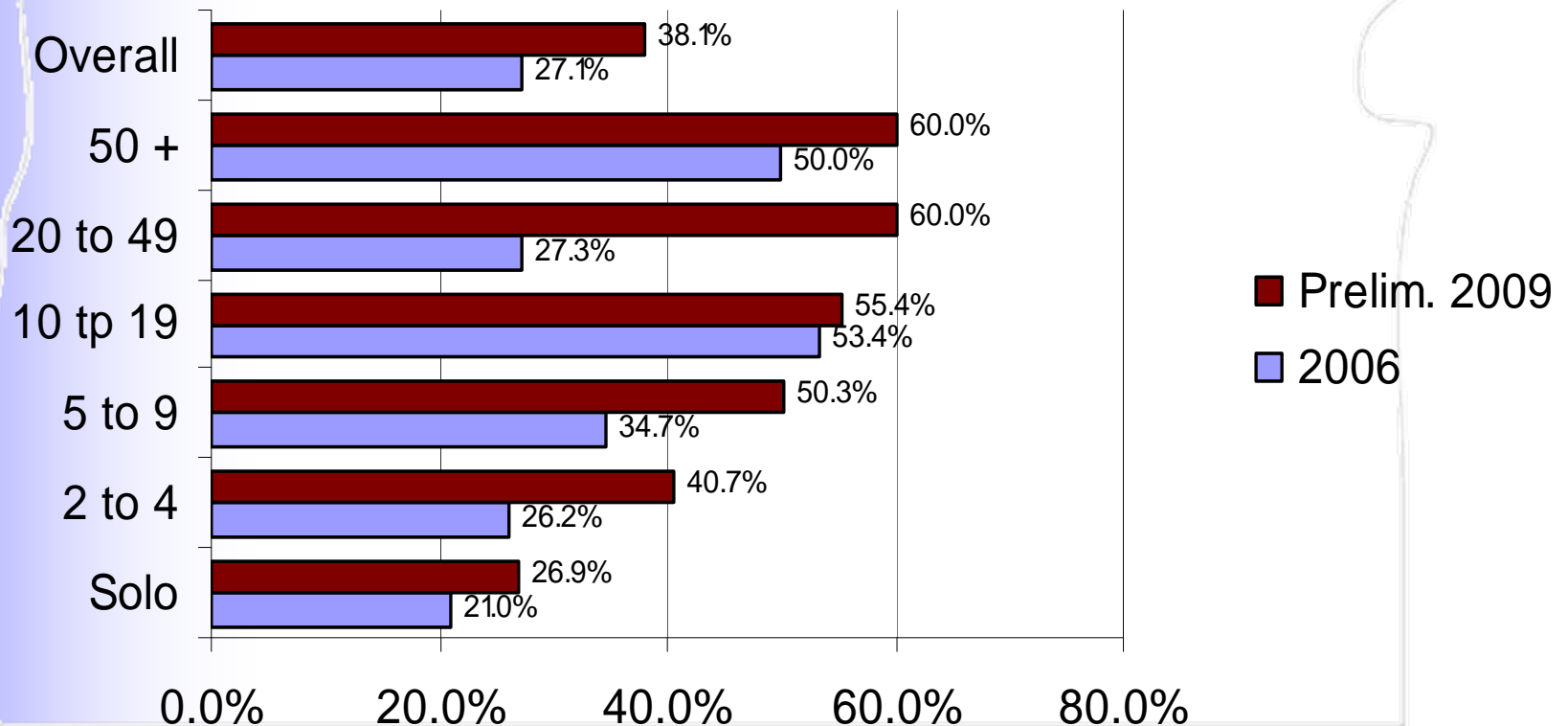Clinic/Practice Names: 32%, 62%, 45%
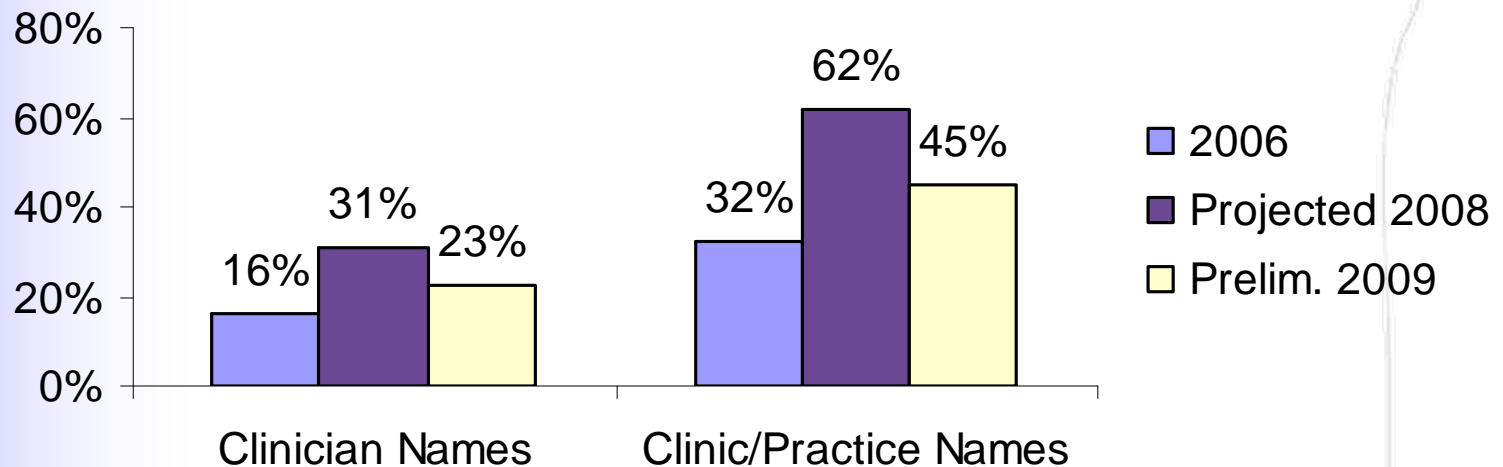
Significant EHR adoption of clinicians in clinician organizations

Comparison of EHR adoption of clinicians at clinician organizations: 2006, Projected 2008, and Preliminary 2009

Legend:
- 2006
- Projected 2008
- Prelim. 2009

Clinician Names: 17%, 35%, 61%
Clinic/Practice Names: 38%, 76%, 53%

Similar to 2006 results, larger clinician organizations may be more likely to have an EHR

Comparison of EHR adoption of clinician organizations

Category	Prelim. 2009	2006
Overall	38.1%	27.1%
50 +	60.0%	50.0%
20 to 49	60.0%	27.3%
10 tp 19	55.4%	53.4%
5 to 9	50.3%	34.7%
2 to 4	40.7%	26.2%
Solo	26.9%	21.0%

■ Prelim. 2009
□ 2006

Next Steps

- Today: We will begin the conversation

Also:

- Final meeting of HIIAC - August 20th
- Health Information Technology Oversight Council appointed by Governor by early September
- Preparation for federal planning grant dollars to assist strategic and implementation planning
- Close monitoring of federal guidance and details as they are rolled out on ARRA funding
- Close collaboration with new Health Authority and its Health Policy Board

Let's start talking today…

State Level Health Information Exchange Functions

- Balance the rights and needs of all statewide residents
- Facilitate a strategic roadmap for implementing statewide HIE
- Bridge nationwide, regional & local HIE
- Promote consensus and adoption of standards
- Facilitate compliance with HIE privacy and confidentiality requirements
- Stewardship promoting cost-effective public-private investments in HIE
- Facilitate availability of data across diverse sources and users to achieve benefits of interoperability

Developing a Statewide Plan for HIE

- *Components*. Strategic plan will define vision, priorities, objectives, sequencing, measures, risk mitigation strategies.

- *Content*. Strategic plan will address the foundational threshold issues of establishing governance, interoperable policies and practices for ensuring privacy and security, technical approach and HIE implementation priorities, financing, and outreach.

- *Creation*. Strategic plan will be developed and vetted with stakeholders through an inclusive and transparent public process.

Source: State Level Health Information Exchange Consensus Project

Framework for HIE Sustainability

Components
- Governance and Accountability Structure
- Internal Organizational Policy
- Business Plan/Start-up Capital
- Technical Infrastructure
- Information Assets Necessary for Service
- HIE Services
- Public Policy to Support Business Case and Consumer Protections

Requisites
- Leadership
- Strategic Vision
- Social Capital
- Human Capital
- Business Case
- Accountability

Environmental Influences
Government Policy, Rules and Regulations
Public & Private Payment Policy
Competition
Stakeholder Interests
Health System Challenges

Results
- Value of HIE Demonstrated as a Public Good
- Stakeholder Trust
- Effective and Appropriate Data Use for Patient Care, Population Health, Health System Improvement, Clinical Research, Treatment Design, etc.
- Full Interoperability of Health Information Across All Stakeholders
- Sound Data Management Established with Proper Safeguards

Outcomes
- Health Information Access and Use for Higher Quality and More Efficient Health Care including Individual and Population Health

Source: State Level Health Information Exchange Consensus Project

Let's Get To Work