Hello and welcome to the August HITOC Meeting!

- The meeting will begin momentarily
- This meeting is being recorded
- Please mute yourself when not speaking
- Members, please feel free to speak or use the ‘Chat’ feature for questions or comments
- Public comment
    - Message Shannon Cengija to sign up
- If calling in, please message Kiari Chao with name and phone number
- Roll Call
    - Name, Organization, and favorite sandwich?

Oregon Health Authority

Icebreaker: Favorite sandwich

Health Information Technology Oversight Council

August 3, 2023

Oregon Health Authority

Agenda

- Welcome, Introductions and HITOC Business
- Strategic Plan 2024-2028
- Health Information Exchange (HIE) Workgroup Updates
    - Connecting the Care Team
- ❖ Break
- HIE Workgroup: Social Determinants of Health concept paper
    - Topic area overview & breakout room discussion
- Public Comment
- Health IT Policy & Program Updates

Welcome, Introductions and HITOC Business

Welcome, Introductions and HITOC Business

- Roll Call
- Action on June 2023 Minutes
- Staff update
- Membership update
- Oregon Health Policy Board (OHPB) Liaison Update

Strategic Plan 2024-2028

Structure and process

Community engagement opportunities

Hope Peskin-Shepherd, OHA

Oregon Strategic Plan for Health IT 2024-2028

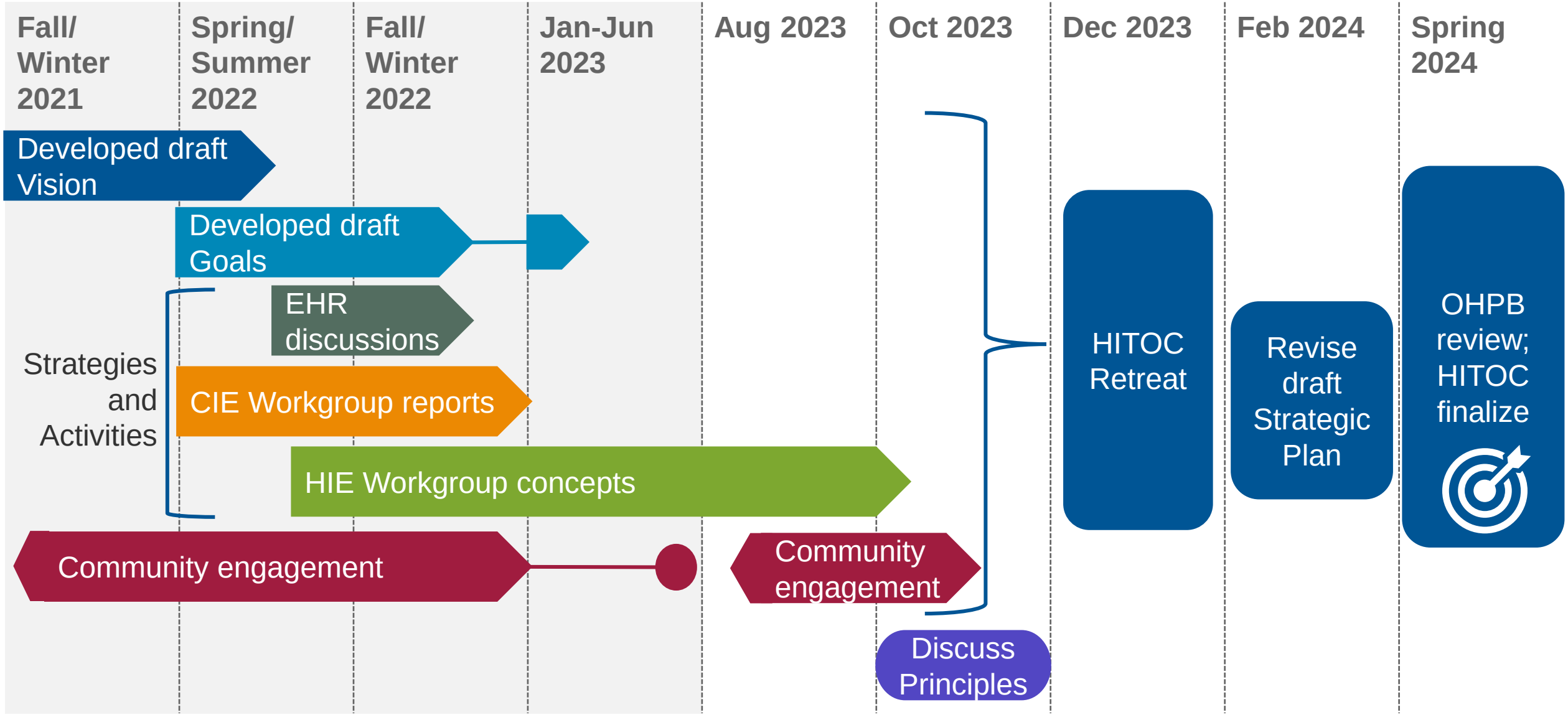
Provides high level health IT direction and strategies for partners across Oregon to prioritize over the next five years.

- Oregon's Health IT Oversight Council (HITOC) is charged with creating a statewide strategic plan for health IT in Oregon.
- Strategic plan is for everyone using or impacted by health IT, everyone has a role.
- Coordinating health IT efforts at the state level is important because there are so many moving parts.

HITOC work to date

- **Developed draft Vision** — Discussions Oct, Dec 2021; April 2022
- **Developed draft Goals** — Discussions April, June, Oct 2022; Feb 2023
- **EHR discussions** resulting in a summary — June, August, Oct 2022
- **CIE Workgroup** concepts and reports — 2022
- **HIE Workgroup** concepts — 2022-Oct 2023
- **2018-2022 Community engagement** resulting in June 2023 report
- HITOC Member volunteers advising staff on community engagement: Ann, Kristina, Manu

Project Timeline



Draft components

Vision	Overarching future direction for health IT in Oregon	**Principles:** Values that guide and inform each aspect the Strategic Plan
Goals	Broad long-term desired outcomes	
Strategies	General plan or policy to achieve multiple long-term goals (Ex: Support statewide CIE efforts)	
Activities	Individual steps and actions to achieve the strategies (Ex: Support CBOs to participate in CIE)	

Draft Vision

Health information technology empowers individuals and communities to reach their full health potential and well-being.

Draft Goals

Cross-cutting principle and/or goal: Health IT supports health equity and social determinants of health

People can be actively involved in their care through access to health IT

Individuals' information is electronically available and exchanged securely and seamlessly

Health IT supports efficient data collection, sharing, and use

Cross-cutting principle and/or goal:

Health IT design, implementation, and use must center health equity, especially to support SDOH efforts as part of whole person care, care coordination, social services, and more, to achieve health equity.

People can be actively involved in their care through access to health IT. Individuals, and those they designate, contribute, access, and use their information to understand and improve their health and collaborate with their care team and social services.

Individuals' information is electronically available and exchanged securely and seamlessly between individuals, their care team, and social services, to support high quality and person directed care.

Health IT supports efficient data collection, sharing, and use for policy development, quality improvement, population health, value-based care, and public health, leading to improved health outcomes and reduced health inequities.

Strategies and activities in development

Close remaining electronic health record (EHR) gaps

- Target financial resources to where gaps are and where the change will decrease health inequities
- Explore additional models of public/private partnerships and shared expense

Spread health information exchange (HIE) across the state

- Identify use cases to support transitions in health insurance status and life events, as well as SDOH
- Increase use of electronic, closed-loop clinical referrals

Support statewide community information exchange (CIE) efforts

- Invest in systems change, and build trust and relationships
- Provide support for community-based organizations (CBOs) to ensure success of CIE, and include CBOs in decision making

Remaining work

Oct 2023

Discuss Principles

Dec 2023

HITOC Retreat

- Pre-retreat Member interviews
- Receive updated community engagement
- Finalize vision and goals
- Discuss strategies
- Prioritize activities

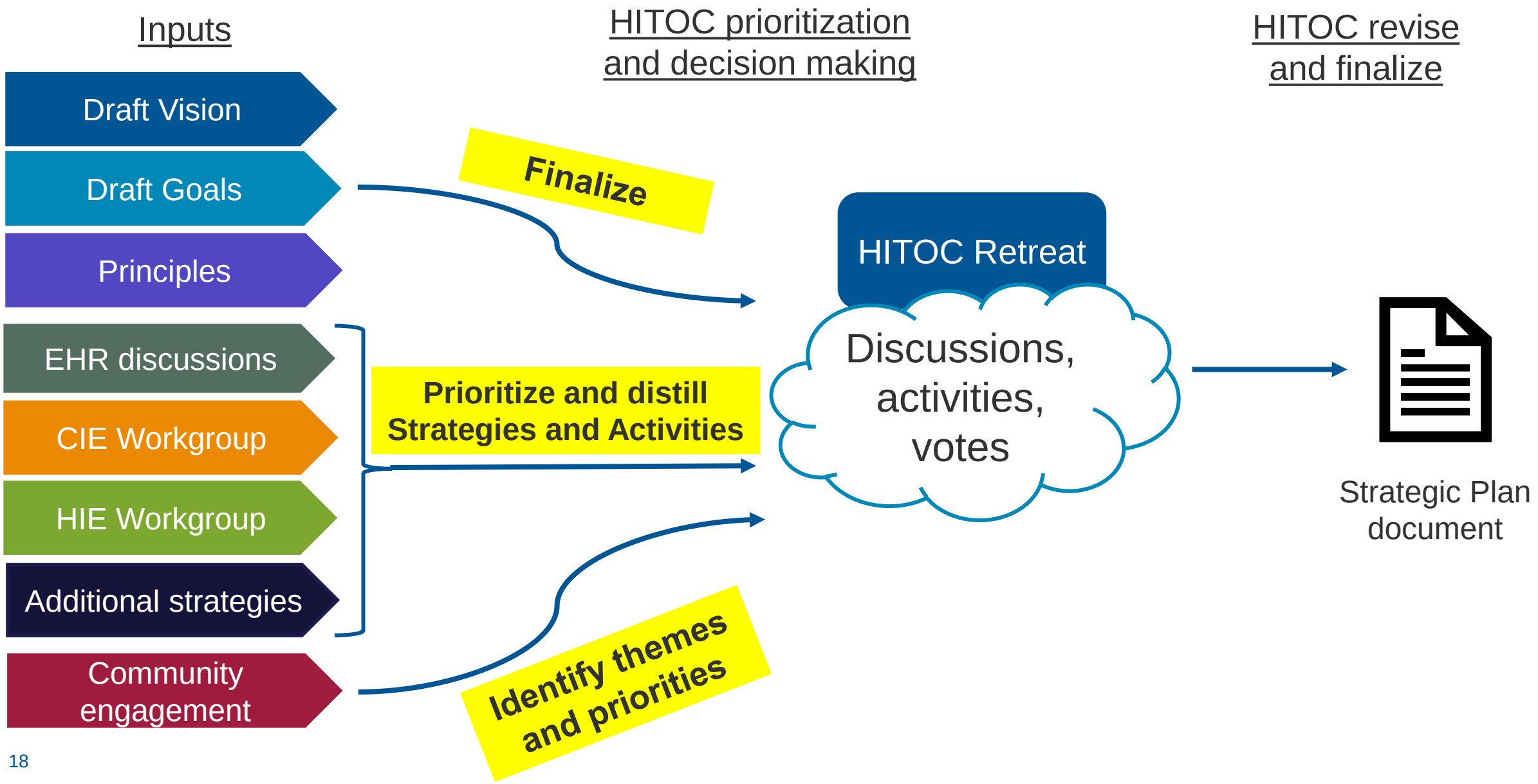
Feb 2024

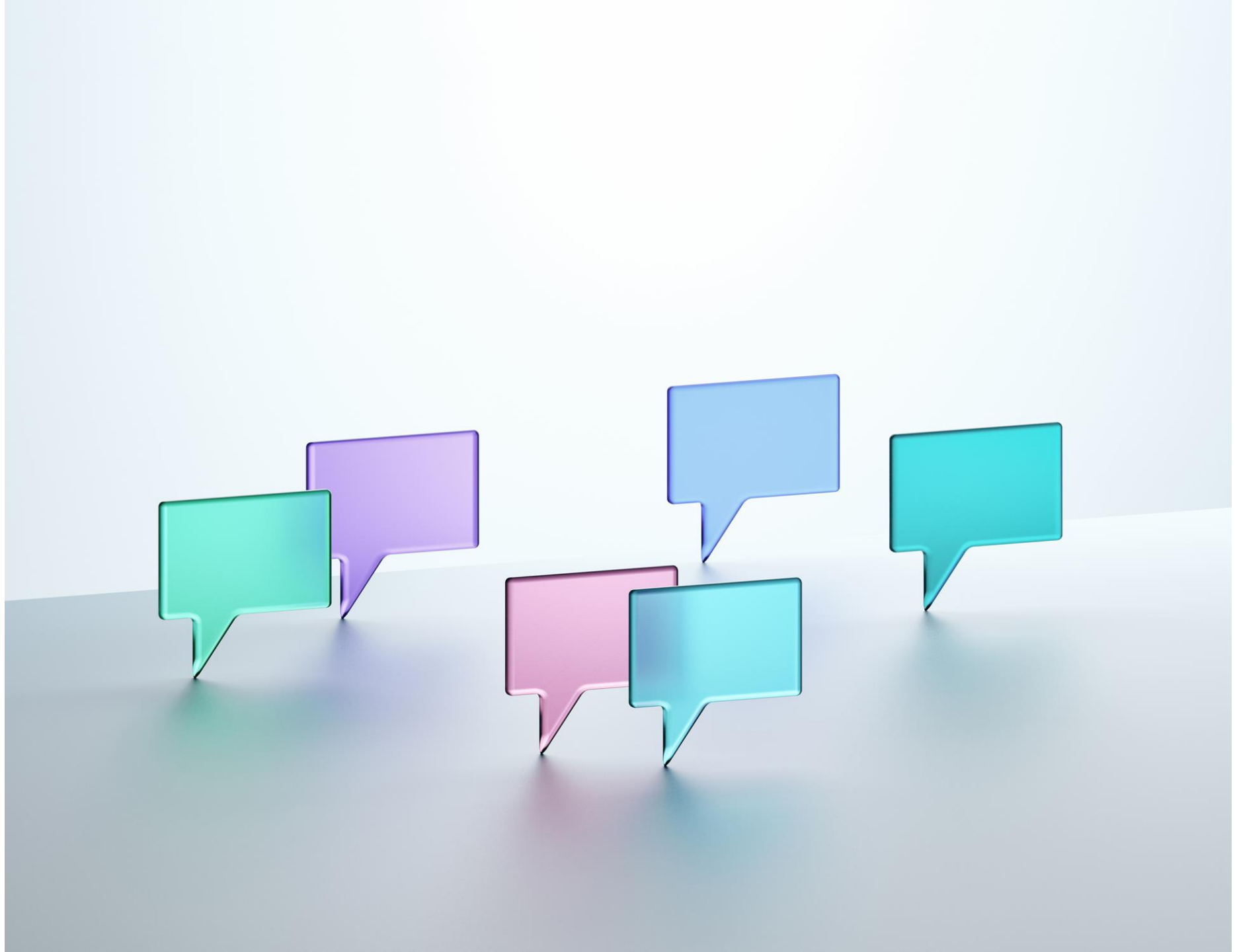
Revise draft Strategic Plan

Spring 2024

OHPB review; HITOC finalize

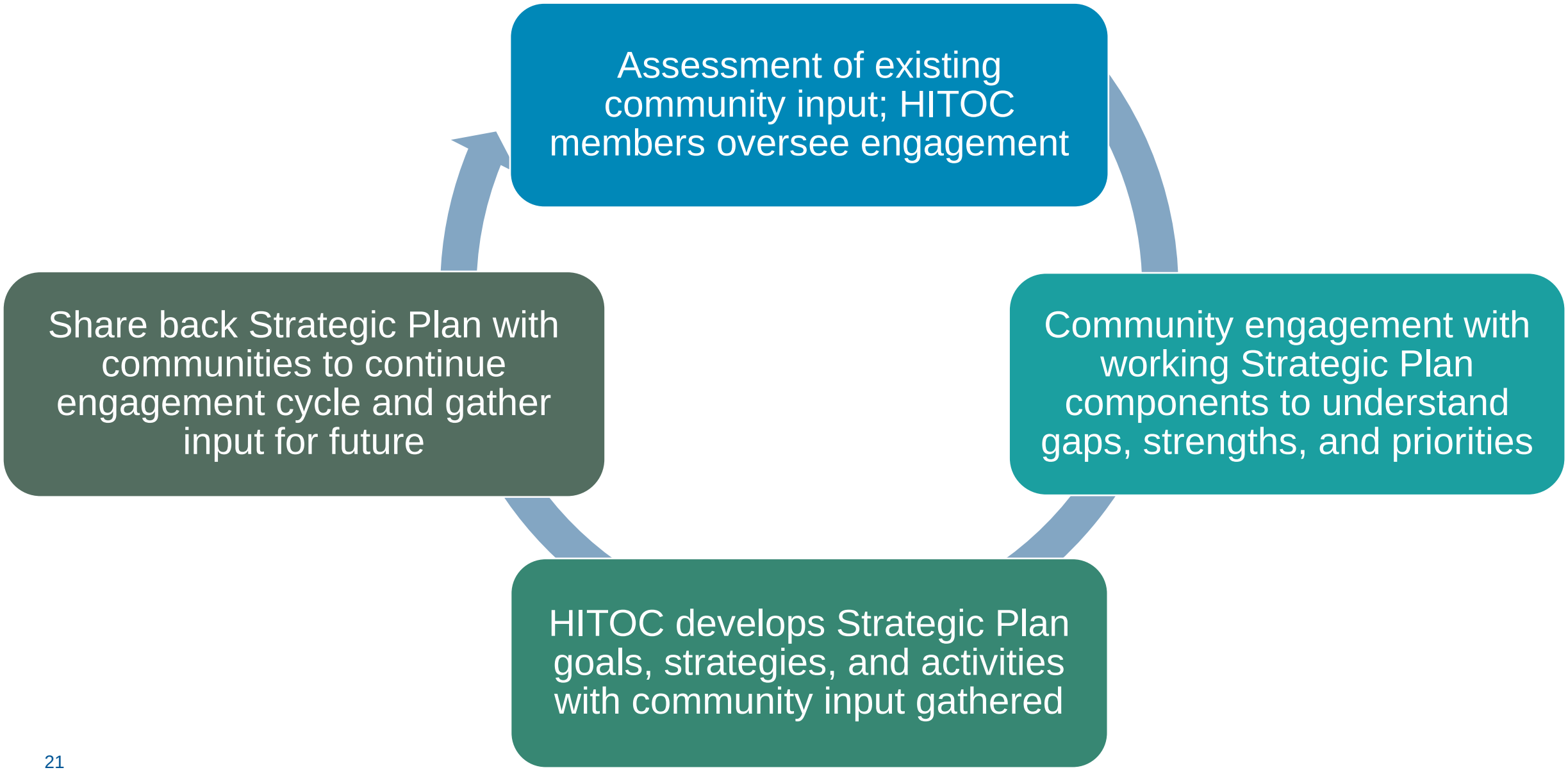
HITOC prioritization and decision making ahead





Upcoming community engagement opportunities

Community Engagement Plan phases



Upcoming community engagement

- Listening sessions
    - **CCO HIT Advisory Group (HITAG)** mini-session: Occurred Thursday, July 27
    - **Consumer & community**: Thursday, September 14, 12:30-2:00 p.m. (Registration link)
    - **General**: Thursday, September 21, 2:00-3:30 p.m. (Registration link)
- Meetings in September with key partner organizations from focus areas HITOC identified
- Written input, with optional forms, and HITOC public comment

Health Information Exchange (HIE) Workgroup Updates

Justin Keller, HIT Commons

Concept Papers as Outlined in the Vision:

A statewide vision for HIE

Health Equity and Approach to HIE in Oregon

Advancing Population Health tools

Quality Improvement and Value-Based Care

Demonstrating Value with SDoH Use cases of HIE

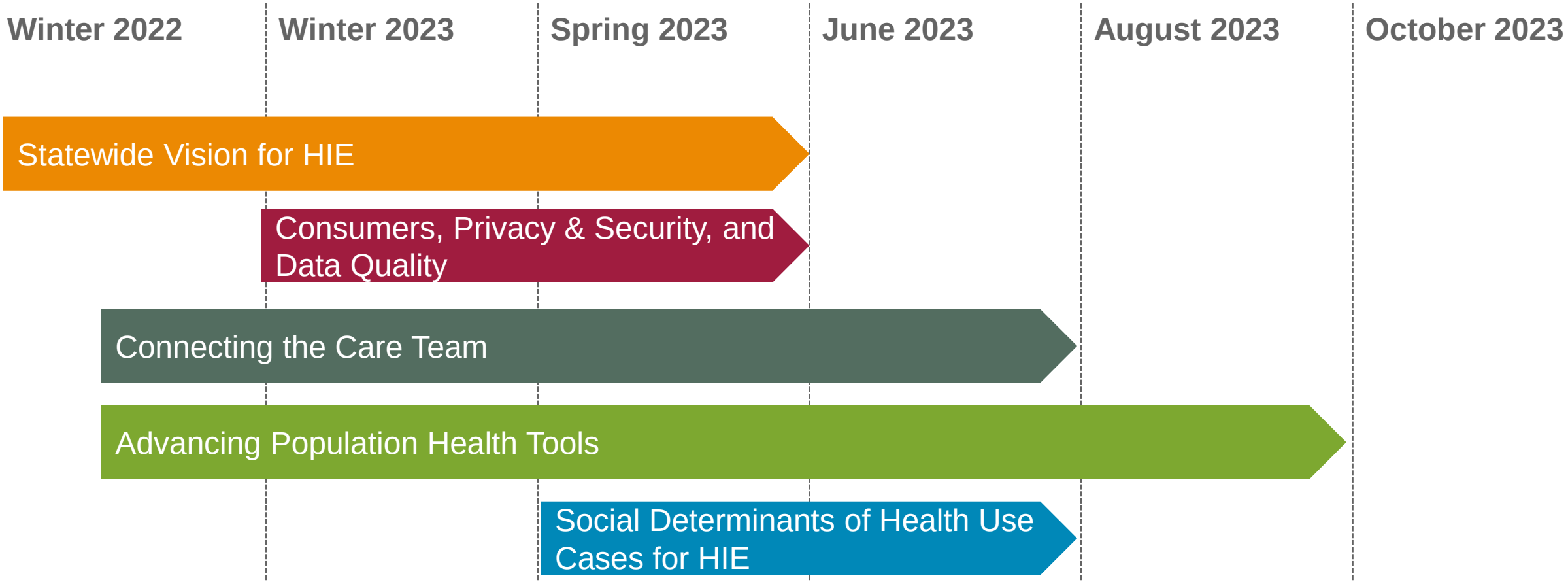
Connecting the Entire Care Team

HIE Adoption and Closed-loop clinical referrals

Consumers, Privacy & Security, and Data Quality

Timeline for HITOC/HIE Workgroup Concept Paper Efforts

Concept Paper Process



Key Steps:

1. HIE Workgroup identifies and refines content
2. HITOC identifies content and revises Workgroup content
3. Community engagement and public comment opportunities
4. HITOC determines what content to include in Strategic Plan Update

Connecting the Care Team

Concept Paper Review

Addressing Digital Inequities in HIE

Oregon has made great strides toward connecting providers through HIE and EHR interoperability strategies

Digital inequities remain, and are the recommended focus for future efforts:

- **Inequitable access to HIE by provider type**
- **Gaps in knowledge and/or ability to use digital tools/technology**

This concept paper acknowledges long-term objectives, but the Workgroup has emphasized focused strategies for the near-term (emphasizing action)

- **Short-term support for gaps** that have existed for some time (behavioral health, oral health)
- Focus on specific priorities that **need more attention** (rural communities, long-term post acute care)

Prioritized Populations of Focus

- Behavioral Health
- Oral Health
- Rural Community providers
- Long-Term Post-Acute Care
- Community-Based Post-Acute Care
- Other Care Coordination: Closed-Loop Referrals

Workgroup Behavioral Health Recommendations

Focused Recommendations:

1. Identify high value behavioral health information to be shared via HIE
2. Promote greater accordance to Part 2 rule from health IT vendors
3. Private sector investment in behavioral health IT infrastructure
4. Health IT workforce support and development

Address **digital inequity**:

- Providing funding/support to adopt interoperable EHRs and/or participate in HIE;
- Lower the cost of interoperability
- Developing HIE adoption strategies

Enable **broad and timely care coordination**

- Increase electronic, closed loop clinical referrals
- Add high-quality information from different sources
- Ensure that HIE data are integrated into EHRs

Promote **knowledge of HIE** and **broad contribution of data by all parties**

- Identify/prioritize data to be included in HIE
- Prioritize who should contribute data and when
- Identify barriers; address barriers and discourage data silos; which may include governance efforts.

Workgroup Oral Health Recommendations

Focused Recommendations:

1. Support Oral Health as Part of the Health Care System
2. Cross-Sector Focus Groups on Valuable Data
3. ★ Support oral health exchange of imaging information
4. Explore HIE opportunities for Dental Practice Management Solutions

Address **digital inequity**:

- Providing funding/support to adopt interoperable EHRs and/or participate in HIE;
- Lower the cost of interoperability
- Developing HIE adoption strategies

Enable **broad and timely care coordination**

- Increase electronic, closed loop clinical referrals
- Add high-quality information from different sources
- Ensure that HIE data are integrated into EHRs

Promote **knowledge of HIE** and **broad contribution of data by all parties**

- Identify/prioritize data to be included in HIE
- Prioritize who should contribute data and when
- Identify barriers; address barriers and discourage data silos; which may include governance efforts.

★ HITOC additions

Workgroup Rural Health Recommendations

Focused Recommendations:

1. Prioritize rural communities in work to increase the use of closed-loop clinical referrals
2. Health IT workforce support and development

Address **digital inequity**:

- Providing funding/support to adopt interoperable EHRs and/or participate in HIE;
- Lower the cost of interoperability
- Developing HIE adoption strategies

Enable **broad and timely care coordination**

- Increase electronic, closed loop clinical referrals
- Add high-quality information from different sources
- Ensure that HIE data are integrated into EHRs

Promote **knowledge of HIE** and **broad contribution of data by all parties**

- Identify/prioritize data to be included in HIE
- Prioritize who should contribute data and when
- Identify barriers; address barriers and discourage data silos; which may include governance efforts.

Workgroup Post-Acute Care Recommendations

Focused Recommendations:

★ 1. Identify ways for post-acute care entities to participate in closed-loop referrals using HIE solutions

★ 2. Include post-acute care in state reporting on health IT/HIE use to better track adoption and HIE needs for these providers

★ 3. Explore HIE opportunities for post-acute care

Address **digital inequity**:

- Providing funding/support to adopt interoperable EHRs and/or participate in HIE;
- Lower the cost of interoperability
- Developing HIE adoption strategies

Enable **broad and timely care coordination**

- Increase electronic, closed loop clinical referrals
- Add high-quality information from different sources
- Ensure that HIE data are integrated into EHRs

Promote **knowledge of HIE** and **broad contribution of data by all parties**

- Identify/prioritize data to be included in HIE
- Prioritize who should contribute data and when
- Identify barriers; address barriers and discourage data silos; which may include governance efforts.

★ HITOC additions

Workgroup Closed-Loop Clinical Referrals Recommendations

Success Outcome:

1. Increase the use of electronic, closed-loop referrals for clinical referrals between primary care providers and specialists (including behavioral health) using existing technology and leveraging federal data standards
2. Reduce dependence on fax machines and other manual processes in sending and responding to clinical referrals in Oregon

Focused Recommendations:

1. Provide funding to support additional 360X pilots
2. Monitor progress toward implementation of 360X for the top 10 EHRs used in the following categories: primary care, behavioral health, and oral health

Discussion

- What areas of the recommendations are most important?
- What aspects do you like?
- Are there areas of concern?
- What areas may need further investigation?

Break

Demonstrating Value with SDOH Use Case of HIE

Concept Paper Review

Health Equity (OHA/OHPB Definition)

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices

Oregon's 1115 Medicaid Waiver

We highlighted how the approved 1115 Medicaid Waiver, to be implemented beginning in 2024, has **policy drivers** that will impact the need for additional SDOH data:

- **Health-related Social Need (HRSN) Benefit**: includes Medicaid reimbursement options for housing support, food support, support for climate events
- Support for populations facing **major life transitions**
- Retain eligibility and benefits for Youth with Special Health Care Needs (YSHCN) up to age 26

Ways SDOH Data Flows into HIE Today

EHR:

- **SDOH screening assessment tools** and results incorporated into their EHRs
- SDOH-related information is also sometimes captured in the EHR and available through **ICD-10 "z codes"** which can be exported via reports or other transfer mechanisms to HIE solutions

HIE:

- **SDOH-related information is collected by health plans** and sometimes shared with providers via HIE solutions or privately hosted web portals
- Some data exchange to HIE via housing systems, criminal justice, state social service programs like SNAP, WIC, etc.

CIE:

- **CIE platforms** sending information to HIE solutions (including the results from referrals)

Overarching Objectives and Strategies

Objective 1: Improve health equity

- **Short-term priority strategy:** Prioritize HIE use cases to support transitions in health insurance status and life events, as well as SDOH
- Collecting and clarifying **demographic information** on patients that can help inform care and support needs
- **Identifying health inequities** at the population level and informing targeted interventions that address these inequities
- Promoting HIE data sharing models that take a vendor-agnostic approach to ensure access across broad populations of providers serving the numerous patient populations in Oregon
- Promoting a **more diverse health IT workforce** within organizations to operate and use these systems

Overarching Objectives continued

Objective 5: Promote knowledge of HIE and broad contribution of data by all parties

Educate and influence Oregon entities to participate more broadly in HIE. For example:

- Identifying and prioritizing the **standardized and non-standardized data** that should be included in HIE efforts
- Prioritizing **who should contribute data and when**
- Identifying barriers to information sharing and developing mechanisms to **address** these **barriers** and **discourage data silos**, which may include governance efforts

Prioritized List: SDOH Data that should be prioritized for HIE (based on value to your organization)

1. Housing services needs
2. Nutrition information
3. Transportation needs (tied)
4. Lived environment information (tied)
5. Combined clinical/SDOH data sets (for home-based interventions)
6. Criminal Justice (*ranks higher if juvenile justice is included)
7. Pharmacy Access
8. Activities of Daily Living (ADLs)
9. School information (including absences, IEPs, encounters, etc.)
10. Legal services

Proposed Success Outcome

Oregon health plans and providers are enabled to identify and help address patient health-related social needs through improved access to clinical and SDOH data via HIE solutions

Noting Success Outcome from *Consumer* concept paper as well:

Information is documented and made available to providers so that consumers are not required to re-share their personal story multiple times, increasing efficiency and helping avoid re-traumatization

Focused HIE Recommendations for SDOH

1. Support **communication of existing case studies and best practices** around SDOH data sharing in HIE
2. **Support HIE efforts in integrating with sources of SDOH data**, such as:
    - EHR data (e.g., data taxonomies like ICD-10 z-codes, SNOMED, etc.
    - HIE solutions/tools
    - CIE platforms/tools
    - Primary SDOH data sources (e.g., HMIS, criminal justice, etc.)
3. Anticipate community needs around **implementing changes to HIPAA**
4. **Funding and support for top priority HIE SDOH use cases**
5. Opportunities for **regular coordination between health care and social service providers**

Breakout Groups

Room 1	Room 2	Room 3
Carly	Ann	Kristina
Romney	Erick	Maili
Val	Bill	Manu
Dave Dorr	Mark	Amy
		John

Breakout Group Discussion

- What areas of the recommendations are most important?
- What aspects do you like?
- Are there areas of concern?
- What areas may need further investigation?

Next Steps

- Care Team and SDOH concept papers will be revised based on your feedback and then considered final (HIE Workgroup adjourns later this month)
- HITOC will review and discuss the Advancing Population Health paper in its October meeting

Public Comment

Message Shannon Cengija if you would like to make verbal comments

Submit written comments to: HITOC.INFO@odhsoha.oregon.gov

Health Information Technology Policy & Program Updates:

Susan Otter & Luke Glowasky OHA

August Health IT Policy & Program Updates

- CCO Health IT Roadmaps
  - OHA has begun summarizing 2023 Roadmaps, which will be used to inform HITOC and OHA efforts,
  - OHA will meet with CCOs through August to clarify their health IT efforts
- Information Blocking Final Rule posted
  - U.S. Department of Health and Human Services Office of Inspector General posted its final rule implementing information blocking penalties
  - The final rule establishes the statutory penalties created by the 21st Century Cures Act

Legislative Update

2023 Oregon legislative session ended on June 25, 2023.

Passed legislation goes to the Governor to sign into law or veto.

OHA's health IT staff is tracking the implementation of multiple bills that passed with health IT and/or HITOC impacts.

HB =House Bill SB = Senate Bill

2023 Legislation with potential health IT impacts

SB 619: Requires organizations to provide certain data rights to consumers, including rights to know how their data is processed, to correct or delete data, and to opt out. Organizations must also place higher protections on "sensitive data" such as biometric data or for children's data. This proposal grew out of Oregon's Consumer Privacy Task Force.

SB 1089: Establishes the Universal Health Plan Governance Board tasked with creating a plan for implementing a Universal Health Plan. The plan will need to identify IT infrastructure needed for overall Plan operations. As of July 24, this bill is awaiting the Governor's signature.

2023 Legislation with potential health IT impacts

HB 3258: Makes various amendments to laws governing Oregon's PDMP program, including but not limited to:

- Requiring the PDMP program to contract to ensure the operation of any technology integrations between the PDMP system and health IT systems used by authorized practitioners and pharmacists, and
- Requiring disclosure of minimal PDMP data to authorized Oregon Medicaid leadership and program staff, and CMS, to ensure the PDMP system meets CMS Medicaid Enterprise Systems certification requirements.

As of July 24, this bill is awaiting the Governor's signature.

Thank You

Next meeting: October 5, 12:30-3:30

Oregon Health Authority