

# Health Information Technology Oversight Council Updates on Health IT Policy and Efforts

December 2021



## Health IT Policy

### Federal Law and Policy Updates

**Federal Interoperability and Patient Access Final Rules,** Contact:  
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*On May 1, 2020, the U.S. Department of Health and Human Services (HHS) published two health information technology (IT) final rules requiring implementation of new interoperability policies: the Office of the National Coordinator for Health Information Technology's (ONC) [21st Century Cures Act Final Rule](#), supporting seamless and secure access, exchange, and use of electronic health information (EHI), and the Centers for Medicare and Medicaid Services (CMS) [Interoperability and Patient Access Final Rule](#), focused on patient access to EHI and interoperability.*

These rules significantly impact EHI exchange requirements across the health care continuum, including:

- As of April 5, 2021, providers must provide patients with access to their electronic health information upon patient request.
- As of May 1, 2021, hospitals are required to send electronic admission, discharge, and/or transfer event notifications to the patient's primary care other physician identified by the patient.
- As of July 1st, CMS-regulated payers are required to (1) implement a standards-based application programming interface (API) that allows patients to easily access their claims, encounter, and clinical information through third-party applications of their choosing, and (2) make provider directory information publicly available via a standards-based API.
- Beginning January 1, 2022 CMS-regulated payers are required to exchange certain patient clinical data at the patient's request, allowing the patient to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer.
- On September 15, 2021, CMS published three [FAQs](#) which explain that CMS will not take enforcement action on these provisions of the final rule until future rulemaking is finalized.

### What is HITOC?

The Oregon Legislature created the [Health Information Technology Oversight Council \(HITOC\)](#) to ensure that health system transformation efforts are supported by health information technology. HITOC is a committee of the [Oregon Health Policy Board \(OHPB\)](#), which sets policy and provides oversight for the Oregon Health Authority (OHA), including OHA's health system transformation efforts.

HITOC has six responsibilities:

1. Explore health IT policy
2. Plan Oregon's health IT strategy
3. Oversee OHA's health IT efforts
4. Assess Oregon's health IT landscape
5. Report on Oregon's health IT progress
6. Monitor federal health IT law and policy

HITOC brings partners across Oregon together for centralized policy work, strategic planning, oversight of health IT efforts, and landscape/policy assessment, so health IT efforts are more coordinated. HITOC also provides health IT expertise to OHPB and to Oregon lawmakers so they are informed about health IT in Oregon when they make policies and laws about health.

OHA's [Office of Health IT \(OHIT\)](#) staffs HITOC and the Oregon Health IT Program.

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**OHA Support for Implementing Federal Interoperability and Patient Access Final Rules**, Contact:  
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Oregon Health Authority (OHA) support for Oregon health care organizations in implementing these new rules includes:

- Hosted three webinars: recordings, materials, and additional resource can be found on the [Office of Health IT \(OHIT\) final rules webpage](#).
- Hosted work sessions with coordinated care organizations (CCOs) and dental care organizations (DCOs) for further clarification on priority rule requirements.
- OHA partnered with the [HIT Commons](#) to host monthly Payer Interoperability Collaborative (PIC) meetings for CCOs, DCOs, and Medicare Advantage plans focused on alignment and implementation of the CMS Interoperability and Patient Access Rules. See HIT Commons section below for more information.

**ONC Health Interoperability Outcomes 2030**, Contact:  
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In May 2021, ONC launched a new project called “Health Interoperability Outcomes 2030” involving the collection of input on interoperability outcomes the public wants to see by 2030. ONC received over 700 submissions which ONC analyzed and synthesized, creating outcome statements reflecting the overall sentiments of what 2030 should look like because of interoperability. The outcome statements and public submissions are available [on ONC’s website](#).

**ONC Publishes the USCDI Version 2**, Contact:  
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ONC published the United States Core Data for Interoperability Version 2 ([USCDI v2](#)) on July 13, 2021. The USCDI v2 helps to standardize data elements, providing a roadmap to improve interoperability of health data for patients, providers, and other users. [ONC’s July 2021 Standards Bulletin](#) is to help explain the v2 data elements and describes ONC’s vision for future expansion through v3.

## Oregon Law and Policy Updates

**Updated Policy Concepts Published: Oregon 2022-2027 Medicaid 1115 Demonstration Waiver**, Contact:  
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Oregon is applying to the CMS for a new Medicaid 1115 Demonstration waiver for the years 2022-2027. The deadline to submit the application is February 2022. Medicaid is a state and federal program. The Oregon Health Plan (OHP) is the name of Oregon’s Medicaid program.

## Health IT and Health System Transformation: Vision and Goals

HITOC set out a vision for health IT-optimized health care, along with three goals. These guide OHA’s health IT work.

### Vision:

A transformed health system where health IT efforts ensure that the care Oregonians received is optimized by health IT.

### 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, 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 Their Own Information and Engage in Their Care

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

*The waiver allows OHA to expand who is covered by OHP, pay for health care differently, and implement other reforms.*

The OHA 1115 Demonstration Waiver renewal team recently announced the publication of the [final policy concept papers](#). These papers outline changes OHA proposes to make to the Oregon Health Plan (OHP) as part of its effort to advance health equity. OHA has also produced plain language summaries of the policy concepts, which are located alongside the policy papers. All documents are available in 12 languages on OHA's [1115 Demonstration Waiver renewal webpage](#):

- [Executive summary](#)
- [Maximizing OHP coverage | Summary](#)
- [Stabilizing transitions to minimize disruptions in care | Summary](#)
- [Flexible, value-based global budget | Summary](#)
- [Incentivizing equitable care | Summary](#)
- [Focused equity investments | Summary](#)

The concept papers and related feedback are the basis of OHA's upcoming application to CMS, whose approval is needed to implement policies reflected in the concept papers. If approved, Oregon would make changes to OHP during the 2022 – 2027 demonstration period. OHA welcomes feedback on these concepts and later on the draft application in one of two ways:

1. Via email at [WaiverRenewal@dhsoha.state.or.us](mailto:WaiverRenewal@dhsoha.state.or.us) (at any time)
2. At one of the public meetings in December and January where comment will be accepted:
  - Dec. 7 – [Oregon Health Policy Board](#)
  - Dec. 9 – [Health Equity Committee](#)
  - Dec. 15 – [Medicaid Advisory Committee](#)
  - Dec. 16 - [Designing the future of OHP - Workshop 3.](#)
  - Jan. 4 – [Oregon Health Policy Board](#)

For more information, see the [1115 Demonstration Waiver renewal web page](#).

**HB4212 REALD Provider Reporting**, Contact: [Karen.Hale@dhsoha.state.or.us](mailto:Karen.Hale@dhsoha.state.or.us) or [OHAREALD.Questions@dhsoha.state.or.us](mailto:OHAREALD.Questions@dhsoha.state.or.us)

*Oregon's House Bill 4212 (2020) requires health care providers to collect race, ethnicity, language, and disability (REALD) data for all COVID-19 encounters. After collection, providers must report this data to OHA with COVID-19 disease reporting. For more information, see the [REALD for Providers webpage](#).*

In 2021, OHA convened lessons learned meetings for Phase 1 provider organizations to support REALD implementation. OHA also published the first [COVID-19 REALD report](#). Collection for phase 3 providers starts January 1, 2022.

[House Bill 3159](#) was signed during June 2021 legislative session, which will require OHA to adopt standards and establish a timeline for health care providers and health insurers to collect REALD and sexual orientation and gender identity (SOGI) data from patients, clients, or members.

**Landscape and Environmental Scan**, Contact: [Marta.M.Makarushka@dhsoha.state.or.us](mailto:Marta.M.Makarushka@dhsoha.state.or.us)

*OHA's OHIT engages in ongoing environmental scan activities to inform health IT efforts and ensure strategies and programs address evolving needs. OHIT continues compiling data across the agency and other sources to serve various purposes, such as informing HITOC's progress monitoring, program oversight, and reporting priorities. Past work includes:*

- A [2019 Health IT Report](#) to HITOC which summarizes what is known about Oregon's electronic health record (EHR) and health information exchange (HIE) landscape, including key health IT concepts and HITOC considerations. This report supports HITOC's data-related responsibilities and helps inform HITOC's strategic planning.
- A Behavioral Health HIT/HIE Scan Report based on survey and interview data. See [Behavioral Health HIT Workgroup](#) for more information.

In 2021, OHIT's efforts are focused on CCO HIT Roadmaps and Data reporting:

- [CCO 2.0 HIT Data Reporting](#): OHIT is supporting CCOs' 2021 Health IT Data Collection and Reporting efforts. This includes developing a survey (in partnership with CCOs) that is being distributed to CCO contracted provider organizations to collect EHR and HIE information that will be used to inform CCO's HIT Roadmaps and HITOC's strategic plan work.
- [CCO Updated HIT Roadmaps](#): CCOs' annual Updated Health IT Roadmaps were due to OHA by end of March 2021. These documents include progress and strategies to support EHR adoption, HIE, and HIT needed for value-based payments. OHA reviewed and approved all of the Updated 2021 HIT Roadmaps. Staff are preparing a summary of CCO efforts, which will also be used to inform HITOC. A summary of EHR strategies was presented at the November 4<sup>th</sup> HITAG meeting. You may view materials and a recording of the meeting [here](#).

**HITOC Strategic Plan and Annual Priorities**, Contact: [Ashley.Ashworth@dhsoha.state.or.us](mailto:Ashley.Ashworth@dhsoha.state.or.us)

*Strategic Plan Update: At the beginning of 2020, HITOC began efforts to update the Oregon HIT Strategic Plan. In February and March of 2020, OHA conducted a series of public listening sessions and collected helpful input to inform the strategic plan. Given the pandemic's impact on the healthcare system, remaining listening sessions were canceled and Strategic Plan Update efforts were placed on hold.*

HITOC resumed Strategic Plan Update work, kicking-off at the August 5<sup>th</sup> HITOC meeting. In that meeting, HITOC discussed the proposed process for updating the Strategic Plan as well as primary topic areas. Areas HITOC will explore under the Strategic Plan Update include community information exchange (CIE), statewide HIE, patient access to data, EHRs, public health, and more. At the October HITOC meeting, HITOC began developing a vision statement for the Strategic Plan and chartered a CIE workgroup.

The Chair, Vice-Chair, and Oregon Health Policy Board (OHPB) Liaison are pleased to appoint Carly Hood-Ronick and Dr. David Dorr as HITOC Liaisons to the CIE Workgroup. Applications for the CIE Workgroup were open 10/25-11/17 (see more information in the CIE section later in this document). In the December meeting HITOC will review a proposed slate for the CIE Workgroup, and focus on the HIE work ahead for the Strategic Plan Update, including hearing initial findings from interviews with organizations about HIE. HITOC will then determine a course of action to develop HIE strategies and recommendations.

Membership: Kacy Burgess's HITOC term is coming to an end in December. We thank Kacy for her time on HITOC!

Seats remain open to fill additional gaps in representation. [Applications](#) are open on a rolling basis until filled. For more information, please see the [recruitment webpage](#) and check out the [HITOC roster >](#)

## Oregon Health IT Program: Partnerships

**HIT Commons**, Contact: [Luke.A.Glowasky@dhsoha.state.or.us](mailto:Luke.A.Glowasky@dhsoha.state.or.us)

*The HIT Commons is a public/private collaboration to coordinate investments in health IT, leverage funding opportunities, and advance HIE across the state. HIT Commons is co-sponsored by the Oregon Health Leadership Council (OHLC) and OHA, and is jointly funded by OHA, hospitals, health plans and CCOs. For more information see the [HIT Commons website](#).*

### **EDIE and the Collective Platform (formerly known as PreManage)**

*The [Emergency Department Information Exchange \(EDIE\)](#) allows Emergency Departments (EDs) in real-time to identify patients with complex care needs who frequently use the emergency room for their care. The [Collective Platform](#) (fka PreManage) is a companion software tool to EDIE. The Collective Platform brings the same real-time hospital event notifications (ED and Inpatient Admit, Discharge, and Transfer [ADT] data) to those outside of the hospital system, such as health plans, CCOs, providers, and care coordinators. OHA supports a Collective Platform subscription that includes use by CCOs, Oregon Department of Human Services programs, Tribal clinics, and other Medicaid care coordinators.*

- HIT Commons' annual Behavioral Health Collaborative will be held virtually December 3, 2021, 9:00 am – 12:00 pm and will feature keynote speaker Steve Allen, OHA Director of Behavioral Health, who will highlight state priorities for behavioral health as a result of the 2021 Legislative session. There will be several choices of breakout presentations which will highlight health information exchange (HIE) tools utilized in Oregon, including EDIE, Collective Platform, PDMP integration, and Reliance eHealth Collaborative. Payers, providers, policy-makers and other stakeholders interested in Behavioral Health in Oregon including policy and care coordination efforts should attend. Register [here](#). Agenda available [here](#).
- The HIT Commons [EDIE Steering Committee](#) met on October 22, 2021. Topics of discussion included review of the quarterly EDIE dashboards including new dashboards focused on ED visits for behavioral health and substance use disorder, product and support updates from Collective Medical, EDIE/Collective Platform use cases under development. Materials from that meeting are available [here](#). The Committee's next meeting is January 20, 2022.

### **Payer Interoperability Collaborative**

*As noted above, OHA partnered with [HIT Commons](#) to hold a Payer Interoperability Collaborative (PIC) to support CMS-regulated payer implementation of the Federal Interoperability and Patient Access Final Rules. This forum was for CCOs, DCOs, and Medicare Advantage plans to share knowledge and challenges, and was an opportunity to align around the CMS data sharing requirements.*

The last PIC meeting was held on November 9, 2021; the collaborative has concluded.

### **Public Health Data Sharing Workgroup**

*HIT Commons, in partnership with OHA, has convened a Public Health Data Sharing Workgroup to discuss and assess efforts to integrate public health data into HIT or HIE systems, and make policy and operational recommendations to HIT Commons and OHA. Workgroup membership includes representation from OHA's Public Health Division, payers/CCOs, health systems, and providers.*

The Workgroup met on November 10, 2021 for a brainstorming session around future Workgroup priorities and topic areas. The group will reconvene in 2022.

### **Oregon's Prescription Drug Monitoring Program (PDMP) Integration Initiative**

*Oregon's PDMP Integration initiative connects EDIE, Reliance eHealth Collaborative health information exchange (HIE), EHRs, and pharmacy management systems to [Oregon's PDMP](#). HIT Commons is overseeing the [PDMP Integration initiative](#) with guidance from the Oregon PDMP Integration Steering Committee and in coordination with OHA's Public Health PDMP program. For more information see the [HIT Commons website](#).*

- 30 new organizations went live with PDMP integration in Q3 2021.
- The PDMP Integration Steering Committee met on October 14, 2021. Topics of discussion included PDMP Integration metrics, Q3 2021 progress on integrations, updates from Public Health PDMP staff, and new reporting functionality available to prescribers and clinical leaders. The Committee will reconvene in the first quarter of 2022 (date TBD).

## Oregon Health IT Program: Programs and Initiatives

### **COVID-19 Data Sharing**, Contact: [Luke.A.Glowasky@dhsoha.state.or.us](mailto:Luke.A.Glowasky@dhsoha.state.or.us)

*OHA is collaborating with partners on several initiatives to share COVID-19 data in support of response and recovery efforts.*

- OHA is sharing statewide COVID-19 positive case data to users of EDIE and the Collective platform, and to clinical and health plan/CCO users of Reliance eHealth Collaborative's [Community Health Record](#).
- COVID-19 vaccine data reports are now shared weekly with CCOs for their members. Additionally, COVID-19 vaccine data are flowing into EDIE/the Collective Platform and to the Reliance HIE. Collective platform COVID Vaccine Population Reports allow for quickly identifying members who have received no vaccine, as well as identifying the manufacturer and dose of vaccines that have been administered. Pfizer and Modern third doses are now included in both data feeds.
- Oregon efforts to integrate Public Health COVID-19 data into HIT and HIE will be discussed and assessed at monthly meetings of the Public Health Data Sharing Workgroup referenced above.

### **Community Information Exchange (CIE)**, Contact: [Hope.Peskin-Shepherd@dhsoha.state.or.us](mailto:Hope.Peskin-Shepherd@dhsoha.state.or.us)

*Community information exchange (CIE) is a network of healthcare and human/social service partners using a technology platform with functions such as a shared resource directory, "closed loop" referrals, reporting, social needs screening, and other features to electronically connect people to social services and supports. CIEs are developing rapidly across the state. To learn more, see the [OHA CIE webpage](#).*

HITOC chartered a new CIE workgroup and recruited members in October-November 2021. The CIE Workgroup will bring together individuals representing Oregon's diverse landscape of community, health care, and social services partners to help advance health equity by providing recommendations on strategies to accelerate, support, and improve CIE across the state. Workgroup recommendations will inform HITOC's Health IT Strategic Plan for Oregon and OHA efforts. See the goals and full scope in the [CIE Workgroup Charter](#). For more information on CIE please see the [CIE Issue Brief](#) and the [OHA CIE Website](#).

In 2022 OHA plans to conduct CIE focus groups/interviews with individuals, community-based organizations (especially those who serve specific culturally and linguistically specific populations), and other interested parties to hear the challenges and barriers they face, and identify opportunities to help in their adoption and participation in CIE. The overall information will be presented to the CIE workgroup and HITOC to inform recommendations and the HITOC Strategic Plan Update.

### **Medicaid EHR Incentive Program**, Contact: [Jessica.L.Wilson@dhsoha.state.or.us](mailto:Jessica.L.Wilson@dhsoha.state.or.us)

*The Medicaid EHR Incentive Program* (also known as the Promoting Interoperability Program) offers qualifying Oregon Medicaid providers federally funded financial incentives for the adoption or meaningful use of certified electronic health records technology. Eligible professional types include physicians, naturopathic physicians, pediatric optometrists, nurse practitioners, certified nurse-midwives, dentists, and physician assistants in certain settings.

As of November 2021, more than \$213 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,865 Oregon providers. Between September and November 2021, 105 providers received \$909,500 in incentive payments. The program sunsets December 31, 2021.

### **HIE Onboarding Program**, Contact: [Jessica.L.Wilson@dhsoha.state.or.us](mailto:Jessica.L.Wilson@dhsoha.state.or.us)

Oregon's *HIE Onboarding Program* leveraged significant federal funding to increase Medicaid providers' capability to exchange health information by supporting the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Priority Medicaid providers included behavioral health, oral health, critical physical health, and others. Reliance eHealth Collaborative was selected through an RFP process.

The HIE Onboarding Program launched in January 2019 and concluded September 30, 2021, with the sunset of federal funding. Additional funding approved by the Oregon legislature allowed the Program to continue into the fall, rather than end in June as anticipated.

OHA approved Reliance to onboard providers contracted with nine CCOs, covering 14 Oregon counties. See [Reliance webpage](#) for more information. By the conclusion of the program, Reliance successfully onboarded 72 unique entities across seven CCOs and 13 counties, including 11 behavioral health practices, 4 oral health clinics, 50 critical physical health entities, and 7 major trading partners (hospital/health system/major referral center). OHA staff will post a program wrap up summary with more information about who this program served and lessons learned to the OHA [HIE Onboarding Program website](#).

### **Stay Connected**

You can find information about HITOC at our [website](#). Meetings are open to the public and public comments are accepted at the end of each meeting or in writing to the HITOC Chair and Vice-Chair in care of OHA ([hitoc.info@dhsoha.state.or.us](mailto:hitoc.info@dhsoha.state.or.us)).

### **Program Contact**

Health Information Technology Oversight Council: [hitoc.info@dhsoha.state.or.us](mailto:hitoc.info@dhsoha.state.or.us)

### **Get involved with Oregon Health IT**

Office of Health Information Technology: [HealthIT.Oregon.gov](http://HealthIT.Oregon.gov) | Join the listserv: [bit.ly/2VYgoDB](http://bit.ly/2VYgoDB)