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# Oregon's Strategic Plan for Health IT

## The next 5 years

Oral Health Listening Session  
02/25/2020

This meeting is being audio recorded and will be posted on our website.





# Logistics

- Session will be **recorded** and posted online
- **Technical problems?** Chat the issue to us
- 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 at any time; speak up when phone lines are open
- Written **comments are encouraged!** Open through April 30, see our website for details.



# Agenda

Welcome and Introductions

Overview of the Strategic Plan and how your input will be used

Your input: Talk about your experiences and thoughts for the future

Learn about how to stay involved and submit a written comment

# Welcome and Introductions

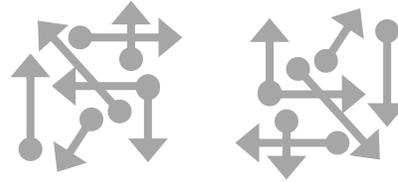
# What is the strategic plan?



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.

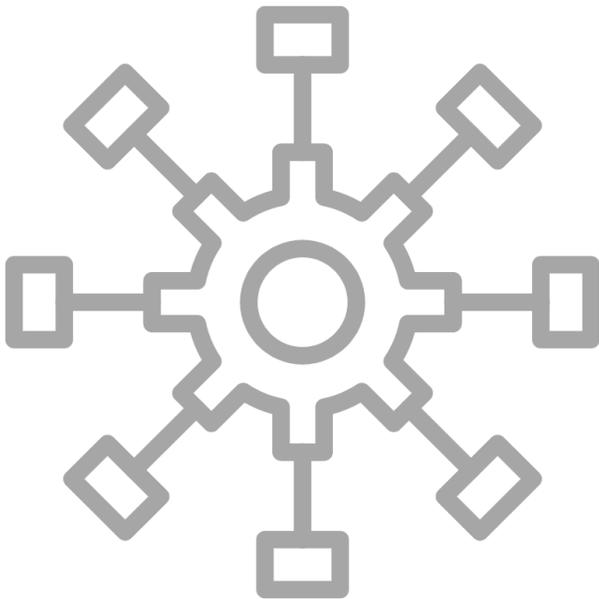
Track and report on quality measures, which support efforts to hold the health care system accountable for delivering high-quality care.

CCOs, health plans,  
and providers



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

# Everyone has a role in the strategic plan



- ✓ State (OHA)
- ✓ Patients
- ✓ Health Plans
- ✓ CCOs
- ✓ Tribes
- ✓ Clinics
- ✓ Hospitals
- ✓ Oral health providers
- ✓ Behavioral health providers
- ✓ Physical health providers
- ✓ Care coordinators
- ✓ Long-term services & supports
- ✓ Social services agencies
- ✓ Technology partners

# How will my input be used?

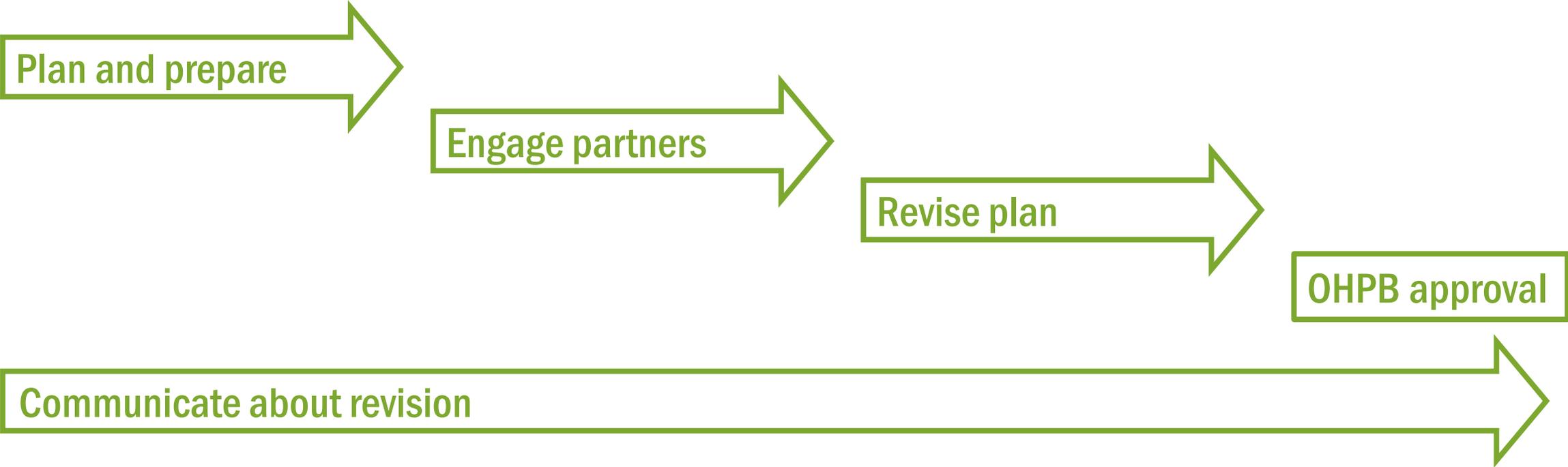
- Shared with HITOC to inform strategic plan revisions and the Oregon Health Policy Board (OHPB) as they approve the plan
- Used by Oregon Health Authority (OHA) as we take action on the strategic plan and invest resources
- Input report will be shared with participants and available on our website, along with recordings of these meetings

# How does the revision process work?

## 2020 HITOC Strategic Plan Revision Timeline

2019 ————— 2020 ————— 2021

Summer      Fall      Winter      Spring      Summer      Fall      Winter



# 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**

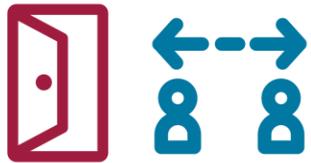


*Emerging area:* Health IT supports social determinants of health and health equity

# Health IT goals support policy priorities

## Health IT Goals

## Health System Transformation Policy Priorities



- ✓ Increase access to care
- ✓ Enhance care coordination



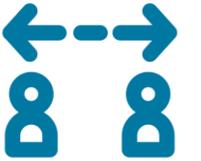
- ✓ Pay for outcomes and value
- ✓ Measure progress



- ✓ 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.

# Progress Toward Health IT Goals

*Providers are using EHRs/EMRs at high rates overall*

Electronic Health Records (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

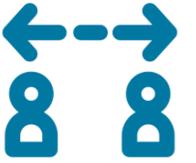
- Overall EHR adoption rate is higher than the national average
- Number of providers using more advanced EHRs is growing
- “Digital divides” still remain

# Progress Toward Health IT Goals (continued)

*Health information exchange options have grown significantly*

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



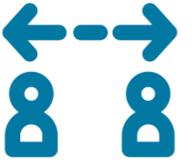
# Current work toward Goal 1

## Electronic health records (EHR/EMR)

- Medicaid EHR Incentive Program
- ✓ *Complete: Oregon Medicaid Meaningful Use Technical Assistance Program*

## Electronic health information exchange (HIE)

- EDie/PreManage (Collective platform), including Medicaid Subscription
- Prescription Drug Monitoring Program Integration initiative
- Oregon Provider Directory and Flat File Directory
- HIE Onboarding Program
- *Planned: Network of networks approach to statewide HIE*
- *Planned: Behavioral Health Information Sharing Toolkit (42 CFR Part 2)*



## Current work toward Goal 1 (continued)

### Shared Governance:

- HIT Commons public/private partnership

### Behavioral Health and Health IT Focus:

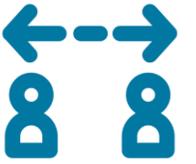
- Environmental Scan, BH HIT Workgroup and BH HIT Workplan

### CCO 2.0 – Health IT Roadmaps

- EHR and HIE support requirements

## 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

1. What would achieving this goal look like?
2. What's your experience? What's worked and what were barriers?
3. What changes would have the biggest impact, positive or negative?
4. What are the right roles for the state, providers, CCOs/health plans, others?

# Short Break

## 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.

# Progress toward Goal 2



## *Health IT supports value-based payment*

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

- Most CCOs, health plans, and providers will need to develop new health IT capacity to manage value-based payment, such as:
  - » Transparent patient attribution to providers or clinics
  - » Risk factors and other actionable data on patients who need intervention
  - » Data on performance or metrics associated with value-based payments
- Major growth in value-based payment arrangements is required under CCO 2.0

## Current work toward Goal 2



- Goal 1 work on EHRs and HIE is foundational
- Clinical Quality Metrics Registry
  - » Technical assistance on EHRs and clinical quality metrics
- CCO 2.0 – Health IT Roadmaps
  - » Health IT for value-based payment arrangements and population health efforts

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## 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.



## Current work toward Goal 3

- Goal 1 work on EHRs and HIE is foundational
- HITOC exploration of barriers and opportunities from consumer perspectives
- CCO 2.0 - year 2 requirement for health equity plans:
  - » Patient engagement with health IT
- *Planned: Federal Interoperability Rules and Oregon impact*
- ✓ *Complete: State Innovation Model (SIM) grant for OpenNotes*

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**Emerging area**

# **Health IT supports social determinants of health and health equity**



## **Oregon's Health Equity 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, 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.



## Progress toward emerging area

### *Health IT supports social determinants of health and health equity*

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

# Current work toward emerging area



- HIT Commons: Exploration of Oregon Community Information Exchange (CIE)
- Demographic data to help identify disparities or connect to appropriate care
  - » Potential for EHRs to track demographic data to help identify disparities (ONE system tracks this data for Oregon Health Plan members)
  - » Clinical Quality Metrics Registry future capacity to track patient-level data
  - » Oregon Provider Directory capturing demographic, accessibility information
- HITOC exploration of connection between health IT and health equity

## Emerging area

# Health IT supports social determinants of health and health equity



## Conversation starters

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**Anything we missed?**

Oregon  
Health  
Authority

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# Stay involved



# How can I give more input?

## Submit a written comment

- 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?

- We'll post the recording and comments
- Input report posted and shared in May 2020
- HITOC strategic plan retreat in June 2020
- Draft Strategic Plan for input - late fall
- Approved Strategic Plan by early 2021

## Stay up to date

- » Get updates on our website: [go.usa.gov/xdDek](https://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://go.usa.gov/xpzEt)
- Health IT Oversight Council (HITOC) Overview [go.usa.gov/xpzEK](https://go.usa.gov/xpzEK)
- Oregon Health IT Programs and Partnerships [go.usa.gov/xpzEz](https://go.usa.gov/xpzEz)
- Health IT Roles (HITOC, HIT Commons, and more) [go.usa.gov/xpzEJ](https://go.usa.gov/xpzEJ)
- 2019 Data Report to HITOC (draft) [go.usa.gov/xdDJz](https://go.usa.gov/xdDJz)

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**Thank you!**

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Health  
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