

Oregon Health Information Technology Program and HITOC Updates – April 2019

Oregon’s [Health Information Technology Oversight Council \(HITOC\)](#) is legislatively established and reports to the Oregon Health Policy Board. This document provides HITOC updates on OHA’s health IT efforts. OHA’s [Office of HIT](#) (OHIT) staffs HITOC and the Oregon HIT Program.

HITOC is charged with the following roles:

- Identify and make specific recommendations to the Board related to health information technology (HIT) to achieve the goals of health system transformation.
- Regularly review and report to the Board on:
 - OHA’s HIT efforts, including the Oregon HIT Program, toward achieving the goals of health system transformation;
 - Efforts of local, regional, and statewide organizations to participate in HIT systems;
 - Oregon’s progress in adopting and using HIT by providers, health systems, patients and others.
- Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state’s efforts in utilizing HIT.

HITOC Update: Policy, environmental scan, and strategic planning

Federal Updates/ Changes

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Notices of Proposed Rulemaking

CMS released the Interoperability and Patient Access [Notice of Proposed Rulemaking \(NPRM\)](#) supporting its MyHealthEData initiative to increase the seamless flow of health information, reduce burden on patients and providers, and foster innovation by unleashing data for researchers and innovators. This rule also proposes to publicly report providers or hospitals that participate in “information blocking,” practices that unreasonably limit the availability, disclosure, and use of electronic health information (EHI) and undermine efforts to improve interoperability. Making this information publicly available may incentivize providers and clinicians to refrain from such practices. In addition to the policy proposals, CMS included two Requests for Information (RFI) sections within the NPRM to obtain feedback on interoperability and health IT adoption in Post-Acute Care settings, and the role of patient matching in interoperability and improved patient care. Comments are due by 2pm Pacific on 5/3/19.

ONC released [a companion NPRM](#) to promote secure and more immediate access to health information for patients and their health care providers and new tools allowing for more choice in care and treatment. Specifically, the proposed rule calls on the health care industry to adopt standardized application programming interfaces (APIs), which will help allow individuals to securely and easily access their health information using smartphones and other mobile devices. The proposed rule would require that patient electronic access to their health information be made available at no cost. The proposed rule provides additional clarifications on the information blocking provisions of the 21st Century Cures Act while also proposing seven exceptions to the definition of information blocking. Included within the NPRM is an RFI section asking how providers and registries might use APIs to support the exchange of data for such uses as public health reporting, quality reporting, and care quality improvement. Comments are due by 2pm Pacific on 5/3/19. Additional information such as fact sheets and recorded webinars can be found on the [ONC website](#).

<p>Landscape/ Scan Activities</p> <p><i>For more information:</i> Marta.M.Makarushka@state.or.us</p>	<p>OHIT engages in ongoing HIT environmental scan activities to inform HIT efforts and ensure strategies and programs address evolving needs. OHIT continues compiling data across the agency and other sources to serve various purposes, including informing HITOC’s progress monitoring, program oversight, and reporting priorities.</p> <p>OHIT is developing a Data Reporting Framework and set of Executive Summaries in support of HITOC’s data-related responsibilities. Input on draft documents has been obtained from a variety of stakeholders; revised documents will be discussed at HITOC’s April retreat. HITOC will remain involved in developing data reporting throughout 2019.</p> <p>Past work includes a Behavioral Health HIT/HIE Scan Report based on survey and interview data.</p>
<p>HIT Strategic Plan Update</p> <p><i>For more information:</i> Francie.J.Nevill@state.or.us</p>	<p>The HITOC HIT 2017-2020 Strategic Plan was approved by the Oregon Health Policy Board in October 2017 and provides a roadmap for Oregon’s HIT work ahead, including strategies for a “network of networks” approach to statewide health information exchange and the HIT Commons public/private partnership model of governance. In February 2019, OHPB approved HITOC’s major 2019 priorities (under the approved Strategic Plan): exploratory work in social determinants of health/health equity and patient engagement, next steps for statewide health information sharing (“network of networks”) efforts (includes physical, behavioral, oral, and other information), wrapping up planning for behavioral health and HIT work, showing Oregon’s HIT progress via dashboards and milestones, and potentially updating the Strategic Plan in fall 2019. Ongoing priorities include continued oversight work on partnerships/programs and new landscape assessment as appropriate.</p>
<p>Behavioral Health HIT Work</p> <p><i>For more information:</i> Kristin.M.Bork@state.or.us</p>	<p>Per HITOC’s request, OHIT convened a Behavioral Health HIT Workgroup to learn how best to support HIT within Oregon’s behavioral health system. The workgroup’s recommendations were presented to HITOC in December 2018 and added to the Report as an addendum. HITOC requested the BH HIT Workgroup continue in 2019 to provide input and guidance as OHA pursues strategies in support of behavioral health.</p>
<p>Oregon HIT Program: Partnerships</p>	
<p>HIT Commons</p> <p><i>For more information:</i> Britteny.J.Matero@state.or.us</p>	<p>The HIT Commons is a public/private partnership to coordinate investments in HIT, leverage funding opportunities, and advance HIE across the state. HIT Commons is co-sponsored by the Oregon Health Leadership Council (OHLIC) and OHA, and is jointly funded by OHA, hospitals, and health plans.</p> <p>The HIT Commons Governance Board began meeting in January 2018. In the 4th quarter of 2018, HIT Commons established an LLC, confirmed a Board of Managers and approved Board terms. See below for more information about the HIT Commons initiatives, as well as work to support the Oregon Provider Directory. For more information see the HIT Commons website.</p>
<p>Emergency Department Information Exchange (EDIE)/PreManage</p>	<p>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. In addition to utilization</p>

<p>For more information: Brittney.J.Matero@state.or.us</p>	<p>alerting, EDIE also provides succinct but critical information to ED physicians, such as: security alerts, care guidelines entered by the patient primary care home, and contact information for case managers. All hospitals with emergency departments (excepting the VA) in Oregon are live with EDIE. PreManage is a web-based application that expands the services in EDIE to other users such as health plans, Coordinated Care Organizations (CCOs), and physical, behavioral or dental clinics to improve coordination of patient care. PreManage adoption continues to increase across Oregon.</p> <p>All of Oregon’s CCOs receive hospital notifications through PreManage or are in contract. Most major Oregon health plans are using PreManage, as well as 6 out of 9 of Oregon’s Dental Care Organizations and 4 tribal clinics. Behavioral health continues to be a major category of PreManage users. All Type B Area Agency on Aging and Aging & People with Disability District offices are now using PreManage, and Developmental Disability programs through the Oregon Department of Human Services and the Oregon State Hospital are in phased roll out.</p> <p>Recent highlights:</p> <ul style="list-style-type: none"> • For hospitals who have integrated EDIE into their electronic health record (EHR), EDIE alerts may now include PDMP data (see below). • A 2019 Collective/PreManage Technical Assistance calendar of events has been established through the HIT Commons. • As of February 1, 2019, hospitals who receive EDIE notifications via fax now receive a Physician Order for Life Saving Treatment (POLST) as a print out along with the EDIE notification. Coming Spring 2019: POLST for hospitals with integrated EDIE and POLST for PreManage users.
<p>Oregon’s Prescription Drug Monitoring Program (PDMP) Integration Initiative</p> <p>For more information: Brittney.J.Matero@state.or.us</p>	<p>Oregon’s PDMP Integration initiative connects EDIE, HIEs, EHRs, and pharmacy management systems to Oregon’s PDMP, which includes prescription fill information on controlled substances, and is administered by OHA’s Public Health Division. HIT Commons is overseeing the PDMP Integration work with guidance from the Oregon PDMP Integration Steering Committee and in coordination with OHA’s Public Health PDMP program.</p> <p>PDMP Integration capabilities went live in summer of 2017 and the statewide subscription funding officially launched through the HIT Commons in Spring 2018.</p> <ul style="list-style-type: none"> • More than 4,900 prescribers, 78 health care entities, and 2 retail pharmacies (representing 240 pharmacists) are live with PDMP integrated directly into their health IT system or through EDIE alerts. • Interstate data sharing is established with PDMPs in Idaho, Kansas, Nevada, Texas, and North Dakota. Alaska and Washington are in progress and California recently passed legislation allowing data sharing. • A streamlined process to initiate PDMP Integration is now available through the HIT Commons. Interested health care organizations can start the process at the PDMP Integration website. • Monthly legislative updates and the latest PDMP implementation reports can now be found on the OHLC website.

Oregon HIT Program: Programs in Development	
<p>Oregon Provider Directory</p> <p><i>For more information:</i> Karen.Hale@state.or.us</p>	<p>The Oregon Provider Directory will serve as Oregon’s directory of accurate, trusted provider data. It will support care coordination, HIE, administrative efficiencies, and serve as a resource for health analytics. Authoritative data sources that feed the Provider Directory will be matched and aggregated and data stewards will oversee management of the data to ensure the Provider Directory maintains initial and long-term quality information. The Provider Directory Advisory Committee provides stakeholder input and oversight to OHA’s development of this program.</p> <p>OHA is engaged in implementation activities and is planning for a soft launch to a small set of users later in 2019. HIT Commons is working with OHA staff and stakeholder volunteers to develop an initial use case test for the soft launch. Additional users will be added in later phases as data become more robust.</p>
Oregon HIT Program: Operational HIT Programs	
<p>Medicaid EHR Incentive Program</p> <p><i>For more information:</i> Jessica.L.Wilson@state.or.us</p>	<p>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 March 2019, more than \$199 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,818 Oregon providers. The program ends 2021.</p>
<p>Oregon’s Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)</p> <p><i>For more information:</i> Jessica.L.Wilson@state.or.us</p>	<p>OMMUTAP helps certain Medicaid providers maximize their investments in EHRs, meet federal Meaningful Use requirements, improve efficiency and coordination of care, and improve the quality of EHR data. Through a contract with OCHIN, technical assistance is provided for the following services:</p> <ol style="list-style-type: none"> 1) Certified EHR Adoption, Implementation, and Upgrade Assistance 2) Interoperability Consulting and Technical Assistance 3) Risk and Security Training and Assessment 4) Meaningful Use Education and Attestation Assistance <p>To date, 1580 providers across 374 clinics are participating in the program. The program runs through May 2019.</p>
<p>Clinical Quality Metrics Registry</p> <p><i>For more information:</i> Katrina.M.Lonborg@state.or.us</p>	<p>The Clinical Quality Metrics Registry (CQMR) collects, aggregates, and provides electronic clinical quality measure (eCQM) data to meet program requirements and achieve efficiencies for provider reporting.</p> <p>The CQMR launched in January 2019 to collect eCQMs for the 2018 program year for the Medicaid EHR Incentive Program and began offering support for eCQM reporting to CMS for the CPC+ and MIPS programs on February 1. Use of the CQMR for the CCO incentive measures that are EHR-based will begin later in 2019, with pilots ahead of 2019 reporting. Over time, other quality reporting programs could use the CQMR as well, which will support OHA’s goal of streamlining and aligning quality metric reporting requirements and reducing provider burden. Onboarding materials and other resources are posted to the CQMR webpage.</p>
<p>HIE Onboarding Program</p> <p><i>For more information:</i> Kristin.M.Bork@state.or.us</p>	<p>CMS released new guidance to states in 2016 allowing for the use of 90% federal match funding to support HIE onboarding for a broad array of Medicaid providers. Oregon’s HIE Onboarding Program will increase Medicaid providers’ capability to</p>

	<p>exchange health information by supporting the costs of an HIE entity to onboard providers, with or without an EHR. Reliance eHealth Collaborative was selected to provide onboarding services through an RFP process.</p> <p>The HIE Onboarding Program launched in January 2019. OHA is working with Reliance to begin program activities.</p>
<p>Direct secure messaging Flat File Directory</p> <p><i>For more information:</i> Karen.Hale@state.or.us</p>	<p>The Flat File Directory assists organizations with identifying Direct secure messaging addresses across Oregon to support use of Direct, including to meet federal Meaningful Use requirements for sharing Transitions of Care summaries.</p> <p>As of February 2019, the Flat File Directory includes more than 16,000 Direct addresses from 24 interoperable, participating entities who represent more than 709 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.).</p>