Oregon Health Information Technology Program and HITOC Updates – June 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

**For more information:** [Lisa.A.Parker@state.or.us](mailto:Lisa.A.Parker@state.or.us)

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<th>ONC and CMS Interoperability Proposed Rules:</th>
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<tr>
<td>• The comment period deadline for both rules was extended to <strong>June 3, 2019</strong></td>
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**HIPAA Right of Access, Apps, and APIs**

- The HHS Office for Civil Rights (OCR) issued FAQs about provider liability concerns when a patient exercises their right of access using apps: [https://www.hhs.gov/hipaa/for-professionals/faq/health-information-technology/index.html](https://www.hhs.gov/hipaa/for-professionals/faq/health-information-technology/index.html)

**Trusted Exchange Framework and Common Agreement (TEFCA)**

- The second draft of the TEFCA, the second draft of the Mandatory Required Terms and Conditions (MRTCs), and the first draft of the Qualified Health Information Network (QHIN) Technical Framework were posted at [http://healthit.gov/TEFCA](http://healthit.gov/TEFCA) where you can also submit your comments.
- Comments for all three TEFCA documents are due **June 17, 2019**

**Notice of Funding Opportunity (NOFO): Trusted Exchange Framework Recognized Coordinating Entity (RCE) Cooperative Agreement**

- Applications are due **June 17, 2019**

#### Landscape / Scan Activities

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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.
OHIT is developing a Data Reporting Framework and set of Executive Summaries in support of HITOC’s data-related responsibilities and to inform HITOC’s 2020 Strategic Plan update. Input on draft documents was obtained from a variety of stakeholders; revised documents were then discussed at HITOC’s April retreat. HITOC will remain involved in developing data reporting that meets their needs throughout 2019.

Past work includes a Behavioral Health HIT/HIE Scan Report based on survey and interview data. See Behavioral Health Health IT Workgroup for more information.

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<th>HIT Strategic Plan Update</th>
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<td><a href="mailto:Francie.J.Nevill@state.or.us">Francie.J.Nevill@state.or.us</a></td>
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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.

The work to update the Strategic Plan will begin in 2020.

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<th>Behavioral Health HIT Work</th>
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<td><a href="mailto:Kristin.M.Bork@state.or.us">Kristin.M.Bork@state.or.us</a></td>
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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.

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<th>Oregon HIT Program: Partnerships</th>
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<td>HIT Commons</td>
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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 (OHLC) and OHA, and is jointly funded by OHA, hospitals, and health plans.

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.

The HIT Commons is beginning new work in the evolving landscape of social determinants of health (SDOH)—including conceptual development of an Oregon Community Information Exchange—to connect the health care and social services sectors. This will result in a proposal to the HIT Commons Governance Board later this year.
| Emergency Department Information Exchange (EDie)/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. In addition to utilization 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.

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.

Recent highlights:
- 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. As of March 2019, PreManage users may request POLST forms in their portal for their assigned patients.
- PreManage is rolling out to Skilled Nursing Facilities across Oregon in 2019. More than 60 out of nearly 200 are live. |
| Oregon’s Prescription Drug Monitoring Program (PDMP) Integration Initiative | 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.

PDMP Integration capabilities went live in summer of 2017 and the statewide subscription funding officially launched through the HIT Commons in Spring 2018.
- More than 6,900 prescribers, 78 health care entities, and 3 retail pharmacies (representing 570 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 HIT Commons website.

Oregon HIT Program: Programs in Development

Oregon Provider Directory

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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.

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.

Oregon HIT Program: Operational HIT Programs

Medicaid EHR Incentive Program

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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 May 2019, more than $200 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,818 Oregon providers. The program ends 2021.

Oregon’s Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)

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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:

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

To date, 1589 providers across 374 clinics are participating in the program. The program runs through May 2019.

Clinical Quality Metrics Registry

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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.

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.

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| 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 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.

The HIE Onboarding Program launched in January 2019. Reliance has submitted a workplan to start onboarding providers contracted with PacificSource Central Oregon and PacificSource Gorge. Reliance anticipates submitting for several more regions in the coming months. |

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<td><strong>For more information:</strong> <a href="mailto:Karen.Hale@state.or.us">Karen.Hale@state.or.us</a></td>
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| 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.

As of February 2019, the Flat File Directory includes more than 16,000 Direct addresses from 24 interoperable, participating entities who represent more than 713 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.). |