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 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:* *Britteny.J.Matero@state.or.us*	H.R. 6, otherwise known as *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* or *SUPPORT for Patients and Communities Act,* was developed and passed with significant bipartisan support from the House and Senate, then signed into law by President Trump on October 24, 2018. The Act is intended to address the national opioid crisis. It seeks to do this by increasing efforts against illicit drugs and using HIT to expand monitoring, coordination, and communication efforts between programs and/or providers. OHIT is currently analyzing the law and its impacts on health information technology.
Landscape/ Scan Activities *For more information:* *Marta.M.Makarushka@state.or.us*	OHA's Office of HIT (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 to serve various purposes, including setting targets for and reporting on OHIT's work. OHIT released a draft for discussion of its Behavioral health HIT/HIE scan report at the December 2017 HITOC meeting, and will finalize the report in 2018. The report presents data from an online survey completed by about 50% of licensed behavioral health agencies across the state as well as 12 in-depth interviews regarding HIT and health information exchange (HIE) use, needs, challenges, and priorities. Two additional report appendices have been released to provide further detail on the collected survey and interview data. In response to HITOC's request, OHIT has convened a Behavioral Health HIT Workgroup to provide input to OHA and HITOC on how best to support behavioral health stakeholders' use of HIT. The workgroup met in September, October, and November to review the draft report and provide input on priority HIT/HIE needs and recommended strategies for supporting behavioral health. The workgroup's input has been summarized and added to the report as an addendum; their recommendations will be presented to HITOC in December.
HIT Strategic Plan Update	The HITOC HIT 2017-2020 Strategic Plan was finalized and approved by the Oregon Health Policy Board in October 2017 and provides a roadmap for Oregon's HIT

For more information: *Francie.J.Nevill@state.or.us*	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. OHPB also approved HITOC's 2018-2020 workplan (which can be found in the Strategic Plan document), which includes work to develop policy recommendations and strategies to support behavioral health information sharing, HIT to support value-based payment models, data sharing needs to address social determinants of health, and patient access to their health information.
Oregon HIT Program: Programs in Development	
HIT Commons *For more information:* *Britteny.J.Matero@state.or.us*	The HIT Commons is a public/private partnership to coordinate investments in HIT, leverage funding opportunities, and advance HIE across the state. The HIT Commons has identified two initiatives initially, 1) continuing the spread and adoption of EDIE/PreManage and 2) launching a statewide subscription for health IT systems to integrate with the PDMP. The HIT Commons Governance Board began meeting in January 2018 and meets bimonthly. Initial work has focused on approving EDIE/PDMP initiative steering committees, reviewing and updating key policies, establishing key success metrics for initiatives, and developing a stakeholder communications plan. For more information on the HIT Commons visit the Oregon Health Leadership Council website.
HIE Onboarding Program *For more information:* *Kristin.M.Bork@state.or.us*	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 electronic health record (EHR). OHA completed significant stakeholder input into the development of the HIE Onboarding Program, including meetings with a short-term advisory group, meetings with stakeholder organizations, and a Request for Information from prospective HIE organizations that may apply to participate in the program. Reliance eHealth Collaborative was selected to provide onboarding services through an RFP process. OHA anticipates launching the onboarding program sometime Fall 2018, dependent upon timing of CMS approval of the contract.
Clinical Quality Metrics Registry *For more information:* *Katrina.M.Lonborg@state.or.us*	The Clinical Quality Metrics Registry (CQMR) will collect, aggregate, and provide clinical quality metrics data to meet program requirements and achieve efficiencies for provider reporting. Initially, the CQMR will support the Medicaid EHR Incentive Program (see below) and the Coordinated Care Organization (CCO) incentive measures that are EHR-based. 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. OHA began implementation of the CQMR in December 2017 with its prime vendor, Peraton, and subcontractor, MiHIN. User acceptance testing kicked off on November 13 and will continue for 4 weeks. The CQMR is scheduled to go live to support reporting for program year 2018, and contingency plans are in place to avoid disruptions in reporting if go-live is delayed. Onboarding materials will be

	posted soon, and program staff are engaged in ongoing outreach and stakeholder engagement.
Oregon Provider Directory *For more information:* *Karen.Hale@state.or.us*	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 heath 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 held a kick-off meeting with its prime vendor, Peraton, and subcontractor, MiHIN for the Provider Directory in December 2017. System testing is underway and user acceptance testing will begin in early 2019. A soft launch to a small set of users is expected to begin in 2019 to establish a proof of concept. Additional users will be added in later phases as data become more robust and the value proposition is established. Other programmatic work in process includes adoption and communications planning for all phases, operations planning, and legal agreements development.
Oregon HIT Program: Operational HIT Programs	
Medicaid EHR Incentive Program *For more information:* *Jessica.L.Wilson@state.or.us*	The Medicaid EHR Incentive 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 2018, more than $194 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,809 Oregon providers. The program ends 2021.
Oregon's Medicaid Meaningful Use Technical Assistance Program (OMMUTAP) *For more information:* *Jessica.L.Wilson@state.or.us*	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, 1515 providers across 353 clinics are participating in the program. The program runs through May 2019.
Emergency Department Information Exchange (EDIE)/PreManage *For more information:* *Britteny.J.Matero@state.or.us*	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 (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, CCOs, and physical, behavioral or dental clinics to improve coordination of patient care.
	Recent highlights:
	• A Quarter (Q) 1 2018 report shows from Q2 2017 – Q1 2018, **the total number of ED visits fell by 0.3%, the number of High Utilizers (5+ visits in 12 months) fell by 5%, and potentially avoidable visits from High Utilizers decreased by 4%**
	• The **EDIE Steering Committee has three work groups**: Behavioral Health User Community; CCO ED Disparity Metric Work Group; and EDIE/PreManage Community Leadership Work Group
	• **Six Community Collaborations have been established across Oregon** to convene their community EDIE/PreManage users. These collaboratives focus on adoption and use of the tools and are driven by local leaders. Communities involved are: Central Oregon; Salem; Lane County; Southern Oregon; Portland Coordinated Care Association; and Columbia Pacific CCO Region
	• **PreManage adoption has continued to increase across Oregon**. All of Oregon CCOs are now receiving 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 DHS and the Oregon State Hospital are onboarding
	• For hospitals who have integrated EDIE into their EHR, **EDIE alerts may now include Prescription Drug Monitoring Program data** (see below)
Direct secure messaging Flat File Directory *For more information: Karen.Hale@state.or.us*	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 November 2018, the Flat File Directory includes more than 16,378 Direct addresses from 24 interoperable, participating entities who represent more than 706 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.).
HIT Initiatives and HIT support for OHA programs	
Oregon's Prescription Drug Monitoring Program (PDMP) Integration Initiative *For more information: Britteny.J.Matero@state.or.us*	Oregon's PDMP Integration initiative connects EDIE, HIEs, EHRs, and pharmacy management systems (PMS) 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 officially launched through the HIT Commons in Spring 2018. The first priority for integration under the initiative has been with EDIE/PDMP:

	• **EDIE notifications can now include PDMP data when certain triggers are met**. This new feature is being rolled out hospital by hospital and can only be implemented by hospitals who have integrated EDIE alerts into their EHRs (some hospitals receive EDIE notifications via fax or secure printer). • **25 Oregon hospital EDs (more than 600 ED prescribers) are live** and receiving PDMP data via EDIE. ED physicians report PDMP data pushed to them within their clinical workflow is extremely valuable and results in more informed prescribing practices. The PDMP Integration initiative is now working towards PDMP integration with other health IT systems: EHRs, pharmacy management systems, and HIEs. Recent highlights include: • **134% increase** in total number of queries submitted through Integration, EDIE, and web browser in the past year • **Interstate data sharing** is now 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 and get their questions answered at the PDMP Integration website ○ **8 entities live, 19 in progress, 63 have applied** to integrate PDMP in their health IT system
POLST Registry: HIT Integration *For more information: Britteny.J.Matero@state.or.us*	OHA awarded a grant to the Oregon POLST Registry in December 2016 to support EHR and HIT system integration with the registry. The goal of the grant was to provide electronically completed POLST forms to health systems, hospitals, and others to support patient care. The upgrade has been completed to the electronic POLST (ePOLST) system and bidirectional data flow is now possible. Two hospitals are successfully piloting receiving EDIE notifications when a POLST form is available for a patient. The most recent POLST form is then pushed by Collective Medical (EDIE vendor) to the hospitals. Next steps for POLST in EDIE is a rolling go-live across hospitals in 2019.
ONC Advance Interoperable HIT Cooperative Agreement on Behavioral Health Information Sharing *For more information: Marta.M.Makarushka@state.or.us*	In 2015, OHA and sub-recipient Reliance eHealth Collaborative (formerly Jefferson Health Information Exchange) were awarded a two-year, $2.2 million cooperative agreement from the federal Office of the National Coordinator for HIT (ONC) aimed at advancing the adoption and expansion of HIT infrastructure and interoperability. The agreement ended in July 2017. Through the project, Reliance addressed barriers to information sharing and care coordination across settings, particularly for behavioral health data. See August 2017 HITOC meeting materials/Program updates for more information about Reliance's accomplishments with this grant, including the implementation of a Common Consent Model for exchanging 42 CFR Part 2 protected substance use treatment data with the proper permissions; connections to Prescription Drug Monitoring Program (PDMP), EDIE, and Veteran's Administration; other clinical interfaces and alerts/notifications.

OpenNotes	One of Oregon's HIT goals is to ensure that Oregonians have access to their own health information electronically. OpenNotes supports healthcare organizations working with their EHR vendors to make full clinician notes available through their EHR's patient portal. [We Can Do Better](#)'s Northwest OpenNotes Consortium has advocated to nineteen different organizations, including vendors and clinics, for the implementation and dissemination of OpenNotes. OHA leveraged federal State Innovation Model funding to support the spread of Open Notes in Oregon and continues to explore ways to enhance this effort.
For more information: *Kristin.M.Bork@state.or.us*	