

Health IT Policy

Federal Law and Policy Updates

Federal Interoperability and Patient Access Final Rules, Contact: Marta.M.Makarushka@dhs.oha.state.or.us

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 [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 electronic health information (EHI) and interoperability.

By April 5, 2021 providers must provide patients access to their EHI (the data set forth in the [United States Core Data for Interoperability](#) standard), upon patient request, to comply with the ONC Cures Act Information Blocking final rule provisions. Information blocking provisions also apply to making patient information available to other providers, payers, public health agencies, and others that have proper authorization and make requests for treatment or other permitted purposes under [applicable law](#). In addition, HIEs/HINs and developers of certified health IT are required to exchange all (USCDI) v1 data elements, assess current practices for information blocking and adjust as necessary, and ensure they utilize widely-accepted and -adopted standards to exchange data. See [ONC Fact Sheet](#) for information about the eight exceptions to the information blocking provisions.

As of May 1, 2021, CMS is modifying Conditions of Participation (CoPs) to require hospitals, including psychiatric hospitals and Critical Access Hospitals, to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to the patient's primary physician, primary care group practice, and/or other physician or group practice identified by the patient.

Since October 2020, OHA hosted three webinars:

- HITOC-sponsored Federal Interoperability Final Rules Webinar which provided an overview of both ONC and CMS interoperability final rules;
- CCO/Payer Interoperability Final Rules Webinar focused on the CMS payer requirements; and
- CCO/DCO Final Rules Follow-up Webinar focusing on the newly released Interoperability and Prior Authorization final rule and CCO/DCO information sharing and coordination.

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 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 stakeholders and 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.

Recordings and materials for these webinars and additional resources (e.g., webinar Q&As, links to federal websites and documents) can be found on the [Office of Health IT final rules webpage](#).

ONC Releases Draft USCDI Version 2 and SVAP Approved Standards for 2020, Contact: Lisa.A.Parker@dhsoha.state.or.us

ONC released the Draft United States Core Data for Interoperability Version 2 ([Draft USCDI v2](#)) on January 12, 2021. The Draft USCDI v2 is the result of wide-ranging public input into the elements that should be included to enhance the interoperability of health data for patients, providers, and other users. ONC encourages the public to review this draft standard, including the list of data elements that didn't make it into the standard, and provide comments through the USCDI home page by April 15, 2021.

ONC also released the Standards Version Advancement Process (SVAP) Approved Standards for 2020. Under SVAP, health IT developers can incorporate newer versions of health IT standards and implementation specifications used in certified health IT and update systems for their customers without undergoing certification testing again.

[Learn more about the USCDI and comment →](#)

[Learn more about the SVAP →](#)

EHR Reporting Program, Contact: Jessica.L.Wilson@dhsoha.state.or.us

The 21st Century Cures Act, or Cures Act, directed the US Department of Health and Human Services to establish a new [Electronic Health Record \(EHR\) Reporting Program](#). The Office of the National Coordinator for Health IT (ONC) contracted with the Urban Institute, and its subcontractor, HealthTech Solutions, to develop the program. The EHR Reporting Program will provide publicly available, comparative information on certified health IT based on input from developers and voluntary input from end users.

[Voluntary user-reported criteria](#) were posted October 13, 2020, and informed by [public feedback](#). Stakeholder engagement will continue into 2021 to inform developer-reported criteria.

Proposed HIPAA rules from HHS Office for Civil Rights, Contact: Lisa.A.Parker@dhsoha.state.or.us

On January 21, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services published [proposed rules to the Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule](#) to support individuals' engagement in their care, remove barriers to coordinated care, and reduce regulatory burdens on the health care industry. The proposed changes include strengthening individuals' rights to access their own health information, including electronic information; improving information sharing for care coordination and case management for individuals; facilitating greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises; enhancing flexibilities for disclosures in

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.

emergency or threatening circumstances, such as the Opioid and COVID-19 public health emergencies; and reducing administrative burdens on HIPAA covered health care providers and health plans, while continuing to protect individuals' health information privacy interests.

OCR encourages comments from all stakeholders, including patients and their families, HIPAA covered entities (health plans, health care clearinghouses, and most health care providers) and their business associates, consumer advocates, health care professional associations, health information management professionals, health information technology vendors, and government entities. [The comment period has been extended to 5/6/21.](#)

Oregon Law and Policy Updates

HB4212 REALD Provider Reporting, Contact: Karen.Hale@dhsoha.state.or.us or 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: <https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>

The requirement went into effect on October 1, 2020 for Phase 1 providers, with additional phases in 2021. Phase 1 providers include:

- Hospitals, except for licensed psychiatric hospitals;
- Health care providers within a health system; and
- Health care providers working in a federally qualified health center

In Q1 2021, OHA convened lessons learned meetings for Phase 1 provider organizations to support REALD implementation. OHA also published the first COVID-19 REALD report:

<https://www.oregon.gov/oha/covid19/Documents/DataReports/COVID-19-REALD-Report-2021-2-19-FINAL.pdf>

Landscape and Environmental Scan, Contact: Marta.M.Makarushka@dhsoha.state.or.us

OHA's Office of Health IT (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 EHR and 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 will focus on CCO 2.0 HIT Roadmap and Data reporting:

- OHIT will support CCOs' 2021 Health IT Data Collection and Reporting efforts. This will include a survey distributed to CCO-contracted provider organizations to collect EHR and HIE information that will be used to inform HITOC's strategic plan update work.
- CCOs annual Health IT Roadmaps are 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.

HITOC Strategic Plan and Annual Priorities, Contact: Susan.Otter@dhsosha.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, 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 will resume Strategic Plan Update work summer 2021.

House Bill 3039 is being considered this legislative session, which would direct HITOC's Strategic Planning Efforts to explore technology, funding, incentives, and policy options for statewide community information exchange (CIE), statewide health information exchange (HIE), patient access to data, and incentivizing electronic health records (EHR) adoption.

Annual priorities: On February 17, 2021, HITOC's chair and vice chair reported to the [Oregon Health Policy Board \(OHBP\)](#) on 2020 progress and 2021 priorities, including Health IT needed to support COVID response, Strategic Plan update work, and further work related to HIT and social determinants of health and health equity.

Membership: In late March 2021, HITOC released a Call for Nominations for new members and those interested in joining future workgroups. Applications are due mid-April.

Oregon Health IT Program: Partnerships

HIT Commons, Contact:

Luke.A.Glowasky@dhsosha.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. 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](#) (aka 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 Medicaid PreManage Subscription that includes use by

HITOC's Current Work Groups

Workgroups will reconvene summer 2021.

[Health IT/Health Information Exchange Community and Organizational Panel](#)

This group is composed of representatives from a variety of organizations across Oregon that are implementing or operating cross-organizational health IT and health information exchange programs. Members share best practices, identify common barriers to progress, and explore opportunities for collaboration.

[Behavioral Health HIT Workgroup](#)

This group was chartered in 2018 to recommend strategies to support health IT for behavioral health providers. Recommendations are included in OHA's [Report on Health Information Technology and Health Information Exchange Among Oregon's Behavioral Health Agencies](#). The group oversees OHA's Behavioral Health HIT Workplan and is convened as needed to inform specific initiatives such as OHA's [Confidentiality Toolkit](#) and technical assistance learning collaboratives. It is composed of a broad representation of types of behavioral health stakeholders across Oregon.

CCOs, Oregon Department of Human Services programs, Tribal clinics, and other Medicaid care coordinators.

- As of January 18, 2021, statewide COVID-19 positive case data are flowing from OHA's Oregon Pandemic Emergency Response Application (Opera), the state's COVID-19 case investigation system, into EDie emergency department notifications across 63 Oregon hospitals and are visible in real-time through integrated EHR and other clinical workflows. For more information see this [link](#). See Initiative below for more information on COVID-19 Data Sharing.
- The HIT Commons [EDIE Steering Committee](#) met on February 26, 2021. Topics of discussion included EDIE/Collective platform use cases under development and [Committee priorities for 2021](#). Materials from that meeting are available at this [link](#). The Committee's next meeting is April 23, 2021.

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](#).

- House Bill 2074 has been introduced this legislative session at the request of OHA. This bill increases annual PDMP fees from \$25 to \$35 and is critical to maintaining continued operations and support of the PDMP Integration initiative.
- The PDMP Integration Steering Committee met on January 14, 2021. The Committee's next meeting is April 8, 2021.

Oregon Health IT Program: Programs and Initiatives

COVID-19 Data Sharing, Contact: Luke.A.Glowasky@dhsoha.state.or.us

- As mentioned above, OHA is now sharing COVID-19 positive case data to emergency departments through EDie and will soon be live with sharing through Reliance eHealth Collaborative to its clinical users.
- House Bill 3057 is being considered this legislative session, which would allow COVID-19 positive case data to be shared from Public Health to entities like CCOs and health plans for care coordination purposes. If this bill passes, HIT Commons and OHA are poised to share COVID-19 data to all Collective Platform users organizations, including CCOs, health plans, clinics and others. OHA is also coordinating with Reliance to enable sharing with their CCO and health plan users.
- COVID Vaccine data reports are now shared weekly with CCOs for their members.

Community Information Exchange, Contact: Lisa.A.Parker@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 with two main CIE vendors: [Aunt Bertha](#) and [Unite Us/Connect Oregon](#). To learn more, see <https://www.oregon.gov/oha/HPA/OHIT/Pages/CIE-Overview.aspx>.

As mentioned above, House Bill 3039 is being considered this legislative session, which would direct HITOC's Strategic Planning Efforts to explore technology, funding, incentives, and policy options for statewide community information exchange (CIE) as well as other topics.

Medicaid EHR Incentive Program, Contact: Jessica.L.Wilson@dhsosha.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 March 2021, more than \$210 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,851 Oregon providers. The program ends in 2021.

Oregon Provider Directory, Contact: Karen.Hale@dhsosha.state.or.us

The [Oregon Provider Directory \(OPD\)](#) supports accurate, trusted provider data and care coordination, HIE, administrative efficiencies, and health analytics. [The Provider Directory Advisory Committee](#) provides stakeholder input and oversight to OHA's development of this program. The OPD went live in September 2019 in a soft launch in Central Oregon.

Due to COVID-19, in March 2020 OHA paused soft launch engagement activities. In December 2020, The [Governor's proposed 21-23 budget](#) did not include funding for the OPD. Since that time, OHA staff have been working internally to explore other sources of funding while work on the OPD is currently paused.

Clinical Quality Metrics Contact: Katrina.M.Lonborg@dhsosha.state.or.us

The [Clinical Quality Metrics Registry \(CQMR\)](#) service was suspended at the end of 2020. OHA remains committed to the goals of collecting robust clinical data on outcomes measures to support health system transformation. For more information, please see these [FAQs](#).

Educational webinar: Quality measures and FHIR: OHA partnered with OHSU's Care Management Plus team to offer a free educational webinar on FHIR and electronic clinical quality measures. If you missed it, the [slides](#) and [recording](#) are posted to the [CCO Metrics TAG](#) page.

Health Information Exchange (HIE) Onboarding Program, Contact: Jessica.L.Wilson@dhsosha.state.or.us

Oregon's [HIE Onboarding Program](#) leverages 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 include 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 ends June 30, 2021.

OHA has approved Reliance to onboard providers contracted with nine CCOs, covering 14 Oregon counties. See <http://reliancehie.org/covid19/> for more information.

Direct Secure Messaging Flat File Directory, Contact: Karen.Hale@dhsoha.state.or.us

The Flat File Directory assists organizations using Direct secure messaging by providing a listing of participating organizations' Direct secure messaging addresses, enabling health information exchange across Oregon.

As of January 2021, the [Flat File Directory](#) includes more than 17,000 Direct addresses from 25 interoperable, participating entities who represent 890 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.).

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).

Program Contact

Health Information Technology Oversight Council: hitoc.info@dhsoha.state.or.us

Get involved with Oregon Health IT

Office of Health Information Technology: HealthIT.Oregon.gov | Join the listserv: bit.ly/2VYgoDB