

Health IT Policy

Federal Law and Policy Updates, Contact:

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ONC and CMS Interoperability Final Rules, Contact:

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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 in the Federal Register.

The ONC [21st Century Cures Act Final Rule](#) supports seamless and secure access, exchange, and use of electronic health information (EHI). The Final Rule calls on the healthcare industry to adopt standardized application programming interfaces (APIs), which will help allow individuals to securely and easily access structured EHI using smartphone applications. The rule includes a provision requiring that patients can electronically access all of their EHI, structured and/or unstructured, at no cost. Finally, to further support access and exchange of EHI, the proposed rule implements the information blocking provisions of the Cures Act which applies to health care providers, health IT developers of certified health IT, and health information networks or exchanges. The rule proposes eight exceptions to the definition of information blocking.

The Centers for Medicare and Medicaid Services (CMS) [Interoperability and Patient Access Final Rule](#) focuses on patient access to electronic health information (EHI) and interoperability among providers, payers and patients. It implements requirements that put patients first, giving them access to their health information when they need it most and in a way they can best use it. The rule requires insurers participating in CMS-run programs like Medicare, Medicaid, and the federal Affordable Care Act exchanges to make patient EHI and provider directory information available to patients in their app of choice.

OHA has hosted two webinars: a HITOC-sponsored Federal Interoperability Final Rules Webinar on October 1st which provided an overview of both interoperability final rules, and a CCO/Payer Interoperability Final Rules Webinar on November 5th which focused on the CMS payer requirements and included a CCO presentation about their approach to meeting the final rule requirements. Recordings and materials for both 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](#).

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.

Final Federal Health IT Strategic Plan

HHS, led by the ONC, published the [final 2020-2025 Federal Health IT Strategic Plan](#) on October 30, 2020. This plan was informed by nearly 100 public comment submissions and was developed in collaboration with over 25 federal organizations. It is intended to guide federal health information technology (IT) activities, and explains how the federal government intends to use health IT to:

1. Promote Health and Wellness;
2. Enhance the Delivery and Experience of Care;
3. Build a Secure, Data-Driven Culture to Accelerate Research and Innovation; and
4. Connect Healthcare with Health Data.

Oregon Law and Policy Updates

HB4212 REALD Requirements for COVID, Contact:

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As required by House Bill 4212 (2020), OHA rules now require 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. The requirement went into effect on October 1 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

OHA has convened a technical workgroup of Phase 1 provider organizations and technical experts to support and coordinate REALD implementation and achieve efficiencies. The group discusses necessary updates to EHR systems, public health data reporting options, workflow, and other implementation details. For more information, see:

<https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>

Landscape and Environmental Scan, Contact:

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OHA's Office of HIT (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.

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.

- In December 2019, staff presented 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 2020 strategic planning work.
- Past work includes a Behavioral Health HIT/HIE Scan Report based on survey and interview data. See [Behavioral Health HIT Workgroup](#) for more information.
- OHA has paused further data collection during this time while staff and stakeholders are focused on COVID response. We plan to resume activities when possible in the future.

HITOC Strategic Plan and Annual Priorities, Contact: Susan.Otter@dhsosha.state.or.us

Strategic Plan Update: In 2019, HITOC began preparing to spend 2020 on efforts to update 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 COVID’s impact on the healthcare system, remaining listening sessions were canceled and Strategic Plan Update efforts have been placed on hold. HITOC will resume Strategic Plan Update work sometime in 2021.

Annual priorities: In February 2020, HITOC reported to the [Oregon Health Policy Board](#) on 2019 progress and proposed 2020 priorities, including Strategic Plan update work, and further work related to HIT and social determinants of health and health equity. Due to COVID response, OHA suspended stakeholder meetings starting in April, which put HITOC’s work on hold. HITOC held an August 2020 meeting to focus on COVID response and the role of health IT. HITOC tentatively plans to meet again in February 2021.

Behavioral Health HIT Workplan, Contact:
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The [Behavioral Health \(BH\) HIT Workgroup’s](#) February 2020 meeting focused on recommendations for how OHA can use the SAMHSA block grant funding for technical assistance to substance use disorder providers around EHR and HIE adoption and use. As a result of the collaboration with the Workgroup, OHA planned and hosted two virtual behavioral health learning collaborative events in September 2020 to provide an opportunity for behavioral health providers and organizations to collaborate and share best practices, lessons learned, and challenges around EHR adoption/upgrade and HIE.

- The first event, offered September 1, was largely structured as a peer-to-peer learning event and featured the topics of behavioral health EHR adoption/upgrade, behavioral health EHR utilization in Oregon, and the collection and use of Race, Ethnicity, Language, and Disability (REALD) data. Additionally, the event offered breakout sessions for a few specific EHRs,

HITOC’s Current Work Groups

[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](#)

HITOC chartered this group in 2018 to prioritize the recommendations in OHA’s [Report on Health Information Technology and Health Information Exchange Among Oregon’s Behavioral Health Agencies](#). The workgroup’s recommendations were presented to HITOC in December 2018 and added to the Report as an addendum. HITOC requested the workgroup continue. It is composed of a broad representation of types of behavioral health stakeholders across Oregon.

telehealth, and decision-making in EHR adoption/upgrade. Nearly 200 individuals across 100 different organizations attended the event.

- The second event, offered September 21 in collaboration with the HIT Commons, centered on HIE tools and privacy and confidentiality. Attendees received guidance for using the finalized OHA Provider Confidentiality Tool Kit, legal information, and updates to 42 CFR Part 2, and were able to participate in breakout sessions covering various HIT/HIE applications for behavioral health information sharing. More than 80 individuals attended the event. For more information: **OHA Confidentiality Tool Kit:** <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le8271.pdf>; **Cover Letter:** <https://www.oregon.gov/oha/HSD/AMH/docs/Tool-Kit-091820.pdf>

Oregon Health IT Program: Partnerships

HIT Commons, Contact: Luke.A.Glowasky@dhsoha.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 (OHLIC) 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. 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.

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, Medicaid coordinated care organizations (CCOs), providers, and care coordinators. In Oregon, Physician Orders for Lifesaving Treatment (POLST) forms are available to view for clinics, Skilled Nursing Facilities (SNFs), payers, and hospitals who receive EDie alerts through paper/fax.

EDie and the Collective Platform are in use statewide and adoption for Collective continues to grow. All of Oregon's CCOs receive hospital notifications through the Collective Platform (All CCOs are extending their Collective subscriptions down to their contracted providers), as are most major Oregon health plans, all of Oregon's Dental Care Organizations, and 4 tribal clinics. Behavioral health continues to be a major category of Collective users. All Type B Area Agencies, Aging and Aging & People with Disabilities, and Developmental Disabilities District offices are now using Collective.

Recent highlights:

- OHA, HIT Commons and Collective worked together in March to deploy three statewide flags indicating a patient had an ED visit with a presumptive COVID-19 indicator. Educational materials were also developed and sent to all EDIE/Collective Platform users. Confirmed COVID-19 status from some hospital facility ADT and Reliance lab feeds are now live in EDIE/Collective Platform.

For more information see: <http://www.orhealthleadershipcouncil.org/covid-19-resources-for-collective-platform/>

- A pilot is underway in Lane County to flag when a patient is housing insecure. Data for this flag comes directly from the Homeless Management and Information System (HMIS) system.
- Apprise EDIE Dashboard Highlights, Q2 2019 – Q1 2020:
 - The total number of ED visits increased by 1.0%
 - The number of High Utilizer visits increased by 3.3%
 - Co-morbid Mental Health related visits increased by 12.1%
 - Co-morbid Substance Use Disorder related visits increased by 4.3%
 - Potentially Avoidable visits from High Utilizers decreased by 3.8%
 - Visits decreased by 25% in the 90 days following an initial care guideline.

Oregon’s Prescription Drug Monitoring Program (PDMP) Integration Initiative

Oregon’s PDMP Integration initiative connects EDie, regional health information exchanges (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. Legislative updates and the latest PDMP implementation reports can now be found on the [HIT Commons website](#). PDMP Integration capabilities went live in summer of 2017 and the statewide subscription funding officially launched through the HIT Commons in Spring 2018. Recent highlights include:

- 20,852 prescribers¹ across 189 organizations have integrated access to Oregon’s PDMP data – either through their EDie alerts, or through one-click access at the point of care (EHR or HIE), 8 retail pharmacy chains (across 664 sites) and 1 rural pharmacy are also live.
- Q2 2020 percentage change evaluation relative to Q2 2019:
 - Integrated queries have increased dramatically across all clinical user groups except dentists: Pharmacists (+24%), Naturopaths (+57%), Doctors of Medicine/Physicians Assistants/Osteopaths (+138%), Nurse Practitioners/Clinical Nurse Specialists (+72%), Dental Surgeons/Doctors of Medicine in Dentistry (-25%)
 - Prescriptions for opioids continued to trend downward (hydrocodone, -14.6%; oxycodone, -10.6%), while amphetamine increased (+6.8%); methylphenidate (-7.9%) and common benzodiazepines such as lorazepam (-3.4%), alprazolam (-7.1%) and clonazepam (-2.9%) decreased

Oregon Community Information Exchange Activities, Contact: Lisa.A.Parker@dhs.oha.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, sponsored by CCOs, health plans and other organizations. Community-based organizations (CBOs), clinics, local public health authorities (LPHAs), and non-profits are participating across Oregon with two main CIE vendors: [Aunt Bertha](#) and [Unite Us/Connect Oregon](#).

¹ This number cannot be deduplicated and may reflect duplicate prescriber counts.

OHA has funded efforts by the [HIT Commons](#) to monitor the CIE environment and convene stakeholders to align on future activities. Work to date has included:

- An [environmental scan of CIE efforts](#) in Oregon completed in fall 2019 and included 20 meetings/interviews.
- An ongoing [mapping of CIE activities](#) in Oregon.
- A 2020 [Oregon CIE Advisory Group](#) to engage multiple stakeholders to discuss components of an effective CIE, assess opportunities for alignment, and to develop a statewide CIE Roadmap.

CIE for COVID CIE can be used by interested CBOs, LPHAs, and Tribes to coordinate wraparound and social services support for COVID-19 isolation and quarantine. Joining a CIE is voluntary and not required under the [COVID-19 Grants for Community Based Organizations](#). To learn more about this effort see our [OHA CIE Flyer](#).

To learn more, see <https://www.oregon.gov/oha/HPA/OHIT/Pages/CIE-Overview.aspx>.

Oregon Health IT Program: Programs

Medicaid EHR Incentive Program Contact: Jessica.L.Wilson@dhsoha.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 November 2020, more than \$209 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,849 Oregon providers. The program ends in 2021.

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

The [Oregon Provider Directory \(OPD\)](#) will serve as Oregon's directory of accurate, trusted provider data. It supports care coordination, HIE, administrative efficiencies, and health analytics. Authoritative data sources that feed the OPD are aggregated and data stewards manage the data to ensure quality. [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. HIT Commons and OHA have partnered for soft launch. Due to COVID-19, in March 2020 OHA paused soft launch engagement activities. During the pause, OHA staff have focused on enriching the OPD with data from 3rd party sources, engaging available partners for use case testing, and exploring other directory domains (e.g., social service resource directories) where the OPD aligns and can bring value.

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

The [Clinical Quality Metrics Registry \(CQMR\)](#) has been used to support the Medicaid EHR Incentive Program and CCO quality incentive program. The CQMR collects, aggregates, and provides electronic clinical quality measure (eCQM) data to meet program requirements and achieve efficiencies for provider reporting. Because of changing national standards, however, the CQMR service will be 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](#).

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. The Program supports 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 to provide onboarding services through an RFP process. The HIE Onboarding Program launched in January 2019 and will end in fall 2021.

OHA has approved Reliance workplans to onboard providers contracted with eight current CCOs, covering 12 Oregon counties: AllCare Health Plan, Advanced Health, Cascade Health Alliance, Jackson Care Connect, PacificSource Central Oregon, PacificSource Gorge, Primary Health of Josephine County, and Umpqua Health Alliance. Reliance submitted and received approval for their 2020 work plan.

Reliance has been active in supporting COVID response as well. See <http://reliancehie.org/covid19/> for more information.

Direct Secure Messaging Flat File Directory Contact: Karen.Hale@dhsosha.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 2020, the Flat File Directory includes more than 18,000 Direct addresses from 25 interoperable, participating entities who represent 886 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@dhsosha.state.or.us).

Program Contact

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

Get involved with Oregon Health IT

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