

## Health IT Policy

**Federal Law and Policy Updates/Changes, contact:**

[Lisa.A.Parker@dhsosha.state.or.us](mailto:Lisa.A.Parker@dhsosha.state.or.us)

### *42 CFR Part 2 Proposed Rule*

Substance Abuse and Mental Health Services Administration (SAMHSA) released a notice of proposed rulemaking ([NPRM](#)) on [42 CFR Part 2](#). **Comments are due by October 25, 2019 at 3:00pm Pacific.** The 42 CFR Part 2 regulations serve to protect patient records created by federally funded programs for the treatment of substance use disorders. SAMHSA is currently proposing to revise Part 2, to facilitate better coordination of care for substance use disorders which will also enhance care for opioid use disorders. These provisions will be an important part of the Federal response to the opioid epidemic, while maintaining Part 2 confidentiality protections. SAMHSA has outlined the changes in a [fact sheet](#).

### *ONC Patient Matching, Aggregation, & Linking Project (PMAL)*

ONC released the [final report for the PMAL project](#) intended to study and advance the methods of accurately linking and aggregating patient records from various sources to increase the volume and quality of data available to support Patient-Centered Outcomes Research.

**Landscape and Environmental Scan, Contact:**

[Marta.M.Makarushka@dhsosha.state.or.us](mailto:Marta.M.Makarushka@dhsosha.state.or.us)

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.

## 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 OHBP 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.

## Health IT and Health System Transformation: Vision and Goals

Oregon's Health Information Technology Oversight Council's (HITOC) charter sets 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.

**HIT Strategic Plan**, Contact: [Francie.J.Nevill@dhsosha.state.or.us](mailto:Francie.J.Nevill@dhsosha.state.or.us)

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.

### Behavioral Health HIT Work,

contact: [Kristin.M.Bork@dhsosha.state.or.us](mailto:Kristin.M.Bork@dhsosha.state.or.us)

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.

The group met on July 10, 2019 and reviewed a draft of the OHA BH HIT Work Plan, which included current and planned activities that respond to the BH HIT Workgroup's December 2018 recommendations. The final workplan was presented to HITOC in August 2019. HITOC was receptive to the workplan. Meetings with the BH HIT Workgroup will continue into 2020

## Oregon Health IT Program: Partnerships

### **HIT Commons**

Contact: [Brittany.J.Matero@dhs.oregon.gov](mailto:Brittany.J.Matero@dhs.oregon.gov)

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 (OHLCC) and OHA, and is jointly funded by OHA, hospitals, and health plans.

See below for more information about the HIT Commons initiatives, as well as work to support the Oregon Provider Directory and 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. For more information see the [HIT Commons](#) website.

### ***Emergency Department Information Exchange (EDie) and 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 companion software tool to EDie. PreManage 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. EDie and PreManage are in use statewide and adoption for PreManage continues to grow.

All of Oregon's CCOs receive hospital notifications through PreManage. Most major Oregon health plans are using PreManage, as well as all 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 Agencies on Aging and Aging & People with Disability District offices are now using PreManage, and

## **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 in 2019. It is composed of a broad representation of types of behavioral health stakeholders across Oregon.

### **Network of Networks Technical Definitions Group**

HITOC chartered this group in 2018 to do exploratory work on the Network of Networks concept (see [Statewide HIE 101](#)). It is composed of HCOP and HITOC members, plus several other stakeholders. It advises OHA about technical issues related to the planned Network of Networks, including foundational concepts, definitions, and landscape issues.

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Developmental Disability programs through the Oregon Department of Human Services and the Oregon State Hospital are in phased roll out.

Recent highlights:

- Hospitals who have integrated EDie into their electronic health record (EHR) may now include PDMP data (see below) in their EDie alerts.
- 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. As of March 2019, PreManage users may request POLST forms in their portal for their assigned patients.
- EDie Utility Goal 1: Reduce overall population adjusted ED visits.
  - Target – 3% reduction by end of 2020: 332/1000
  - 2018: 336/1000 (-1.3%)
- EDie Utility Goal 2: Reduce ED utilization for high utilizer patients with behavioral health, substance use disorders, and co-morbid medical conditions.
  - Target – 3% reduction in ED visits by end of 2020.
  - 2018 – 62,610 (-2.7%)
- PreManage began to roll out to Skilled Nursing Facilities across Oregon in 2019. More than 80 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.

- 9,609 prescribers across 135 organizations have integrated access to Oregon's PDMP data—either through their EDie alerts, or through one-click access at the point of care. 6 retail pharmacy chains (across 243 sites) and 1 rural pharmacy are also live.
- Interstate data sharing is established with PDMPs in Idaho, Kansas, Nevada, Texas, North Dakota, and Washington (WA for web portal only). Alaska, Wyoming and California are in progress.
- A streamlined process to initiate PDMP Integration is available through the HIT Commons. Interested health care organizations can start the process at the [PDMP Integration website](#).

Legislative updates and the latest PDMP implementation reports can now be found on the [HIT Commons website](#).

### ***Oregon Community Information Exchange Activities***

The HIT Commons is beginning new work in the evolving landscape of social determinants of health (SDOH). Earlier this year, the HIT Commons Governance Board directed HIT Commons staff to begin exploration and conceptual development of an ***Oregon Community Information Exchange (Oregon CIE)***. In general, CIEs include a data repository of shared community resources that connects health care, human and social services partners to improve the health and well-being of communities. A technology platform supporting a CIE could provide many functions, including statewide social services directory, shared risk assessment capabilities, real-time closed loop referral management, collaborative care plans and standardized outcomes and data analysis.

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This spring HIT Commons staff conducted an environmental scan to determine what efforts are underway in Oregon and how other states are approaching healthcare and SDOH integration. In Summer 2019, two distinct efforts were selected to move forward:

- HIT Commons working with stakeholders to assess opportunities and development of a roadmap for alignment of statewide CIE efforts.
- Oregon Health Leadership Council (OHLHC) working in partnership with Kaiser/Thrive Local to engage Portland and other early adopters to develop a Phase 1 CIE effort.

HITOC discussed the environmental scan findings at its August 2019 meeting, and will receive further updates as this work progresses. For more information, see:

<http://www.orhealthleadershipcouncil.org/currently-in-development/>

## Oregon Health IT Program: Programs

***Oregon Provider Directory (in development)*** Contact: [Karen.Hale@dhsosha.state.or.us](mailto:Karen.Hale@dhsosha.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 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.

The Oregon Provider Directory went live on September 23, 2019 and is onboarding a small set of users in Central Oregon for a soft launch. HIT Commons is working with OHA staff and stakeholder volunteers to develop initial use case testing for the soft launch. Additional users will be added in later phases as data become more robust.

***Medicaid EHR Incentive Program*** Contact: [Jessica.L.Wilson@dhsosha.state.or.us](mailto: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 September 2019, more than \$204 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,830 Oregon providers. The program ends in 2021.

***Oregon's Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)*** Contact:

[Jessica.L.Wilson@dhsosha.state.or.us](mailto:Jessica.L.Wilson@dhsosha.state.or.us)

[OMMUTAP](#) operated from spring 2016 through spring 2019 and helped 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 was 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

Over the course of the program, 1,589 providers across 374 clinics participated. The program ended May 2019.



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**Clinical Quality Metrics Registry** Contact: [Katrina.M.Lonborg@dhsosha.state.or.us](mailto:Katrina.M.Lonborg@dhsosha.state.or.us)

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 early 2019 to collect eCQMs for the 2018 program year for the Medicaid EHR Incentive Program and support eCQM reporting to CMS for the CPC+ and MIPS programs. 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.

To prepare for 2019 CCO incentive measure reporting, in July and August, stakeholders tested CQMR functionality and provided feedback, identifying system enhancements that are being put in place now. CQMR program staff are planning for additional outreach, training and onboarding to help users get ready for reporting that is due in the first quarter of 2020.

**HIE Onboarding Program** Contact: [Kristin.M.Bork@dhsosha.state.or.us](mailto:Kristin.M.Bork@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 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. OHA has approved Reliance workplans to onboard providers contracted with six current CCOs: PacificSource Central Oregon, PacificSource Gorge, AllCare Health Plan, Cascade Health Alliance, Jackson Care Connect, and Primary Health of Josephine County. Reliance anticipates submitting for more regions in the coming months.

**Direct secure messaging Flat File Directory** Contact: [Karen.Hale@dhsosha.state.or.us](mailto: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 June 2019, the Flat File Directory includes more than 17,600 Direct addresses from 24 interoperable, participating entities who represent more than 895 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 ([ohit.info@dhsosha.state.or.us](mailto:ohit.info@dhsosha.state.or.us)).

## Program Contact

Francie Nevill, Health Information Technology Oversight Council: [Francie.J.Nevill@dhsosha.state.or.us](mailto:Francie.J.Nevill@dhsosha.state.or.us)

## Get involved with Oregon Health IT

Office of Health Information Technology: [HealthIT.Oregon.gov](http://HealthIT.Oregon.gov)

Join the listserv: [bit.ly/2VYgoDB](https://bit.ly/2VYgoDB)