

## 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)

### **CMS and ONC Interoperability Final Rules**

On May 1, 2020, the U.S. Department of Health and Human Services (HHS) published two health IT final rules requiring implementation of new interoperability policies in the Federal Register.

The ONC [Interoperability Final Rule](#) supports seamless and secure access, exchange, and use of electronic health information (EHI). The Final Rule is designed to increase innovation and competition by giving patients and their healthcare providers secure access to health information and new tools, allowing for more choice in care and treatment. It 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 is in the process of analyzing both final rules and preparing to inform and engage stakeholders on the implications of new requirements.

## 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.

### ***EHR Reporting Program – now available for comment***

The 21st Century Cures Act called on ONC to create an electronic health record (EHR) Reporting Program to provide publicly available, comparative information about certified health IT. Recently, the Urban Institute published a draft set of voluntary user-reported criteria on their website for public feedback. [Review the draft criteria and provide feedback](#) to inform the final set of voluntary user-reported criteria. Comments are due August 10, 2020.

### **Trusted Exchange Framework and Common Agreement (TEFCA) - [www.healthit.gov/TEFCA](http://www.healthit.gov/TEFCA)**

HHS is implementing the Trusted Exchange Framework and Common Agreement (TEFCA), which will outline a policy and technical approach to enable nationwide exchange of electronic health information across disparate health information networks (HINs). The development of the TEFCA is mandated by the 21st Century Cures Act.

For a variety of stakeholders — including patients, providers, developers, and HINs — the TEFCA is designed to provide a single on-ramp to nationwide connectivity that can support secure electronic health information exchange.

- Draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA), released on April 19, 2019, outlines a common set of principles, terms, and conditions to support the development of a Common Agreement that would help enable nationwide exchange of electronic health information (EHI) across disparate health information networks (HINs).
- In August 2019, ONC awarded a cooperative agreement to The Sequoia Project to serve as the Recognized Coordinating Entity (RCE) to develop, update, implement, and maintain the Common Agreement and the Qualified Health Information Networks Technical Framework. The Sequoia Project has made great strides in meeting these goals and objectives. To keep this momentum going, ONC has committed approximately \$1.1 million in year-two funding to The Sequoia Project. This funding will support RCE activities from August 2020 to August 2021.

## **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.

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### **Draft Federal Health IT Strategic Plan** –

HHS, led by the ONC, [posted comments received](#) on the draft 2020-2025 Federal Health IT Strategic Plan. This plan, which was developed in collaboration with over 25 federal organizations, 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 and Health Data through an Interoperable Health IT Infrastructure.

ONC anticipates releasing an updated final Strategic Plan later in 2020.

**Landscape and Environmental Scan**, Contact: [Marta.M.Makarushka@dhsosha.state.or.us](mailto:Marta.M.Makarushka@dhsosha.state.or.us)

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.

- 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](mailto: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.

## **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.

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**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 will hold an August 2020 meeting to focus on COVID response and the role of health IT.

**Behavioral Health HIT Workplan**, contact: [Jessica.I.wilson@dhsoha.state.or.us](mailto:Jessica.I.wilson@dhsoha.state.or.us)

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. Workgroup members also heard a presentation on the Health IT Strategic Plan Update and highlights of the 2019 Health IT Data Reporting. As a result of the collaboration with the Workgroup, OHA is planning behavioral health learning collaborative events in September 2020 to provide an opportunity for to share best practices, lessons learned, and challenges around EHR adoption/upgrade and HIE.

## Oregon Health IT Program: Partnerships

**HIT Commons** Contact: [Brittney.J.Matero@dhsoha.state.or.us](mailto:Brittney.J.Matero@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 (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. 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. 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. 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 flag this comes directly from the Homeless Management and Information System (HMIS) system.
- Apprise EDIE Dashboard Highlights, Q1 2019 – Q4 2019:
  - The total number of ED visits increased by 1.1%
  - The number of High Utilizer visits increased by 2.5%
  - Co-morbid Mental Health related visits increased by 16.2%
  - Co-morbid Substance Use Disorder related visits increased by 4.2%
  - Potentially Avoidable visits from High Utilizers decreased by 7.1%
  - Visits decreased by 30% 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:

- 20,585 prescribers<sup>1</sup> across 174 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), 7 retail pharmacy chains (across 368 sites) and 1 rural pharmacy are also live.
- 2020 percentage change evaluation relative to Q1 2019:
  - Integrated queries have increased dramatically across all clinical user groups: Pharmacists (+7302%), Naturopaths (+788), Doctors of Medicine/Physicians Assistants/Osteopaths (+353%), Nurse Practitioners/Clinical Nurse Specialists (+350%), Dental Surgeons/Doctors of Medicine in Dentistry (+51%)
  - Prescriptions for opioids continued to trend downward (hydrocodone, -7.0%; oxycodone, -3.4%), while stimulants and benzodiazepines have increased (amphetamine, +11.1%; methylphenidate, +8.4%; lorazepam, +6.0%; alprazolam, +3.0%)

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

In general, Community Information Exchanges (CIE) connect 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 social needs screenings, real-time closed loop referral management, collaborative care plans, standardized outcomes, and data analysis. [HIT Commons activities around CIE](#) thus far have included:

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<sup>1</sup> This number cannot be deduplicated and may reflect duplicate prescriber counts.

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- In April, suspended the work of the Oregon CIE Advisory Group and internal OHA/DHS coordination group due to COVID-19 and the need for the community to focus around that response.
  - Also in April 2020, OHA put in place a Task-Release-Order to support HIT Commons' COVID-19 related work including HIT Commons staff provided project management and staff support to 211info.
  - CIE adoption and spread has continued organically during the pandemic, with CIE efforts launched or planned in 23 counties. Aunt Bertha is now live in 4 Oregon counties and Unite Us is now live in 10 Oregon counties.
  - OHA supports HIT Commons CIE Advisory Group efforts as well as internal OHA/DHS coordination to ensure alignment between CIE and other state related-social determinants of health work.

## Oregon Health IT Program: Programs

**Medicaid EHR Incentive Program** Contact: [Jessica.L.Wilson@dhs.oha.state.or.us](mailto:Jessica.L.Wilson@dhs.oha.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 June 2020, more than \$208 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,844 Oregon providers. The program ends in 2021.

**Oregon Provider Directory** Contact: [Karen.Hale@dhs.oha.state.or.us](mailto:Karen.Hale@dhs.oha.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 2019 OHA paused soft launch engagement activities. During the pause, OHA staff have focused on enriching the OPD with data from 3<sup>rd</sup> 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@dhs.oha.state.or.us](mailto:Katrina.M.Lonborg@dhs.oha.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 is live to collect eCQMs for the Medicaid EHR Incentive Program and CCO incentive measures and to support eCQM reporting to CMS for the CPC+ and MIPS programs. It was successfully used to collect data for 2019 reporting in the first quarter of 2020. Work is underway on enhancements to use enrollment data to enable more robust filtering of eCQM data by payer. Over time, other quality reporting programs could use the

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CQMR as well, which will support OHA's goal of streamlining and aligning quality metric reporting requirements and reducing provider burden.

**HIE Onboarding Program** Contact: [Kristin.M.Bork@dhsoha.state.or.us](mailto:Kristin.M.Bork@dhsoha.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@dhsoha.state.or.us](mailto:Karen.Hale@dhsoha.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 2020, the Flat File Directory includes more than 18,000 Direct addresses from 25 interoperable, participating entities who represent 864 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](mailto:hitoc.info@dhsoha.state.or.us)).

## Program Contact

*Health Information Technology Oversight Council:* [hitoc.info@dhsoha.state.or.us](mailto:hitoc.info@dhsoha.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)