

## Office of Health Information Technology

The Oregon Health Authority's (OHA) Office of Health Information Technology (OHIT) serves as a partner and resource for both state programs and other public and private users of HIT. OHIT provides effective HIT policies, programs and partnerships that support improved health for all Oregonians.

### OPD Update

#### **Oregon Provider Directory Goes Live**

We are pleased to announce that the Oregon Provider Directory (OPD) went live on September 23, 2019! The first six months will be a soft launch period for a select group of participating organizations Central Oregon. These users will ensure that the OPD meets their needs, including finding accurate contact information for other providers to coordinate care, as well as improving efficiencies around collecting and sharing provider data. Participating organizations include Central Oregon Independent Practice Association (COIPA), PacificSource Health Plans, St. Charles Health System, Advantage Dental, and Mosaic Medical.

Currently, participants are in the process of onboarding to the OPD, which involves executing legal agreements, establishing access through OneHealthPort, and preparing to provide data to the OPD. The Oregon Health Authority (OHA) is in the process of evaluating additional data feeds that will improve the quality and completeness of data in the OPD.

Once endorsed in soft launch, the OPD will be rolled out for broader use. The HIT Commons, which is a public/private partnership between OHA and the Oregon Health Leadership Council, is helping with soft launch and planning subsequent phases.

You can learn more at [OregonProviderDirectory.org](http://OregonProviderDirectory.org)

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### Oregon CIE

#### **Community Information Exchange Update**

The HIT Commons recently completed an environmental scan of health IT and social determinants of health (SDOH) work, including efforts related to Community Information Exchange (CIE) in Oregon.

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In general, a Community Information Exchange 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. For Oregon, a statewide effort could include technology components, areas for alignment across different technologies, and areas for collaborative learning.

The environmental scan, which started last April, found strong interest and support for statewide CIE efforts to support SDOH work, though no clear alignment on vendor(s) or approach(es). The final scan is posted on the HIT Commons web page and includes interviews completed through August 31, 2019. While the scan is complete, HIT Commons will continue to take input from stakeholders in this evolving landscape.

Later this fall, HIT Commons will convene an Oregon CIE Advisory Group. This group is chartered to develop a statewide CIE roadmap over the next 12 months, while continuing to track and learn from early adoption efforts emerging in several communities around the state.

To learn more about the Advisory Group or to provide feedback on this work, you can email HIT Commons at [HITinfo@hitcommons.org](mailto:HITinfo@hitcommons.org).

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### HITOC Highlights

#### Outcomes of October meeting

The Health Information Technology Oversight Council (HITOC) held an exciting meeting on October 3, 2019. HITOC conducted chair/vice-chair elections, reelecting Erick Doolen (chair) and Dr. Amy Henninger (vice-chair) and discussed plans for HITOC leadership development. HITOC also covered the following topics in depth:

##### **Health Equity and Health IT**

Leann Johnson, director of OHA's Equity and Inclusion Division, gave an overview of health equity and presented the new definition of health equity, which was recently adopted by the Oregon Health Policy Board (OHPB), which you can learn more about below.

The definition will be used by OHA and all OHPB committees, including HITOC, going forward. HITOC members also explored the connection between health equity and health IT, including a look at where federal EHR certification standards and Race, Ethnicity, Language, and Disability (REALD) overlap and related opportunities with the Oregon Provider Directory. You can see Leann's slides [here](#).

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### **2020 Strategic Plan Revision**

HITOC held its first in-depth discussion about its 2020 revision of the Strategic Plan for Health IT and Health Information Exchange, reflecting on the current strategic plan and discussing logistics for the update process. HITOC's current strategic plan runs from 2017-2020, and HITOC will spend significant time in 2020 engaging with partners and stakeholders and developing a revised strategic plan to present to OHPB in late 2020.

### **2020 HITOC Work Plan and OHPB Report**

HITOC reviewed its 2019 work plan progress and started planning its 2020 work. HITOC also discussed upcoming its report to OHPB about its 2019 activities, the current state of health IT in Oregon, and planned 2020 activities. HITOC reports to OHPB at least annually, and the schedule will be announced.

The HITOC meeting took place on Thursday, October 3, from 12:30 p.m. – 3:45 p.m. in Suite 775 of the Five Oak Building in Portland. Meeting materials and agenda are available [here](#).

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### **OHPB Update**

## **Oregon Health Policy Board Adopts Agency-Wide Health Equity Definition**

On October 1, 2019, the Oregon Health Policy Board adopted an agency-wide Health Equity definition. The definition will be used by the Health Policy Board, its sub-committees, and throughout OHA.

The definition calls out not just the disparate health outcomes but the connection between these outcomes and historical/current acts of racism and oppression that lead to poor health. For example, children born to Black mothers experience higher rates of infant mortality than children born to White mothers, even after allowing for income, education, and other factors.

**The definition:** Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

As OHA Director Pat Allen said to OHA staff, "This is the level we need to be able to understand health equity if we want to be able to begin to address it. This is the beginning of a conversation within OHA, not the end."

You can learn more about the Health Equity Committee [here](#).

**Opportunity for Input**

**Confidentiality of Substance Use Disorder Treatment Data**

The U.S. Department of Health & Human Services is accepting public comment on proposed changes to 42 CFR Part 2 regulations. These regulations serve to protect patient records created by federally funded programs for the treatment of substance use disorder.

The Substance Abuse and Mental Health Services Administration is currently proposing to revise part 2, to facilitate better coordination of care for substance use disorder, which will also enhance care for opioid use disorder. These provisions will be an important part of the Federal response to the opioid epidemic, while maintaining part 2 confidentiality protections.

**The comment period ends at 5:00 p.m. Eastern time on October 25.** [Learn more about the proposed changes and how to submit comment here >](#)

**CCO 2.0 Update**

**OHA Signs Contracts with 15 CCOs**

The Oregon Health Authority has signed contracts with 15 organizations to serve as coordinated care organizations (CCOs) for the Oregon Health Plan’s (OHP) nearly 1 million members. The contracts set new requirements for CCOs to improve care for OHP members and hold down cost increases in Oregon’s Medicaid program. The contracts represent the largest procurement in state history, totaling more than \$6 billion for the 2020 contract year.

Eleven of the organizations received five-year contracts, and four organizations received one-year contracts. The new CCO contract services start January 1, 2020. Total costs for the 2020 contract year are within the state’s 3.4 percent growth target.

[Learn more about CCO 2.0 >](#)

**Upcoming Public Meetings:**

Members of the public are invited to join us in person, via webinar, or after the meeting by listening to the recordings, which are available on [our website](#).

**Advisory Committee on Physician Credentialing Information**

October 31, 2019  
[More information >](#)

**Behavioral Health HIT Workgroup**

November 5, 2019  
[More information >](#)

**Provider Directory Advisory Committee**

November 20, 2019  
[More information >](#)

**Health IT Oversight Council**

December 5, 2019  
[More information >](#)