

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.

HIT Commons Announce Social Determinants of Health Exploratory Work

The HIT Commons is beginning new work in the evolving landscape of Social Determinants of Health (SDoH) to meet stakeholders' interest and need for tools to address this issue.

The HIT Commons Board and staff are beginning the exploration and conceptual development of an Oregon Community Information Exchange (Oregon CIE). The Commons is in the early exploratory stages, but you can learn more through the [overview](#) and [slide deck](#), which provide additional details on the approach and overall timeline. The Commons plans to align with OHA CCO 2.0 requirements, health systems already active in this SDoH space, and social service organizations meeting the current needs of individuals throughout the state. Staff are interested in hearing from key stakeholders with knowledge or plans for SDoH in your own organization – for more information, please reach out to HIT Commons staff (see [overview](#) for contact information).

HIT Commons is a public/private partnership designed to accelerate and advance health information technology adoption and use across the state. It is co-sponsored by the Oregon Health Leadership Council and the Oregon Health Authority (OHA), and is jointly funded by OHA, hospitals, and health plans.

Increasingly states, regions, communities, health systems, social service organizations and others are turning attention to social determinants of health (SDoH). Organizations have been directing strategic attention and resources to addressing these social determinants. Connecting traditional health care providers to social service organizations and providers is critical to this effort. Health information technology platforms provide an avenue for data sharing, real-time care coordination, community resource networks, SDoH analytics and reporting, and most critically, improved care, health, and overall quality of life for individuals in the communities where they live.

HITOC Highlights: Annual Retreat Recap

The Health Information Technology Oversight Council (HITOC) had an exciting annual retreat on April 4, 2019. The annual retreat is an opportunity for the Council to spend additional time with a variety of important work areas. Topics included...

Data Reporting

HITOC reviewed a draft data reporting framework that outlines progress toward Oregon’s HIT goals. The framework focuses on electronic health records and electronic health information sharing/exchange, plus “at-a-glance” summaries filled in with draft data. HITOC will continue working on this data reporting effort throughout 2019.

Social Determinants of Health/Health Equity

HITOC members reflected on February’s social determinants of health (SDoH) panel, heard a presentation about Kaiser’s planned social service resource locator, and received an update from the HIT Commons about its work exploring a statewide role in SDoH (see article above).

Path to Statewide Health Information Sharing

HITOC members received an update from OHA about efforts toward statewide health information sharing/exchange (HIE), including outcomes from its chartered workgroup on “network of networks” definitions, and major changes in federal rules (see announcements below). HITOC decided to hold on further work while federal rules are being finalized.

[You can find meeting materials and the recording on our website >](#)

Clinical Metrics Technical Assistance Now Accepting Nominations for Round 2

OHA has contracted with OHSU to provide technical assistance to assist clinics that participate in coordinated care organization (CCO) incentive measure reporting. This technical assistance focuses on reporting patient-level data in the QRDA I format (QRDA is the Quality Reporting Document Architecture – a technical standard that is available in certified EHRs and used for clinical metric reporting). Round 1 clinics are currently underway with TA, and OHA is accepting nominations for Round 2 participants.

Round 2 is expected to last from May through September 2019, during which participants will receive clinic-specific gap analysis and at-the-elbow support. Clinics must be nominated by their CCO in order to participate, but clinics may request nomination by their CCO. Nomination forms can be requested from and submitted to Oregon.CQMR@dhsosha.state.or.us.

[Learn more >](#)

Opportunity for Comment: HHS Announces Updated TEFCA

On April 19, 2019, the U.S. Department of Health and Human Services (HHS) released Draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA). The draft 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 across disparate health information networks. **The HHS is requesting public comment on the following areas – comments are due June 17, 2019.**

- **The Trusted Exchange Framework (TEF) Draft 2:** A common set of principles that are designed to facilitate trust between health information networks (HINs) and by which all HINs should abide in order to enable widespread data exchange. These principles are the foundational concepts that guide the development of the Common Agreement.
- **The Minimum Required Terms and Conditions (MRTCs) Draft 2:** These are the mandatory terms and conditions that Qualified Health Information Networks (QHINs) voluntarily agree to follow. The Common Agreement would include the MRTCs, as well as additional required terms and conditions developed by an industry-based Recognized Coordinating Entity (RCE).
- **The QHIN Technical Framework (QTF) Draft 1:** This document is incorporated by reference in the Common Agreement. It details the technical and functional components for exchange among QHINs.

[Learn more and provide feedback >](#)

NEW DEADLINE: Proposed Rules About Improved Interoperability

The public comment periods for the Office of the National Coordinator for HIT (ONC) 21st Century Cures Act proposed rule and the Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access proposed rule have been extended an additional 30 days. **The comment period for both proposed rules will now close on June 3, 2019.**

ONC's proposed rule promotes secure and more immediate access to health information for patients and their health care providers and new tools allowing for more choice in care and treatment. Specifically, the proposed rule calls on the health care industry to adopt standardized application programming interfaces (APIs), which will help allow individuals to securely and easily access their health information using smartphones and other mobile devices. The rule would require that patient electronic access to this electronic health information be made available at no cost.

[Learn more and provide comment >](#)

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CMS' proposed changes to the health care delivery system support the MyHealthEData initiative and would increase the seamless flow of health information, reduce burden on patients and providers, and foster innovation by unleashing data for researchers and innovators. This rule also proposes to publicly report providers or hospitals that participate in “information blocking,” practices that unreasonably limit the availability, disclosure, and use of electronic health information undermine efforts to improve interoperability. Making this information publicly available may incentivize providers and clinicians to refrain from such practices. [Learn more and provide comment >](#)

Upcoming Meetings: May and June 2019

Provider Directory Advisory Committee

May 15, 2019
1:00 p.m. – 3:00 p.m.

[More information >](#)

HIT Oversight Council (HITOC)

June 5, 2019
12:30 p.m. – 3:45 p.m.

[More information >](#)

Network of Networks Defini- tions Group

June 25, 2019
1:00 p.m. – 4:00 p.m.

[More information >](#)

Contact us

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