

**Oregon Health Policy Board
Health Information Technology Oversight Council (HITOC) Work Plan**

Initially reviewed by OHPB on [Insert Date]

I. Reform Initiative Overview

State Legislation: House Bill 2009 (Chapter 595, Oregon Laws 2009) establishes the Health Information Technology Oversight Council (HITOC); an eleven member body appointed by the Governor and confirmed by the Senate. The HITOC duties set forth in HB 2009 include:

- Goals and Strategic HIT Plan: Set specific health information technology (HIT) goals and develop a strategic HIT plan for this state. Monitor progress in achieving the goals and provide oversight for the implementation of the strategic health information technology plan.
- Resources and Coordination: Maximize the distribution of resources expended on HIT across this state. Enlist and leverage community resources to advance the adoption of HIT. Coordinate health care sector activities that move the adoption of HIT forward and achieve HIT interoperability.
- Purchasing Collaborative for Electronic Health Records (EHR) Adoption: Create and provide oversight for a public-private purchasing collaborative or alternative mechanism to help small health care practices, primary care providers, rural providers and providers whose practices include a large percentage of medical assistance recipients to obtain affordable rates for high-quality electronic health records hardware, software and technical support for planning, installation, use and maintenance of HIT.
- Standards: Identify and select industry standards for all HIT promoted by the purchasing collaborative.
- Education: Educate the public and health care providers on the benefits and risks of information technology infrastructure investment.
- Oversight of Health Records Bank: Support and provide oversight for efforts by the Oregon Health Authority to implement a personal health records bank for medical assistance recipients and assess its potential to serve as a fundamental building block for a statewide health information exchange.
- Reimbursement for EHR use and HIT Loan Program: Determine a fair, appropriate method to reimburse providers for their use of EHRs to improve patient care, starting with providers whose practices consist of a large percentage of medical assistance recipients. Determine whether to establish an HIT loan program and if so, to implement the program.

Federal Legislation and ARRA Funding: The HITECH Act within the federal stimulus law, the American Recovery and Reinvestment Act (ARRA) includes several mechanisms for funding HIT efforts in states. Funds are offered by the federal Office of the National Coordinator for HIT (ONC), the Centers for Medicare and Medicaid Services (CMS), and . Key funding opportunities for Oregon include:

- State Health Information Exchange (HIE) Cooperative Agreement Program (ONC): In October 2009, Oregon applied for \$8.58 million in ONC funding through this cooperative agreement grant program. The funding will begin in January 2010 and end December 2014, and will support the development and implementation of a sustainable statewide health information exchange (HIE) in Oregon. State HIE Strategic and Operational Plans (state plans) are due to ONC 8 months after funds begin. Upon approval of Oregon's state plans, ONC will release implementation funding. This ambitious planning effort will be the focus of HITOC work in 2010. See timeline and deliverables for more details.
- Medicaid and Medicare Incentives for Providers using Electronic Health Records (CMS): CMS will provide reimbursement incentives through the Medicare and Medicaid program for eligible professionals and hospitals that are successful in becoming "meaningful users" of certified electronic health record (EHR) technology. These incentive payments begin in 2011 and gradually decrease.

Starting in 2015, providers are expected to have adopted and be actively utilizing a certified EHR in compliance with the “meaningful use” definition or they will be subject to financial penalties under Medicare. Initial analysis indicates that Oregon providers may be eligible for up to \$236 million for hospitals alone, and up to \$44,000 available to individual physicians. As many as 74 percent of Oregon physicians in private offices, and nearly all physicians in federally-qualified health centers, rural health centers, and hospital-based ambulatory care clinics may be eligible for these incentives.

- Medicaid Incentive Program Planning Funds (CMS): Oregon will apply in January 2010 for enhanced 90 percent federal financial participation (federal matching funds) for Medicaid HIT Planning activities to establish the incentive program described above.
- Health Information Technology Extension Program (ONC): This program provides grants for the establishment of HIT Regional Extension Centers (REC) that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers’ efforts to become meaningful users of Electronic Health Records (EHRs). In Oregon, OCHIN, Inc. is the REC applicant.
- Other federal funding to non-state entities: The HITECH Act includes several other competitive funding opportunities related to HIT workforce development, community HIT infrastructure and exchange initiatives (Beacon Community Program), research to achieve breakthrough strategies on HIT adoption barriers, and HIT implementation funding for Tribes and health center networks.

HITOC Purpose and Intended Outcomes: To develop a health information infrastructure that will support and enable the health reform goals of Oregon, thereby improving quality of care and population health and reducing costs.

II. Timeline and Deliverables:

Month 2010	Staff Work	HITOC Key Decision Points	Public/Stakeholder Engagement	Interim and Final Deliverables
January	<ul style="list-style-type: none"> • Develop HIE Governance Structure • Establish HIE Strategic Planning Workgroup • Coordination with Medicaid, REC, other HIE-related public/private HIT efforts 	<ul style="list-style-type: none"> • Approve workgroup nominees, governance structure 	<ul style="list-style-type: none"> • Stakeholder communications: newsletter, emails, website updates (ongoing) 	
February - May	<ul style="list-style-type: none"> • Strategic Planning Workgroup develops recommendations at public meetings twice a month on 5 domains: <ul style="list-style-type: none"> ○ Technology Infrastructure ○ Finance ○ Legal and Policy ○ Governance ○ Business and Technical Operations 	<ul style="list-style-type: none"> • HITOC action on workgroup recommendations and stakeholder input 	<ul style="list-style-type: none"> • Stakeholder input webinars monthly or more frequently on 5 domains • Stakeholder input specifically solicited on consumer and privacy issues 	<ul style="list-style-type: none"> • Consultant deliverables: <ul style="list-style-type: none"> ○ Technical infrastructure analysis and recommendations ○ Financial sustainability mechanisms analysis ○ Legal policies, draft data sharing agreements ○ Provider communications

				research, strategy and messaging
June	<ul style="list-style-type: none"> Present draft report for stakeholder input, Board feedback 		<ul style="list-style-type: none"> Get feedback on draft state plans 	<ul style="list-style-type: none"> Draft state HIE plans
July	<ul style="list-style-type: none"> Finalize state HIE plans 	<ul style="list-style-type: none"> Approve final state plans 		<ul style="list-style-type: none"> State HIE Strategic and Operational Plans submitted to ONC for approval
August - December	<ul style="list-style-type: none"> Implementation activities for statewide HIE 			

III. Dependencies

Federal funding: ONC funding for State HIE Cooperative Agreement and Regional Extension Centers has not been released as of January 8, 2010. If these funds are delayed, Oregon’s ability to effectively plan and implement this work plan will be affected.

Parallel Work Efforts: Several other health reform and HIT projects are going on within Oregon that may impact the state HIE planning process. These include the Medicaid HIT Planning project; the Regional Extension Center; POLST electronic registry; the all-payer, all-claims database; quality reporting initiatives; administrative simplification; and others.

IV. Stakeholder Input Process

Stakeholder input is key to the HITOC state HIE planning project. The HITOC communications plan includes: monthly webinars, stakeholder surveys (as needed), in-person stakeholder meetings, website and email updates including e-newsletters, Frequently Asked Questions feature on HITOC website, identification and training of ambassadors, and provider and consumer awareness and education. Draft state plans will be presented for comment at stakeholder meetings held around the state.

V. Key Input and Decision Points for Board

- Provide guidance and assistance during planning process as needed.
- Review and provide comment on draft state HIE strategic and operational plans.

VI. Staff Resources

Sponsors: Carol Robinson (HITOC Director and State HIE Coordinator), Jeanene Smith (OHPR Administrator), Rick Howard (CIO)
Lead Staff: Susan Otter

Why Health IT?

Health information technology (health IT) allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of HIT has the potential to improve health care quality, prevent medical errors, increase the efficiency of care provision and reduce unnecessary health care costs, increase administrative efficiencies, decrease paperwork, expand access to affordable care, and improve population health. (from ONC website)

Health Reform Goals within HB 2009	HIT and HIE as Tools to Enable Reform	Outcomes
<p>Direct steps to lower the cost of medical inflation as well as actions to establish foundational delivery system infrastructure to support coordinated cost containment</p> <p>Develop standard formats and processes for eligibility verification, claims, payment and remittance advice transactions and electronic administrative transactions</p>	<p>Effective use of the growing array of information technologies in health care enables clinicians to:</p> <ul style="list-style-type: none"> ▪ Ensure a newly prescribed medication does not conflict with existing medications. ▪ Avoid duplicate tests because the previous results can be transmitted electronically. ▪ Readily access clinical guidelines and other evidence-based information most relevant to the patient’s current condition. ▪ Avoid medication and other errors due to illegible or misinterpreted handwriting. ▪ Improve continuity of care by being able to exchange information with patients’ other providers. ▪ Receive reminders about preventive services that patients are due to receive. ▪ Receive alerts when a prescribed action may be contraindicated. ▪ Improve clinical workflow processes to achieve greater efficiencies while also improving outcomes. ▪ Access a patient’s record from home when receiving a call at night. <p>In addition, HIT has the potential to reduce health care spending by increasing efficiency. A few examples of opportunities to use HIT to reduce administrative and clinical costs for hospitals or practices include¹:</p> <ul style="list-style-type: none"> ▪ Directly dictating to an electronic health record versus paying for transcription services. ▪ No longer having to pull, manage, and 	<p>In 2007, the Office for Oregon Health Policy and Research and the Oregon Health Quality Corporation sponsored a study of the potential impact of widespread HIT on health care spending in Oregon. The researchers found that the widespread adoption of advanced health information technology, including electronic health records (EHR) systems with capabilities for the authorized and secure electronic exchange of information between hospitals, physicians and other service providers, could result in a net savings of \$1.0 to \$1.3 billion per year within 12 years. This level of savings would yield a net reduction of 4.3% to 5.9% on Oregon’s health expenditures ²</p> <p>Standardizing forms and processes for administrative transactions. Potential cost avoidance: up to \$42M in 3 years, up to \$350M in 10 years³</p>

¹ Adapted from: Minnesota e-Health. 2008. Vision to Action: The Minnesota e-Health Initiative, Report to the Minnesota Legislature. Minnesota Department of Health. .

² D. Witter and T. Ricciardi. 2007. Potential Impact of Widespread Adoption of Advanced Health Information Technologies on Oregon Health Expenditures. Oregon Health Care Quality Corporation and Office for Oregon Health Policy and Research. Available at: <http://www.q-corp.org/q-corp/images/public/pdfs/OR-HIT%20Impact%20Final.pdf>

³ Calculations based on findings from: Minnesota Department of Health Staff. (2007, November 13). Administrative Efficiency Background Information Prepared for the Health Care Transformation Task Force.

	<p>store paper records.</p> <ul style="list-style-type: none"> ▪ Reducing duplication of services and repeated tests. ▪ Experiencing enhanced revenue capture and fewer claims denials. ▪ Having fewer pharmacy call-backs. ▪ Increasing productivity by decreasing time spent tracking down health information. ▪ Alerting physicians if a generic version of a prescribed drug is available. ▪ Contributing to lower malpractice premiums. 	
<p>Create a Clinical Improvement Assessment Project to develop and adopt standard sets of evidence-based guidelines</p>	<p>Effective use of the growing array of information technologies in health care enables clinicians to:</p> <ul style="list-style-type: none"> ▪ Readily access clinical guidelines and other evidence-based information most relevant to the patient’s current condition. 	<p>* Among the four clinical conditions studied—myocardial infarction, congestive heart failure, coronary artery bypass grafting, and pneumonia, higher technology scores were generally associated with decreased adjusted odds ratios for fatal hospitalizations.</p> <p>* Among all hospitalizations, a 10-point increase in automation of notes and records was associated with a 15 percent decrease in the adjusted odds of hospital death.</p> <p>* Hospitals with more advanced order entry capability experienced decreases of 9 percent and 55 percent, respectively, in the adjusted odds of death for myocardial infarction and coronary artery bypass graft procedures.</p> <p>* Facilities with higher scores in decision support were associated with a 16 percent decrease in the adjusted odds of complications for all causes of hospitalizations.</p> <p>* For nearly all clinical conditions, higher scores on automated test results, order entry, and decision support were overwhelmingly associated with lower hospital costs.⁴</p> <p>Clinical Improvement Assessment: to promote use of evidence- based health care.</p> <p>Potential cost avoidance: up to \$650M in 3 years, up to \$4.2B in 10 years.⁵ (Electronic clinical prompts of evidence-based guidelines have the</p>

⁴ R. Amarasingham, et al. 2009. Clinical Information Technologies and Inpatient Outcomes: A Multiple Hospital Study. *Archives of Internal Medicine* 169(2):108-14.

⁵ Schoen, C., Guterman, S., Shih, A., Lau, J., Kasimow, S., Gauthier, A., & Davis, K. (2007, December). *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*. The Commonwealth Fund.

		greatest opportunity for maximizing cost savings and quality improvements).
<p>Establish a Payment Reform Council and work with provide sector to develop strategies for reforming health care payment systems</p> <p>Develop uniform contracting standards for the purchase of health care, including quality standards and performance measures, evidence-based guidelines and a statewide drug formulary that may be used by publicly funded health benefit plans.</p>	<p>Modifying that payment system to reward cost-effective providers who are able to deliver high-quality, high-value care can encourage the types of cost-effective practices that will improve population health and reduce spending over time. Using data derived from HIE, payment reform strategies can be effectively developed and fairly applied.</p> <p>Uniform contracting can ensure that health information is being exchanged in compliance with meaningful use standards, and will enable purchasers of health care to make purchasing decisions based on performance and value.</p>	
<p>Restructure systems to provide comprehensive services for patients with multiple conditions in one clinical location. Develop policies and incentives to integrate behavioral health care</p> <p>Support Community Health Worker programs that recruit and train members of underserved communities to provide culturally and linguistically competent health services within that community. Promote population-based approaches and ensure language access by creating statewide pool of certified interpreters and utilizing technology for telemedicine</p>	<p>HIT can also have tremendous value in increased patient satisfaction and patient engagement by:</p> <ul style="list-style-type: none"> ▪ Enabling the patient to access their health information online, including links to tailored prevention, disease management, and other information resources. ▪ Allowing patients to contact their providers through email. ▪ Synchronizing information as a patient moves between a clinic, hospital, and long-term care facility and making the patient’s records available at whichever site the patient visits. ▪ Easily graphing and displaying a person’s key biometric data over time. <p>Effective use of the growing array of information technologies in health care enables clinicians to:</p> <ul style="list-style-type: none"> ▪ Support delivery of telehealth and telemedicine services, enabling patient access to care otherwise unavailable in their community. 	
<p>Establish and continuously refine uniform, statewide health care quality standards for use by all purchasers of health care, third party payers and health care providers as quality performance benchmarks.</p>	<p>In the future, stakeholders, including consumers, purchasers, providers, policymakers, researchers, accrediting and oversight bodies, will rely on transparent reporting of quality performance and quality improvement to inform their decision making about care. Information technology and the sharing of health information across a network of regional health information entities using data from electronic health records (EHRs), personal health records (PHRs), and strong</p>	

	<p>clinical decision support (CDS) systems will assist providers in ensuring that the right care is delivered to the right patient - every time. Consumers and policymakers will use these same systems to understand how well the nation as a whole and individual providers are doing in improving care and health status in accordance with national, regional, and local priorities⁶.</p>	
<p>Develop an All-Payer Claims Database</p>	<p>An All-Payer Claims Database can be developed as a integrated function within an HIE structure.</p> <p>Benefits of an All-Payer Claims Data Collection Program:</p> <ul style="list-style-type: none"> ▪ Helps businesses to know where they stand with respect to their coverage's costs and included services. ▪ Allows businesses to choose insurance products for employees based on price and quality. ▪ Provides consumers with access to information to help them make informed decisions with their health care providers about which providers and treatments are most effective and efficient. ▪ Supports provider efforts to design targeted quality improvement initiatives. ▪ Enables providers to compare their own performance with those of their peers. ▪ Eables the OHA to identify communities that provide cost-effective care and learn from their successes ▪ Allows for targeted population health initiatives. <p>Allows reform efforts to be evaluated so that successful initiatives can be identified and replicated.</p>	

⁶ American Health Information Community (AHIC) Quality Workgroup Vision Summary Document (January, 2007).

Current ARRA HIT Funding Opportunities

	State HIE Coop	Medicaid Incentives	Regional Extension Center	Beacons	Curriculum Development Centers	Community College Consortia	SHARP Program	University-based Training	Competency Exam
Applicant/ Fiscal Agent	State	Medicaid Agency	OCHIN / OHSU	Community	Inst. of Higher Ed.	C.C. Consortia	University Research Institution	University	Inst. of Higher Ed.
Award Range	\$8.58M	85% net allowable costs	\$1M-\$30M	\$10M-\$20M	\$1.82M	\$6.2M-\$21.15M	\$10M-\$18M	Up to \$4M	\$6 million
Proposal Due Date	10-16-09	TBD	1-29-10	2-1-10	1-14-10	1-22-10	1-25-10	1-25-10	1-25-10
Funding Award Date	1-15-10	1-2011	3-31-10	3-2010	3-18-10	3-15-10	3-15-10	3-18-10	3-18-10
Distribution	Quarterly 2010-2014	TBD 2011-2016	Quarterly 2010-2014	TBD 2010-2012	TBD 2010-2012	TBD 2010-2012	TBD 2010-2014	TBD 2010-2013	TBD 2010-2012
Mechanism	Coop Agreement	Incentive Payments	Coop Agreement	Coop Agreement	Coop Agreement	Coop Agreement	Coop Agreement	Grant	Coop Agreement
Primary Focus	HIE Capacity	Meaningful Use	HIT Adoption	Quality and Value Demonstration	Curriculum Develop.	Academic Program Creation	Breakthrough Advances	Academic Program Creation	Competency Test Dev.

Red: State Government Applicant / Fiscal Agent

Green: Non-governmental Applicant / Fiscal Agent