Oregon Strategic and Operational Plans For Health Information Exchange

2012 Update Summary

Oregon Office of Health Information Technology

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Overview

The Oregon Health Authority (OHA) has been working for more than two years to create an environment where the secure, efficient exchange of patient health information can flourish. This document is an update on OHA's health information exchange (HIE) work within the context of the federal Office of the National Coordinator for Health IT's (ONC) State Cooperative Agreement Program for HIE. Since receiving a Cooperative Agreement grant in 2010, OHA has been involved in an intensive planning and policy development process involving a wide swath of Oregon stakeholders and citizens, led by Oregon's governor-appointed, Senate-approved Health Information Technology Oversight Council (HITOC). This work has made great progress, notably with the rollout of Oregon's first statewide HIE service (CareAccord™ Direct Secure Messaging) in April 2012. OHA's policy development efforts have made great strides despite necessary course adjustments to accommodate shifts in policy direction and changes in the health care marketplace at both the state and federal levels.

Oregon's HIE planners are fortunate to build upon a tradition of strong civic engagement in this state, working with a community of health care providers who are motivated to adopt and use electronic health records (EHRs). In fact, two recent surveys place Oregon at or near the top among states for physician implementation of electronic records. These strengths provide the framework to advance HIE efforts in a time of rapid transformation of Oregon's health care delivery system.

Oregon's Strategic and Operational Plans for HIE were approved in December 2010. The plans were comprehensive documents offering a view of the technical and business environment for health IT (HIT), along with a plan for moving forward with information exchange services. This briefing offers a high-level update to those plans, covering what has happened in the approximately 18 months since approval. For more details about the HIE program, see Oregon's response to the ONC Program Information Notice (PIN) 2, submitted in May 2012.

Current status of HIE in Oregon

Oregon has launched CareAccord™, Oregon's Health Information Exchange, and implemented its first HIE service. The first service to be offered is Direct Secure Messaging, which opened in April for HIPAA-covered entities and their business associates to register authorized users.

Beginning with Direct Secure Messaging, CareAccord™ will evolve to become a suite of services to facilitate the secure exchange of health information among Oregon's health care organizations and providers, enabling the coordination of care for better health, better care and lower cost. It is being administered by the Oregon Health Authority, which is contracting with vendor Harris Healthcare

Solutions. Harris is working with Mirth Corp and EasyStreet Online Services to implement and host Direct Secure Messaging services for Oregon providers. In addition to Direct Secure Messaging, current components of CareAccord™ include a provider directory created through registration and identity verification, and a certificate authority that will ensure the system is available only to authorized users, as defined in the HIE Policies and Procedures as part of the CareAccord™ Organizational Participation Agreement.

Oregon's original strategic and operational plans envisioned these services eventually being overseen by a non-profit state designated entity (SDE). To date, there has not been an action initiated by the Oregon Legislature or by Oregon's governor to designate such an entity, and the CareAccord™ HIE services continue to be run out of the Office of Health IT in the Oregon Health Authority, with governance provided by the Health Information Technology Oversight Council.

Health System Transformation

Health information technology planning in Oregon has been impacted by the state's concurrent initiative to transform the health care delivery system through the creation of Coordinated Care Organizations (CCOs). These entities are initially structured to serve Oregon's Medicaid population, but will eventually expand to serve the state's public employee population and beyond into the commercial and Medicare markets. This initiative, spearheaded by Gov. John Kitzhaber, has been developed through a public process and approved by the state legislature; applications for CCO designation have been approved, and enrollment is open for CCOs covering most of the state. For health system transformation to occur through better coordination of care in Oregon, health IT will clearly have a major role to play, and HITOC is actively assessing ways that HIT can support this important initiative to improve health and health care for Oregonians.

Contractual terms of CCOs require that every participating provider is either registered with a statewide or local Direct-enabled HIE service provider(HISP), or is a member of an existing HIO that allows providers of any EHR system (or with no EHR system) to share information with any provider within the CCO network. This requirement is expected to create substantial demand for Direct Secure Messaging services in the near term.

Because of the need to allow the CCO model time to mature — along with the considerations discussed on page 11 — a patient consent policy for sharing certain types of health information has not been finalized at this time; discussions continue.

Related strategic initiative for Health IT

While this briefing focuses on health information exchange, HITOC is pursuing a broader strategic initiative for Oregon's overall approach to health IT. Oregon's Strategic Plan for Health IT (OSP) is

expected to be made final in September 2012. The OSP addresses subject areas including HIE, EHR adoption, telehealth, health analytics, population health, health IT workforce and technical assistance.

Core Services Launch – CareAccord™

During the first half of 2012, Oregon began its first health information exchange-related service under the brand CareAccord™. The service is administered by the OHA, which contracted with Harris Healthcare Solutions to carry out technical implementation. CareAccord™ is designed to enhance communication among Oregon healthcare providers, reduce duplicate orders, smooth transitions in care and support fulfillment of meaningful use requirements.

CareAccord™ launched with Direct Secure Messaging, a secure, point-to-point messaging system that enables registered providers to exchange encrypted information, including attachments containing patient data, using any device with Internet access.

CareAccord™ Direct Secure Messaging ensures secure delivery and receipt of messages, while providing the audit functions needed to share clinical information. It leverages a provider directory to connect users with other registered organizations and providers — minimizing duplication of care and enhancing care coordination and collaboration. The service is free to users initially and through the duration of the ONC Cooperative Agreement (October 2013).

Governance

Delay of SDE designation

Oregon's strategic and operational plans contemplated creation of a not-for-profit organization as a state-designated entity (SDE) in mid- to late 2011 to operate the statewide HIE services. Creation of the SDE was deferred because of other dynamic health reform factors, including a similar need for the creation of a public corporation for the Oregon Health Insurance Exchange. To meet the terms of the ONC HIE Cooperative Agreement in a timely fashion – while other large-scale health system transformation legislation was being debated and passed in Oregon – the OHA's Office of Health Information Technology (OHIT) has continued to fulfill the operational roles of an SDE. Meanwhile, HITOC continues to serve as the governance board of statewide HIE strategic direction. HITOC maintains broad representation of both public and private stakeholders, including Medicaid, Public Health, health systems, providers and consumers.

The original SOP envisioned that health information organization (HIO) development would occur at a much faster pace than has actually transpired in the current marketplace. The slow emergence or non-emergence of viable HIO infrastructure in Oregon has created a tension about the federated model of HIOs as the basis of statewide HIE. At the same time, the new legislation creating Coordinated Care Organizations and the explicit need to reduce Medicaid costs as envisioned by Oregon's Health System Transformation initiative (the federal demonstration project that was announced on May 3, 2012), will escalate the need for robust HIE services to ensure the right information is available at each point of care in Oregon. HITOC anticipates further discussion of statewide and regional HIE approaches and a review of whether a change in strategic direction is needed.

Expansion of HITOC workgroups and ad hoc committees

Additional workgroups formed over the past two years include the Consumer Advisory Panel, Finance Workgroup, HIO Executive Panel, Legal & Policy Workgroup, Technology Workgroup, and Consent Subcommittee, along with an ePrescribing ad hoc Group and Labs ad hoc Group. These panels have been invaluable in providing stakeholder input to HITOC on evolving policy choices.

Four Priority Areas

As part of the Cooperative Agreement process, Oregon has established several priority areas that are meant to create an environment in which health care providers can meet goals for the meaningful use of their electronic health records, whether or not they are participating in the Medicare and/or Medicaid EHR Incentive programs. OHIT provides ONC with ongoing analysis and reporting on specific goals for these priority areas on a quarterly basis.

ePrescribing

HITOC named an ad hoc subgroup to work on ePrescribing issues. The panel developed a strategic plan for ePrescribing and commissioned a survey and focus groups to better understand the ePrescribing environment in Oregon. As required by ONC as part of the PIN2 process, Oregon also established targets for future ePrescribing use – 95 percent of pharmacies participating by December 2012, up from 88.4 percent as of December 2011. Other Oregon goals on this issue include continued tracking of Surescripts data on participation by prescribers and pharmacies; using data from focus groups to motivate safer ePrescribing practices in collaboration with O-HITEC; and presenting ePrescribing issues to the Oregon Board of Pharmacy.

Laboratory reporting

HITOC also named an ad hoc subgroup to work on laboratory reporting. This group created a strategic plan and commissioned a survey and focus groups. Also, in response to encouragement from ONC, Oregon carried out in spring 2012 a state census of clinical labs to assess their capabilities in sending test results to recipients outside their organizations. Of the Oregon hospital and independent laboratories that responded to the census, just over half currently send structured electronic results to providers. Of concern, however, is the limited use and awareness of existing standards (HL7, LOINC) and recent practices for electronic result exchange from the Standards and Interoperability Framework working groups. Oregon's goals for laboratory reporting, as described in its response to the second ONC PIN, are to increase the percent of labs sending electronic lab results to providers in a structured format from 51 percent to 56 percent; and to increase the percent using LOINC from 15 percent to 20 percent.

Care summary

In its response to the ONC PIN2 requirements, Oregon set a goal for December 2012 of 24.34 percent of hospitals sharing electronic care summaries with unaffiliated hospitals and 46.69 percent of hospitals sharing electronic care summaries with unaffiliated providers. Oregon also set a target of

47.49 percent of ambulatory providers electronically sharing care summaries with other providers (compared with the status of 37.49 percent in December 2011).

Quality

In late 2011, quality reporting was added as a fourth priority for the HIE program. In the May 2012 response to the ONC PIN2 requirements, Oregon said it would develop a project plan for quality measurement and identify pilot sites for high-priority quality metrics derived from clinical data and take an initial look at quality metrics already developed based on claims and administrative data. In keeping with that priority, Oregon is partnering with the Oregon Health Care Quality Corp. on a project to merge EHR and claims data.

Table 1. Fourth quarter 2012 goals for four priority areas

Priority	Strategies	Tactics	Milestones
ePrescribing	Retrieve and collate data on current ePrescribing capabilities in Oregon Increase adoption and ongoing usage of ePrescribing in Oregon Enhance Oregon health care community understanding of ePrescribing	Outreach to independent pharmacies that do not use ePrescribe and support transitions Use Surescripts data to track ePrescribing activity Share information with Oregon stakeholders Leverage findings from focus groups to motive safer ePrescribing practices Work with Board of Pharmacy on possible Direct Secure Messaging pilots and use cases Monitor CoP HITRC for opportunities to engage with other states	Increase # of prescribers using ePrescribing thru Surescripts by 5% Increase % of pharmacies enabled to ePrescribe with Surescripts to 97% (from 91.7% in July 2012)
Lab Exchange	Increase # of lab results incorporated into EHRs as structured data Increase capability of labs able to send reportable results to PH via ELR Incorporate Direct Project Messaging into lab exchange to deliver results to EHRs	Participate in and monitor national initiatives, standards and regulations Support efforts of Oregon PH promotion of ELR including options for small hospitals Monitor Direct efforts in	Ensure that at least 3 registered CareAccord orgs are using Direct Secure Messaging for lab results delivery by end of 2012 Identify a potential lab and vendor for Direct Secure Messaging pilot

Priority	Strategies	Tactics	Milestones
		Oregon and generally Using lab census, work with Oregon labs on lab results exchange outside their orgs Partner with 3 labs and their current vendors to understand their needs Explore opportunities for Direct Secure Messaging pilot for lab results delivery in Oregon	
Care Summary	Provide free Direct Secure Messaging to all providers, regardless of meaningful use incentive payment eligibility Participate national efforts on care summary exchange through use of Direct	Increase breadth of outreach and engagement to increase CareAccord enrollment Outreach with trading partners Outreach and registration of participants with Direct-compliant EHRs/systems Implement XDR/XDM Test and pilot exchange of care summaries among registered CareAccord users	Register 802 accounts in CareAccord: Oregon's HIE Implement XDR/XDM capability
Quality	Develop project plan for quality measurement ID pilot sites for high-priority quality metrics derived from clinical data (EHRs); initial scope to leverage quality metrics already developed based on claims and administrative data	Continue collaboration w/ Quality Corp on EHR hybrid pilot Participate in advisory committee for pilot and ensure Direct Secure Messaging through CareAccord™ is considered as a way to submit EHR data for quality measurement Coordinate w/OHA Health Analytics Unit on quality measurement issues Leverage lessons learned through HIT Trailblazer States initiative to support pilot	Participate in advisory committee for pilot project Provide information to the advisory committee as needed on CareAccord and lab data Speak at least quarterly with OHA Director of Health Analytics on state efforts on quality measurement

Privacy and Security

Oregon's Strategic and Operational Plans for HIE, approved by ONC in December 2010, considered in great detail the policy choices Oregon would need to make around the privacy and security of health information in the context of exchange, and in particular patient consent. Oregon's HITOC endorsed an initial "opt-out" consent policy direction, pending the development of specific regulatory language, which was developed during 2011 by OHIT staff, with the help of HITOC's Legal and Policy Workgroup Consent Implementation Subcommittee, the State Department of Justice, and input from the public.

However, just as draft regulatory language was released for public comment, Oregon Gov. Kitzhaber announced the Health System Transformation initiative, centered on the creation of CCOs. This changing landscape in health care delivery necessitated renewed analysis of the opt-out policy, a review that is still on-going. The Information Security and Privacy Office, a shared service of OHA and the Department of Human Services (DHS), is responsible for developing the state's privacy policies.

Focusing on HIE, HITOC and its Consent Implementation Subcommittee are also assessing the March 22, 2012, Program Information Notice on privacy and security from ONC. In particular, the subcommittee, HITOC, and staff are working to understand and reconcile what they see as competing and potentially inconsistent policy needs and guidance, emanating from Oregon's new model of care delivery and the need to efficiently share and evaluate patient data in order to coordinate care, lower costs, and improve outcomes; the newly amended HIPAA legislation that allows patient data sharing for the purposes of treatment, payment, and health care operations without patient consent; and finally the ONC PIN guidance which recommends but does not require meaningful choice for query-based HIE implemented with State HIE Program funds. At present, CareAccord™ offers point-to-point information exchange through Direct Secure Messaging, but as additional HIE functionality is added at the statewide and/or regional level, the policies will need to adapt..

The subcommittee's most recent recommendations were to rely on existing state and federal law and not create additional requirements for patient consent for HIE at this time, but that the question of patient consent for HIE should be revisited after an agreed-upon period of time to allow CCOs and HIE to develop and mature in Oregon before being assessed.

The subcommittee reached these recommendations for the following reasons: 1) the State is not immediately establishing a query-based HIE system; 2) there is already a regulatory framework for patient consent provided by HIPAA, which has recently been amended to address the need for

increased security in an HIT environment; and 3) allowing patients to opt out of electronic data sharing at this time could harm CCOs' ability to achieve their triple-aim mandates.

HITOC reviewed the recommendation and agreed to hold off on a consent policy for the current time. The development of a consent policy continues to be an issue of great importance to HITOC.

Health System Transformation

The enactment of HB 3650 by the 2011 Oregon Legislature created the Health System Transformation initiative that authorizes the establishment of CCOs to serve Oregon's Medicaid population. The law substantially increases the need for health information exchange services to support CCOs and specifically to address the issues of improving care continuity and care transitions; health IT is also central to the related program offering state certification to patient-centered primary care homes (PCPCHs). In 2012, SB 1580 provided legislative approval to implement the CCO model.

Specifically, CCOs will be expected to ensure that every participating provider is either registered with a statewide or local Direct-enabled HIE service provider or is a member of an existing HIO with the ability of providers of any EHR system (or with no EHR system) to be able to share information with any provider within the CCO network. These requirements are expected to accelerate the adoption of core HIE services through CareAccord™ and local HIOs based on Direct Secure Messaging and stimulate the interest and support for developing services to support the CCOs that fall under Phase 2 of the HIE strategic plan.

Although the emerging CCO environment is not yet well defined, Oregon's State Coordinator for Health IT is working closely with OHA leadership to ensure that statewide HIE services can support and enable health system transformation.

Some of the questions to be considered in the development of Phase 2 HIE services include:

1. What HIT and HIE services will CCOs and PCPCHs need to maximize their success?
2. What centrally-provided statewide HIE services and activities maximally leverage any existing local capabilities? What services and activities best leverage economies of scale and/or central services?
3. What are the expectations for the levels and timing of EHR adoption, demonstration of meaningful use, HIE utilization, reporting of quality/performance metrics, aggregation of performance data and metrics, and analytic services?

Finance

Oregon's HIE financial sustainability plan is based on several sources: Leveraging federal funding from the ONC HIE Cooperative Agreement; Medicaid HIE funds; minimal General Funds: sharing costs with other State programs; and securing some Fair Share participation from major stakeholders in the near term (2011-2013). The preferred option for long-term and ongoing financial sustainability includes a broad-based equitable financing mechanism such as a claims tax or another broad-based revenue stream, along with some service revenues that will maximize provider participation. Sustainable financing for HIE will need to be relevant and valuable to the fast-evolving care delivery system in Oregon.

Oregon HIE financial sustainability planning will need to evolve over time, taking into consideration the relative roles for broad-based HIE financing mechanisms and fee/subscription revenues.

As part of parallel work on Oregon's Strategic Plan for Health IT, HITOC is considering proposing to the state legislature that a Health IT Fund be established to support the HIE and other IT infrastructure that will be needed as part of the foundation for the Health System Transformation initiative. The plan was completed in September; Oregon's legislature meets again in early 2013.

Evaluation

Evaluation plan

As part of the second ONC PIN, Oregon was asked to develop a formal plan to evaluate its HIE program. In response, Oregon developed a data collection and analysis process involving surveys and structured interviews of CareAccord™ users, anticipated to take place in the second half of 2012 and again in the second half of 2013.

Tracking program progress

Oregon is tracking its progress in the HIE Cooperative Agreement program on a quarterly basis, with goals for its four priority areas (ePrescribing, laboratory, care summary and quality). There are also nine annual targets established in the second ONC PIN covering some of these same areas, along with several public health measures. See the table below for details.

Table 2. Tracking Program Progress: Annual Targets for 2012

1. Percent of pharmacies e-Prescribing	Target for December 2012: 95%
2. Percent of labs sending electronic lab results/structured format	Target for April/May 2012: 56%
3. Percent of labs sending electronic lab results/LOINC	Target for April/May 2012: 20%
4a. Percent of hospitals sharing electronic care summaries with unaffiliated hospitals	Target for December 2012: 24.34%
4b. Percent of hospitals sharing electronic care summaries with unaffiliated providers	Target for December 2012: 46.69%
5. Percent of ambulatory providers electronically sharing care summaries with other providers	Target for December 2012: 47.49%
6. Public health agencies receiving ELR data produced by EHRs or other electronic sources in HL7 2.5.1 format with LOINC and SNOMED	Target for December 2012: Six participants
7. Immunization registries receiving electronic immunization data produced by EHRs in HL7 2.3.1 or 2.5.1 formats using CVX codes	Target for December 2012: Yes
8. Public health agencies receiving electronic syndromic surveillance data from hospitals produced by EHRs in HL7 2.3.1 or 2.5.1 formats	Target for December 2012: Yes
9. Public health agencies receiving electronic syndromic surveillance ambulatory data produced by EHRs in HL7 2.3.1 or 2.5.1 formats	Target for December 2012: Yes

Coordination with State Partners

Medicaid EHR Incentive Program

As of August 30, 2012, the Medicaid EHR Incentive Program has paid 956 eligible professionals a total of $20 million, with 188 additional applications for Year One and 27 applications for Year Two in pending status. The program has also paid 36 eligible hospitals. One of those hospitals has received both a Year One and a Year Two payment. The 37 payments to hospitals totaled $26.3 million, with four applications for Year One to be processed and four applications for Year Two pending.

Administrative Simplification

Senate Bill 94, passed in 2011, gave the Department of Consumer and Business Services the authority to adopt uniform standards on financial and administrative transactions for all Oregon health insurance plans, including public and private, Medicaid and non-Medicaid. This includes standards for many electronic transaction, prior authorization, and credentialing processes.

The Oregon Health Leadership Council is a public-private collaborative organization that works on health care initiatives and is charged with developing the Oregon Companion Guides for administrative simplification. OHIT is tasked with coordinating and communicating the new standards to the public.

Starting Jan. 1, 2012, the newly streamlined electronic transaction standards for all Oregon health care insurance plans went into effect.

Other Health IT Issues

EHR adoption

Recent national surveys of physicians by the Centers for Disease Control and Prevention and The Doctors Company suggest that Oregon is among the top states for physician adoption of electronic health records. Oregon ranked first in the CDC survey of office-based physicians, showing 74.7 percent of Oregon physicians having adopted any type of EHR system, compared with a national average of 57 percent. In the other survey, 41 percent of Oregon physicians said they have implemented an EHR that is certified to meet federal meaningful use criteria, compared with a national average of 30 percent.

Interstate HIE

Oregon is part of the Western States Consortium, an eight-state group that is developing a baseline set of shared policies that members can use to allow HISP-to-HISP exchange of health information within and across state borders. An early pilot project will be a Direct Secure Messaging exchange between Oregon and California later in 2012. This work is being supported by a grant from ONC and administered by the Research Triangle Institute (RTI).

Telehealth

As part of its health IT strategic plan process, HITOC is considering telehealth as a major policy area. Among the strategies under consideration are supporting broadband connectivity and/or telehealth infrastructure through a Health IT Fund and convening HIT-related initiatives in Oregon, including telehealth efforts, to share resources and leverage work toward common goals.

Long-term care

OHIT carried out a survey of long-term care organizations in concert with two Oregon long-term care associations. The results indicate that Oregon's long-term care community is interested in adopting health IT to improve care delivery even though just 30 percent of surveyed organizations had adopted EHRs. The main barriers to adoption are the cost of implementation and staff training.

Key Partners

O-HITEC

As Oregon's Regional Extension Center, O-HITEC works collaboratively with stakeholders throughout the state to help providers meet the federal definition for meaningful use of their EHR systems. To achieve its goals, the center leverages the abilities of its two lead partners – OCHIN, the lead applicant and Oregon Health and Science University, the foundational partner. The center also benefits from the combined experience of several independent provider associations, rural research networks, academic institutions and technical partners. As of May 2012, O-HITEC was providing services to 3,016 primary care physicians (surpassing its target of 2,674), and to more than 300 specialty providers on a fee basis.

OHN

Oregon Health Network is a non-profit, membership-based organization that was created in 2007 after the organization was awarded a $20.2 million federal subsidy through the Federal Communications Commission (FCC) Rural Health Care Pilot Program (RHCPP). As of May 2012 OHN had more than 200 provider participants. Forty-six of Oregon's 58 hospitals participate. OHN received a $20 million subsidy from the FCC to deploy middle and final mile connectivity infrastructure across Oregon, focusing on rural areas.

Stakeholder Engagement

AIM conference

OHIT held its first HIE conference on September 14, 2011, in Portland's Oregon Convention Center. The conference was an important opportunity to highlight HIT issues in the state, pull together stakeholders, educate providers about HIE and establish Oregon on the national stage with the appearance of the National Coordinator for Health IT. It drew more nearly 450 people. The conference's theme was AIM 2011: Innovating for Healthy Oregonians. Its goal was to convene Oregon HIE stakeholders from all sectors (consumers, providers, employers, health plans, hospitals, public and private sector leaders in health care) to share the latest trends, implementation strategies and lessons from across the country on the promise and challenges of electronic health records and health information exchange.

Consumer survey

HITOC asked Grove Insight to carry out a survey of Oregon consumers in June 2011 to learn more about Oregonians' attitudes about their health information, its electronic storage and sharing. The survey revealed strong support in both rural and urban areas for the concepts of health IT and health information exchange. Most understand the potential for health IT to improve the health care system and also want to ensure that proper precautions are taken to secure it, though the survey did not reveal any strong undercurrent of concern about security.