

Issue: April 2015

HITOC UPDATE: HEALTH IT POLICY & STRATEGY

VISION:

HIT-optimized health care: A transformed health system where HIT/HIE efforts ensure that the care Oregonians receive is optimized by HIT.

THREE GOALS OF HIT-OPTIMIZED HEALTH CARE:

- Providers have access to meaningful, timely and actionable patient information to coordinate and deliver “whole person” care.
- Systems (health systems, providers, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention. In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

LEGISLATIVE UPDATE

The Oregon Health Authority (OHA) supports House Bill 2294, which would create the Oregon Health Information Technology Program within OHA. The Program would provide a framework for the portfolio of health information technology (HIT) projects within OHA. The bill has three primary components:

- 1) allows OHA to expand HIT services beyond the Medicaid program to the private sector and to charge fees for these services;
- 2) allows OHA flexibility in participating in partnerships or collaboratives to bring statewide HIT services to Oregon;
- 3) updates the legislation for Health Information Technology Oversight Council (HITOC) and moves it under the Oregon Health Policy Board.

In February, HB 2294 passed the House and has been referred to the Senate Health Care Committee, with a subsequent referral to Ways and Means. OHA is meeting with legislators to provide education on the bill and its

impact on statewide health system transformation efforts. OHA expects activity to pick up on HB 2294 after April 21, when first chamber bills are required to move.

HB 2294 has broad support from across the state. Greg Van Pelt, president of the Oregon Health Leadership Council (OHLHC), and Zeke Smith, chair of the Oregon Health Policy Board, testified in support of the bill. OHLHC represents the majority of commercial health plans and health systems in the state. Representatives from Kaiser Permanente and Providence Health System also testified in support of the bill. Written testimony supporting the bill was provided from across sectors and interests, including coordinated care organizations, the Oregon Medical Association and the Oregon Association of Hospitals and Health Systems, as well as the Office of Rural Health, the Association of Oregon Community Mental Health Programs, the Asian Pacific American Network of Oregon and We Can Do Better.

ABOUT HITOC

The Health Information Technology Oversight Council (HITOC) is a statutory body of Governor appointed, Senate confirmed citizens, tasked with setting goals and developing a strategic health information technology plan for the state, as well as monitoring progress in achieving those goals and providing oversight for the implementation of the plan.

Formed in 2009, the HITOC builds on the past work of the Health Information Infrastructure Advisory Committee and the Health Information Security & Privacy Collaborative. HITOC is supported by the Office of Health Information Technology at the Oregon Health Authority (OHA).

TELEHEALTH GRANTS

The Oregon Health Authority, in partnership with the Oregon Office of Rural Health (ORH), announced a call for applications for pilot project proposals in October 2014. Selected pilots would be awarded a maximum of \$175,000 with \$524,000 as the maximum amount available for funding.

OHA and ORH sought projects that improved care coordination; increased individuals' access to their own health data and engagement in their care; expanded system capacity; and achieved efficiencies in health care delivery.

In March, OHA and ORH evaluated and selected pilot projects based on project's ability to be innovative, scalable, replicable, and align with federal State Innovation Model (SIM) grant. Oregon was awarded the SIM grant in 2013 to fund innovation projects that support the state's health care transformation efforts. A portion of Oregon's SIM grant is dedicated to supporting and accelerating state-wide HIT initiatives.

Grant recipients will be officially announced in the coming weeks. Pilot projects are anticipated to launch in late May and early June 2015. Projects are scheduled to end June 30, 2016.

OHA AND JEFFERSON HIE SUBMIT GRANT PROPOSAL

Jefferson Health Information Exchange (HIE) was selected to participate in the state's application for a National Coordinator for Health Information Technology's (ONC) interoperability grant funding

opportunity. ONC seeks to fund efforts that leverage investments and lessons learned from the original State HIE Program (<http://healthit.gov/policy-researchers-implementers/state-health-information-exchange>) and help accelerate widespread adoption and use of health information exchange infrastructure.

Ten organizations submitted letters of interest to the Oregon Health Authority. Jefferson HIE's proposal was selected as it aligned with the ONC grant and the state's HIT priorities and criteria, including readiness and capacity.

Jefferson Health Information Exchange's proposal focused on expanding its current functions to integrate behavioral and physical health data for a more complete HIE. Key work will focus on gaining community consensus on the interpretation of Federal and State laws governing behavioral health (BH) data, as well as to develop a standardized approach to patient consent for sharing this data.

OHIT and Jefferson HIE worked together to prepare the state's full grant application for the ONC, which would also include growing Jefferson HIE's community of exchange partners by connecting to Healthway, and integrating real time hospital event information through the Emergency Department Information Exchange (EDIE) and PreManaged services.

The full application was submitted on April 6. ONC anticipates awarding 10-12 state-based awards nationally in June. Awards will be in the amounts of \$1,000,000-\$3,000,000 each for a two-year period.

HIT-HIE COMMUNITY & ORGANIZATIONAL PANEL

The call for nominations to participate on the HIT-HIE Community and Organizational Panel closed April 10. Panelists will be notified by April 24.

Panel members will meet quarterly to share their experiences and insights to help inform OHA and HITOC as the state continues its HIT and HIE efforts. The forum will allow members to:

- Share and discuss members' HIT/HIE implementation efforts and experiences to:
 - share best practices,
 - identify common barriers,
 - identify opportunities for collaboration
- assist the OHA and HITOC in gaining a better understanding of real-world HIT-HIE implementation efforts
- Identify opportunities for HITOC to consider regarding providing guidance and developing policy to address barriers or better support HIT-HIE efforts in Oregon;
- Provide insights to OHA regarding OHA's statewide HIT-HIE initiatives, concerns or implications for implementation, and opportunities for improvement and support.

The first meeting for the HIT-HIE Community and Organizational Panel is being scheduled for May 2015. More information can be found on the OHIT website at: www.HealthIT.Oregon.gov

MEANINGFUL USE STAGE 3 NOTICE OF PROPOSED RULE MAKING AND PUBLIC COMMENT

The Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) released the Stage 3 notice of proposed rulemaking for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs and 2015 Edition Health IT Certification Criteria to improve the way electronic health information is shared and ultimately improve the way care is delivered and experienced.

On April 10, 2015, CMS also released a separate proposed rule to align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3.

CMS and ONC invite public comment on the proposed rulemaking, as well as the draft certification test procedures.

The public comment period for CMS' Meaningful Use Stage 3 proposed rule ends May 29. The proposed rule can be reviewed at: www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicicaid-programs-electronic-health-record-incentive-program-stage-3

The public comment period the ONC's 2015 Edition Health IT Certification Criteria proposed rule ends May 29. The 2015 Edition proposed rule can be reviewed at: www.federalregister.gov/articles/2015/03/30/2015-06612/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base

The public comment period for CMS Modifications to Meaningful Use for 2015 through 2017: Realigning the EHR Incentive Programs to support health information exchange and quality improvement ends 60 days after the rule is published in the Federal Register (pending). The proposed rule can be reviewed at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-08514.pdf>

The public comment period for the draft 2015 Edition Certification Test Procedures ends June 30. The draft Certification Test Procedures can be reviewed at: www.healthit.gov/policy-researchers-implementers/2015-edition-draft-test-procedures

The Office of Health IT will be inviting stakeholder feedback in the coming weeks to help inform the state's comments on the proposed rules and criteria.

A fact sheet for the rules can be found on HealthIT.gov at: <http://healthit.gov/sites/default/files/CMS-Stage-3-Meaningful-Use-proposed-rule%20FactSheet.pdf>.

The full news release can be found on HHS.gov at: www.hhs.gov/news/press/2015pres/03/20150320a.html

ONC INTEROPERABILITY ROADMAP

The Oregon Health Authority submitted comments on the Shared Nationwide Interoperability Roadmap to the Office of the National Coordinator for Health Information Technology (ONC) on April 3, 2015.

OHIT extends a thank you to everyone who took time to provide their feedback and insights to help inform the state's submission. Comments included valuable input from the Health Information Technology Oversight Council, members of the Interoperability Panel (Gina Bianco, Jefferson HIE; Pat Bracknell, Central Oregon HIE; Chris Diaz, FamilyCare CCO; Klint Peterson, Samaritan Health Services; Sonney Sapra, Tuality Healthcare) and many other key stakeholders.

ONC drafted the Roadmap based on input from private and public stakeholders. It proposes critical actions that need to be taken by both private and public stakeholders to move nationally towards a more connected, interoperable health IT infrastructure.

OHIT's comments highlighted the alignment between the vision that the Roadmap sets and actions that Oregon is already taking to advance its interoperability efforts. OHIT looks forward to the final version of the Roadmap and working with stakeholders to further Oregon's health IT efforts which are an essential component to improving the system and the health of Oregonians.