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# Health Information Technology Oversight Council

June 4, 2015



# Agenda

- 1:00 pm Welcome, Opening Comments  
Goals and Meeting Overview
- 1:10 pm Featured Topic: Telehealth
- 1:50 pm Oregon Health IT Environment – CCO Profile  
Summary and HCOP Meeting Summary
- 2:40 pm Break
- 2:45 pm Federal Policy – Comments on Interoperability  
Roadmap and CMS/ONC Meaningful Use Rules
- 3:05 pm Health IT Policy and Portfolio Updates
- 3:45 pm HITOC Membership & Recruitment
- 4:15 pm Public Comment
- 4:25 pm Conclusion and Next Steps

# Legislation Announcements

- HB 2294 – the “OHIT Bill” – has passed both chambers! It was signed by both chambers on June 1<sup>st</sup> and is awaiting signature by the Governor.
- Next steps:
  - Establish messaging around the Oregon HIT Program
  - Work to establish fees (CareAccord, Provider Directory)
  - Move HITOC under the Health Policy Board
    - Membership and Charter
    - Prepare to Regularly Report to the Board and legislature

# Goals of HIT-Optimized Health Care

## 1. Sharing Patient Information Across Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.

## 2. Using Aggregated Data for System Improvement

- Systems (health systems, 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.

## 3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

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# Featured Topic: Telehealth

Meredith Guardino, Oregon Office of Rural Health  
Telehealth Grantee Presentation: Capitol Dental  
Anne Nguyen, Office of Health IT



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# Telehealth Activities

- Telehealth Pilots - Overview
- Capitol Dental Care – Teledentistry Presentation
- Telehealth Inventory Project

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# Telehealth Pilots

*Meredith Guardino, Office of Rural Health*



# Telehealth Pilots – Overview

- OHA partnered with the Office of Rural Health to administer telehealth pilots funded by the State Innovation Model (SIM) Grant
- Request for Grant Proposals in October 2014
  - 67 Letters of Interest
  - 13 full applications submitted to OHA
  - 5 applications selected and approved by CMMI
- OHA awarded 5 grants totaling ~\$521,000
- Performance period—present to September 2016

# Telehealth Grantees

- Tillamook Regional Medical Center
- HIV Alliance
- OHSU Layton Center for Aging and Alzheimer's Disease Center
- Trillium Family Service
- Capitol Dental Care

# Tillamook Regional Medical Center



## About the Organization

- Based in Tillamook, OR
- Critical access hospital with 4 rural health clinics

## Project Purpose

- Reduce the number of hospital readmissions related to gaps in the continuum of care

## Target Population

- Individuals at risk for readmission to the hospital
  - Must meet “high risk” criteria
  - Criteria developed by Tillamook’s readmission team

# Tillamook Regional Medical Center— Project Overview

## Pilot intervention

- Community Paramedics (CPs) will conduct home visits and use tablets to communicate with care coordinators via hot spots installed in ambulances.

## Project implementation

- CPs receive notification of patients that have been discharged from hospital and evaluated as high risk for readmission.
- CP schedules home visit and conducts basic physical examination and initiates video conference with care coordinators during visit if necessary.
- CP arranges follow-up appointment with the primary care or specialty care provider, recommends an Urgent Care visit or transports the patient to the ED as needed.
- CP transmits home visit data to care coordinator using ambulance hot spot directly after the visit.

# HIV Alliance



## About the Organization

- Based in Eugene, OR
- Serves Lane, Douglas, Josephine, Lake, Klamath, Jackson, Coos, Curry, Lincoln, Clatsop and Marion counties

## Pilot Purpose

- Increase access to care for people living with HIV/AIDS who are at risk for having medication adherence issues, in rural counties in southern and eastern Oregon

## Target Population

- Clients newly diagnosed with HIV/AIDS
- Existing clients with unsuppressed viral loads, co-morbidities, or medication adherence issues who have barriers to regular follow-up care

# HIV Alliance—Project Overview

## Pilot Intervention

- Clients will receive a tablet device for virtual visits with a clinical pharmacist.

## Pilot Implementation

- Client is referred to clinical pharmacy program by care coordinators, staff nurses, and providers and assigned a tablet device.
- Clinical pharmacist will provide education, counseling, and follow-up visits with client via video conferencing.
- HIV Alliance covers southern Oregon and will partner with the Eastern Oregon Center for Independent Living (EOCIL) to reach out to rural clients in eastern Oregon.

# OHSU Layton Center for Aging & Alzheimer's Disease Center



School of Medicine  
Layton Aging & Alzheimer's Disease  
Center

## About the Organization

- Based in Portland, OR
- One of 27 NIH Alzheimer's Disease Centers in the United States focusing on aging and dementia research

## Pilot Purpose

- Determine reliability of standard measures of patient cognizance when tests given via telemedicine
- Determine reliability of standard measures of caregiver well-being when tests given via telemedicine
- Establish feasibility and usability of direct-to-home video dementia care

## Target Population

- Subjects with Alzheimer's Disease (AD) and their caregivers
- Recruited from current pool of patients receiving care at OHSU

# OHSU Layton Center for Aging & Alzheimer's Disease Center – Project Overview

## Pilot Intervention

- OHSU will use telemedicine video conferencing to deliver dementia care to patients in their homes. Participants will receive remote access cameras for virtual visits.

## Pilot Implementation

- Phase I – Using both face-to-face and a telehealth platform, participants with AD will be evaluated using cognitive and functional impairment scales, and their caregivers will be evaluated using well-being scales.
- Phase II – A provider will conduct a direct-to-home telehealth visit with the participant and caregiver that is identical to an in-person visit. Participants and providers will be asked to complete evaluation questionnaires after each visit to assess perceptions of various aspects of the visit (e.g., quality of connection, time and cost benefits).
- At the end of the pilot, a subgroup of participants will be interviewed about their experience to evaluate the telemedicine platform.

# Trillium Family Services



## About the Organization

- Headquartered in Portland, OR
- Serves Portland metro area and mid-Willamette Valley region

## Pilot Purpose

- Provide access to telemental health services (e.g., psychiatric assessments, medication management, follow-ups) via telehealth to children and young adults in rural areas via videoconferencing

## Target Population

- Children ages 5-17
- Young adults ages 18-24
- Participants may be in foster care, in transition from in-patient setting to community, or in a school setting

# Trillium Family Services— Project Overview

## Pilot Intervention

- Children and families participating in the pilot will receive a web camera, if they do not currently have one, to conduct home-based telemental services.
- Children and families may also receive telemental services in school settings.

## Pilot Implementation

- Participants discharged from Trillium's in-patient programs will be connected with telemental services until a local community therapist or primary care provider is available.
- Participants in need of mental health services who have been referred by school staff, parents, or medical staff will receive school-based telemental services.
- Trillium will use evidence from the pilot activities to conduct outreach to and potentially contract with additional CCOs to provide outpatient services for children and adolescents through telemedicine.

# Telehealth Pilots – Next Steps

## Timeline

- May 2015—Grant Agreements executed
- Summer 2015—Pilot launches
- July 2015—First quarterly reports due to OHA
- September 30, 2016—Pilot activities completed

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# Capitol Dental—Teledentistry

*Eli Scharz, DDS MPH PHD*

*Richie Kohli, BDS MS*

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that resembles a stylized horizon or a wave.

Oregon  
Health  
Authority

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# Presenters

## **Eli Schwarz, DDS, MPH, PhD**



Dr. Schwarz is a Professor & Chair of the Department of Community Dentistry. His previous professional appointments include Professor of Population Oral Health, Faculty of Dentistry, University of Sydney, and Adjunct Professor in professional studies at the University of Nevada, Las Vegas, School of Dental Medicine.

## **Richie Kohli, BDS, MS**

Dr. Richie Kohli is a board-certified dental public health specialist and serves as an Assistant Professor in the Department of Community Dentistry at Oregon Health and Science University (OHSU).

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# Telehealth Inventory Project

*Anne Nguyen, Office of Health Information Technology*



# Telehealth Inventory Project: Background

**Issue:** Health plans, CCOs, and other potential purchasers of telehealth services need information about what is available in the market to extend capacity and support health care delivery

## **Purpose of the Telehealth Inventory Project**

- Catalog telehealth services available in Oregon
- Help connecting providers, health plans, and patients to telehealth services
- Inform providers and health plans on policies affecting telehealth
- Identify barriers, gaps, and needs in telehealth services

## **SIM funding through September 2016**

- Partnership with the Telehealth Alliance of Oregon (TAO)

# Telehealth Inventory Project: Static and Web Inventory

## Initial static inventory

- Capture telehealth usage and services in Oregon via SurveyMonkey sent to providers
- Use survey information to populate web-based inventory

## Web-based inventory

- Inventory is viewable by anyone
- Search capabilities and ability to produce summary reports
- Updated every quarter by TAO
  - Contact current inventory listings
  - Reach out to new providers
  - Providers enter in telehealth information on TAO's website

# Telehealth Inventory Project: Inventory Information

## Information included in web-based inventory:

- Provider name and contact information
- Types of telehealth services provided
- Whether Primary Care Provider required to facilitate for the patient
- Technology used to provide telehealth services
- How services are reimbursed
- “Originating” and “distant” sites that provided the service
- Accepting new clients
- Supported language(s)

# Telehealth Inventory Project: Policy Analysis

## Federal and State Policy Analysis

- Analysis of current state and federal laws, regulations, and policies and their impact on those who contract for and those who provide telehealth services in Oregon
  - Audience: OHA, CCOs, health plans
  - Will be posted to TAO website
- Law and Policy Quarterly Updates
  - Updates to laws, regulations, and policies at end of each quarter
  - Publicly available

# Telehealth Inventory Project: Gaps and Needs Assessment

## Gaps and Needs Assessment

- Identify barriers, gaps, and needs for telehealth in Oregon
- Initial in-person focus groups with stakeholders
  - Regional focus groups in Medford, Portland, Bend, Pendleton, and Eugene
  - Result: a report summarizing results and recommendations
- Follow-up - revisit initial focus group in a year
  - Assess telehealth progress
  - Result: a report summarizing progress and recommendations

# Telehealth Inventory Project – Next Steps

## Timeline

- May 2015—Contract with Telehealth Alliance of Oregon (TAO) executed
- Summer 2015—TAO developing the initial provider telehealth survey and web-based inventory
- August 2015—Law and policy report available
- September 2015—Gaps analysis completed
- September 2015—Survey of telehealth providers completed
- November 2015—Public release of web-based inventory
- September 2016—Follow-up gap analysis
- Fall 2016—Contract completes

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# Oregon Health IT Environment

Marta Makarushka



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# CCO Profile Summary



# Oregon Coordinated Care Organizations' Health Information Technology Efforts

## Introduction (Setting the Stage)

- Role of Health System Transformation Funds in Investments in HIT
- Role of CCO Clinical Quality Metrics (CQM) Reporting Requirements
- CCO Deeper Dive Sessions

# Deeper Dive Meetings

- Objectives:
  - Identify opportunities for increasing alignment of HIT/HIE development among OHA, CCOs, and other key stakeholders
  - Assess opportunities for TA to CCOs
  - Produce CCO “HIT/HIE Profiles”
- 2-3 hour on-site meetings with each CCO
- Main Components
  - Overview of OHA’s Phase 1.5 HIT/HIE Development Strategy
  - Discussion of CCO’s HIT/HIE Development Strategy

# Overview of CCO HIT Efforts

- CCO Context for HIT Development
- Role of Community Support
- Impact of Geography and Size
- Organizational Affiliations

# CCO Approaches to Developing and Implementing HIT Efforts

Some examples include:

- Implementing a coordinated care management system for CCO staff
- Launching a care management tool that includes actionable clinical information and psychosocial risk factors
- Providing a community-wide EHR operating as a community health record
- Leading the collaborative development of a regional health information exchange tool
- Supporting local entities that have developed their own HIT tools, while also developing and implementing centralized tools
- Pursuing a Community Data Warehouse pilot project
- Implementing a comprehensive tool that includes predictive analytics/ risk assessment, management reports, quality metrics and care gaps information, and business intelligence tools

# Changing Approaches and Next Phases for CCO's HIT Efforts

Many CCOs are in the process of building upon their progress to date:

- Connecting providers to HIT/HIE through integration within their EHR workflows
- Moving from administrative/claims based case management and analytics to incorporating and extracting clinical data from provider's EHRs.
- Working with providers and providing technical assistance to establish clinical data reporting
- Supporting providers in new ways with providing data and dashboards back to them
- Investing in new tools for patient engagement and telehealth

# Developing and Implementing HIT Efforts

- New Relationship to Data
  - collecting data
  - compiling, interpreting, understanding data
  - ensuring credibility of data
  - educating and evolving the delivery system to use the data
  - refining how to meaningfully present and effectively communicate the data
- Workflow Changes
- Access to Clinical Data
- Moving beyond Primary Care and Physical Health Information

# Summary of CCO HIT Investments

	# of CCOs	Overview
<b>Health Information Exchange</b>	13	2 active HIEs (6 CCOs)
		2 HIEs in development
		1 Community-wide EHR
		Hospital Notifications (4 CCOs are live, 3 CCOs are in discussion)
<b>Case Management and Care Coordination</b>	10	1 Social Services focused tool (2 CCOs)
		Case Management Tools (9 CCOs)
<b>Population Management, Metrics Tracking, Data Analytics</b>	15	Population Management tools (9 CCOs)
		Business Intelligence (BI) tools (6 CCOs)
		Health Analytics tools (11 CCOs)
<b>EHR Hosting via Affiliated IPA</b>	3	

- **Technical Assistance**
- **Patient Engagement**
- **Telehealth**

# Telehealth

- Tele-dermatology
- Genetic counseling via telehealth
- Behavioral health telemedicine/tele-mental health
- Telementoring
- Virtual Provider Triage (supports delivery of care in the most appropriate setting)
- Text 4 Baby
- Tablet-based CAHPS survey
- Gladstone by Kannact (providing high-risk individuals with tablets to facilitate remote patient monitoring)
- Tablet/laptop-based needs and health risk assessments
- Provision of post-hospital discharge tablet/laptop by which member can contact care support

# Barriers to HIT Implementation

Barriers to HIT Implementation	CCOs Who Included Description of Barrier (n=16)
Technology, Interoperability and EHRs	88%
Workflows/ Staffing/Training	81%
Clinical Data Collection/ Reporting	75%
Data Analysis, Processing, Reporting	44%
HIPAA, Privacy, Security	31%
Metrics	31%
Other	81%

# Barriers to Behavioral Health Information Sharing

Barriers	CCOs Reporting Experiencing Barrier (n=13)
Confusion over compliance with state or federal laws	77%
Concerns over privacy and confidentiality protection for the patient	77%
Technology system does not have the technical interfaces and applications needed to exchange sensitive data (e.g., EHRs do not segment or separate data).	62%
Concerns over liability if information you share is later improperly shared	62%
Lack of proper consent forms from the patient	38%
State or federal laws prohibit the type of sharing I want/need to do	23%
Other	15%

# Interest in OHA's HIT's Initiatives

OHA's HIT Initiative	CCO Interest Level		
	Using or expect to use	Considering	Not currently interested
Statewide Provider Directory	69%	31%	0%
PreManage – hospital event notifications	50%	44%	6%
Clinical Quality Metrics Registry*	38%	38%	25%
Technical Assistance on EHRs and Meaningful Use for Medicaid Practices	25%	75%	0%
CareAccord Direct secure messaging	16%	69%	19%

\*All CCOs will need to report to the Registry – the interest level reflected here is whether the CCO is considering having any of their providers submit clinical quality metrics directly to the Registry.

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# HCOP Meeting Summary



# HCOP Meeting Summary

## Project Overview Table

- Jefferson HIE
- Community Connected (C2) Network
- Care Team Link (Regional Health Information Collaborative; RHIC)
- CareAccord
- Care Management, Analytics & Reporting Tool (CMART)
- Central Oregon Health Connect
- Emergency Department Information Exchange (EDIE)

# HCOP Meeting Summary

## First Meeting Themes

- Opportunities
  - Broad Stakeholder Support
  - The multitude of use cases that are possible
- Challenges
  - Value Proposition and Buy-in/Adoption
  - Variability in EMR vendor capabilities & costs
  - Lack of clarity around policies for security/privacy/information sharing
  - Training and Work Flow Issues
  - Strategy and Scope of Efforts
  - Data and Technical IT Challenges

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**Break**

The logo for the Oregon Health Authority is centered in the lower half of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that resembles a stylized horizon or a wave.

Oregon  
**Health**  
Authority

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# **OHA Comments on the Interoperability Roadmap, the Meaningful Use Stage 3 Proposed Rule, and the ONC Health IT Certification Proposed Rule**

Kristin Bork, Lead Policy Analyst



# Interoperability Roadmap

We had concerns around:

- Roles and Responsibilities
  - Clarity on Federal and States' roles on supporting interoperability
  - Roles in the advancement and use of HIT/HIE

We appreciated:

- the increased focus on the individual within the Roadmap

We stated:

- Technologies are emerging and are expensive to adopt and operate, particularly as organizations experiment and learn what works within their community.
- The strategy for implementation of HIE is key, and sufficient incentives need to be put into place to encourage users as the system is growing. Balance is critical in demonstrating the value of a system.
- Standards need to be more closely aligned with the needs of clinicians.

# Stage 3 Meaningful Use Proposed Rule

We had concerns around:

- The high threshold for patient engagement
- The feasibility of supporting APIs, particularly for smaller practices and specialty providers

We appreciated:

- The streamlined approach to MU
  - All providers will be in stage 3 in 2018 and all providers and all providers will be in modified stage 2 as they progress to stage 3
- The focus on alignment
  - All providers (hospitals and EPs) will report on the calendar year
- The incorporation of non-clinical information into the record
- The retirement of topped out, redundant, or duplicative measures

# ONC Health IT Proposed Rule

We had concerns around:

- The ONC vision for how C-CDA messages can be used to create a comprehensive care plan

We appreciated:

- Expanding certification beyond the electronic health record incentive program
- Better surveillance and vendor transparency over certified products

## Next Steps

- Meaningful Use Stages 1 and 2 comments due June 15, 2015
  - <https://federalregister.gov/a/2015-08514>
  - You may submit electronic comments on this regulation to <http://www.regulations.gov>.
- CQMs and Physicians Fee Schedule should be released in July 2015
- Analysis of Final Rules for Interoperability and Meaningful Use Stage 3

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# Health IT Portfolio Updates

OHIT Staff



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# Provider Directory Update

Karen Hale, Lead Analyst



# Provider Directory update

- Oregon’s provider directory will allow healthcare entities access to a state-level directory of healthcare provider and practice setting information
- Key uses:

## Operations

- Use as an accurate single source of provider information, such as licensing, address, and affiliations data

## Exchange of Health Information

- Locate HIE addresses and provider information outside a system allowing clinical data to be sent to the correct recipient (e.g., referrals)

## Analytics

- Access to historical affiliations and other authoritative data for generating outcome data, metrics, and research

## Provider directory project background

- Procure for a provider directory that will allow healthcare entities access to a state-level directory of healthcare provider and practice setting information.
- The project comprises design, development, implementation, and maintenance of the technical solution as well as operations and ongoing management and oversight of the program.
- The provider directory will leverage authoritative data existing in current provider databases and add critical new information and functions.

# Provider directory principles

- Build incrementally to ensure success, but must have value right out of the gate
- Scalable solution to allow for future enhancements and additional functionality
- Establish clear expectations regarding quality of provider information
- Contract both for implementation and operations
- Work in collaboration with Common Credentialing database/program (under development)
- Centralize where needed but allow for federation of existing provider directories

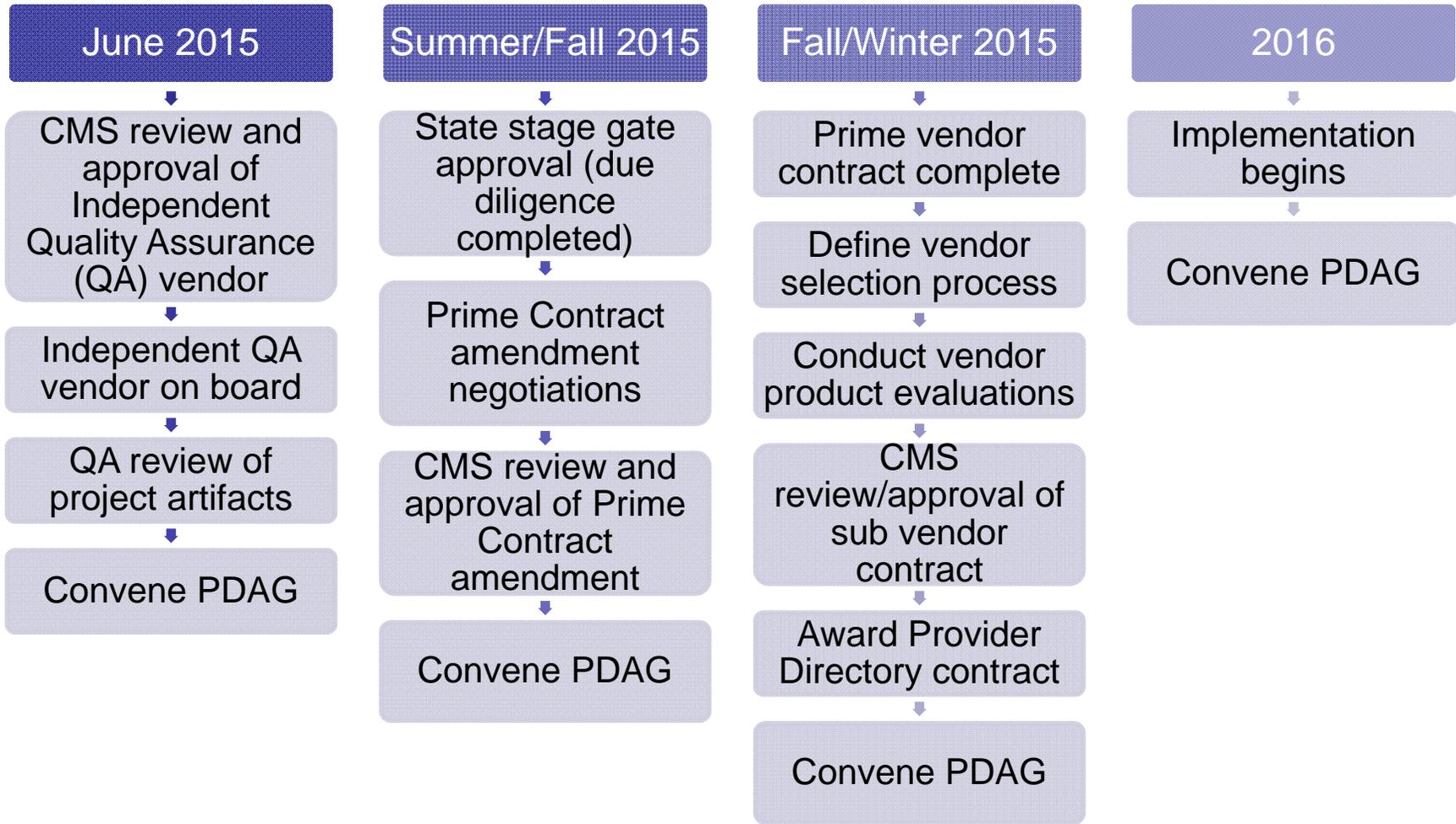
# Provider directory activities – advisory group update

- **Objective:** Advise the Oregon Health Authority on a broad range of topics relating to technology, policies, and programmatic aspects of the provider directory
- Comprised of external stakeholders representing a wide range of roles and affiliations
  - **Roles** – providers (including mental and dental), IT, data and analytics, billing, compliance, CIO, HIE leadership
  - **Affiliations** - CCOs, health plans, hospitals and health systems, HIEs, Independent Physician Association (IPA), Oregon Medical Association (OMA)
- Public meetings – plan was to meet monthly for 2 hours but group decided on 3 hour monthly meetings

# PDAG activities

- **April meeting topics**
  - charter review, HIT and Common Credentialing background
  - group exercise regarding provider directory uses
- **May meeting topics**
  - Direct Secure messaging and CareAccord flat file
  - HIE use discussion
- **June meeting**
  - Focus on use cases and value proposition (e.g., what is value out of the gate?)

# Timeline



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# Statewide Direct Secure Messaging

Britteny Matero, CareAccord Director



# Flat File Directory

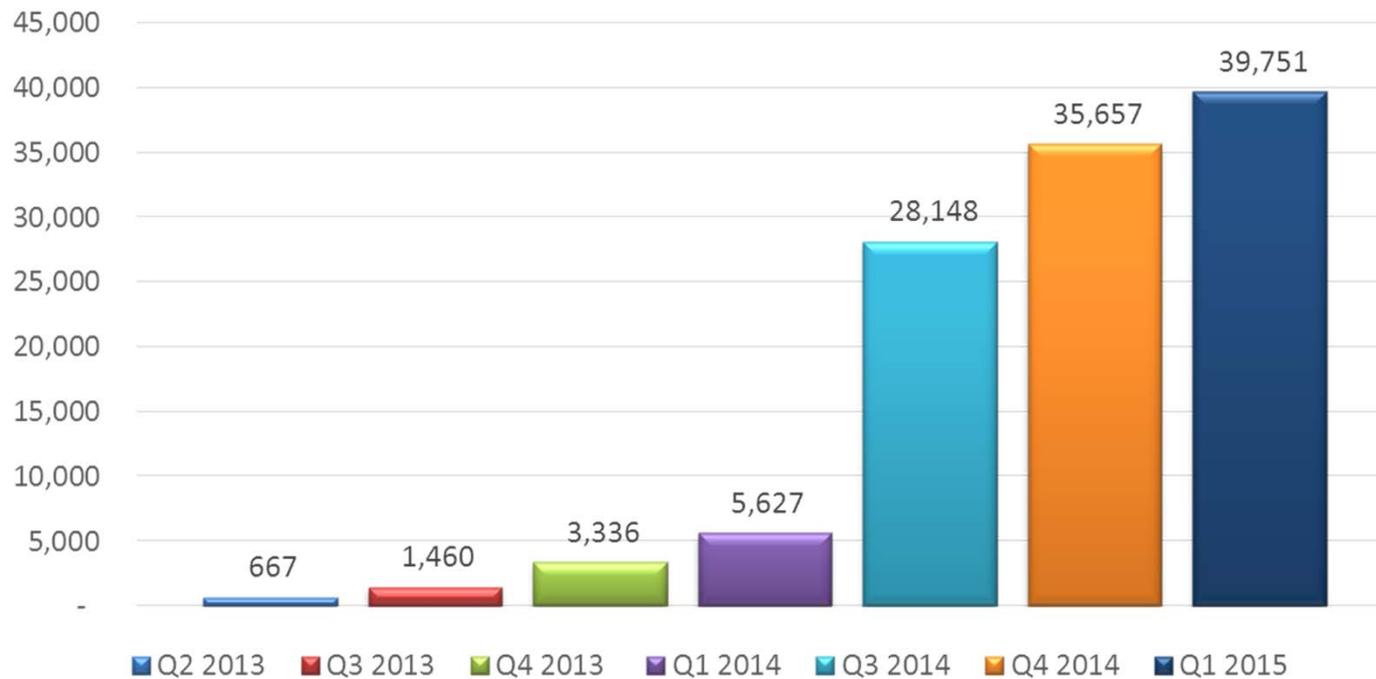
- The Flat File Directory continues to expand as organizations wait for long-term Directory solutions to be enabled
- Current participants in the FFD include:
  - Children's Health Associates of Salem (CHAOS)
  - Jefferson HIE
  - Oregon Health & Science University (OHSU)
  - Lake District Hospital
  - Legacy Health Systems (Emanuel, Good Samaritan, Meridian Park, Mt. Hood)
  - St. Charles Health System
  - Tuality (Community Healthcare, Forest Grove)
  - CareAccord
- More than 3,400 Direct addresses included now in FFD

# CareAccord

- CareAccord is now using DigiCert as their Certificate Authority (CA) and Registration Authority (RA)
  - CareAccord will maintain CA/RA accreditation through October 2015
  - The change will result in long-term cost savings for OHA
- DirectTrust Accredited Bundle
  - CareAccord is officially in the accredited bundle!
    - Thanks to the tremendous work of the CareAccord team: Sharon, Jessi, and Christina
    - Thanks to the tremendous work of the Harris team: Gigi, Dontrell, and Nicole

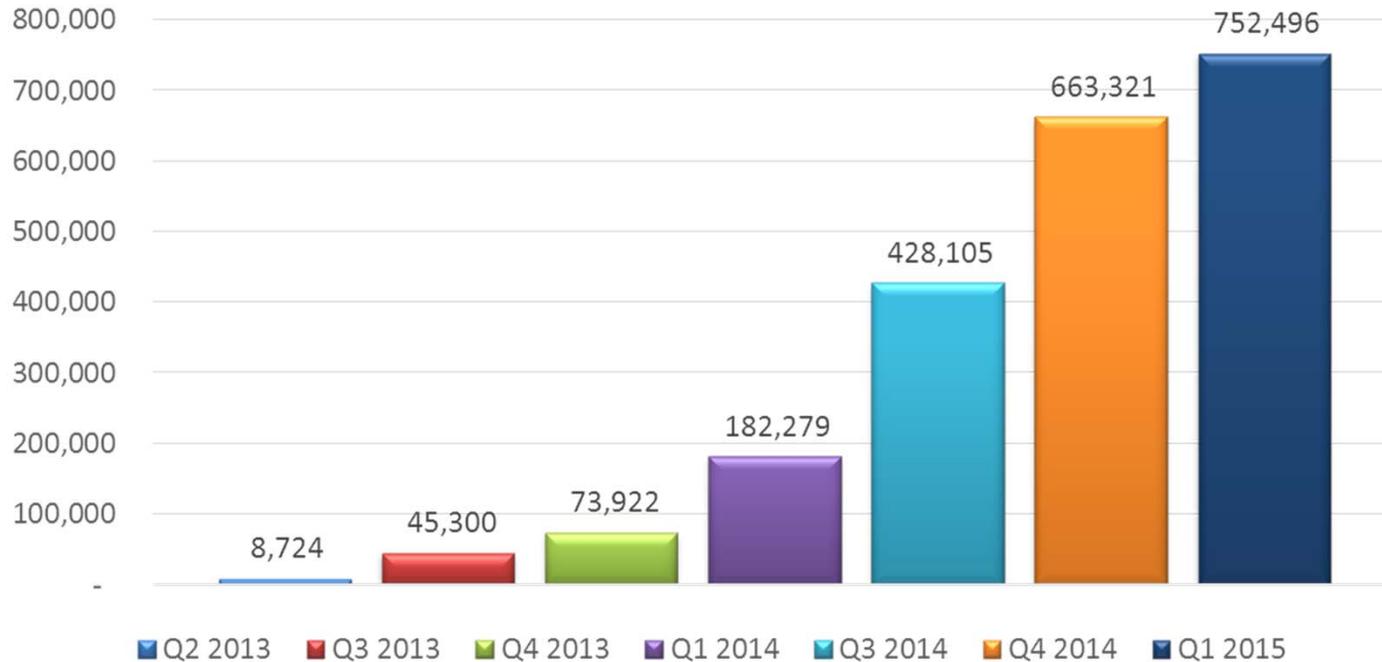
# Direct Nation-wide Statistics Provided by DirectTrust

## Organizations served by HISPs

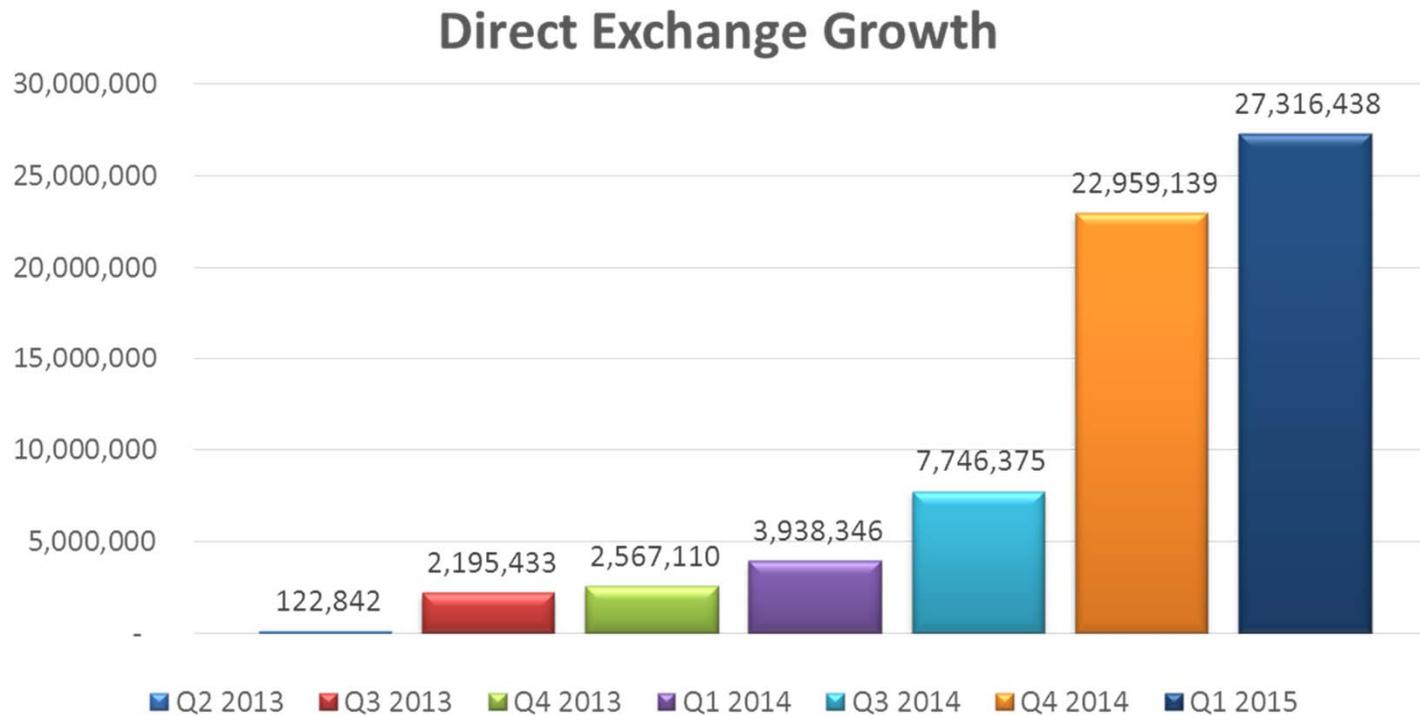


# Direct Nation-wide Statistics Provided by the DirectTrust

## Number of Direct Addresses



# Direct Nation-wide Statistics Provided by the DirectTrust



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# EDIE/PreManage

Justin Keller, Policy Analyst



# EDIE Implementation Status

As of May 1, 2015:

- 57 hospitals (97%) have completed the legal review and signed contracts with the vendor
- 56 hospitals (95%) are currently live, sending data and receiving notifications
- 49 hospitals are sending both ED and inpatient data to EDIE (83%)
- 35 hospitals have provided historical data (59%)

# PreManage Status

- Four CCOs are live on PreManage, and several more are in discussions with the vendor
- Some CCOs are extending their subscription to their key practices
- Assertive Community Treatment Team Pilot – Sequoia and Central City Concern are live
- Other health systems and plans are adding PreManage

# EDIE as a model for statewide HIT solutions

Oregon's 59 hospitals opted to participate in adoption

- EDIE had potential to reduce avoidable admissions and repeat testing
- It was likely to produce better targeted interventions to prevent potentially avoidable admissions/readmissions and to reduce costs.
- Each hospital could customize notifications to meet their environment's needs
- Could improve communications and care coordination on transition out of the hospital

# Impact of EDIE in the ED

## Feedback from Emergency Room Physicians\* on EDIE:

- Like the snapshot of patient visit history. (How many times seen, where, when.)
- Better information leads to more comprehensive care
- Provides insight for addressing potential drug-seeking behavior
- Prevents over testing, over treatment
- Gives access to information not otherwise available at time of care
- Immediate, real-time information.
- It's automatic

\* Information collected by Dr. Sharon Meieran, VP, Oregon Medical Association and EDIE Utility Governance Member

# Impact of PreManage – Case Study

## Right care in the right setting

- FamilyCare member visited ED nine times in 90 days.
  - Member also had two inpatient stays related to uncontrolled diabetes and Hypopotassemia.
- Member had not followed up with primary care after ED visits
- Revisited ED for treatment when thought needed
- PreManage allowed FamilyCare to get a real-time alert when the patient presented to an ED
- FamilyCare staff proactively contacted hospital
- Educated member about ED utilization versus urgent care and primary care follow up.
- Created plan for ongoing care needs and scheduled follow up care with PCP

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# HITOC: The next phase

Susan Otter



# Transition of HITOC under the Health Policy Board

- HB 2294 has passed – will move HITOC under the Oregon Health Policy Board
  - The Policy Board will determine members moving forward
  - **The entire membership will be recast**
  - Staff will work with the Board on recommendations for members
- The Policy Board has approved this plan
  - November 2014 – OHPB received an orientation to HITOC
  - December 2014 – OHPB asked to approve HB 2294 and the transition of HITOC under the Board
  - February 2015 – OHPB formally approves the plan
  - February 2015 – Chair of OHPB testifies in support of HB 2294

# Transition of HITOC - Plan

- June 4<sup>th</sup> Meeting – discussion about membership, call for nominations, and HITOC charter
- Early June – post the call for nominations, open for one month
- July 21<sup>st</sup> – Meeting of the Health Policy Board
  - Consideration of recommended membership
- September 3<sup>rd</sup> – first meeting of new HITOC

# Membership Considerations

## From HITOC

- Consumer/Patient Advocacy
- Mental/Behavioral Health
- Long-Term Care
- Dental Care
- Hospital Representation
- Local/Regional HIE
- Privacy & Security

## From Policy Board Testimony

- Broad representation including providers, hospitals, health plans/CCOs
- Epic & non-Epic Users
- Consumer Advocates
- BH Advocates
- Diverse Regions

## Statutory Considerations (HB 2294)

- Health Care Delivery
- Health IT
- Health Informatics
- Health Care Quality Improvement

# Oregon's Roadmap for Health Information Technology

2010-2013  
Phase 1

2014-2016  
Phase 1.5

2016 Forward  
Phase 2.0

## Governance, Operations and Policy

### Oregon Health Authority (OHA) with HIT Oversight Council (HITOC) and HIT Task Force

- Strategic planning, oversight, transparency, policy, accountability

### OHA

- Implementation, operations

### OHA with HITOC

- Strategic planning, transparency, policy
- State HIT Legislation in 2015

### Steering Committee/CCO HITAG

- Phase 1.5 oversight, accountability
- Planning for HIT Designated Entity
- Develop standards/compatibility program

### OHA : Implementation, operations

### OHA with HITOC and Steering Committee

- Strategic planning, oversight, transparency, policy, accountability
- Standards/Compatibility program

### HIT Designated Entity

- Implementation, operations

## Technology and Services

### CareAccord

- CareAccord Direct secure messaging (launched May 2012)
- Trust/Interstate efforts (National Association for Trusted Exchange, Direct Trust)

### CareAccord

- Direct secure messaging; access to Enabling infrastructure. Trust/Interstate efforts.

### Enabling infrastructure

- Provider directory/information services
- Statewide hospital notifications, EDIE
- Common Credentialing

### Services for Medicaid

- Clinical Quality Metrics Registry
- Technical assistance to eligible providers

### CareAccord

- Direct secure messaging; access to Enabling infrastructure. Trust/Interstate efforts.

### Enabling infrastructure and Medicaid services

- Enhanced statewide enabling services and record location
- Supporting query and data analytics
- Patient/provider attribution

## Finance

### Office of the National Coordinator for HIT (ONC)

- ONC Cooperative Agreement (2010 – February 2014)

### CMS/State Match/Investors

- Planning broad-based financing model
- CMS funding for Medicaid implementation; with legislation – expand to private (non-Medicaid) users
- State/CMS contribute ongoing funding for services that support state Medicaid operations

### Public/private partnership

- Broad-based financing model provides financial stability
- State/CMS contribute ongoing funding for services that support state Medicaid operations

# Detailed Timeline - 2015

	Sept '14	Dec '14	Mar '15	June '15	Sept '15	Dec '15
<b>Featured Topics</b>	<ul style="list-style-type: none"> <li>Open Notes</li> </ul>	<ul style="list-style-type: none"> <li>EDIE Utility/PreManage</li> </ul>	<ul style="list-style-type: none"> <li>ONC Interoperability Roadmap</li> </ul>	<ul style="list-style-type: none"> <li>Telehealth</li> </ul>	<ul style="list-style-type: none"> <li>Topic TBD</li> </ul>	<ul style="list-style-type: none"> <li>Topic TBD</li> </ul>
<b>Oregon Health IT Environment &amp; Reporting</b>	<ul style="list-style-type: none"> <li>Technical Assistance Needs Assessment</li> <li>EHR Incentive Program</li> </ul>		<ul style="list-style-type: none"> <li>Health IT Dashboard</li> <li>CCO Deeper Dive Summaries</li> <li>HCOP</li> <li>Report to Oregon Health Policy Board/Legislature</li> </ul>			
<b>HITOC Role &amp; Composition</b>	<ul style="list-style-type: none"> <li>October ad hoc meeting for membership, legislation</li> </ul>	<ul style="list-style-type: none"> <li>Establish and approve rough agenda for 2015</li> </ul>	<ul style="list-style-type: none"> <li>Charter and membership considerations</li> </ul>		<ul style="list-style-type: none"> <li>Revisit HITOC Charter</li> <li>New membership</li> <li>Focus on new priorities</li> </ul>	
<b>Health IT Policy and Portfolio</b>	<ul style="list-style-type: none"> <li>Updates and consideration of policy areas/issues related to HIT</li> <li>Quarterly updates on Oregon HIT Portfolio CareAccord, Provider Directory, Clinical Quality Metrics Registry, Common Credentialing, Hospital Notifications, Technical Assistance to Medicaid Practices</li> </ul>					
<b>Federal Policy/Law Considerations</b>	<ul style="list-style-type: none"> <li>ONC Interoperability Roadmap</li> <li>Meaningful Use Stage 2 Delays</li> </ul>		<ul style="list-style-type: none"> <li>HIT/HIE Standards</li> <li>Meaningful Use Stage 3</li> </ul>			

# The Road Ahead

## Governance, Operations, and Policy

- Oregon HIT Program
- Interoperability
- Compatibility Program
- Governance Model

## Technology and Services

- Provider Directory
- Query
- Patient/Provider Attribution

## Finance

- Service Fees for CareAccord & Provider Directory
- Ongoing finance model

Other potential focus areas: Behavioral Health Information Sharing; Patient Engagement; Long-term care and other social services

# HITOC Charter

- In addition to membership, there will be a charter and by-laws drafted for HITOC to align it with other committees of the Policy Board
  - By-laws will reflect logistics of HITOC including: number of members, terms, frequency/location of meetings, and role of the chair, etc.
  - The Charter will reflect the vision for HITOC, including the goals and guiding principles for the Council, in addition to any high-level deliverables including regular reporting to the Board

# HITOC - Discussion

Questions to consider when thinking about the road ahead:

- What recommendations would you make to staff about convening HITOC and its committees or workgroups?
- What recommendations would you have for HITOC members moving forward?
- What lessons learned would you like to share?
- What did not work well?

# Public Comment