

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

Initially reviewed by OHPB on January 12, 2010

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

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

### 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