Oregon's Health Information Technology (HIT)/Health Information Exchange (HIE) Planning to Support Health Systems Transformation
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Susan Otter, State Coordinator for Health Information Technology, susan.otter@state.or.us

Background:
- Oregon's HIT Oversight Council (HITOC) set initial strategic and operational plan in 2010
    - Anticipated the need to "monitor and adapt" state HIT/HIE strategies to reflect changing federal and state landscape
    - Major changes since then:
        - State health systems transformation efforts and CCOs
        - Federal standards for electronic health records
        - National standards building for exchange of information
- Oregon established a statewide health information exchange program, CareAccord, in 2012. First service – Direct Secure Messaging
    - HIPAA-compliant way to encrypt and send any attachment of protected information electronically, for example, screening results, shared care plans, patient histories, and more sophisticated attachments such as x-rays and echocardiograms.
    - Augments local capabilities to view or share information (where they exist) by bringing new members to the electronic care coordination circle, such as LTC, early learning providers, and emergency medical services.
    - Statewide connection of Direct secure messaging service providers (HISPs) will allow providers to meet federal requirements and connect from their EHRs to any other Direct user in the state.
    - As EHRs evolve in 2014 to meet federal Meaningful Use requirements, Direct secure messaging will be a core service within each EHR and national standards will support interoperability between Direct secure messaging providers (HISPs).

Current Planning and Development work
Objectives:
- Implementation of foundational/high value near-term HIT/HIE statewide services
- Multi-year business plan framework for the critical HIE/HIT infrastructure that ensures Oregonians have access to "HIT-enabled" health care:
    - Care delivery and care coordination is informed by meaningful, reliable and actionable patient information
    - Aggregated data inform the management, quality and effectiveness of health care
    - Business plan framework will include recommendations on the role of statewide services, governance structure, finance plan and technology requirements for statewide HIT/HIE services

Timeline:
- Spring/Summer 2013:   Listening sessions with key stakeholders
- August/Sept. 2013:   Identification of key near-term statewide HIT/HIE resources
- Sept-December: Oregon HIT/HIE Business Plan framework development: HIT Task Force
- 2014:   HIT/HIE development and implementation planning
- 2014-2015:   HITOC policy work/oversight
- 2014-2015:   Implementation of key near-term statewide HIT/HIE services

HIT Task Force and Listening Sessions: HIT/HIE Problems to Address to Support Health Systems Transformation

- Gaps in meaningful, timely, actionable patient information for care team at the point of care
    - High cost and high risk populations lack "whole person" coordinated care that includes sharing information across physical, behavioral, dental and other care settings
    - Poor communication across transitions of care leads to wasteful spending and poor patient experiences and outcomes
    - Providers often rely on a patient's memory to inform their care
    - Current system includes redundancies and lack common understanding of which information is meaningful for different care coordination scenarios
- Gaps in ability to collect, aggregate use and disseminate aggregated data (including clinical information. Providers, healthy systems, health plans and CCOs:
    - Do not have the ability to identify, monitor and improve the quality of care and identify and manage their patients/populations effectively and transform care delivery
    - Need to address new payment models that are based on buying health rather than visits and provide incentives/disincentives to improve and transform care
- Gaps in patient access to their clinical information
    - Patients don't have access to and engagement with their complete health record, including treatments and goals, in order to more effectively engage in their health care

State Near-term Foundational/Value-add Services (2013-2015)
6 Near-Term Statewide HIT/HIE Elements

- Building blocks to facilitate exchange and analytics:
    - State-level provider directory and
    - Incremental development of a state-level patient index
- High value services around expensive transitions of care:
    - Statewide hospital notifications to providers, health plans, CCOs, health systems when their patients are seen in ED/inpatient
- Electronic connectivity of all members of the care team across organizational and technological boundaries:
    - Statewide Direct secure messaging to augment local capabilities, add new members of the care team, and support statewide connections between providers from within their electronic health record.
- Reliable, actionable information from aggregation of clinical quality data:
    - Statewide clinical *metrics* registry to support quality reporting and quality improvement efforts, and enhance existing capabilities (population management, analytics, targeting of care coordination resources)
- Meaningful use of HIT and ensuring the quality of health information captured by providers in their EHRs:
    - Technical assistance to providers to help providers meet Meaningful Use requirements and ensure clinical metrics data are complete and credible