Oregon Health Information Technology Program

Annual Report to the Legislature

Oregon Health Authority

HEALTH POLICY AND ANALYTICS DIVISION

Contents

Executive summary

Across Oregon, hospitals, coordinated care organizations and providers are working on a local level to transform the health care delivery system. The goals are to bring better health, better care and lower costs to Oregonians. Focusing on primary care and prevention, health plans and providers are using the coordinated care model to better manage chronic conditions and keep people healthy and out of the emergency department.

To be effective, Oregon's transformed health care system increasingly relies on access to patient information and the health information technology (HIT) infrastructure to share and analyze data. HIT affects nearly every aspect of coordinated care. This includes care coordination; population health management; integration of physical, behavioral and oral health; accountability, quality improvement and metrics; alternative payment methodologies; and patient engagement. New tools are needed to share information, aggregate data effectively, support telehealth, and provide patients with tools and data.

In 2016, Oregon is accomplishing the following:

- Electronic health records (EHRs) are being used more throughout Oregon provider practices. This improves providers' ability to access medical records across systems. Oregon providers and hospitals are in the top tier of states accessing millions of federal EHR meaningful use incentive dollars each year.

- Coordinated care organizations (CCOs) are playing a leading role in HIT investments across the state. This supports efforts to share health information electronically to enable all members of the care team to coordinate effectively. For example, CCOs and their community partners in several regions have supported robust community health information exchange for EHRs. This ensures Oregon providers are achieving meaningful health outcomes for their patients – looking at outcomes as opposed to processes – and rewarding improved outcomes with financial incentives.

- New statewide innovations such as the Emergency Department Information Exchange (EDIE) and PreManage are bringing real-time hospital event information to providers, CCOs, health plans and emergency departments

across the state. This makes a real difference in getting people to the right care, in the right place, at the right time.

The Oregon Health Authority's Office of Health Information Technology (OHIT) has made a critical difference in many of these efforts. OHIT has provided effective health information technology policies, programs and partnerships that support improved health for all Oregonians. However, challenges remain. Providers experience frustrations with their EHRs' functionality and interoperability with the myriad other systems in use, including the more than 135 different EHRs adopted by Oregon providers. Many members of the care team, including behavioral health, dental, long-term care and social service providers, experience barriers to accessing technology and challenges navigating complex policies that ensure the appropriate sharing of protected health information.

In 2015, the Oregon Legislature recognized the importance of HIT by passing HB 2294 that established the Oregon Health Information Technology (HIT) Program within the Oregon Health Authority (OHA). The program encompasses work that was already in place or underway. It provides a policy and programmatic framework for OHA's HIT efforts as they evolve. HB 2294 also requires OHA to report at least annually to the Legislature on the status of the Oregon HIT Program; this is the first annual report.

The 2015–2016 annual report on the Oregon HIT Program provides an overview of the HIT efforts underway at the Oregon Health Authority.

Section 1: Oregon's HIT environment

Optimization of the health care system through the right health information technology tools is a key part of Oregon's health system transformation work. "HIT-optimized" health care is more than the replacement of paper with electronic or mobile technology. It includes changes in workflow to assure providers fully benefit from timely access to clinical and other data that will allow them to provide better and more coordinated whole-person care.

EHR adoption and HIT infrastructure

In general, all 16 CCOs have invested in HIT to facilitate health care transformation in their communities. Nearly all CCOs are pursuing or implementing both health information exchange/care coordination as well as population management/data analytics tools.

All Oregon hospitals and approximately 74 percent of Oregon physicians have demonstrated meaningful use of a certified EHR (Source: CMS EHR Incentive Program data, 2015 & SK&A Office-based Provider Database, 2013). However, Oregon hospitals and providers have adopted more than 135 different EHRs.

Beyond EHRs and CCO investments, Oregon has a multi-faceted HIT infrastructure, which includes:

- Statewide hospital event notifications, connecting data from all Oregon hospitals and Washington emergency departments. This operates through the Emergency Department Information Exchange and an associated tool, PreManage, which provides real-time notifications to CCOs, health plans, primary care and other care teams.

Vision of "HIT-optimized" health care

A transformed health system in which HIT/HIE efforts ensure the care Oregonians receive is optimized by health IT and:
- **Providers** have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver "whole-person" care.
- **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.
- **Individuals** and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

- Statewide Direct secure messaging, which supports simple sharing of care plans and other protected information through a HIPAA-compliant, electronic, encrypted method commonly used by hospitals and associated with EHRs. OHA offers Direct secure messaging for those that face barriers to exchange through the CareAccord program.

- Regional and organizational health information exchange efforts. Several regions and organizations in Oregon have invested in data sharing infrastructure (many of which support Direct secure messaging as one component), including community efforts such as Jefferson HIE in several communities and the Regional Health Information Collaborative, associated with InterCommunity Health Network (IHN) CCO.

- Other efforts: telehealth, population management, public health registries, quality metrics and care coordination tools, etc. Providers, hospitals, health plans, public health agencies, CCOs and others have invested in a wide variety of tools to support care coordination, information sharing and population management.

Section 2: Office of Health Information Technology

The Oregon Health Authority's (OHA) Office of Health Information Technology (OHIT) was established in 2011. It is a resource for both state and other public and private users of health information. OHIT develops and supports effective health information technology policies, programs and partnerships that support improved health for all Oregonians.

Legislation and HIT policy

In 2015, Oregon passed legislation to align HIT efforts with health system transformation goals, formalize and support OHA's health IT efforts, and improve OHA's ability to advance the necessary health IT to support CCOs and the spread of the coordinated care model. Oregon originally addressed health IT in HB 2009 (2009) with the establishment of the Health IT Oversight Council (HITOC), setting forth a strategic, policy and coordination role for OHA. HB 2294 updates the health IT statute to account for changes since 2009. HB 2294 has three major components:

- Establishing the Oregon HIT Program within OHA, allowing the agency to offer services beyond Medicaid to the private sector. Service participation will be voluntary and OHA may charge user fees for such services to cover costs and ensure sustainability. OHA is required to report at least annually to the Legislature on the status of the Oregon HIT Program; this is the first annual report.

- Providing OHA greater flexibility in working with stakeholders and partners. It allows OHA to enter into partnerships or collaboratives when other entities in Oregon are establishing statewide HIT infrastructure tools.

- Moving HITOC under the Oregon Health Policy Board to ensure statewide HIT efforts align and support health system transformation.

HIT Oversight Council (HITOC): Priority efforts for 2016–2017

HITOC advises the Oregon Health Policy Board on policy, strategic planning, progress and barriers related to HIT across Oregon. Given HIT's many opportunities and challenges, HITOC has identified several priorities for 2016–2017:

- Updating Oregon's HIT strategic plan and establishing tracking metrics for HIT in Oregon;

- Improving "real-world" interoperability, increasing behavioral health information sharing, and ensuring the right HIT for alternative payment models;

- Leveraging new federal funding to support Medicaid behavioral health, long-term care and other social services providers to connect to HIT/HIE.

Behavioral health information sharing policy
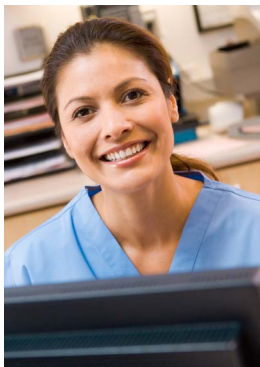
Understanding the legal framework for sharing behavioral health information becomes important as states and providers integrate physical and behavioral health care. Federal and state health information privacy laws create a complex network of requirements governing the use and disclosure of health information. In 2015–2016, OHA provided resources (see Section 4., Resources) to help providers and other entities fully understand confidentiality issues and overcome perceived obstacles.

Section 3: The Oregon HIT Program

Formally established by HB 2294, the Oregon Health Information Technology Program will:

- Connect and support community and organizational HIT efforts where they exist;

- Fill gaps where these efforts do not exist; and

- Ensure all providers on a care team have a means to participate in basic sharing of information needed to coordinate care.

Partnerships and collaboratives

Emergency Department Information Exchange (EDIE) and PreManage

The Emergency Department Information Exchange (EDIE) was spearheaded by the Oregon Health Leadership Council in partnership with OHA and in collaboration with the Oregon Association of Hospitals and Health Systems, the Oregon College of Emergency Physicians and other stakeholders. EDIE provides hospitals in Oregon with real-time notifications about their patients who are frequent users of emergency department (ED) services. EDIE notifications provide critical information such as date and location of recent patient hospital visits, key care recommendations, known care providers, and patient follow-up care needs. By fall 2015, all of Oregon's eligible hospitals had made their ED and inpatient data available in EDIE, adding Oregon's data to the ED event data from Washington state hospitals.

Increased adoption of PreManage has been the biggest success in HIT for Oregon stakeholders in 2015. Whereas EDIE provides

> **"** When care guidelines are shared patients feel that 'wherever I go, everyone is going to help me in the same way.' And they will say 'you all are talking to each other.' **"**
>
> –Kate Dowd Esser, Northwest Primary Care

alerts to professionals within the hospital system, PreManage pushes this information to health care organizations outside the hospital system in real-time when their patient or member has a hospital event. Those organizations include CCOs, providers, clinics and health plans. Eight of the 16 CCOs have subscribed to PreManage and are extending their license to their key clinical practices. Approximately 150 clinic sites in Oregon are live. Subscribers can add key care coordination information into PreManage, viewable by ED providers and other PreManage users. Together, EDIE and PreManage help improve care coordination, which can result in fewer hospital visits and duplicative services.

According to stakeholders, EDIE and PreManage:

- Provide support for emergency department doctors working with patients seeking opioids;

- Assist CCO care coordinators to reach homeless members with real-time information when members are in the ED, allowing them to intervene in person;

- Contribute to reductions in hospital readmissions by supporting care coordination between primary care clinics and hospitals;

- Connect behavioral health teams — including Assertive Community Treatment (ACT) teams — to physical health hospitalization information;

- Support emerging efforts for community-level comprehensive care planning for high-risk patients.

In 2016, OHA will leverage state and federal funding to procure a statewide Medicaid PreManage subscription. The goal is to make the service available to all CCOs, long-term care local office staff, ACT teams and care coordination contractors for the Medicaid fee-for-service population.

> **"I don't remember how I used to do my job without EDIE and Prescription Drug Monitoring Program. It's taken the guesswork out of what I do."**
>
> –Stefanie Avery, Adventist Health

Adoption of hospital notifications by CCOs, hospitals and ACT teams
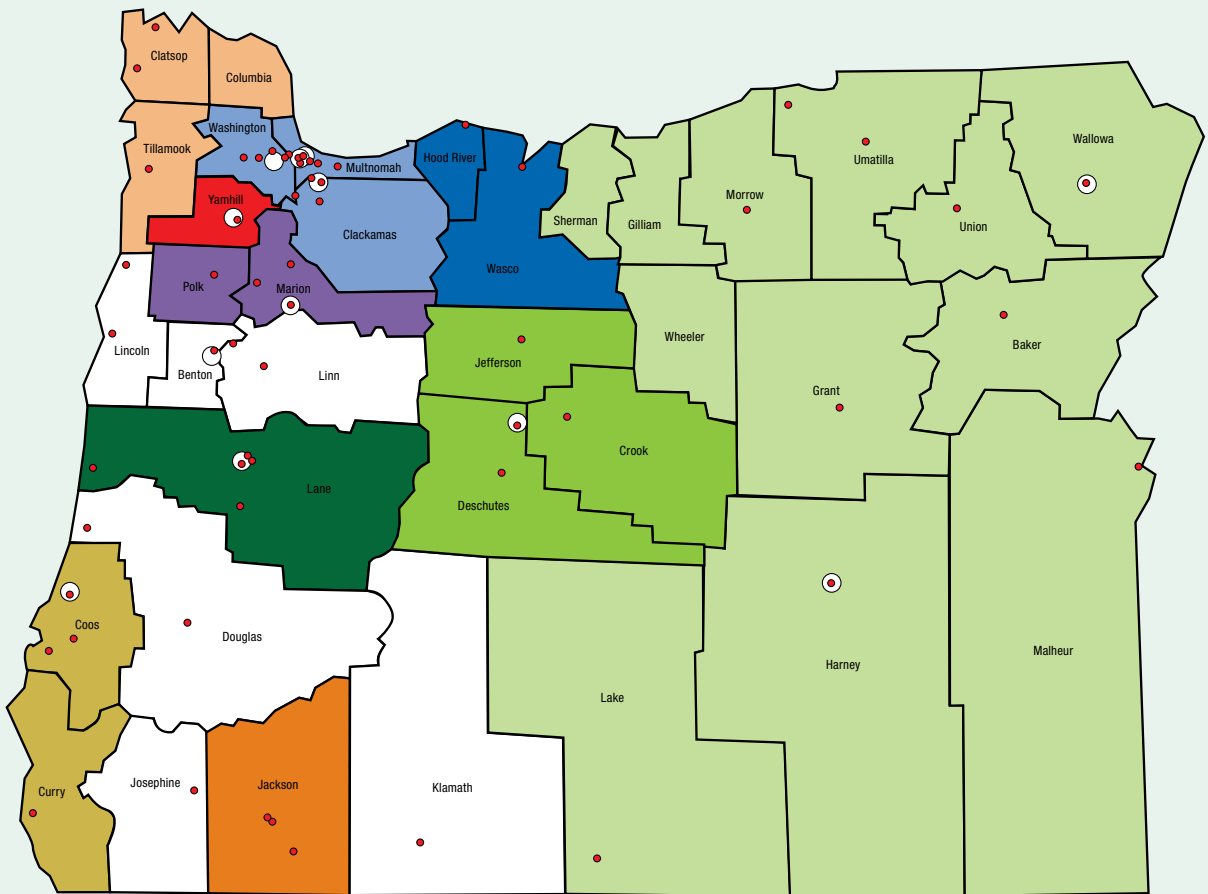
Legend

🔴 Hospitals on EDIE

⚪ Assertive Community Treatment teams subscribed to PreManage

CCOs subscribed to PreManage

- Columbia Pacific CCO
- Eastern Oregon Coordinated Care Organization (in process of PreManage adoption)
- FamilyCare Health and Health Share of Oregon
- Jackson Care Connect
- PacificSource Community Solutions — Central Oregon
- PacificSource Community Solutions — Columbia Gorge
- Trillium Community Health plan (in process of PreManage adoption)
- Western Oregon Advanced Health (in process of PreManage adoption)
- Willamette Valley Community Health
- Yamhill County Care Organization

CCO geographic coverage is adjusted to county level but does not depict exact service areas by ZIP code.

OHA-provided services

Federal EHR Incentive Program

Through the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs, eligible Oregon professionals and hospitals can receive federal incentive payments to adopt, implement or upgrade and meaningfully use certified EHR technology. The program provides incentive payments for up to six years for each eligible professional and up to four years for each hospital.
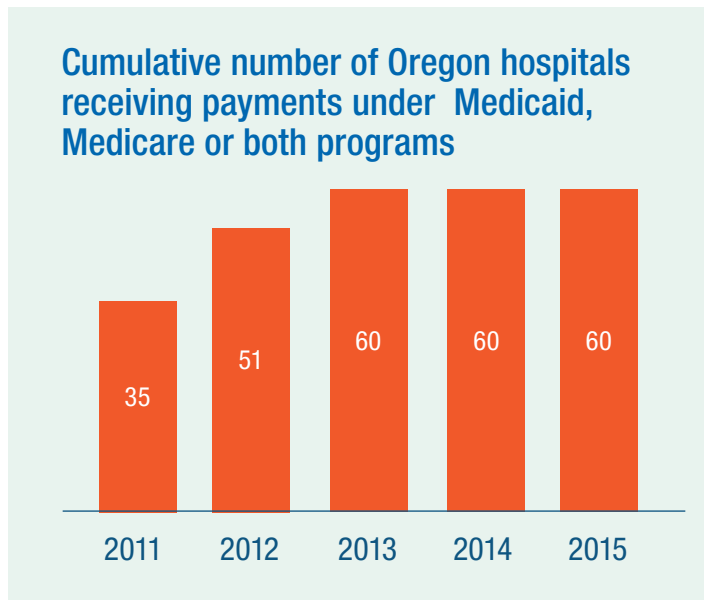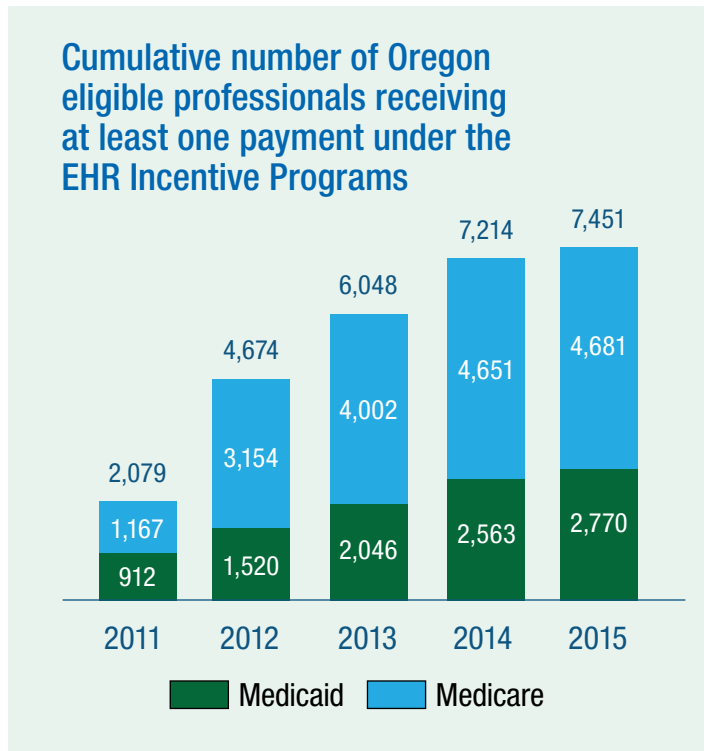
EHR incentive payments to Oregon

Since the inception of the CMS Medicaid and Medicare EHR incentive programs in 2011,

- More than $419 million in federal incentive payments have been made to more than 7,400 Oregon eligible professionals and 60 hospitals including:

  » Approximately $284 million under the Medicare EHR Incentive Program;

  » $135 million under the Medicaid EHR Incentive Program.

2016 is the last year eligible providers can begin participation in the program.

The Medicaid EHR Incentive Program ends in 2021, while the Medicare EHR Incentive Program will end in 2018. It will be replaced by the Merit-based Incentive Payment System for most providers, which will include similar requirements to Stage 3 meaningful use.

Data as of March 31, 2016

Cumulative number of Oregon eligible professionals receiving at least one payment under the EHR Incentive Programs

Year	Medicaid	Medicare	Total
2011	912	1,167	2,079
2012	1,520	3,154	4,674
2013	2,046	4,002	6,048
2014	2,563	4,651	7,214
2015	2,770	4,681	7,451

Medicaid   Medicare

Cumulative number of Oregon hospitals receiving payments under Medicaid, Medicare or both programs

Year	Number
2011	35
2012	51
2013	60
2014	60
2015	60

CareAccord: Statewide Direct secure messaging

OHA supports health information exchange across all health care providers and promotes statewide Direct secure messaging by offering no-cost access to Direct secure messaging through its CareAccord program. CareAccord allows organizations that do not have EHRs or that are facing barriers to electronic health information sharing the ability to securely exchange health information with different care teams across care settings. CareAccord Direct secure messaging can also help providers meet federal meaningful use requirements. CareAccord users can connect to the several thousand Oregon providers and hospitals using Direct secure messaging, as well as members of Jefferson Health Information Exchange, CCOs and other health care coordinators.

CareAccord has been operational since May 2012. It is part of the national DirectTrust and Oregon was the first state to become accredited as a health information service provider (HISP) through the Electronic Healthcare Network Accreditation Commission. CareAccord serves more than 1,300 providers and other health care-related users in Oregon through its web portal services. It now serves many Oregon safety-net clinics through integration with OCHIN's EHR.

Flat File Directory for Direct secure messaging addresses

Administered by CareAccord, the Flat File Directory is Oregon's address book of participating organizations' Direct secure messaging addresses. The Flat File Directory allows participants throughout Oregon to find or "discover" Direct addresses outside their own organizations so they can exchange patient health care information across settings. The discovery of Direct addresses assists providers and hospitals with meeting meaningful use requirements.

As of April 2016, the Flat File Directory includes 13 participant organizations using eight different, interoperable HISPs for Direct secure messaging. This represents more than 316 Oregon health care organizations (primary care, hospital, behavioral health, dentistry, etc.) totaling more than 6,250 Direct addresses. In summer 2016, Washington Direct secure messaging addresses will be added.

Technical assistance to Medicaid practices for meaningful use of EHRs

OHA is providing Medicaid providers contracted technical assistance to support the adoption of EHRs and meaningful use of their EHRs. The Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP) is supported with

Medicaid funding (90 percent federal matching funds). Technical assistance will help providers effectively use their EHR technology and realize the benefits of their investments. It will also help support CCO efforts related to care coordination, quality improvement and metrics, and data reporting required for the CCO quality incentive program. OHA has contracted with OCHIN to provide these technical assistance services. The technical assistance program will run through May 2018 and aims to serve more than 1,200 Medicaid providers.

Leveraging transformation funds to support CCOs

In 2013, Oregon's 16 CCOs unanimously agreed that OHA should use $3 million of state transformation funds to secure federal matching dollars to invest in statewide health information technology services. OHA received CMS approval for matching funds (most efforts have a 90 percent federal match, although EDIE and PreManage are matched at 50 percent and 75 percent respectively). These federal and state transformation funds support five HIT efforts including:

- Three in operation: statewide hospital notifications (EDIE/PreManage), statewide Direct secure messaging, and technical assistance for Medicaid practices for meaningful use of EHRs; and

- Two in development: the Clinical Quality Metrics Registry and Provider Directory.

Health IT initiatives in development

OHA's Office of HIT has three new HIT services in development in 2016. The services support efficient and effective care coordination, analytics, population management and health care operations including:

- A common credentialing program and database to centralize the process of obtaining and verifying Oregon health care practitioner credentialing information;

CCO Health IT Advisory Group (HITAG)

HITAG members represent CCOs' HIT interests and advise OHA on the use of transformation funds to support the implementation of key HIT services and initiatives:

- Identify major requirements for technology, such as scope, priorities, timelines and milestones.
- Represent CCO interests and participate in reporting back to CCOs.

- A statewide Provider Directory, critical to supporting health information exchange, analytics and population management, accountability efforts and operational efficiencies;

- A Clinical Quality Metrics Registry to capture clinical quality metrics from electronic health records, with an initial focus on required CCO EHR-based quality metric reporting and Medicaid EHR Incentive Program reporting in 2018.

OHA is using a contracted systems integrator, Harris Corporation, to ensure effective implementation and integration between the three programs. The three projects have a robust project and portfolio governance structure, including an HIT Portfolio Executive Steering Committee made up of OHA and DHS leadership and ex-officio stakeholder representatives from the HITOC and HITAG. These projects are subject to rigorous oversight by DAS Office of the State CIO, the Legislative Fiscal Office, a third-party quality assurance vendor, as well as CMS oversight for the Provider Directory and the Clinical Quality Metrics Registry.

Oregon Common Credentialing Program

Mandated by Senate Bill 604 (2013), OHA is in the process of implementing the Oregon Common Credentialing Program for credentialing organizations (e.g., hospitals, health plans, CCOs, independent physician organizations) and practitioners. The program will provide a common credentialing solution that will streamline the process to apply for and maintain credentialing information for Oregon practitioners. Today, practitioners must repeatedly complete credentialing applications and provide supporting documentation for each credentialing organization.

The common credentialing tool will provide credentialing organizations access to information necessary to credential and re-credential practitioners. It will not only capture and store credentialing information and documents; it will include a verification process for select credentialing information according to state and national requirements.

Common credentialing benefits

- Simplify the credentialing process for providers, CCOs, health plans and hospitals.
- Provide up-to-date, accurate practitioner information.
- Improve system efficiencies.
- Reduce costs and redundancies.

Common credentialing will help improve system efficiencies, reduce redundancies and facilitate administrative simplification that is essential to reducing overall health system costs for Oregon.

Participation in the program will be mandatory for an estimated 55,000 credentialed health care practitioners and 280 credentialing organizations.

Over the past year, OHA has worked with the Common Credentialing Advisory Group and other subject matter experts to finalize program requirements, build a preferred fee structure and prepare for procurement. As of June 2016, Harris Corporation is reviewing responses to a request for proposal (RFP) and expects to recommend a credentialing software vendor product to OHA in August 2016.

State-level Provider Directory

Today, Oregon does not have an authoritative statewide directory of health care providers. Instead, organizations use a multitude of isolated provider directories, spread across state and non-state systems. Those directories are often limited in scope and data accuracy, and are costly and burdensome to maintain. They also may or may not meet current and emerging national provider directory integration standards. OHA is developing a state-level Provider Directory to fill this gap. The directory will contain Direct secure messaging addresses and other provider information necessary to facilitate care coordination and health information exchange. It will also provide a single source of authoritative provider information — such as contact information, clinic affiliations and licensing data — that can support the operations and analytics needs of health care organizations. OHA seeks to leverage data in current provider databases and add critical new information and functions. A stakeholder advisory group is working to help inform the development process, scope and requirements.

Provider Directory benefits

- Supports care coordination;
- Increases efficiencies and reduces duplication;
- Improves security and privacy;
- Enhances reporting capabilities.

OHA has significant federal funding approved at the 90 percent federal match rate for this effort. The business requirements, fee structure and policy and program considerations for the Provider Directory project have been informed by two governance groups – the Internal Advisory Group comprised of internal OHA and DHS staff and the Provider Directory Advisory Group. Harris Corporation anticipates releasing the RFP for the Provider Directory in August 2016.

Clinical Quality Metrics Registry

OHA is developing a Clinical Quality Metrics Registry with the ability to receive and display clinical quality data for the Medicaid program and inform benchmarks and other quality improvement reporting needs. The registry will be used to

calculate eligibility for paying quality incentives to coordinated care organizations and Medicaid EHR incentives to providers. The state will use the registry data and other state data sources to produce information on utilization, cost and performance on clinical quality metrics. Once implemented, the registry will likely have value for non-Medicaid pay-for-performance programs and reduce administrative burden on providers by collecting meaningful use clinical quality measures for multiple programs. OHA has significant federal funding approved at the 90 percent federal match rate for this effort. Harris Corporation anticipates releasing the RFP for the Clinical Quality Metrics Registry in September 2016.

Clinical Quality Metrics Registry benefits

- Improves data transparency and availability;
- Decreases administrative burden of data collection and reporting;
- Enables a "report once" strategy to streamline reporting requirements among multiple quality programs;
- Supports providers in meeting federal requirements for meaningful use incentive payments.

OHA's HIT initiatives

Integrating behavioral health information and supporting regional HIE

In 2015, OHA and sub-recipient Jefferson Health Information Exchange (Jefferson HIE) were awarded a two-year, $1.6 million cooperative agreement from the Office of the National Coordinator for Health Information Technology (ONC) aimed at advancing the adoption and expansion of health information technology infrastructure and interoperability.

Through the project, Jefferson HIE aims to address barriers to information sharing and care coordination across settings, particularly for behavioral health data. Jefferson HIE is focusing on consent management, which is a major obstacle to electronic health information exchange across providers and care settings that impedes whole-person care. The goal is to enable coordination between primary care, behavioral health and emergency providers by developing a common consent model that will be supported within the Jefferson HIE technology. This model, which has the potential to transform the delivery of care for those most in need of support, will be shared with entities across Oregon.

With support from this grant, participating providers will soon be able to use Jefferson HIE for:

- Providing better care with the inclusion of authorized behavioral health data;

- Exchanging data with the Veterans Administration and Social Security Administration;

- Connecting with the Prescription Drug Monitoring Program;

- Receiving real-time emergency department notifications;

- Receiving technical assistance for workflow redesign.

Telehealth initiatives

Telehealth is growing in use and has potential to improve access to care in hard-to-reach communities, as well as for specialty care services. Oregon's State Innovation Model (SIM) funding (from the Centers for Medicare & Medicaid Innovation) has been instrumental in moving telehealth forward in Oregon. Through SIM funds, OHIT has supported several projects that explore telehealth use and funded development of telehealth resources for Oregon's health care community including:

- **Pilot programs**: OHA, in partnership with the Oregon Office of Rural Health, awarded five telehealth pilot projects aimed at addressing unique population and system challenges in delivering services. The pilot projects cover teledentistry, telepsychiatry, community paramedics, telepharmacy and distance cognitive testing for dementia patients. The projects have actively recruited clients and participants and will be sharing their work and lessons learned in fall 2016.

- **Gaps and needs assessment:** The Telehealth Alliance of Oregon (TAO) completed a Gaps and Opportunities Assessment of telehealth services in Oregon. The report is available on the TAO website (see Section 4., Resources) and was shared with stakeholders interested in the status of telehealth services in Oregon. A follow-on series of focus groups will be conducted in summer 2016 to evaluate what progress has been made.

- **Telehealth: Law/policy review and inventory**. TAO completed a Law and Policy Review on telehealth and published it on its website. The review examines telehealth at both national and local levels and includes information on such topics as licensure and credentialing, reimbursement, and privacy and security. The first update for the Law and Policy Review includes a new section on standards and practices. TAO also developed a telehealth services inventory, which includes information on vendors and the types of telehealth services they provide. The information is housed on a searchable web page on TAO's website and is available to the public. The information will be updated quarterly.

OpenNotes

One of Oregon's HIT goals is to ensure that Oregonians have electronic access to their own health information. OpenNotes supports health care organizations working with their EHR vendors to make the full clinician notes available through their EHRs' patient portal. Opening up visit notes to patients can help make care more efficient and improve communications. Having the opportunity to read and discuss notes with a doctor or family member can help patients take better control of their health and health care. OHA has awarded a grant (using SIM funds) to We Can Do Better to advocate for and facilitate the implementation and dissemination of OpenNotes in health care organizations that are based in Oregon. The initial work plan has been approved and advocacy efforts are underway.

Section 4: Resources

Optimizing the health care system through health information technology is an important part of Oregon's health system transformation efforts. The Oregon Health Authority's Office of Health IT will continue to focus its work on ensuring providers, patients and their families, and systems can access the information they need securely and efficiently to help in the treatment and care management of all Oregonians.

Oregon HIT websites

- OHA's Office of Health Information Technology: **www.healthit.oregon.gov** Common credentialing, Provider Directory, hospital notifications, clinical quality metrics, telehealth, advisory groups, public meetings and resources

- HIT Oversight Council (HITOC): **www.oregon.gov/oha/ohpr/hitoc/Pages/index.aspx**

- CareAccord and Flat File Directory: **www.careaccord.org**

- Oregon's Medicaid EHR Incentive Program: **www.medicaidehrincentives.oregon.gov**

- OHA's Behavioral Health Information Sharing Advisory Group: **www.oregon.gov/oha/bhp/Pages/Behavioral-Health-Info.aspx**

- Emergency Department Information Exchange (EDIE) and PreManage: **www.orhealthleadershipcouncil.org/our-current-initiatives/emergency-department-information-exchange-edie**

- The Telehealth Alliance of Oregon (TAO): Oregon telehealth inventory, law and policy review, and gaps assessment: **www.ortelehealth.org**

HIT reports

- Oregon HIT Business Plan Framework (2013-2017): **www.oregon.gov/oha/OHIT/resourceDocuments/Business%20Plan%20Framework.pdf**

- CCO HIT Efforts Report (2015): **www.oregon.gov/oha/OHIT/resourceDocuments/CCO%20HIT%20Summary%20Report%20July%202015.pdf**

Acknowledgments

For questions about this report, contact:

Oregon Health Authority

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