
Health Information Technology Oversight Council

December 17, 2014



Agenda

- 1:00- **Welcome, Opening Comments, Approve Minutes** – Greg Fraser
- 1:05- **Goals and Meeting Overview** – Susan Otter
- 1:10- **Legislation Update** – Susan Otter
- 1:30- **Featured Topic: EDIE Utility/PreManage** – Sharon Fox, Lauren O'Brien, Oregon Health Leadership Council
- 1:50- **Policy and Planning/HITOC Role** – Susan Otter
- 2:20- **Break**
- 2:30- **Health IT Environmental Scan** – Marta Makarushka
- 3:00- **OHA HIT Updates** – OHIT Staff
- 4:00- **Public Comment and Closing Remarks** – Greg Fraser

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.

Legislation Update

December 17, 2014

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Oregon Health IT Program

A reminder of the three major components of the 2015 health IT bill (LC482):

- OHA shall establish a health IT program that can include health IT services statewide, beyond the Medicaid program, and charge fees for those services;
- OHA can initiate or participate in partnerships or collaboratives to provide statewide health IT services;
- Resets the role of HITOC as reporting to the Oregon Health Policy Board and gives the Board authority over HITOC's membership.

Status of LC482

- The 2015 Health IT Bill, LC482, is now a House Health Care Committee bill
- Some revisions were made during the transition, including:
 - “Oregon Health Information Technology Program”
 - HITOC Membership: Oregon Health Policy Board shall ensure that there is broad representation on the council of individuals and organizations that will be impacted by the Oregon HIT program

Oregon Health Policy Board

- LC482 was presented to the Health Policy Board on December 2nd
- The Health Policy Board identified some potential high-priority topics for HITOC moving forward:
 - Integration of behavioral health using IT
 - Patient engagement (e.g. patient portal consolidation, etc.)

Next Steps on Legislation

- OHIT will continue its work in reaching out to various stakeholders to garner support for LC482
- Beginning in January 2015, we will begin outreach with Legislators and working closely with the Health Committee to seek support
- Work will continue on what potential fee structures would look like for services that we anticipate will expand beyond Medicaid
 - CareAccord
 - Provider Directory

Featured Topic: EDIE Utility & PreManage

Guests: Sharon Fox & Laureen O'Brien
Oregon Health Leadership Council

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HITOC Meeting



Emergency Department Information Exchange (EDIE) Update

Presented by:

Sharon Fox – OHLC Operations Director & Consultant

Lauren O'Brien – OHLC Consultant



Today's agenda

- What is EDIE?
- What is the EDIE Utility
- Goals of the Oregon EDIE Utility
- Results in Washington
- EDIE Implementation Progress in Oregon
- PreManage



What is EDIE?

- Real-Time ED Information Exchange
- Notifies on High Utilizer/Complex Needs Patients
- Improves Communication and Care Coordination
- First Info Exchange Across all WA/OR Hospitals
- Proactive, Concise, Actionable Data at Point of Care
- Push Technology - Notices/Alerts Within Care Provider Workflow
 - Anticipates provider needs (no need to look up a patient)



How Does EDIE Work

- Patient Presents in ED
- Admission Record Auto Interfaced to CMT
- CMT Identifies Patient, Sends Notice Based on Pre-Defined Criteria:
 - 5 or more visits in last 12 months
 - 3 different ED's in last 60 days
 - Other criteria as desired by facility
- EMR Integration, Fax, Phone, Email or Report
- EMR Integration – EDIE Alert on ED Tracking Board at the Point of Care –or- Single Sign-on Web
- Care Guidelines or Care Plans can be quickly entered and Shared Outside of Authoring Facility



Why EDIE?

- High cost of ED utilization, including high utilizers
- Medicaid expansion with reliance on ED as primary care
- Coordinated care management among hospitals, health plans, CCOs, physicians
- Hospital Transformation fund performance metric with CMS
- OHA Information Technology priority for hospital ED notification
- Builds "utility" for more focused, future opportunities



What is the EDIE Utility

- Adds Inpatient Hospital Event Data to the exchange – IP ADT
- Provides ability to focus on and manage high risk patients
- Allows data to easily flow across continuum and id patients at risk in real time
- Increases visibility of patient activity to improve care and care coordination
- Reduce medically unnecessary (re)admissions and stay durations
- Can't do without each other – all in.



The Goals of the EDIE Utility in Oregon

- Continue trend of decline in ED utilization by 1% by end of 2015 (reduction of 12,547 visits). Projected savings of \$12,158,000.
- Match State of Washington ED utilization rates per 1000 population by the end of 2016. Represents a 6.3% improvement or 79,046 fewer ED visits. Projected savings of \$79,596,574.
- Meet the Oregon Health System Transformation ED visit benchmark by the end of 2016 for the Oregon Health Plan patient population. This represents a 12% decrease in ED utilization from 2013.



State of Washington EDIE

- The EBBP researched ED best practices.
- Discovered State of WA was a clear leader.
- State considered restricting number of ED visits for Medicaid population.
- Medical community recommended seven best practices, including EDIE.
- EDIE implemented in all of WA hospitals.
- In 2013, the state estimated annual savings of \$33.6 million as a result of EDIE and other best practices.



EDIE Hospital Adoption Progress

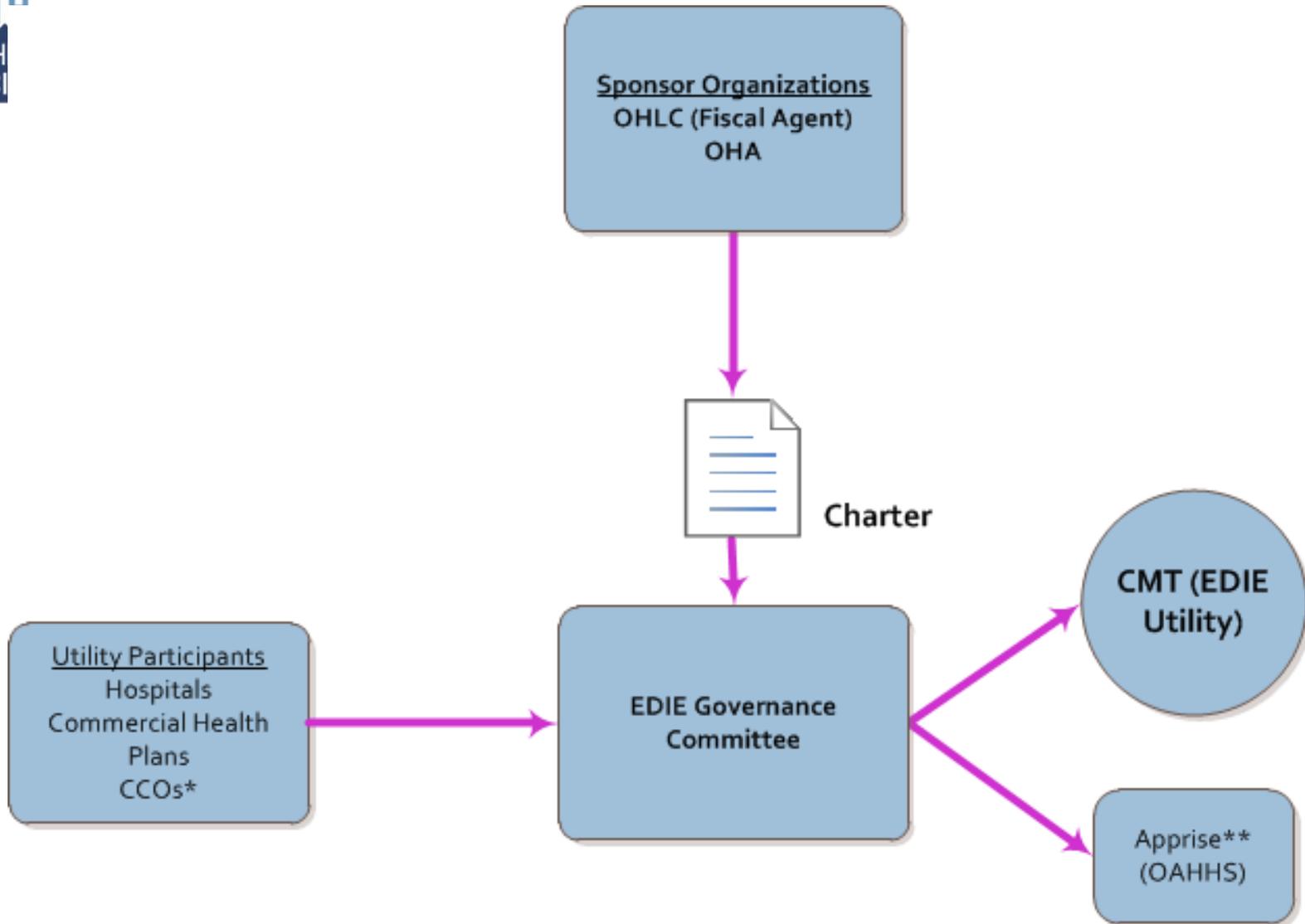
- 56 hospitals are currently sending data and receiving notifications.
- 57 out of 59 hospitals are expected to be sending data and receiving notifications by 12/31/14.
- More than half of the live hospitals are also sending inpatient data.
- By 2nd quarter 2015 goal is to have all hospitals sending inpatient data.



Governance Structure

- With the utility, there will be a more permanent governance structure in place
- Current governance committee accept nominations from each of following stakeholder groups / participants to serve staggered three year terms, with the following distribution of nominated positions:
 - Hospitals / Health Systems: 5 positions, all voting
 - Health Plans 2 positions, all voting
 - CCOs 3 positions, all voting
 - OHLC physician member 1 position, voting
 - OCEP physician member 1 position, voting
 - CCO physician member 1 position, voting
 - OAHHS (ex-officio) 1 position, voting
 - OHA (ex-officio) 1 position, non-voting
 - At-large member 1 position, voting

Utility Relationships





EDIE in Oregon

- OHLC / OAHHS / OHA / OCEP adopted EDIE initiative in 2013 as collaborative effort
 - All 59 Oregon hospitals agreed to participate
 - EDIE Utility approved in 7/14
 - Total cost for EDIE Utility Statewide:
 - Startup \$400k:
 - OHA funded \$150,000
 - OHLC funded \$250,000
 - Ongoing EDIE Utility \$750k/year
 - Hospitals funded 50% of costs
 - Health plans and CCOs* agreed to fund 50% of costs – 3yr commitment
- * OHA funding CCO portion



What is PreManage?

- Complementary product for health plans, clinics, group practices, etc.
- Expands real-time notifications to medical groups, CCO's, health plans, care managers, social workers etc. to better manage their patients.
- Enables health plans and providers to *pull* hospital notifications in real-time from a member/patient eligibility list.
- Notifications available: ED Visits, Inpatient Admission, Discharge & Transfers (ADT), and DC Summaries
- Customizable by health plan or provider

PreManage

What

Reduce medically-unnecessary
(re)admissions

Why

Improve outcomes (patients)
Reduce system expense (payers)
Rationalize scarce resources (providers)

How

Close communication gaps across
settings: clinics/medical groups,
CCOs, health plans and hospital.



PreManage in Oregon

- 2014 focus has been on EDIE
- In Oregon, three organizations will be live on PreManage by year's end
- OHA will be seeking federal funding for the CCO's subscription for PreManage
- The OHA and CCOs are exploring provider partnerships for ED and Inpt notification
- Commercial health plans are beginning to discuss collaborative strategies to push notifications to providers, particularly for high-risk patients

EDIE ALERT 02/19/2013 09:13 AM Kimber, Dan (MRN E142-112-111020)

This patient has registered at the Jefferson Healthcare Emergency Department. For more information visit: Please login to EDIE and search for this patient by name.

Care Providers

<u>Provider</u>	<u>Type</u>	<u>Phone</u>	<u>Fax</u>	<u>Service Dates</u>
ADAM D BALKANY DO	Narcotics Prescriber	(801) 856-8575	(855) 343-7671	Current
JAMIE LEE KOOY MD	Hospital	(801) 856-8575	(855) 343-7671	Current
FIFTH AVE PRESCRIPTION PHARMACY	Pharmacy	(206) 523-0191		Current

ED Care Guidelines from Salt City Medical Center

07/03/2013 12:19 AM

5 other facilities are applying these Care Guidelines in their EDs.

From PCP

- Obtain medication from a single source:

The following guidelines were formulated by the ED Care Guidelines Committee. These are only guidelines and the physician should exercise clinical judgement when deciding to follow them.

Care Guidelines

- Question if Primary Care has been established.
- Provide education regarding appropriate use of the Emergency Room.

History

- Radiation Alert! :

The patient has had a total of 4 CT scans in the year preceding April of 2013 with no significant findings.

- Medical / Social Issues:

Patient has had multiple ED visits for abdominal pain. Four CT scans in 2013 of abdominal and pelvis.

These are guidelines and the provider should exercise clinical judgment when providing care. Additional plans are also available online from the following facilities: East Hollywood Hospital

<u>Visit Date</u>	<u>Location</u>	<u>Type</u>	<u>Diagnoses</u>
02/19/2014	Salt City Medical Center	Inpatient	
02/19/2014	Salt City Medical Center	Surgery	
02/18/2014	Central Hollywood Hospital	Emergency	
01/14/2014	North Hollywood Hospital	Emergency	- V5869 - Long-term (current) use of other medications - V1209 - Personal history of other infectious and parasitic diseases - 25541 - Glucocorticoid deficiency - 25200 - Hyperparathyroidism, unspecified - 27651 - Dehydration - V1582 - Personal history of tobacco use - 5559 - Regional enteritis of unspecified site - 78703 - Vomiting alone - 5770 - Acute pancreatitis
12/30/2013	South Hollywood Hospital	Emergency	- 78701 - Nausea with vomiting - 78900 - Abdominal pain, unspecified site - 59970 - Hematuria, unspecified - 2768 - Hypopotassemia

	<u>E.D. Visit Count (1 Yr.)</u>	<u>Visits</u>	<u>Low Acuity</u>
East Hollywood Hospital		9	0
North Hollywood Hospital		7	0
South Hollywood Hospital		1	0
Central Hollywood Hospital		5	0
Salt City Medical Center		12	0
Total		34	0

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.
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PreManage Dashboard

Account Summary

1 month 1 week 1 day 12 hours 1 hour

Monitored Members by Line of Business

Line of Business	Percentage
Medicaid A	45.0%
Medicaid B	26.8%
Medicare	12.8%
Dual Eligible	8.5%
Tricare	6.2%
Others	0.7%

Online Users: 23
Patients Accessed: 341

Alerts

- Daily ED Census Report Run Successfully
- February Data Upload Failed
- January Data Upload Succeeded

WorkFlows

Trending Most Active

Count	Description
513	Case Manager Correspondence / Interaction With Patient
380	Primary Care Follow Up Visit Confirmation
315	Case Manager Assignment to High Utilization Patient
258	Concurrent Review
242	High Risk Cardio Patient Engagement
186	Patient Utilization Information Sent to Third Party Care Coordinator
154	Clark County Medical Home Patient Engagement
113	Tele Outreach Program
109	At Risk Pregnancy Outreach Prompts
82	Patient Assigned to New PCP

Notifications

Trending Most Active

Count	Description
52 (86%)	In-patient PCP Notification
38 (47%)	ED PCP Notification
20 (44%)	ED 3 Visits in 60 Days
15 (31%)	In-patient Geriatric Admit with Pneumonia
33 (29%)	ED 2 Different Locations in 24 Hours
38 (25%)	ED Visit - Patient has no PCP
20 (23%)	Radiation - 15 CTs in 9 Months
10 (20%)	Minors with Asthma
88 (18%)	ED 10 Visits in 6 Months
56 (17%)	In-Patient Re-Admit within 30 Days

2015 HITOC Agenda

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OHA HIT Highlights - 2014

- Set strategic direction and goals for Health IT, engaged stakeholders
 - Finalized the Business Plan Framework in May, solidifying a roadmap for near term HIT services, governance, financing, etc.
 - HITOC strong endorsement/adoption of 3 goals of HIT-optimized health care; clarification of HITOC's role
- Developed a better understanding of Oregon's HIT environment
 - Onsite "Deeper Dive" meetings with each CCO and regional HIE
 - Completed needs assessment for technical assistance
- Supported EHR adoption and Meaningful Use:
 - The Medicaid EHR Incentive Program dispersed more than \$110 million to Medicaid providers and hospitals;
 - Over \$300m in incentive payments dispersed (including Medicare) to nearly all hospitals and more than 6,000 Oregon providers

OHA HIT Highlights - 2014

- Support for statewide Direct secure messaging:
 - The Flat File Directory sharing more than 3,100 Direct secure messaging addresses across Oregon entities using accredited HISPs
 - CareAccord expansion to EHR-integration, bringing Direct secure messaging to OCHIN FQHC clinics
- Partnered in implementing ED and hospital notifications statewide, and the creation of a new multi-stakeholder governance/finance structure:
 - Oregon Health Leadership Council partnered with OHA, hospitals, CCOs, health plans, ED physicians to develop and implement the Emergency Department Information Exchange (EDIE) in Oregon
 - Nearly all Oregon hospitals are operational in EDIE
 - Hospital notifications are now available for subscription by health plans, CCOs, providers and care teams, through PreManage
 - In July, stakeholders approved EDIE Utility governance/ financing structure

OHA HIT Highlights - 2014

- Secured significant federal funding for Oregon's HIT services
 - Federal funding approved for technical assistance, provider directory, clinical quality metrics registry, EDIE Utility
 - Support for Telehealth via CMMI SIM funded pilots and inventory underway
- Began development of new HIT services
 - Convened stakeholder committees to inform requirements, policies, staging for Provider Directory and Common Credentialing
 - RFI in January and rules in July for Common Credentialing Program
 - RFI in November for Provider Directory and Clinical Quality Metrics Registry
 - Implemented portfolio governance structure

HITOC High-Level Priorities for 2015

- Cultivate relationship between HITOC and the Health Policy Board
 - Health Policy Board mentioned priorities:
 - Behavioral health integration
 - Patient engagement
- Establish new charter, seek new members
- Focus on the status of the current Health IT environment—will serve as the foundation moving forward
 - Health IT Dashboard
 - Health IT/HIE Community and Organizational Panel (HCOP)

Strategy for HITOC in 2015

LC482 Passes

- Membership decisions transition from the Governor's office to OHPB
 - HITOC Charter
 - Membership recommendations
- Spend the first half of 2015 focused on HIT environment/foundation
- In September, orient new members and begin focus on new priorities in line with OHPB

LC482 Does Not Pass

- Governor's office continues to appoint new members – recommend new members
- Spend the first half of 2015 focused on environment/foundation and building up membership
 - HCOP
- In fall, orient new members and identify new priorities for focus
- Cultivate informal relationship with OHPB

Detailed Timeline

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

Discussion

- What is your initial reaction to this high-level plan?
- What additional considerations need to be made?
- What concerns do you have about this plan, knowing that the legislative session continues on through June?
- What are your recommendations for how we should proceed?

Health IT Environmental Scan

- Upcoming CCO Profiles
- HIT Dashboard Metrics

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CCO Profiles

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CCO Profile Update

- CCO Profiles have evolved and been expanded
- Process update
 - Sending out drafts of the updated Profiles to CCOs
 - CCOs to return updated Profile with their edits
 - OHA to finalize and send to CCOs for use with Year 2 Tech Plan submission
 - Finalized info will be summarized and discussed at March HITOC
- Profiles now include additional information related to the evaluation of HIT-optimization

HIT-Optimized Health Care System

- As we develop an HIT Dashboard, we want to clarify the underlying set of assumptions
- In the process of developing a framework
 - The Business Plan Framework laid out the characteristics of HIT-optimization
- How do we quantify progress?
- Seek to collect some of the relevant information via the profiles

Business Plan Framework: Components of HIT-Optimization

Sharing information for care coordination:	Connected to an HIE, including Direct secure messaging, exchanging clinical information across systems and organizational boundaries
Supporting use of aggregated data for population management, quality, incentives	Using aggregated data including clinical data for effective population management, performance monitoring and creation of new payment models to reward outcomes.
	Submitting Clinical Quality Metrics electronically for CCO metrics and Meaningful Use; Developing workflows to ensure quality of data in metrics submitted
Supporting patient/family engagement	Providing patients with their records (view, download, transmit), and electronically messaging with patients [Meaningful Use Stage 2]
Meaningful Users of 2014 Certified EHRs, meeting Stage 2 measures and working towards Stage 3	

CCO Profiles to Include:

- Whether planning/developing or currently supporting:
 - HIE
 - Care coordination
 - Population management
 - Quality and Analytics

CCO Profile to Include (con't)

- Descriptions of their HIT/HIE initiatives in the following areas:
 - Information Sharing
 - Data and Analytic Tools
 - CQM Collection and Reporting
 - TA to Practices (e.g., workflow)
 - Patient Engagement Through HIT
 - Telehealth

CCO Profile to Include (con't)

Components of information sharing :

- Hospital notifications?
- Direct secure messaging?
- Local Provider Directory?
- CCO sharing information with providers to better manage care?
- CCO supporting information sharing
 - between traditional (physical health) providers?
 - across provider types (e.g., behavioral health, social services)?

CCO Profile to Include (con't)

Components of data and analytics tools:

- Population management data used for panel management?
- Including clinical data in quality and analytics or population management work?

Separate section included to gauge interest in Phase 1.5 components (CareAccord, PreManage, Provider Directory, CQMR, TA)

HIT Dashboard Metrics

Use available data and information to help HITOC and stakeholders understand Oregon's progress toward the state's three goals for HIT-optimized healthcare

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Update on Current Dashboard Status

- Planning phase – expect iterative development
- Framing remains within the 3 goals of HIT-optimized healthcare
- Revisiting previously discussed metrics
 - Objectives discussed in Oct. pertained to CMS funding
- Would like to engage HITOC regarding the underlying framework as well as its measurement

HIT Dashboard Metrics (con't)

- Purpose of the dashboard remains to track HIT/HIE progress over time
- In the process of defining a metric or set of metrics
 - Quantifiable
 - Meaningful (e.g., proportion vs #, trend over time)
 - Targets may be useful
- An important measure is related to healthcare organizations in Oregon that are “HIE-enabled”

Number of Healthcare Organizations in OR that are HIE-enabled

- An objective under Goal 1:

Goal 1. Providers & Care Team

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

- Incorporates several measures discussed last meeting

Number of Healthcare Organizations in OR that are HIE-enabled (con't)

- Enabled for health information exchange includes:
 - Receiving hospital notifications
 - Adoption and Meaningful Use of certified EHR technology
 - Adoption and use of Direct secure messaging
 - that is interoperable across EHR/HISP vendors
 - by non-physical health care providers

Number of Healthcare Organizations in OR that are HIE-enabled (con't)

Metrics might include:

- Receiving hospital notifications
 - % of hospitals participating in EDIE
 - % of health plans, CCOs, targeted clinics receiving hospital notifications (either via PreManage or via local HIE)
- Adoption and MU of certified EHR technology
 - Hospital and Provider adoption/MU rates
 - Medicaid providers moving from AIU->MU, or MU for multiple years
- Adoption and use of Direct secure messaging
 - Rates of organizations using Direct Trust accredited HISPs
 - Rates of non-physical health providers on CareAccord

Number of Healthcare Organizations in OR that are HIE-enabled (con't)

Rates are great! Seeking denominators!

- 59 hospitals
- Health systems
- Health plans (with major Oregon lives)
- CCOs
- Safety net clinics – public health, FQHCs
- Community health information exchange organizations
- Other?

Number of Healthcare Organizations in OR that are HIE-enabled (con't)

Discussion questions

- Does this, in fact, seem to be a particularly relevant metric to be defining and measuring?
- Any additional ways of defining “HIE-enabled”?
- What information is missing from the measure?

Office of Health IT: Updates

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HIT/HIE Community & Organizational Panel

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HCOP Updates

- Review Charter edits
- Feedback on process, invite, or interest form?
- Next Steps:
 - Invite to go out early 2015
 - Open call for nominations to be posted on website
 - Planning to convene first meeting prior to March HITOC

CareAccord®

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CareAccord[®] Update

- CareAccord HISP Integration: OCHIN Epic EHR
 - In production December 15, 2014. Initial roll out will enable 12 out of 86 OCHIN organizations to meet MU2 transitions of care by sending/receiving CCDs.
 - Oregon orgs:
 - Virginia Garcia Memorial Health Center
 - Winding Waters
 - Mosaic Medical
 - Mt. Hood Women's Health
 - OHSU Richmond and Scappoose Family Medicine Clinics
- Web Portal: Activated 13 new accounts in November in bringing the user count up to 1,071

CareAccord[®] Update

- Flat File Directory: Direct secure messaging addresses
 - December Active Participants: Jefferson HIE includes Gorge Health Connect (representing 34 clinics), CareAccord, OHSU, Tuality, Legacy, Lake Health District Hospital
 - OCHIN and Childhood Health Associates Salem new participants mid December. Second export will be sent this month
 - More than 3,100 Direct addresses included in FFD
 - In discussions with: Adventist Health, Harney District Hospital, St. Charles Health System, Silverton Health

Provider Directory & CQMR Updates

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Project Status: Bundled Procurement

(Provider Directory / Clinical Quality Metrics Registry / Systems Integrator)

- Business Case Prepared for OIS initial review
 - Business Case review is NOT in the critical path of releasing an RFI, since the RFI is not linked to the RFP
- Request for Information (RFI)
 - RFI is separated from the RFP
 - RFI posted on November 18
 - Many questions received on the question deadline of December 2
 - Responses to the questions have been posted on ORPIN
 - The RFI closes on January 15
- Quality Assurance vendor procurement underway
- Detailed requirements documentation ongoing

Staffing, Funding

Staffing: Implementation Director, Rachel Ostroy, hired!

CMS Funding:

- Approved on October 2:
 - Provider Directory
 - CQMR
 - Systems Integrator
 - QA Vendor
- Approved in February:
 - Technical Assistance for Medicaid practices (Feb)
 - EDIE Utility fees (50/50 match) (Nov)
- Developing request for approval:
 - PreManage subscription (75/25 match)

Medicare & Medicaid EHR Incentive Program Updates

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National EHR Incentive Payments

- More than **\$16.7** billion in Medicare EHR Incentive Program payments have been made between May 2011 and October 2014.
- More than **\$8.7** billion in Medicaid EHR Incentive Program payments have been made between January 2011 (when the first set of states launched their programs) and October 2014
- Total paid nationally: **\$25.4** billion

Oregon EHR Incentive Payments

- Total **Medicaid** EHR incentives paid in Oregon as of Nov 2014*: **\$110.4 million**
- Total **Medicare** EHR incentives paid in Oregon as of Oct 2014: **\$209.3 million**
- Total paid to Oregon providers: **\$319.7 million**

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>, October Payments by States by Program & Provider, accessed on 12/12/2014
- Medicaid EHR Incentive Program data dated 11/17/2014

Oregon EHR Incentive Payments to Hospitals

	# Unique Hospitals	# Payments	Amount paid
Medicare	~45	90	\$110,561,706
Medicaid	55	102	\$ 58,652,582
Total Medicare/ Medicaid	57	192	\$169,214,288

Medicaid EHR Incentive Program Highlights

- 58 out of 59 total Oregon hospitals estimated to qualify for payments
- The 3 remaining hospitals will likely attest before December 31, 2014
- 10 hospitals received their 3rd and final payment in program year 2013
- 11 hospitals have submitted applications for their 3rd and final payment in program year 2014

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>, October 2014 State Registrations and Payment, accessed on 12/12/2014, Oregon's Medicaid EHR Incentive Program, Nov 2014

Oregon EHR Incentive Payments to Eligible Professionals (EPs)

	# Payments	Amount paid	# Unique	# MU
Medicare	7,864	\$98,717,127	4,048	4,048
Medicaid	3,202	\$51,814,622	2,004	924
Total	11,066	\$150,531,749	6,052	4,972

Medicaid EHR Incentive Program Highlights

- Oregon's rate of meaningful users overall is 46%
- Opportunity for 1080 (and more) providers to achieve Meaningful Use
- We have received 192 meaningful use applications for program year 2014. Of those 190 are for Stage 1 and 2 are in Stage 2.

Medicare data: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>; "Oct 2014 State Registrations and Payments; "Unique Count of Providers by State", accessed on 12/12/2014
Medicaid data: Oregon's Medicaid EHR Incentive Program, Nov 2014

Oregon Medicaid EHR Incentive Payments by provider types

Provider Types	Number	Meaningful Users	% Meeting MU
Physician	912	488	54%
Nurse Practitioner	511	176	34%
Certified Nurse Midwife	91	47	52%
Dentist	195	2	1%
Physician Assistant	30	13	43%
Pediatrician*	265	198	75%
Total	2,004	924	46%

*Providers qualifying under reduced Medicaid patient volume (at least 20%) available only to Pediatricians. Pediatricians qualifying at the full patient volume (at least 30%) are included with Physicians.

Source: Medicaid EHR Incentive Program Payment data Nov 2014

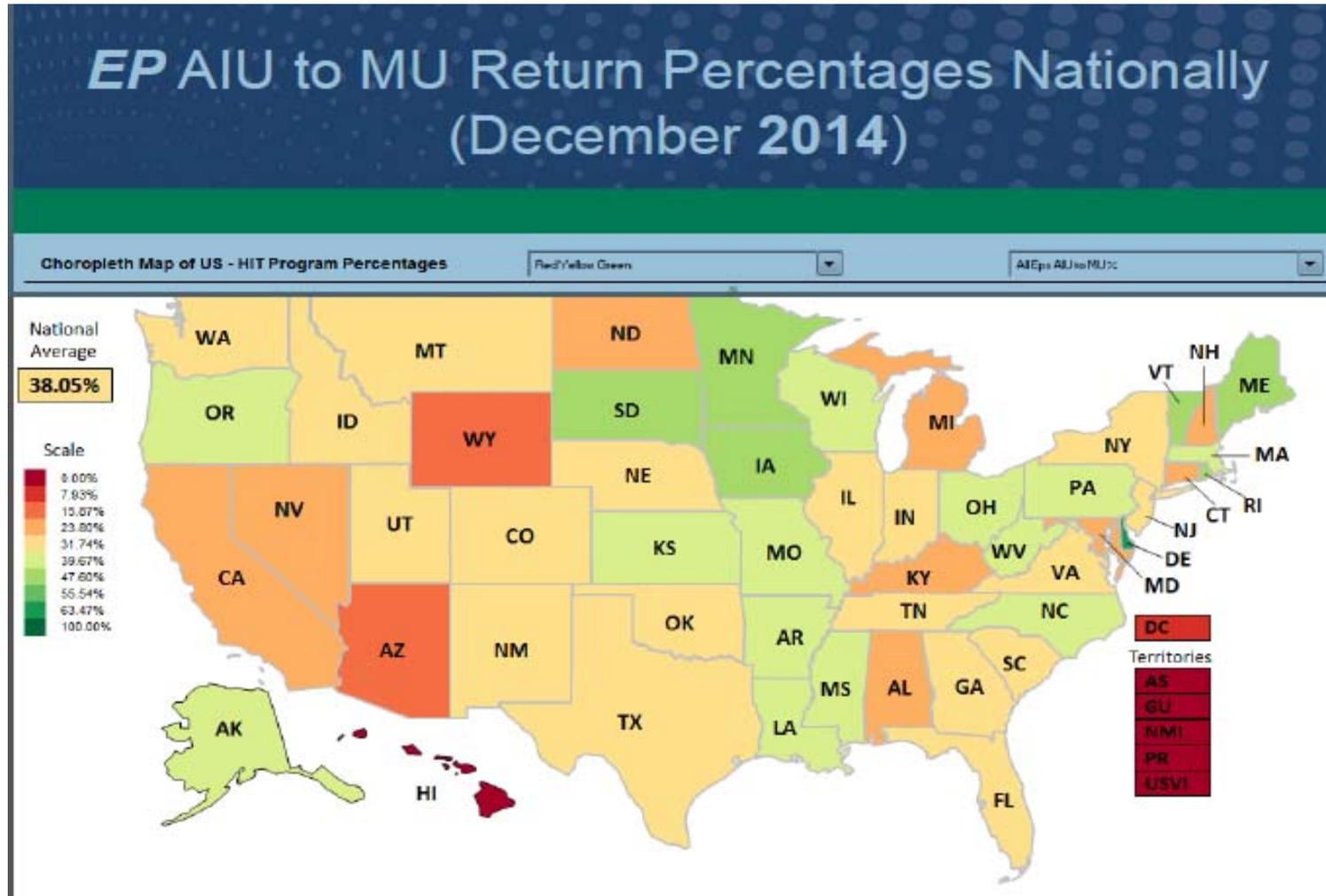
Medicaid EHR Incentive Program- EP participation analysis

Payment year	Year 1		Year 2	Year 3	Year 4	Totals
	AIU	MU	MU	MU	MU	
2011	912	0				912
2012	604	0	526			1,130
2013	421	29	363	338		1,151
2014	9	0				9
Totals	1,975*		889	338	0	3,202

***29 providers switched to the Medicaid EHR Incentive Program after receiving a payment(s) elsewhere**

Of the 1,516 providers who received a payment for AIU in 2011 or 2012, 866 or 57% have received a subsequent payment for MU

EP Return to MU after AIU



2014 Flexibility Rule

- The 2014 Flexibility allows providers could not fully implement 2014 CEHRT due to delays in EHR product availability to have the option to attest using 2011 CEHRT or a combination of 2011/2014 CEHRT
- The updates needed in Oregon's attestation software, "MAPIR" that allow providers to use the flexibility rule will be implemented in Feb/March 2015
- We have requested that CMS allow an extension to the attestation grace period, which is the timeframe when providers may apply for a payment after the end of the program year.

Public Comment

December 17, 2014

