

Oregon HIT/HIE Planning Efforts – June 2013 Update to HITOC

6/13/13

Phase 2 HIT/HIE Business Plan Development

Oregon's approach to developing a Phase 2 Business Plan framework is to work with stakeholders to identify and prioritize the information needs that will determine what infrastructure will be required, and of that infrastructure, what is the state government role to provide and what should be facilitated at the local and/or provider level.

- Interviews completed to date include: 13 out of 16 CCOs, 4 local HIOs (Jefferson HIE, Central Oregon HIE, BACIA, Gorge Health Connect), provider association staff, health systems, business leadership, OCHIN, Quality Corporation, internal state leadership
- Future interviews to include: additional hospitals and health systems, counties, providers, advocacy consumer groups, and managed care plans.
- Task force/CIO workgroup call for nominations will be sent out in July, for the groups to begin meeting mid/end of August.

July HITOC meeting will include results of the listening sessions to date – summarizing the HIT/HIE needs to support health system transformation identified by our interviews.

Oregon's Strategic and Operational Plan - Annual Update

Submitted to ONC on June 8, 2013, the update included only the required sections for this year's update:

- Updated financial sustainability plan
- Updated privacy and security framework
- Updated program evaluation plan with initial results
- Updated project plan

Since no major changes have been made to Oregon's financial sustainability plan and privacy and security framework, those sections described the current working plans and the process to get to a final plan and framework. The project plan was updated at a high level to reflect the work through the end of the ONC funding period.

Staff focused on updating the program evaluation plan to include an examination of extant data sets, such as Surescripts, CareAccord® logs, and MU attestations for both the most recent point in time and the analysis of trends dating back to December 2008. Current results showed that Oregon continues to expand participation in both the number of pharmacies and professionals capable and actively e-prescribing. Additionally, Oregon shows continued growth in the number of accounts registered and number of messages sent via CareAccord® as well as in the number of hospitals attesting to MU of laboratory reports. Future evaluation activities will include a survey of CareAccord® users, structured interviews, and focus groups with representatives of the laboratory and general provider communities.

ONC is reviewing the SOP update, and staff look forward to any comments or questions from ONC.

Links to key HITOC work products

HITOC's [Oregon's Strategic Plan for Health IT \(the "OSP"\) – September 2012](#)

[The Original "SOP" to ONC – August 2010](#)

- [Health Information Exchange \(HIE\): A Strategic Plan for Oregon](#)
- [Health Information Exchange: An Operational Plan for Oregon](#)

[Oregon Strategic and Operational Plans for Health Information Exchange \(SOP\): 2012 Update Summary – September 2012](#)

[Oregon Laboratory Exchange Progress Report – November 2012](#)

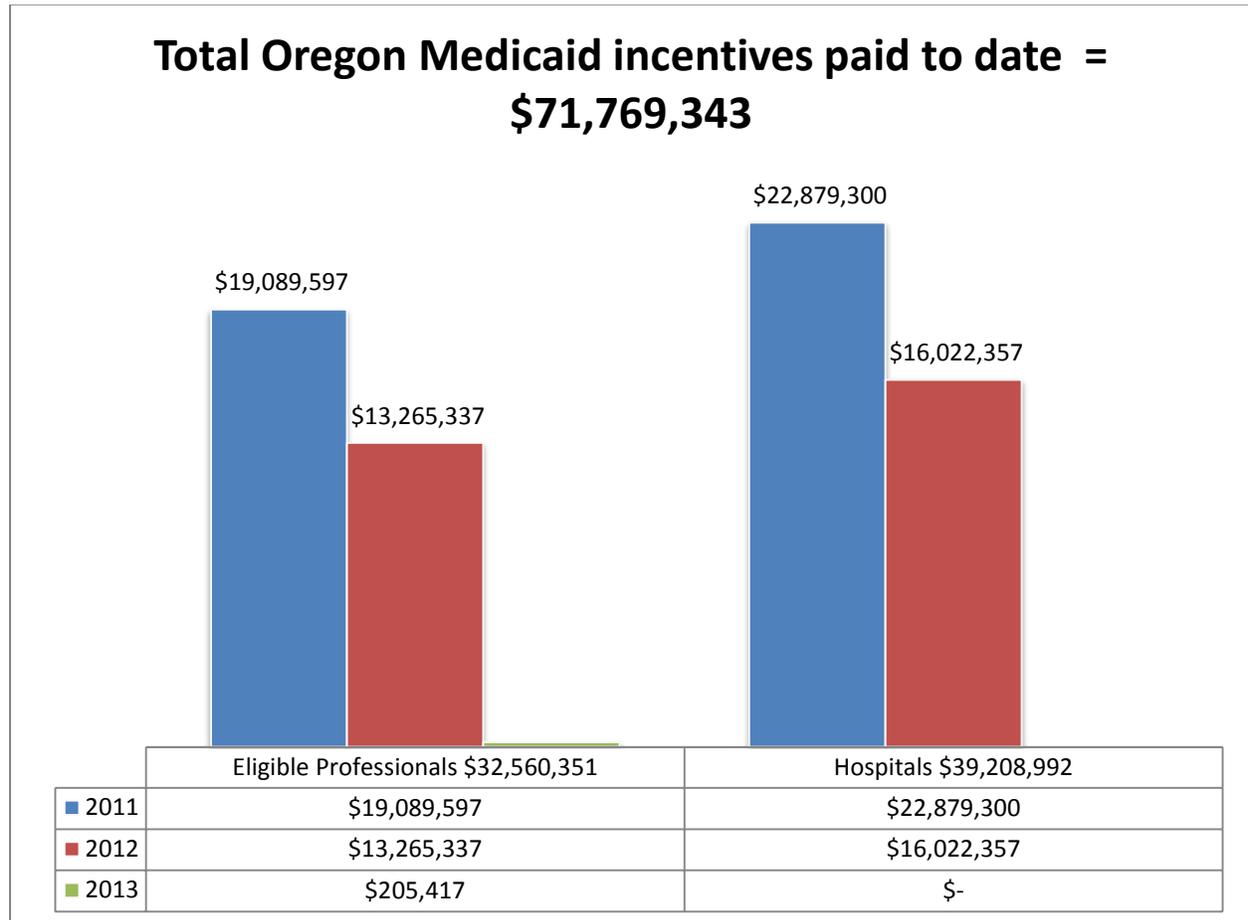
[Oregon e-Prescribing Progress Report – November 2012](#)

All [HITOC reports](#)

HITOC Principles adopted November of 2009

- 1) We will operate in collaboration and partnership between the private and public sectors, leveraging current investments where possible
- 2) We will be transparent in our work and inclusive of stakeholder input
- 3) We will only support solutions that meet or exceed national and industry standards
- 4) We will adopt, and encourage adoption by the private and public sector, policies that will protect the integrity, availability, security and confidentiality of the consumer's health information
- 5) We will employ strategies that assist consumers and providers in making informed health decisions
- 6) We will identify and align incentives for all stakeholders for the purposes of improving the quality and efficiency of health care in Oregon and across our borders

Payment numbers

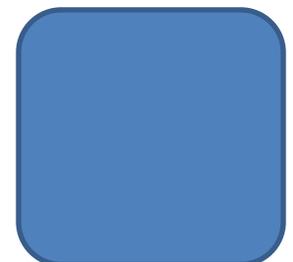


	Payments			Unique Participant Totals
	2011	2012	2013	
Eligible Professionals	912	868	10	1397
Hospitals	30	28	0	49
Total	942	504	10	1446



Payments by application type: Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU)

	2011		2012		2013	
	AIU	MU	AIU	MU	AIU	MU
Eligible Professionals	912	0	485	355	10	0
Hospitals	24	6	16	12	0	0
Total	936	6	501	367	10	0



Application processing numbers

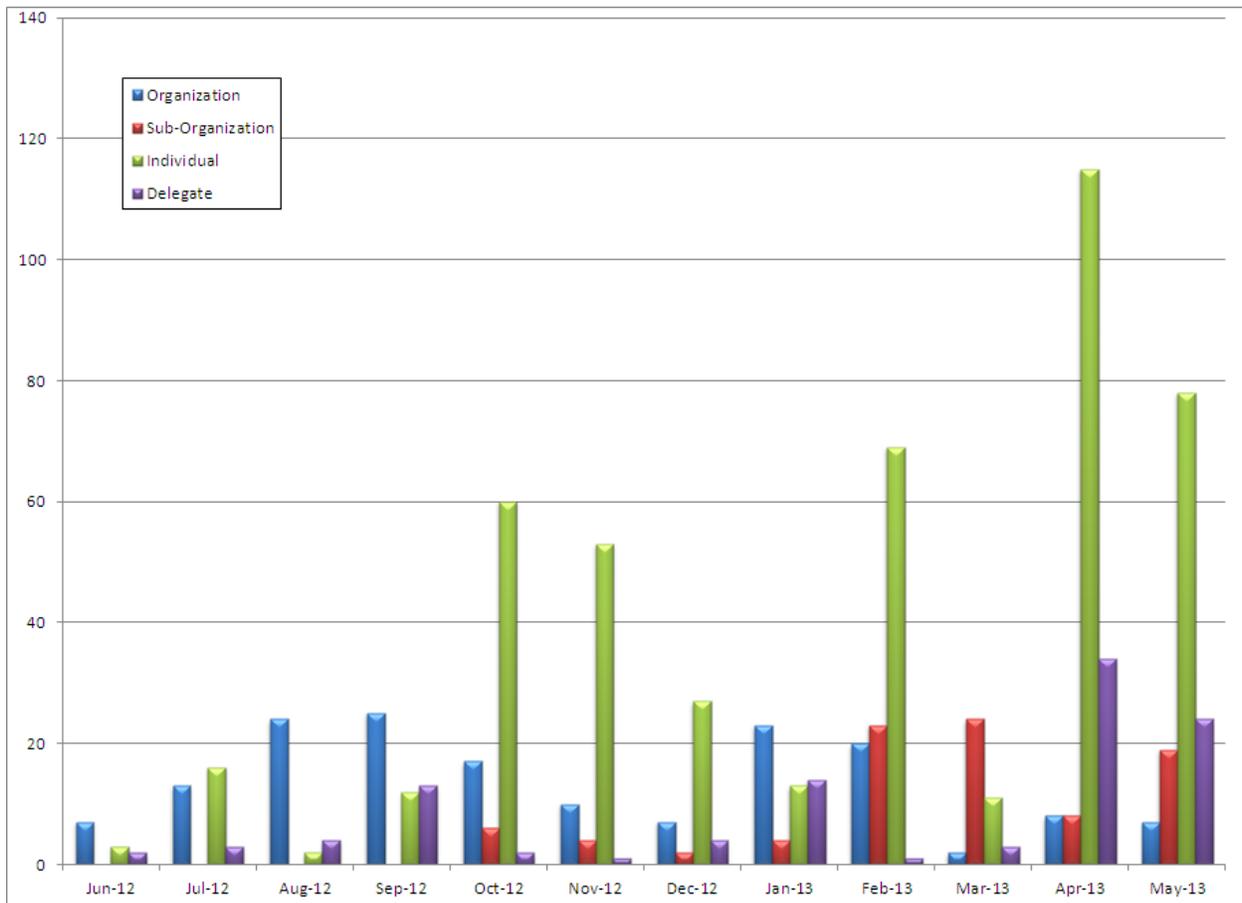
Pending applications by AIU and MU

	2012		2013		Totals
	AIU	MU	AIU	MU	
Eligible Professionals	110	151	155	29	445
Hospitals	0	1	2	3	6
Total	110	152	157	32	451

Other program updates

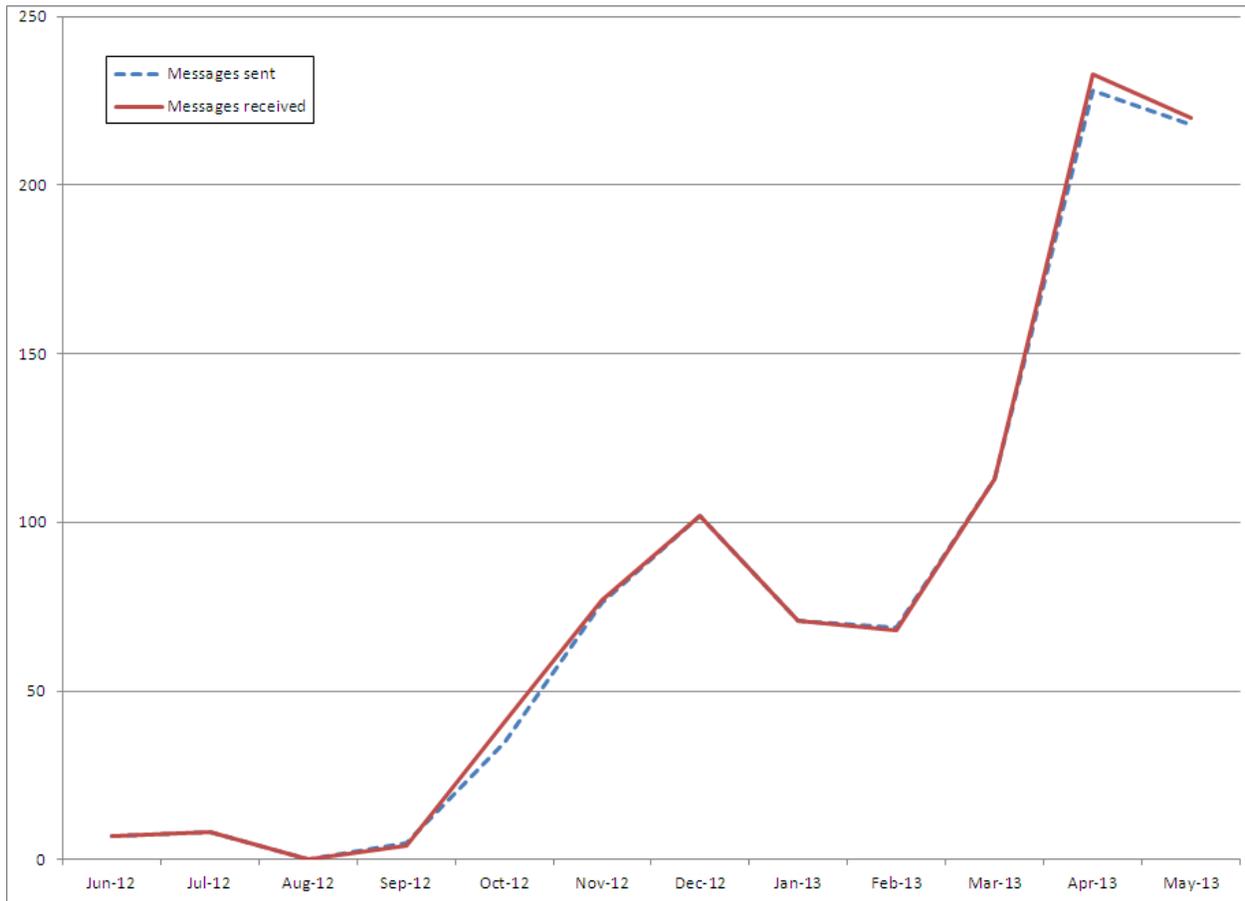
- The permanent filing for the updated Oregon Administrative Rules for the Medicaid EHR Incentive Program is expected to occur on July 1, 2013
 - A Rules Advisory Committee meeting was convened on May 17, 2013
 - The rule addresses the following key areas that were changed as a result of the Stage 2 federal regulation:
 - Medicaid encounter definition
 - Patient volume and practices predominantly measurement timeframes
 - Meaningful use Stage 1 changes for program year 2013
 - 1099 changes
 - Because the rule expands eligibility, a temporary rule is in effect, allowing payments for program year 2013 applications

Number of Registered CareAccord™ Users per Month (June 2012 to May 2013)



Number of Registered CareAccord Users per Month (June 2012 to May 2013)

Number of CareAccord™ Messages Sent and Received per Month (June 2012 to May 2013)



CareAccord Cumulative User Total

Account Type	Total CareAccord Registered Accounts June 1, 2012 - May 31, 2013
Organization	101
Sub-Organization	89
Individual User	430
Delegate	93
TOTAL	713