

Health Information Technology Oversight Council

March 6, 2014, 1:00 – 4:30 pm

General Services Building

Mt Neahkahnne Room, 1st Floor

1225 Ferry Street SE

Salem, OR 97301

Meeting Objectives

- Discuss HITOC's role
- Updates on EHR incentive Program, CareAccord and Phase 1.5
- Discuss Statewide Direct Secure Messaging Plan
- Discuss Personal Health Record Pilot

Time	Topic and Lead	Action	Materials
1:00 pm	Welcome, Opening Comments, Approve Minutes – Greg Fraser		1. Agenda 2. Dec 12, 2013 minutes
1:10 pm	HITOC's Role – Susan Otter	Information Discussion	3. HITOC's Role
2:00 pm	Updates – Karen Hale, Sharon Wentz <ul style="list-style-type: none"> • EHR Incentive Program • CareAccord® 	Information Discussion	
2:20 pm	Phase 1.5 Update – Susan Otter	Information Discussion	
2:50 pm	BREAK		
3:00 pm	Statewide Direct Secure Messaging Plan – Lisa Parker	Information Discussion	4. OHA Statewide DSM Services
3:40 pm	Personal Health Record Pilot – Sharon Wentz, Ken Carlson	Information Discussion	
4:15 pm	Public Comment	Information Discussion	
4:25 pm	Closing Comments –Greg Fraser	Information Discussion	

Next Meeting: TBD
 Portland, OR

Health Information Technology Oversight Council

Thursday, December 12, 2013

1:00 – 4:30 pm

Council and Ex-officio Members Present: Dave Widen, Greg Fraser

Council and Ex-officio Members by Phone: Ellen Larsen, Erick Doolen

Council and Ex-officio Members Absent: Bob Brown, Carolyn Lawson, Judy Mohr Petersen, Katrina Hedberg, Ken Carlson,

Staff Present: Karen Hale, Lisa Parker, Nick Kramer, Patricia MacTaggart, Susan Otter, Sharon Wentz (by phone), Tyler Larson.

Guests: Sean Kolmer, OHA

Welcome, Opening Comments – Greg Fraser (Chair), Susan Otter

- Susan announced that Governor has asked Greg Fraser to serve as the official chair of HITOC.

EHR Incentive Program Update – Karen Hale

Refer to materials “Number of Systems Certified per CQM”; slides 4-12

- Karen noted over \$200 million in incentive payments have been paid to Oregon providers in the Medicaid and Medicare EHR incentive programs.
- Question: Do you have a breakdown of the dollars in terms of how many of those dollars are paid to eligible professionals versus hospitals? Answer: Yes, we’ll be seeing that.
- Karen noted we don’t have as much Medicare data, and we will talk more about hospitals in the next meeting because we will have more information then. Data in slides 7-12 focuses on eligible professionals.
- Question: Is there a centralized place where the number of licensed physicians, nurse practitioners and physician’s assistants is available? Answer: Yes, this is based on 2010 licensing data from OHPR linked in slide 10.
- Question: So if you were to compare slides 9 and 10, is it telling you that for Multnomah County there are a lot of payments being made, but the number of independent practitioners is really low? Answer: It’s not necessarily that they’re low. We’ve always shown Multnomah County receiving a lot of payments. Some of this has to do with population and the number of licensed practitioners who are there. This is a different slice of the data.
- Susan noted that the policy questions for HITOC are how do we facilitate and promote EHR adoption and MU among Oregon providers, and what are the barriers and challenges do providers face.
- Greg noted that Stage 2 has been very difficult for the provider community and that it will be very interesting to see the 2013 Medicaid numbers for year 2 and year 3 providers.

CareAccord® Update – Sharon Wentz, Lisa Parker

Refer to slides 13-25

- Sharon noted that in October, CareAccord became the first state program to be accredited as a Health Information Service Provider by the Direct Trusted Agent Accreditation Program (DTAAP). The big value of accreditation is that the common policy requirements and trust bundle certificates avoid one off agreements and support a scalable federated trust.
- Susan noted that the vendors for several community HIEs are candidate organizations for DTAAP accreditation, and that many of the major health systems use DTAAP accredited vendors. This is the beginning of interoperable statewide Direct secure messaging.
- Question: Is there a plan or strategy for increasing registration and utilization numbers? Answer: Yes, have some slides coming up talking about provider directory and pilot work. We are nearing technology that will allow us to integrate with EHRs.
- CareAccord accounts will be opened to send DMAP prior authorization and appeals.
- Susan noted that OHA received approval from CMS to continue funding CareAccord.
- 2014 certified EHR technology and Direct secure messaging will impact evolving provider

directory standards.

- HITOC members discussed the challenge of keeping updated directories for fax numbers and the evolving challenge of developing interoperable provider directories.
- Results of ONC survey will be reported to HITOC in March.

HIT Task Force Update – Susan Otter

Refer to materials “Draft Business Plan Framework”; slides 26-46

- Susan noted that the materials are the version used at the final meeting of the HIT Task Force. Substantive changes from that final meeting are reflected in the slides. A final draft is forthcoming and will be vetted by the Task Force prior to publication.
- As HITOC moves forward over the next year, the business plan will be the framework that provides high-level direction to development, policy and implementation work.
- The Task Force had developed the vision of an HIT-optimized health care system that includes changed work flows built on timely access to critical information.
- The Task Force identified key goals: 1) support and facilitate adoption of meaningful use of EHRs; 2) Ensure all providers can access meaningful, reliable and actionable patient information; 3) support health plans, CCOs, health systems and providers in using aggregated data, and; 4) facilitate person and family or caregiver engagement through access to, and interaction with, their health information.
- The Task Force identified three overarching principles 1) leveraging emerging standards; 2) prioritizing and achieving progress, credibility and sustainability, and; 3) protecting the health information of Oregonians by ensuring that information sharing is private, secure and in compliance with state and federal guidelines.
- HITOC members discussed the principles produced by the Task Force and noted that they were similar to HITOC’s prior work. HITOC members noted that outreach and support were still necessary to overcome providers’ resistance to change.
- The Task Force identified challenges, including technology burdens for providers, including behavioral and dental health providers, utilization of EHRs and HIT services by patients and providers and providers navigating EHR vendors.
- HITOC members discussed the Task Force’s state roles diagram and noted the value of providing standards and support for providers.
- The Task Force identified key technology which the state will provide to support statewide HIE, including Direct secure messaging, locating providers and patients, and aggregation of clinical data.
- Question: Has the HITAG begun to look at the specifics of the provider directory’s matching functions, including using referral patterns to determine matches? Answer: We’re just starting to look at just this sort of question. We haven’t gotten to that level yet. The next step will be seeking nominees for a work group. The idea will be to raise just these sorts of questions and issues.
- HITOC member discussed the provider directory, the value of specific search functions and how a master provider directory’s values could be used to populate local directories to avoid re-doing directory work.
- The Task Force came to a similar conclusion as prior HITOC work on the long-term role of the state and an external HIT designated entity.
- The Task Force identified principles for governance: 1) participation and representation; 2) transparency and openness; 3) effectiveness; 4) flexibility and accountability, and; 5) well-defined and bounded mission.
- The Task Force also identified principles and characteristics for the HIT designated entity: 1) mission focused on statewide HIT/HIE objectives; 2) trusted, objective; 3) responsive, stable leadership and financing; 4) transparent and accountable to state oversight, and; 5) previous experience.
- Question: For the HIT designated entity, was there a model that might exist? Answer: It could be

an existing program that fits the principles, or a new entity. The Task Force didn't get far enough to determine what type of entity this should be.

- The compatibility program will create standards that entities must meet in order to participate in the statewide HIE. Standards for participation will be easier to enforce and create minimal administrative burden.
- The Task Force determined that financial sustainability had to be broad-based and equitable. Those who benefit should pay. OHA should seek fee-setting and collecting authority for HIT/HIE services in the 2015 Legislative Session.
- HITOC members discussed the need for legislative authority for OHA to set and collect fees for HIT/HIE services. Also the need for more stakeholder input on what financing model will work best for Oregon, and more information on how much those services will actually cost.
- Question: We're still a fair distance off from knowing the exact dollar figures that might be going with statewide services? It seems there's a real key tie between those costs and the development of an HIT designated entity. Answer: Yes, we have some initial cost estimates for Phase 1.5 services but we'll have a lot more clarity on that as we narrow the scope for those services. We'll have a lot more information on that over the next few months.
- HITOC members discussed the relationship of the Task Force work to prior HITOC work, and noted the similar anticipation of more work to come. Also the impact of CCOs in clarifying what is needed from statewide HIT efforts.

Next Steps for HITOC – Susan Otter, Sean Kolmer

- Sean thanked HITOC members for their work which provided the foundation for the Task Force.
- Sean has been working with Susan and the Governor's office to determine what is needed next. HITOC was created in a world that is very different, and Susan has some great ideas for HITOC in the coming year as we think about Phase 1.5 and 2.0 work. Want to make sure HITOC members are involved in the discussion about their role going forward.
- Susan noted that she had been looking at how HITOC fits with current objectives for Phase 1.5 and 2.0 developments, with an emphasis on policy issues including promoting and facilitating Direct secure messaging, care coordination with long-term care providers, patient engagement through personal health records and other policy issues.
- HITOC members discussed the separation between implementation and policy work and the role of HITOC going forward.
- Question: HITAG is very CCO-centric. We expect that work may have broader impact than CCOs, how do we ensure stakeholder input? Answer: The vision is that as we pull partners into Phase 1.5, the HITAG will evolve into a steering committee with broader representation. One of the things we'll wrestle with as we do that is that many elements of Phase 1.5 are totally Medicaid-focused. We may end up making a separate group with broader representation.
- Question: There are many empty HITOC seats. Is there a plan to reinvigorate the group and get terms set and get people who are interested and engaging? Answer: Yes, the key is making sure we know what the role is moving forward so that we sign people up we know what we're asking of them. It will be up to us to shape what that is over the next couple of months.

Approval of Minutes

Refer to meeting materials: "Sept 12, 2013, Minutes"

Action: Dave Widen moved to approve the minutes of the Sept 12 HITOC meeting and Erick Doolen seconded the motion, which was approved by unanimous consent.

Public Comment Period

- With no public comments, the Chair declared the public comment period called to a close at 3:20 p.m.

Closing Comments – Susan Otter

- Next scheduled HITOC meeting is February 6th, 1-4:30 PM in Salem.

- The meeting was adjourned at 3:25 PM.

DRAFT

HITOC's Role

The 2013 HIT Task Force envisioned a transformed health system where statewide HIT/HIE efforts ensure that the care Oregonians receive is optimized by HIT. "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 individual and family centric care. The Task Force identified specific goals Oregon must achieve on its path to HIT-optimized health care.

- Ensure all providers can access meaningful, reliable, actionable patient information shared across organizations and differing technologies through community, organizational and/or statewide health information exchange.
- Support health plans, CCOs, health systems and providers in using aggregated data for quality improvement, population management, and to incent value and health outcomes.
- Facilitate individual and family or caregiver engagement through access to and interaction with, their health information

The Task Force made recommendations for actions the state should take to help achieve HIT-optimized health care. These recommendations fit into three categories, and are reflected in the 3 nested "eggs" in the diagram attached:

- Supporting community and organizational HIT/HIE efforts (large egg)
- Working with stakeholders to standardize and align HIT/HIE efforts (medium egg)
- Providing core statewide HIT/HIE services (small egg)

The development and implementation of core HIT/HIE services began prior to the Task Force (referred to as "Phase 1.5"), and are overseen by the Health IT Advisory Group. This group of CCO representatives are guiding the Phase 1.5 development from a CCO perspective, and OHIT hopes to bring private partners to the table to support the broader use and implementation of statewide HIT/HIE services.

HITOC's role in Oregon's new HIT/HIE environment will be to provide guidance, input and recommendations for OHA's HIT policy and planning. This will include state efforts which support existing and potential community and organizational HIT/HIE efforts (the large egg):

- Promoting EHR adoption, Meaningful Use, and leveraging national standards and federal incentives
- Promoting statewide Direct secure messaging
- Providing guidance, information, assistance to support our overarching goals
- Assessing the changing state and federal HIT/HIE landscape including convening an HIO Executive Panel

HITOC may also provide guidance, input, and recommendations around state efforts which to standardize and align HIT/HIE efforts (some parts of the medium egg) such as considering standards for safety, privacy, security and interoperability.

HITOC vacancies will be used to bring complementary voices to the table that can help support this policy and planning work.

STATE SUPPORT OF COMMUNITY & ORGANIZATIONAL HIT/HIE EFFORTS

SUPPORT

The state will support community & organizational efforts by:

- Promoting EHR adoption & Meaningful Use
- Leveraging national standards & federal EHR incentives
- Promoting statewide Direct secure messaging
- Providing guidance, information & technical assistance
- Assessing changing environments and convening stakeholders

STANDARDIZE & ALIGN

The state will work with stakeholders to:

- Adopt standards for safety, privacy, security & interoperability
- Establish a Compatibility Program for statewide enabling infrastructure
 - Align metrics & reporting

PROVIDE

The state will provide:

- Statewide enabling infrastructure
- CareAccord to ensure access to HIT/HIE
- Clinical metrics data for Medicaid

COMMUNITY & ORGANIZATIONAL HIT/HIE EFFORTS:

Community HIEs

- Jefferson HIE
- Central Oregon HIE
- Gorge Health Connect
- Bay Area Community Informatics Agency

Organizational HIT/HIE efforts of

- CCOs
- Health Systems
- Health Plans
- Providers
- Hospitals
- Hosted EHRs
- Data Aggregators & Intermediaries

Statewide Direct secure messaging – Oregon’s Approaches in 2014

Direct secure messaging provides a HIPAA-compliant way to send encrypted health information messages with attachments.

- ❖ As EHRs evolve in 2014 to meet federal Meaningful Use requirements, Direct secure messaging will be a core service within certified EHRs and national standards will support interoperability between Direct secure messaging providers (Health Information Service Providers, or HISPs).
- ❖ Although EHRs may have Direct secure messaging available in 2014, it is a HISP’s participation in applicable trust communities, such as DirectTrust, that allows exchange of Direct secure messages across broader networks without having to negotiate distinct relationships.

Oregon’s overarching goal: Electronic connectivity of all members of the care team across organizational and technological boundaries (“push” first through Direct secure messaging, build towards query/“pull” in Phase 2.0).

- ❖ Statewide Direct secure messaging augments local capabilities to view or share information (where they exist) by bringing new members to the electronic care coordination circle, such as long term care and emergency medical services.
- ❖ Statewide Direct secure messaging also extends electronic communication to providers and communities with no local capabilities in place.
- ❖ Statewide connection of Direct secure messaging service providers (HISPs) will allow providers to meet federal requirements and connect from their EHRs to other Direct users in the state that are in a common trust community.

Approaches:

- ❖ Offer an option for Direct secure messaging, especially for those without EHRs: OHA will continue and expand CareAccord, Oregon’s state health information exchange, offering Direct secure messaging for entities that need it (particularly those without EHRs such as social services). CareAccord staff will engage in targeted outreach to reach and enroll providers and care team members that can benefit from Direct secure messaging.
- ❖ Seek statewide and interstate, interoperable use of Direct secure messaging: OHA will coordinate, establish, facilitate, and ensure connections between Direct secure messaging vendors (including those supporting EHRs) via “trust communities,” so messages can be sent seamlessly across the state.
 - CareAccord received national accreditation in fall of 2013, and is interoperable with other fully accredited DirectTrust HISPs throughout the nation (see DirectTrust accreditation website for list of vendors: <http://www.directtrust.org/accreditation-status/>).
 - OHA will actively facilitate and encourage use of interoperable vendors, focusing on DirectTrust accredited HISPs, and will track and report on Direct secure messaging use throughout 2014.
 - OHA will facilitate and coordinate the use of Direct secure messaging, including sharing providers’ Direct secure messaging addresses across organizations.

Statewide Direct secure messaging – Oregon’s Approaches in 2014

- OHA will utilize CareAccord to send and receive health information related to Medicaid administrative functions such as prior authorizations and appeals.
- OHA and CareAccord will continue to participate in the NATE (National Association for Trusted Exchange) trust community, to share information with California, Alaska, Utah, and other state health information exchanges.
- OHA will seek opportunities to share information with Washington and Idaho, as those states look to begin using Direct secure messaging as well.
- ❖ Demonstrate CareAccord Direct secure messaging uses: CareAccord is engaged in several pilots: 1) exploring integrating Direct secure messaging services into 2014 certified EHRs; 2) exploring sharing information between a provider and a patient’s stand-alone Personal Health Record.
- ❖ CareAccord will add additional functions:
 - Fillable forms or data entry templates to support common use cases (e.g., transition of care records from long term care facilities). These templates or forms can facilitate the ability of providers receiving the information to ingest the data into the patient record in the provider’s EHR.
 - Translation for computer-generated attachments to make them human-readable.

Value of Direct secure messaging:

- ❖ Near term uses:
 - Providers need Direct secure messaging to meet federal requirements, including Meaningful Use Stage 2.
 - Provider care teams can communicate with each other and other entities (including those without EHRs) that impact the health of their enrollees.
 - Adding key providers, such as long term care and emergency medical services, to the electronic care team supports whole-person care.
 - CCOs can also use Direct secure messaging if they need a way to send protected health information to clinics for operations and care management.
 - Direct secure messaging will be a key method for sending hospital notifications and other information between the state/statewide HIE and providers and CCOs/health plans (e.g., provider directory flat files).
 - For state-level quality reporting (e.g., CCO clinical metrics), Direct secure messaging will be a key method for providers, CCOs, and local data intermediaries to send information to the state.
- ❖ Longer term uses: Connecting all members of a care team leads to improved quality of care through visibility into relevant patient information. As EHRs evolve to meet federal requirements, Direct secure messaging will continue to become more tightly integrated into EHRs.

Health Information Technology Oversight Council

March 6, 2014

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. The entire logo is set against a light blue, curved background.

Oregon
Health
Authority

Agenda

1:00- **Welcome, Opening, Minutes** Greg Fraser

1:10- **HITOC's Role** Susan Otter

2:00- **Updates** Karen Hale, Sharon Wentz

2:20- **Phase 1.5 Update** Susan Otter

2:50- **BREAK**

3:00- **Statewide DSM Plan** Lisa Parker

3:40- **PHR Pilot** Sharon Wentz, Ken Carlson

4:15- **Public Comment**

4:25- **Closing Comments** Greg Fraser

Meeting Objectives

- Discuss HITOC's role
- Updates on EHR incentive program and CareAccord and Phase 1.5
- Discuss Statewide DSM Plan
- Discuss PHR Pilot

HITOC's Role

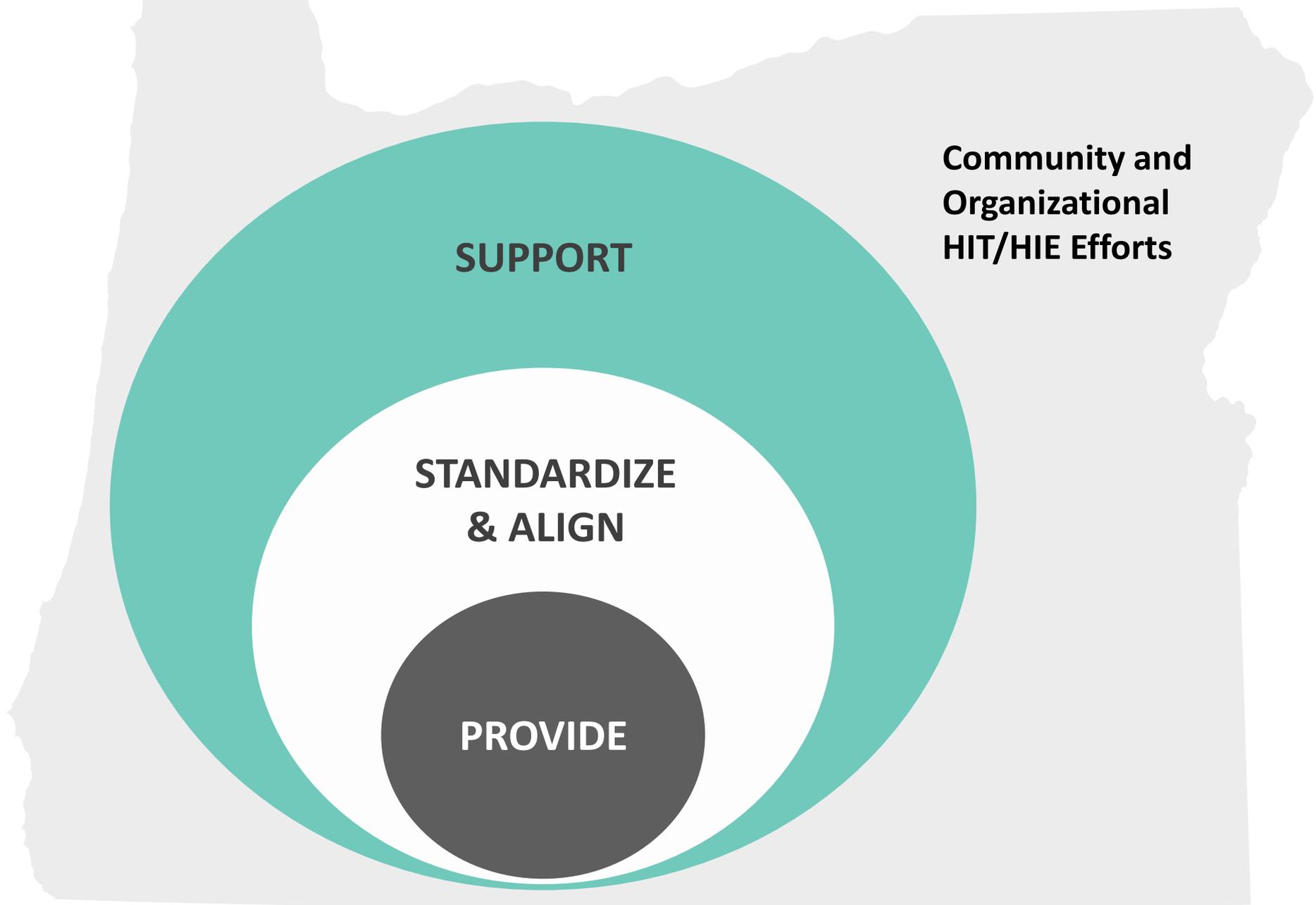
March 6, 2014



Goals Oregon must achieve on its path to HIT-optimized health care:

- Providers have access to meaningful, timely, relevant and actionable patient information at the point of care.
 - Information is about the whole person – including physical, behavioral, social and other needs
- Health plans, CCOs, health systems and providers have the ability to effectively and efficiently use aggregated clinical data for quality improvement, population management and to incentivize value and outcomes.
- Individuals, and their families, have access to their clinical information and are able to use it as a tool to improve their health and engage with their providers.

State Support of Community & Organizational HIT/HIE Efforts



State Approaches to Support HIT/HIE

Support Community and Organizational HIT/HIE Efforts:

- Promoting EHR adoption and Meaningful Use
- Promoting statewide Direct secure messaging
- Providing guidance, information, and technical assistance

Standardize and Align to Ensure Interoperability, Privacy and Security, and Efficiencies:

- Adopt standards for safety, privacy, security, and interoperability
- Establish a Compatibility Program for statewide enabling infrastructure
- Align metrics and reporting

Provide State-level Services

HITOC's Role in Oregon's New HIT/HIE Environment

Provide guidance, input and recommendations for OHA's HIT policy and planning, including:

- Promoting EHR adoption, Meaningful Use, and leveraging national standards and federal incentives
- Promoting statewide Direct secure messaging
- Providing guidance, information, assistance to support our overarching goals
- Assessing the changing state and federal HIT/HIE landscape, including convening HIO Executive Panel
- May include: Considering standards for safety, privacy, security and interoperability

Medicare & Medicaid EHR Incentive Program Updates

March 6, 2014



Oregon's core HIT/HIE services and the EHR Incentive Program

Promoting EHR adoption, Meaningful Use (MU), and leveraging national standards and federal incentives

Administer the Oregon Medicaid EHR Incentive Program

- Approve attestations for payment and pay providers
- Provide assistance to providers
- Maintain the technical solution "MAPIR" that collects attestations
- Analyze impacts of new federal regulation and adjust policy and program accordingly
- Report on program stats

Alignment of metrics from other state programs to MU requirements

- Coordinated Care Organizations (CCOs)
 - 4 out of the 17 incentive measures are related to EHR adoption
 - 3 Clinical Quality Measures
 - 1 EHR adoption metric
- Patient-Centered Primary Care Home (PCPCH)
 - 4 of the 6 core attributes contain MU measures

Oregon EHR Incentive Payments

- Total ***Medicaid*** EHR incentives paid in Oregon as of 3/3/14: **\$93.5 million**
- Total ***Medicare*** EHR incentives paid in Oregon as of January 2014*: **\$146.5 million**
- Total paid to Oregon providers: **\$240 million**

Oregon EHR Incentive Payments to Hospitals

	# Payments	Amount paid	# Unique	# MU (unique)
Medicare	63	\$82,798,546	36*	36*
Medicaid	88	\$50,661,536	54	32
Total Medicare/ Medicaid	151	\$133,460,082	54	34

- 59 total Oregon hospitals estimated to qualify for payments
- Opportunity for 5 hospitals to begin receiving payments and 22 hospitals to achieve Meaningful Use
- 9 Hospitals have applied/received their 3rd and final Medicaid Payment
- “MAPIR”, is ready now for Stage 2 attestations

* Data on unique hospitals are estimates based off prior month data from CMS; actual unique hospitals may be greater.

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>; “January 2014 State Registrations and Payments” and “EH ProvidersPaidByEHR_122013FINAL”
Oregon’s Medicaid EHR Incentive Program, February 2014

Oregon EHR Incentive Payments to Eligible Professionals (EPs)

	# Payments	Amount paid	# Unique	# MU
Medicare	4345	\$63,688,434	3347	3347
Medicaid	2441	\$42,865,192	1776	667
Total	6786	\$106,702,376	5123	4014

- February CCO progress report shows EHR adoption among measured providers has doubled from 28% in 2011 to 58% by September of 2013
- 58% of those who applied for an AIU payment in 2011 received a payment for MU in 2012
- Opportunity for 1100 (and more?) providers to achieve Meaningful Use
- Applications are still being accepted and processed for program year 2013
- “MAPIR” will be upgraded and ready to accept 2014 Stage 2 EP attestations in April
- 2015 Medicare EP penalties may encourage new participation in the Medicaid EHR Incentive Program in 2013 and 2014 for physicians and dentists

Medicare data: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>; “January 2014 State Registrations and Payments

Medicaid data: Oregon’s Medicaid EHR Incentive Program, February 2014

https://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf

<http://www.oregon.gov/oha/news/Documents/2014-0204-cco-progress-report.pdf>

Oregon EHR Incentive Payments

by provider types

Provider Types	Number	Meaningful Users	% Meeting MU
Physician	997	478	48%
Nurse Practitioner	439	115	26%
Certified Nurse Midwife	77	33	43%
Dentist	184	1	1%
Physician Assistant	27	10	37%
Pediatrician	52	28	54%
Total	1776	665	37%

Source: Medicaid EHR Incentive Program Payment data February 2014

EP Return to MU after AIU

Choropleth Map of US - HIT Program Percentages

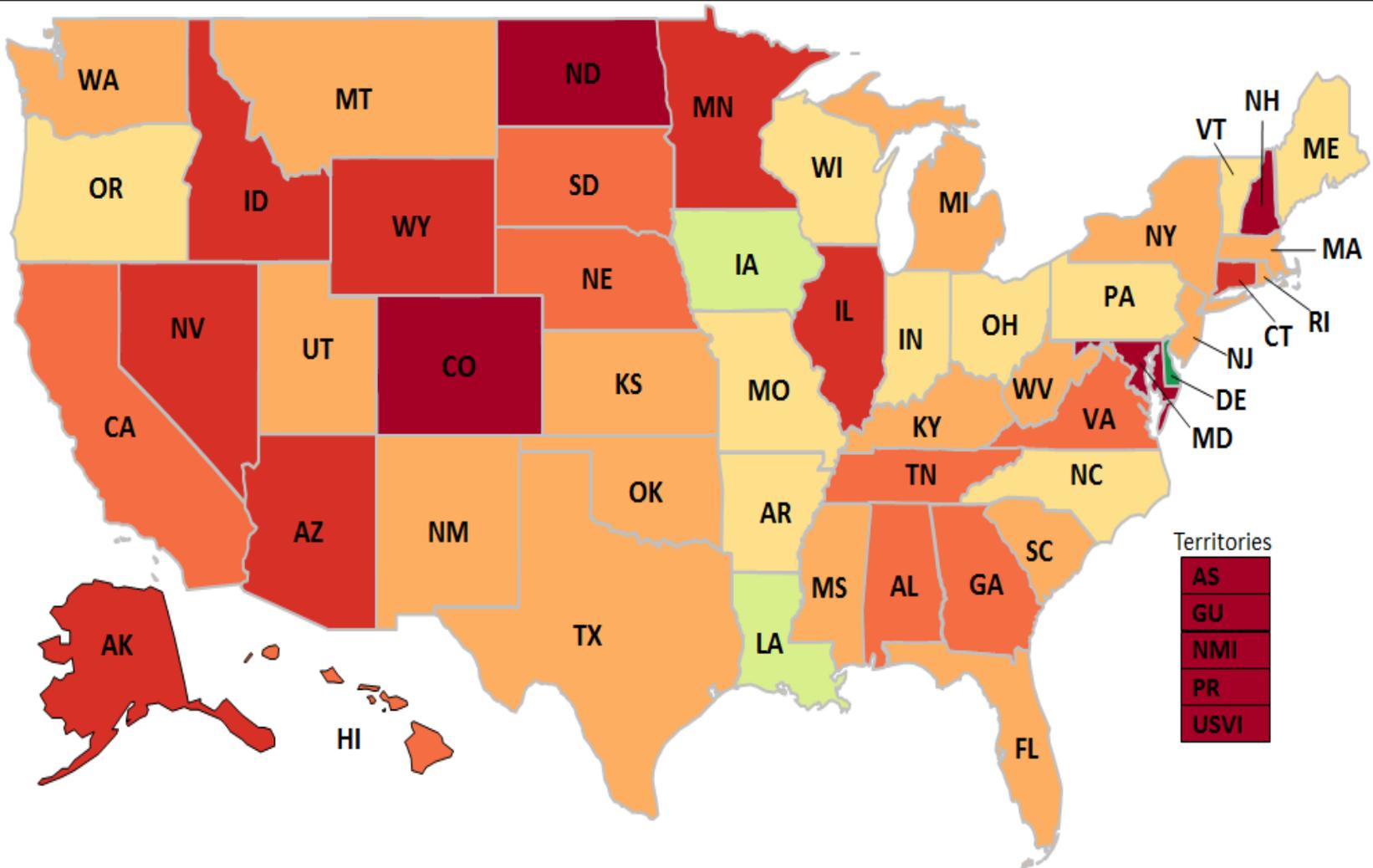
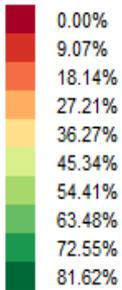
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AIU to MU All EPs %

National Average

28.66%

Scale



ONC Voluntary 2015 Edition for EHR Certified Technology

- In December, CMS announced Stage 3 will start in 2017, rather than 2016
- Last week, the Office of the National Coordinator (ONC) announced *voluntary* certification criteria for EHRs for ‘2015 Certified EHR technology’ in a proposed rule 2014.
 - Updating certification criteria every 12-18 months
 - More efficient way to respond to stakeholder feedback
 - Fix software issues noted in 2014 edition
 - Certified versions do NOT need to be recertified to the 2015 version
 - Signals future direction with certification and criteria (solicit comments on new capabilities for future certification)
 - Other highlights-
 - Provides a way for non-meaningful use EHR systems to become certified
 - Enhance interoperability efforts
 - New functionality - such as the ability to filter clinical quality measures by patient population (including payee)

What information would be useful for HITOC?

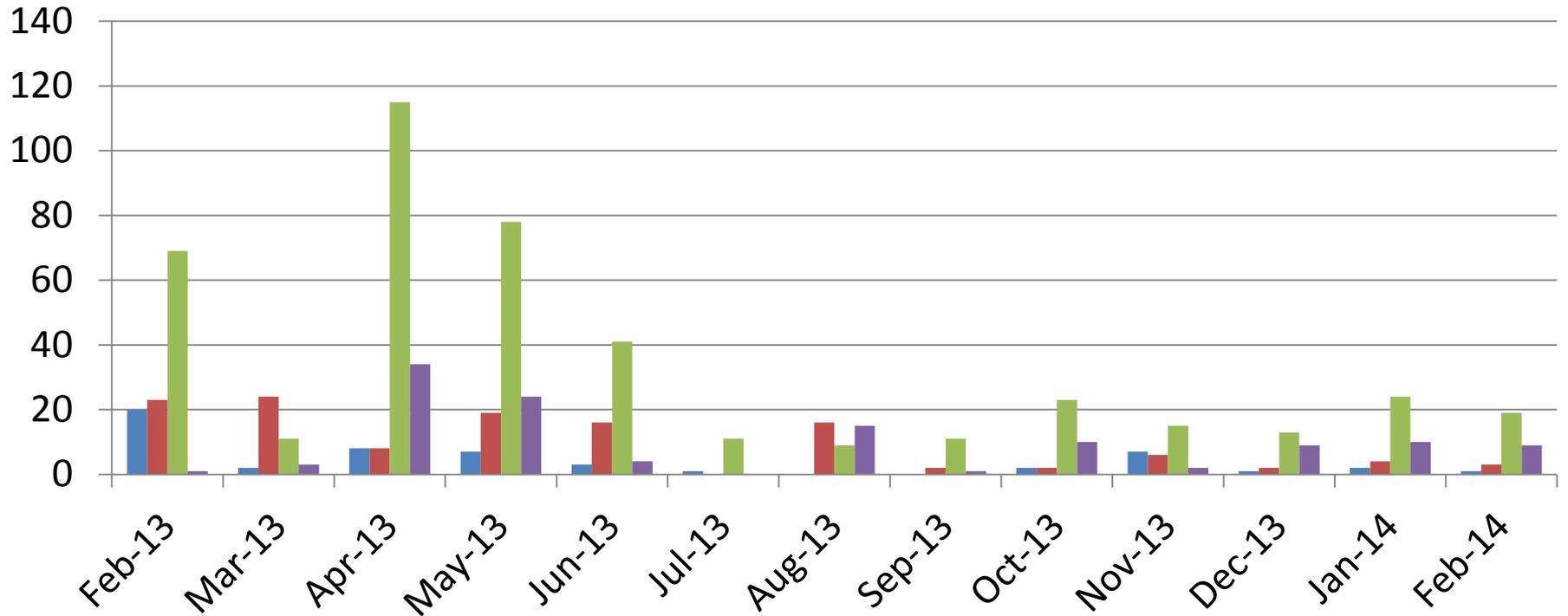
- Reports on the numbers and payments
- Reports on Meaningful Use
 - Measure x Measure?
- Other suggestions

CareAccord Update

March 6, 2014

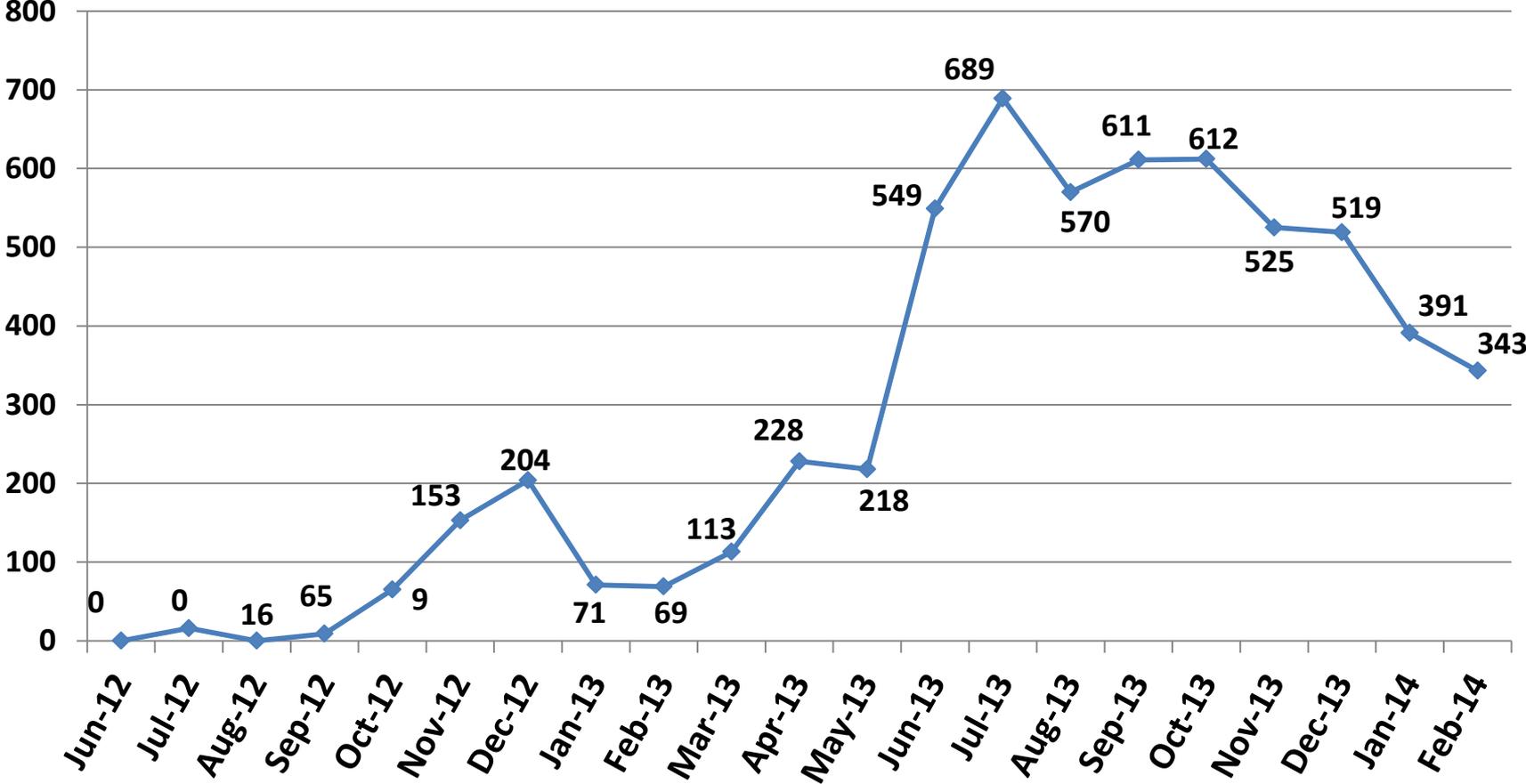


CareAccord Newly-Registered Users per month February 2013 – February 2014

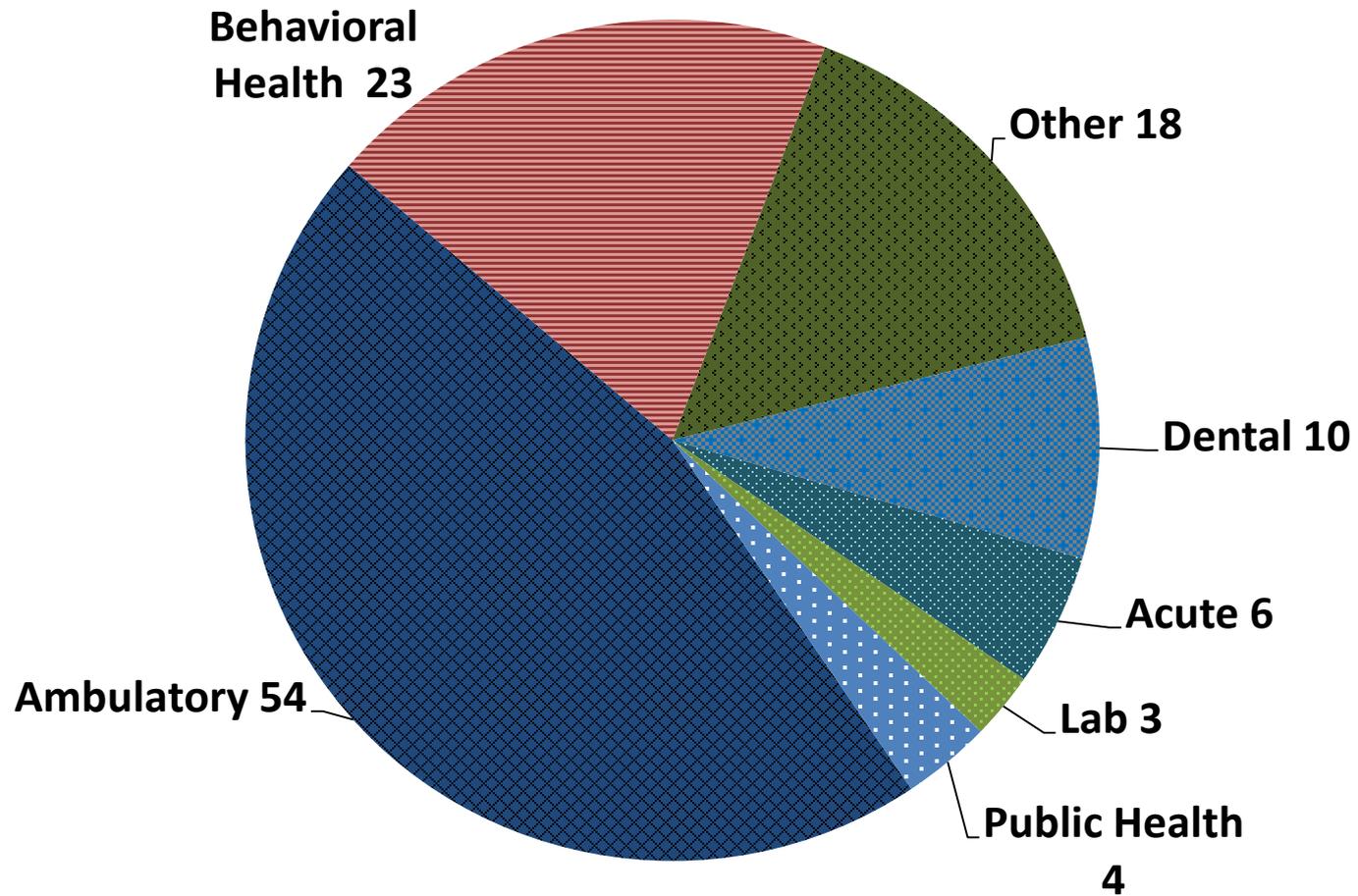


118 Organizations
139 Sub Organizations
590 Individuals
153 Delegates
1000 Total

CareAccord Sent Messages per Month June 2012-February 2014



Organizational Participants by Type as of February 2014



118 Organizations Total

Breakdown of 18 'Other' Organizational Types as of February 2014

Category	Organizations	#
OHA Division/Programs	DMAP, PHD, CareAccord	3
Radiology and Imaging	Willamette Valley, Salem, Mission Medical	3
IPA	WVP Health Authority and Mid-Rogue	2
Pharmacy	Central Drugs	1
Gov'tal Agency	Dept. of Community Justice, Multnomah	1
Hospice	Willamette Valley Hospice	1
Registry	Oregon POLST	1
Long Term Care	Clatsop Care Center	1
Managed Care	Grants Pass Management Services	1
Billing	Medical Management Support Services, Inc	1
Software Vendor	DMC Dental	1
Registration	Harris	1
Social Services	Northwest Seniors & Disabilities	1
	Total	18

Phase 1.5 Update

March 6, 2014



New State-level Services (2014-2015)

- Direct Secure Messaging
 - HIPAA-compliant way to encrypt and send any attachment of protected patient information electronically
- Hospital Notifications
 - Providers, CCOs, plans receive notifications about hospital events for patients, prepare treatment plans for high-utilizers
- Provider Directory and Patient Attribution
 - Locate and communicate with other providers across all care settings
 - Coordinate care with patient's other providers across all care settings
- Medicaid: Clinical quality metrics and technical assistance

Staffing

- CareAccord® Director
 - Britteny Matero, started Monday, March 3rd
- Implementation Director
 - Ongoing position posted
 - Terry Bequette, to start soon as consultant to fill the role temporarily

CMS Approvals

Received informal approval on 2/27 with the expectation of formal approval shortly for both:

- IAPD-U – combined to include
 - staff and consultants
 - Phase 1.5 TA services for MU provider types
- SMHP-U – HIT/HIE Roadmap

Hospital Notifications

- Emergency Department Information Exchange rollout
 - Led by Oregon Health Leadership Council (OHLC), with partners including OHA, OAHHS, and others
 - Providing care summaries/guidelines to ED providers for high-ED-utilizing patients
 - 22 Oregon hospitals live by April, all 59 hospitals expected to go live by November
 - Operations committee considering rollout to community providers
- OHLC exploring full hospital notifications “utility” model with stakeholders
- OHA committed to statewide hospital notifications for Phase 1.5 – participating in OHLC planning efforts while working with CCOs

Provider Directory

- Generally
 - A provider directory is a resource for provider information including demographics, addresses, HIE “addresses,” affiliations to practice settings/plans/etc.
- More specifically, Oregon’s Provider Directory will:
 - Support analytics used by OHA, health providers and systems, Coordinated Care Organizations (CCO), and health plans that rely on attributing providers to practice settings
 - Enable the exchange of patient health information across different organizations and technologies by providing HIE addresses
 - Provide efficiencies for operations, oversight, and quality reporting
 - Leverage common credentialing efforts and emerging provider directory standards



Provider Directory Activities

Subject matter expert workgroup

- First meeting – February 19, 2014
- Five, three-hour public-meetings scheduled between Feb - May
- 12 total members – non-vendors
- Expectation – provide guidance on provider directory scope and functions to inform the RFP

Engage internal OHA departments

- Conduct needs analysis; understand gaps in MMIS (starting in March)

Procurement (RFP) and federal funding requests (I-APD)

- June 2014

Break

Statewide Direct Secure Messaging Plan

March 6, 2014





Oregon's Statewide Goal and Strategies for DSM

GOAL: Providers have access to meaningful, timely, relevant and actionable patient information at the point of care.

Support Community and Organizational HIT/HIE Efforts:

- Promoting EHR adoption and Meaningful Use
- **Promoting statewide Direct secure messaging**
- Providing guidance, information, and technical assistance

Achieving statewide HIT/HIE Direct secure messaging:

- Through a combination of efforts by
 - Providers, hospitals, health systems,
 - Community and organizational HIEs, and
 - State-level efforts, including CareAccord

Discussion Points

Elements for achieving statewide Direct secure messaging in Oregon

1. A Health Information Service Provider (HISP) is needed to communicate with providers outside an organization/EHR
 - a. To meet Stage 2 Meaningful Use, EHRs must integrate a HISP to send and receive Direct secure messages
 - b. HISPs with web portal access (such as CareAccord) allow providers without an EHR to communicate using Direct secure messaging
2. Participation in a Trust Community is needed to connect with providers participating in a different HISP
3. Direct secure message addresses must be known or made available
4. Efforts to ensure/facilitate use are needed, such as communication, support, and demonstration of uses

Federal Policy Levers for DSM

2014 cEHRt requires Direct secure messaging capability

Stage 2 Meaningful Use

- EH Objective 6 - View, Download, Transmit (2 measures)
 - Measure 2:
 - More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.
- EP Objective 7 - View, Download, Transmit (2 measures)
 - Measure 2:
 - More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

Federal Policy Levers for DSM

Stage 2 Meaningful Use (continued)

- EH Objective 12/EP Objective 15 - Summary of Care (3 measures)
 - Measure 2:
 - The eligible hospital or CAH/eligible professional that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either ***(a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.***
 - EP and EH Measure 3:
 - ***Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified.***



State Policy Levers

- CCO Contracts and Technology Plans; PEBB RFP
 - Support and facilitate EHR adoption, HIE
 - Environmental scan, plan to address gaps
- Oregon's Patient-Centered Primary Care Home 2014 Recognition Criteria
 - Optional standards allow clinics to accumulate points towards a total that determines their overall tier of PCPCH recognition
 - Optional Standard 4.D: Clinical Information Exchange (15 points)
 - *PCPCH shares clinical information electronically in real time with other providers and care entities (electronic health information exchange)*

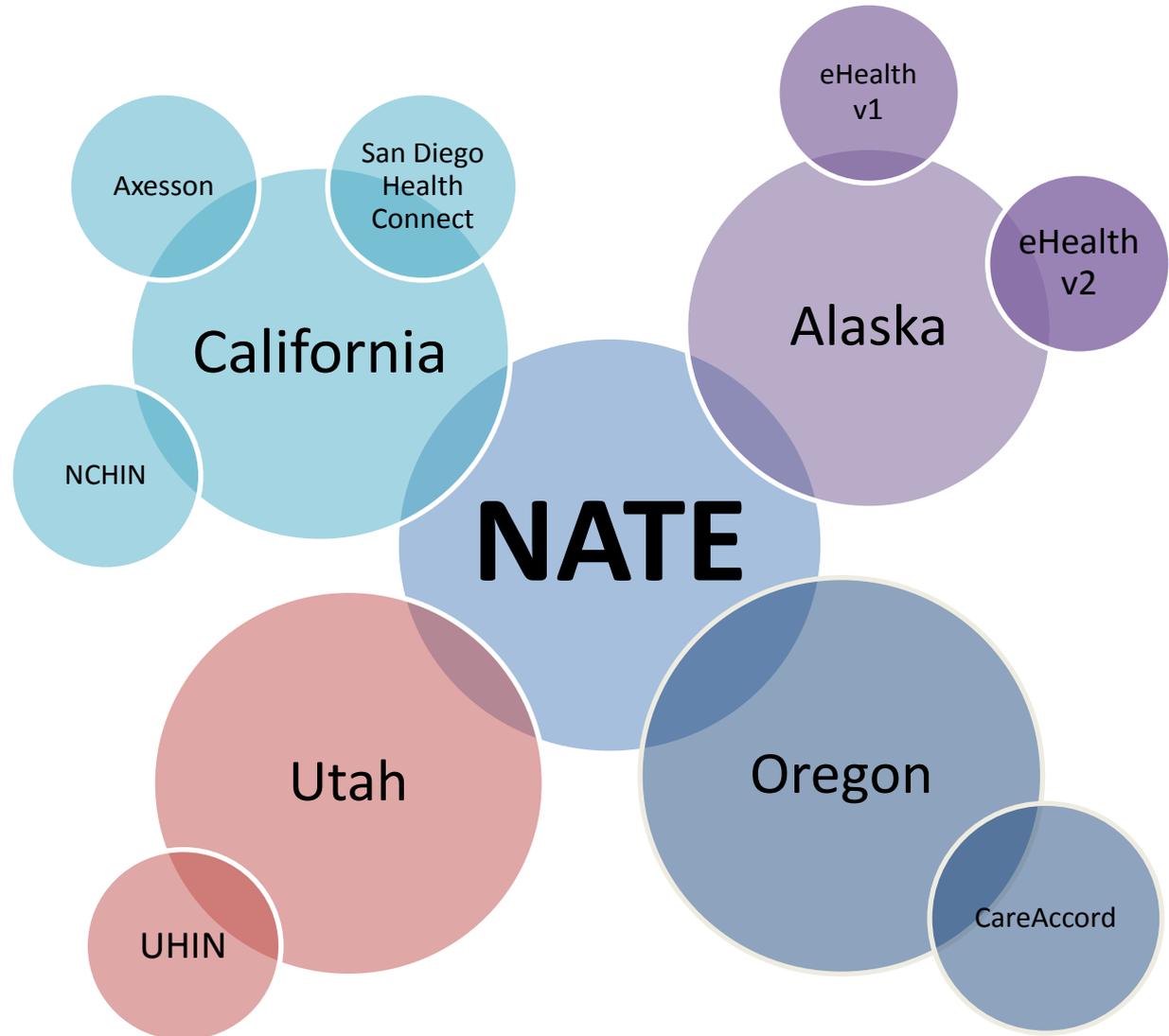
Trust Communities

- **Trust Communities** are formed by organizations voluntarily electing to follow a common set of policies and processes related to health information exchange.
- A **Trust Community Profile** is a specific set of policies and processes enforced on selected organizations that wish to voluntarily conform to them. Trust Community Profiles are intended to be transparent and open to public view.
- A **Trust Bundle** is a collection of trust anchors (those high level digital certificates utilized to establish initial trust during Direct exchange, as opposed to end-entity Direct certificates) that meet a common set of minimum policy requirements within a Trust Community Profile.

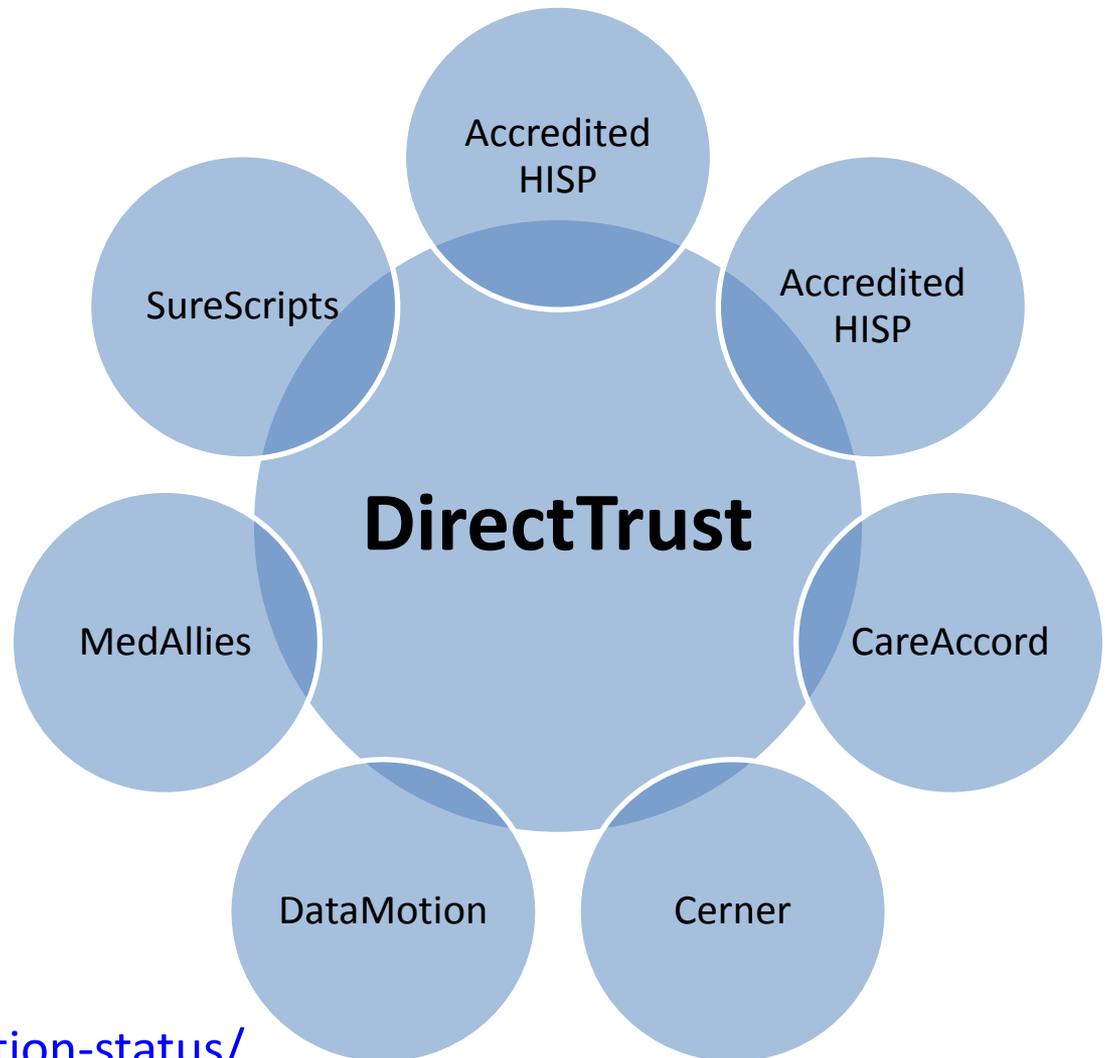
NATE Trust Community

**National Association
for Trusted Exchange
(NATE)**

<http://nate-trust.org/>



DirectTrust Trust Community



DirectTrust

www.directtrust.org/accreditation-status/

DirectTrust Full Accreditation

DirectTrust
EHNAC
ACCREDITED
DTAAP CA

DirectTrust
EHNAC
ACCREDITED
DTAAP RA

DirectTrust
EHNAC
ACCREDITED
DTAAP HISP



DirectTrust Candidate for Accreditation

 
<p>CANDIDATE DTAAP CA</p>
 
<p>CANDIDATE DTAAP RA</p>
 
<p>CANDIDATE DTAAP HISP</p>



CareAccord

- Based out of the Oregon Health Authority, serving **Oregon statewide**
- **Participants** include: clinics, behavioral health providers, state agencies, etc.
- Vendors: **Mirth and CareAccord (HISP)**
- **Features:**
 - Offered statewide in Oregon for free
 - Means to communicate using Direct secure messaging
 - Secure web portal, accessible via the internet by PC or mobile devices
 - Accessible to all members of a care team
 - Searchable provider directory
 - Trust communities: DirectTrust (Fully Accredited) and NATE

Bay Area Community Informatics Agency (BACIA)

- Based out of Coos Bay, serving the **Southern Oregon coast**
- **Participants** include: Bay Area Hospital; North Bend Medical Center; Bay Clinic; Southwest Oregon Independent Practice Association; and Western Oregon Advanced Health
- **Vendors:** BACIA acts as the governance and policy-making body, while technology is delivered through the hospital (via **Mobile MD**) and CCO (via **AT&T/Covisint/Milliman**)

Central Oregon Health Information Exchange

- Based out of Bend, serving **Central Oregon**
- **Participants** include: hospitals, labs, x-ray facilities, and the majority of clinics in the Bend area
- Vendor: **Relay Health**

Gorge Health Connect

- Based out of The Dalles, serving the **greater Mid-Columbia River Gorge region**, and supplying Jefferson HIE subscribers with Direct secure messaging services and referrals
- **Participants** include: Mid-Columbia Medical Center and Clinics, North Central Public Health, Gorge Urology, Mid-Columbia Surgical Specialists.
- Vendor: **Medicity**

Jefferson Health Information Exchange (JHIE)

- Based out of Medford, serving **Southern Oregon**
- **Participants** include investments from all four CCOs in the region, Asante Health System, Providence Medford Medical Center, Sky Lakes Medical Center, Mid Rogue IPA and PrimeCare
- Vendor: **Medicity**

Top EHRs used by Oregon EHR Incentive Recipients

EHR	2014 cEHRt	Likely HISP
Epic	✓	<i>SureScripts^(F), MedAllies^(F), DataMotion^(F)</i>
Cerner Corporation	✓	<i>Cerner^(F)</i>
GE Healthcare	✓	<i>SureScripts^(F), MedAllies^(F)</i>
NextGen	✓	<i>SureScripts^(F), MedAllies^(F)</i>
Allscripts	✓	<i>MedAllies^(F), dbMotion</i>
AthenaClinicals	✓	<i>AthenaHealth^(C)</i>
eClinicalWorks	✓	<i>eClinicalWorks</i>
Vitera Healthcare Solutions	✓	<i>SureScripts^(F)</i>
Greenway (Primesuite)	✓	<i>Surescripts^(F)</i>
Siemens Medical Solutions USA Inc.	✓	<i>MedAllies^(F),</i>
Meditech	✓	<i>SureScripts^(F), MedAllies^(F), DataMotion^(F)</i>
SuccessEHS (Vitera)	✓	<i>DataMotion^(F)</i>
Medical Informatics Engineering	✓	
Computer Programs and Systems, Inc. (CPSI)	✓	
McKesson	✓	
Healthcare Management Solutions	✓	
Healthland, Inc.		
Outcome Sciences, Inc.		

(F) = DirectTrust Full Accreditation

(C) = DirectTrust Candidate for Accreditation

OHA's Statewide DSM Efforts

- CareAccord –
 - Target outreach to care team members without options locally or within their EHR
 - Pilot CareAccord HISP integration into an EHR
- Facilitate access to Direct secure messaging addresses across Oregon
 - Initial statewide provider directory
- Demonstrate value of Direct secure messaging:
 - Work with providers, CCOs, local HIEs and others to test Direct and promote use of accredited HISPs
 - Track and report on use of Direct secure messaging
 - PHR pilot with NATE and CareAccord

Discussion Points

Elements for achieving statewide Direct secure messaging in Oregon

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Personal Health Record Pilot

March 6, 2014



PHR Ignite Pilot

Pilot Background

NATE executed pilot under the State Health Policy Consortium funded by the ONC.

Purpose

- Enable the wider use of PHRs as a vehicle to exchange data between patients and providers.
- Explore and implement use cases, data flows and required mechanisms to facilitate bi-directional sharing of data between the provider and a PHR.

Participants

Oregon, Alaska, California, and three personal health record (PHR) vendors.

PHR Ignite Pilot

- **Pilot Deliverables:**

- ✓ Identify and establish minimum technical, security and privacy requirements for PHRs participating in the pilot
- ✓ Develop a trust mechanism known as a “trust bundle” to facilitate the determination of trust on the part of NATE participants interested in either sending and/or receiving information to/from a PHR source
- ✓ Identify and support PHR vendors and providers as they provide consumers with access to their data via Direct-enable exchange.

PHR Ignite Pilot- Oregon

Use Case:

- Pediatric Patient Centered Primary Care Home tested sending and receiving health information using Allscripts EHR and the patients free personal health record Microsoft HealthVault.

Outcome and Key Challenges

- Interoperability between CareAccord and the patient's PHR was achieved seamlessly.
- System (EHR) and data interoperability problematic
- EHR system created CCD in a format that could not be imported seamlessly into the patient's PHR.

Policy solutions and implications

- Policy issues were not specifically addressed
- Pilot limited to a certified PCPCH, policy examination and development may be needed to address concerns of patient access and exchange of data in other care settings

Public Comment

March 6, 2014

