Health Information Technology Oversight Council

March 5, 2015

Oregon Health Authority

Agenda

1:00- **Welcome, Opening Comments**– Greg Fraser

1:05- **Goals and Meeting Overview** – Susan Otter

1:10- **Featured Topic: ONC Strategic Vision for Interoperability** – Erica Galvez, Hunt Blair, Patricia MacTaggart, Invited Panel

3:00- **Break**

3:15- **HITOC Business, Minutes Approval** – Greg Fraser

3:20- **Legislation Update** – Susan Otter

3:40- **ONC Interoperability Cooperative Agreement** – Susan Otter

4:00- **June 2015 HITOC Meeting & Other Updates**– Susan Otter

4:15- **Public Comment and Closing Remarks** – Greg Fraser

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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.

Featured Topic: ONC Strategic Vision for Interoperability

March 5, 2015

1. Sharing Patient Information Across Care Team

2. Using Aggregated Data for System Improvement

3. Patient Access to Their Own Health Information

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Objectives for Today

- Provide HITOC and stakeholders with an introduction to the Draft National Interoperability Roadmap
- Learn about real-world interoperability in Oregon to inform our efforts and HITOC
  - including what's working, where are there challenges, and identify opportunities for improvement

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Discussion

- Overview of the draft Shared National Interoperability Roadmap

  Erica Galvez, Interoperability Portfolio Manager at Office of the National Coordinator for Health IT (ONC)
- Oregon alignment to the National Interoperability Roadmap

  Susan Otter, Director of Health Information Technology, OHA
- Interoperability panel presents on real-world experience in Oregon

  Interoperability panel discussion
- In-depth discussion on Interoperability Roadmap focus areas

  Hunt Blair, ONC HIT-enabled Care Transformation SME

  Interoperability panel discussion

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Overview of the Draft Shared National Interoperability Roadmap

Erica Galvez, Interoperability Portfolio Manager at Office of the National Coordinator for Health IT

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Shared Nationwide Interoperability Roadmap

Overview of the Process and Timeline

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Initial roadmap development

- Online community forum
- Listening sessions
- Experts convened
- Federal workgroups
- State engagement
- FACA workgroups and joint meeting

Oct 2014

FACA review and recommendations

- HITPC interoperability and HIE workgroup recommendations including governance subgroup, and JASON task force
- Governance and business environment reports
- Additional community input

Jan 2015

Roadmap released for public comment

- Update based on public input
- FACA review

Q2/Q3 2015

Nationwide Interoperability Roadmap Version 1.0

Why Interoperability?

- Significant progress in digitizing the care experience
- Consumers increasingly expect and demand real-time access to their electronic health information
- Evolving delivery and payment models are not only driving appropriate data sharing, but depend on it
- Successes and promising practices exist and can be built on
- Technology is rapidly evolving
- Opportunities to improve care and advance science in a learning health system environment demand rapid action

DRAFT Shared Nationwide Interoperability Roadmap - Version 0.5

The Vision

2015 - 2017	2018 - 2020	2021 - 2024
Nationwide ability to send, receive, find, use a common clinical data set	Expand interoperable data, users, sophistication, scale	Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

Principle-based Interoperability

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- BUILD UPON EXISTING HEALTH IT INFRASTRUCTURE
- MAINTAIN MODULARITY
- ONE SIZE DOES NOT FIT ALL
- CONSIDER THE CURRENT ENVIRONMENT AND SUPPORT MULTIPLE LEVELS OF ADVANCEMENT
- EMPOWER INDIVIDUALS
- SIMPLIFY
- PROTECT PRIVACY AND SECURITY IN ALL ASPECTS OF INTEROPERABILITY
- LEVERAGE THE MARKET
- FOCUS ON VALUE
- SCALABILITY AND UNIVERSAL ACCESS

Functional and Business Requirements for a Learning Health System

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Core technical standards and functions

1. Consistent data formats and semantics
2. Consistent, secure transport technique(s)
3. Standard, secure services
4. Accurate identity matching
5. Reliable resource location

Certification to support adoption and optimization of health IT products and services

6. Stakeholder assurance that health IT is interoperable

Privacy and security protections for health information

7. Ubiquitous, secure network infrastructure
8. Verifiable identity and authentication of all participants
9. Consistent representation of permission to collect, share, and use identifiable health information
10. Consistent representation of authorization to access health information

Supportive business, clinical, cultural, and regulatory environments

11. A supportive business and regulatory environment that encourages interoperability
12. Individuals are empowered to be active managers of their health
13. Care providers partner with individuals to deliver high value care

Rules of engagement and governance

14. Shared governance of policy and standards that enable interoperability

Shared Nationwide Interoperability Roadmap
Critical Actions for States

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Category	2015-2017 Send, receive, find and use a common clinical data set to improve health and health care quality	2018-2020 Expand interoperable health IT and users to improve health and lower cost	2021-2024 Achieve a nationwide learning health system
B1. Federal Actions	1. CMS will aim to administer 30% of all Medicare payments to providers through alternative payment models that reward quality and value, rather than volume, by the end of 2016. Alternative payment models may increasingly require a baseline level of health IT adoption or other provisions reinforcing interoperability. 2. Federal agencies will begin to incorporate technical standards and certification requirements in new grants and contracts that fund health IT adoption and Medicaid financing of IT systems. 3. CMS will encourage states to emphasize provider networks' health IT adoption and interoperability to support care coordination as a component of state oversight of Medicaid Managed Care required quality strategies, performance measurement reporting, etc. 4. ONC will reinforce the ability of individuals and providers across the care continuum to send, receive, find and use a common clinical data set through its funding programs.	1. CMS will aim to administer 90% of remaining fee-for-service Medicare payments with a tie to quality or value, including aligned e-clinical quality measures reported from certified health IT by the end of 2018. 2. CMS will aim to administer 50% of all Medicare payments to providers through alternative payment models that reward quality and value by the end of 2018. Value based payment will foster standards based-exchange to support care coordination and quality improvement. 3. The federal government reinforces safe transitions of care facilitated by the timely electronic exchange of necessary, standardized clinical data by considering new Conditions of Participation, and/or guidance through surveys and certification. 4. A significant portion of active federal grants and contracts that include provisions related to health IT adoption and exchange align with national standards for health IT.	1. Federal government will use value-based payment models as the dominant mode of payment for providers and require use of interoperable health IT tools. 2. Through conditions of participation in Medicare, the federal government recognizes use of interoperable health IT and standards-based exchange consistent with clinical and safety statutory requirements.. 3. Purchasers, including the federal government, include consistent requirements around health IT adoption and health information exchange use among contracted plans' network providers in a manner that does not limit competition.

Calls to Action—Federal 2015-2017

1. CMS will aim to administer 30% of all Medicare payments to providers through alternative payment models that reward quality and value, rather than volume, by the end of 2016. Alternative payment models may increasingly require a baseline level of health IT adoption or other provisions reinforcing interoperability.
2. Federal agencies will begin to incorporate technical standards and certification requirements in new grants and contracts that fund health IT adoption and Medicaid financing of IT systems.
3. CMS will encourage states to emphasize provider networks‘ health IT adoption and interoperability to support care coordination as a component of state oversight of Medicaid Managed Care required quality strategies, performance measurement reporting, etc.
4. ONC will reinforce the ability of individuals and providers across the care continuum to send, receive, find and use a common clinical data set through its funding programs.

Calls to Action—Federal 2018-2020

5. CMS will aim to administer 90% of fee-for-service Medicare payments with a tie to quality or value, including aligned eClinical Quality Measures reported from certified health IT by the end of 2018.
6. CMS will aim to administer 50% of all Medicare payments to providers through alternative payment models that reward quality and value by the end of 2018. Value based payment will foster standards based exchange to support care coordination and quality improvement.
7. The federal government reinforces safe transitions of care facilitated by the timely electronic exchange of necessary, standardized clinical data by considering new Conditions of Participation and/or guidance through surveys and certification.
8. A significant portion of active federal grants and contracts that include provisions related to health IT adoption and exchange align with national standards for health IT.

Calls to Action—Federal 2021-2024

9. Federal government will use value-based payment models as the dominant mode of payment for providers and require use of interoperable health IT tools.

10. Through conditions of participation in Medicare, the federal government recognizes use of interoperable health IT and standards-based exchange consistent with clinical and safety statutory requirements.

11. Purchasers, including the federal government, include consistent requirements around health IT adoption and health information exchange use among contracted plans' network providers in a manner that does not limit competition.

Shared Nationwide Interoperability Roadmap
Critical Actions for States

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Category	2015-2017 Send, receive, find and use a common clinical data set to improve health and health care quality	2018-2020 Expand interoperable health IT and users to improve health and lower cost	2021-2024 Achieve a nationwide learning health system
B2. State Actions	1. Call to action: All states should have an interoperability roadmap articulated in their health-related strategic plans (including their Annual State Medicaid Health IT Plan). 2. Call to action: All states should take appropriate steps to implement policies that are in alignment to the national, multi-stakeholder approach to coordinated governance for interoperability. 3. Call to action: Roughly half of states should have proposed and/or implemented strategies to leverage Medicaid financial support for interoperability. 4. Call to action: Roughly half of states should enact state-autonomous policies to advance interoperability that go beyond their current efforts. 5. Call to action: All states should utilize health homes or other new models of care and payment to integrate behavioral health with physical health and incentivize health information exchange.	1. Call to action: States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange in required quality strategies, performance measurement reporting, etc. 2. Call to action: States should implement models for multi-payer payment and health care delivery system reform. 3. Call to action: A majority of states should act upon Medicaid financial support opportunities for interoperability and exchange. 4. Call to action: The vast majority of states should enact state-autonomous policies to support interoperability.	1. Call to action: All states should use initiatives around value-based arrangements under Medicaid to provide electronic tools to improve care coordination and deliver quality improvement data to providers.

Calls to Action—State 2015-2017

1. All states should have an interoperability roadmap articulated in their health-related strategic plans (including their Annual Medicaid Health IT Plan).
2. All states should take appropriate steps to implement policies that are in alignment to the national, multi-stakeholder approach to coordinated governance for interoperability.
3. Roughly half of states should have proposed and/or implemented strategies to leverage Medicaid financial support for interoperability.
4. Roughly half of states should enact state-autonomous policies to advance interoperability that go beyond their current efforts.
5. All states should utilize health homes or other new models of care and payment to integrate behavioral health with physical health and incentivize health information exchange.

Calls to Action—State 2018-2020

6. States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange in required quality strategies, performance measurement reporting, etc.

6. States should implement models for multipayer payment and health care delivery system reform.

6. A majority of states should act upon Medicaid financial support opportunities for interoperability and exchange.

6. The vast majority of states should enact state-autonomous policies to support interoperability.

Calls to Action—State 2021-2024

10. All states should use initiatives around value-based arrangements under Medicaid to provide electronic tools to improve care coordination and deliver quality improvement data to providers.

Tracking Progress and Measuring Success

- **Core set of measures** to monitor progress over time
- **Granular measures** for fine-tuning building blocks/ programs
- **Mechanisms and levers** to collect data across various stakeholders

"Capabilty to Exchange in an Interoperable Manner" through increased adoption of critical infrastructure, standards, services, and policies

"Information Flow and Usage" so that essential health information follows the individual across the care continuum regardless of system, organization or geographic boundaries

"Impacts" on key processes that enable improved health and health care

Feedback loop to refine building blocks over time & share data/lesson learned across ecosystem

Oregon Alignment with Shared Nationwide Interoperability Roadmap

Susan Otter, Director

Office of Health Information Technology

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Oregon and Roadmap Synergies

Component	Oregon Goals	National Roadmap
Provider	Providers have access to the right patient information to coordinate and deliver "whole person" care.	Evolving delivery models are not only driving appropriate data sharing, but dependent on it
Health System	Systems effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.	Learning health system environment demands rapid actions and smarter spending
Patients	Individuals access their clinical information and use it as a tool to improve their health and engage with their providers.	Consumers increasingly expect and demand real-time access to their electronic health information

State Call to Action/Oregon Alignment

Call to Action	Oregon Progress
Interoperability roadmap articulated in health-related strategic plans. *(2015-2017)*	• Business Plan 2014-2017 • State Medicaid HIT Plan (update coming)
Proposed and/or implemented strategies to leverage Medicaid financial support for interoperability *(2015-2017)* and exchange. *(2018-2020)*	• Leveraged Medicaid funds
Utilize health homes or other new models of care and payment to integrate behavioral health with physical health and incentivize health information exchange. *(2015-2017)*	• Patient Centered Primary Care Homes (PCPCH) • Behavioral Health in Coordinated Care Organizations (CCO)
Implement models for multi-payer payment and health care delivery system reform *(2018-2020)*	• Public Employees' Benefit Board (PEBB), Oregon Educators' Benefit Board (OEBB), CCO, PCPCH

Calls to Action for Oregon Consideration

Call to Action
Enact state-autonomous policies to advance interoperability that go beyond their current efforts. *(2015-2017)*
Take appropriate steps to implement policies in alignment to the national, multi-stakeholder approach to coordinated governance for interoperability. *(2015-2017)*
States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange in required quality strategies, etc *(2018-2020)*
Use initiatives around value-based arrangements under Medicaid to provide electronic tools to improve care coordination and deliver quality improvement data to providers. *(2021-2024)*

Interoperability Perspectives from Oregon

Panelists:
Gina Bianco, Jefferson HIE
Pat Bracknell, Central Oregon HIE
Chris Diaz, Family Care CCO
Klint Peterson, Samaritan Health Services
Sonney Sapra, Tuality

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Real-World Interoperability in Oregon
(Panel Discussion)

- What's working? (Successes)
- What's not? (Challenges)
- Opportunities for improving interoperability (What needs to happen?)

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Shared Nationwide Interoperability Roadmap In-depth Discussion

Hunt Blair, ONC Contractor/HIT-enabled Care Transformation SME

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Shared Nationwide Interoperability Roadmap Focus Areas

Core Technical Standards and Functions

Certification and Testing to Support Adoption and Optimization of Health IT Products and Services

Core Technical Standards and Functions

Health Information must be properly standardized, packaged, and securely transported in order for meaning to be retained across systems and to be parsed and displayed in useful ways.

Topics addressed in this section of the roadmap:

- Consistent data formats and semantics
- Consistent, secure transport techniques
- Secure, standard services
- Accurate individual data matching
- Reliable resource location

Core Technical Standards and Functions

Technical Standards:

- **ONC:** publish annual list of best available technical standards for core interoperability functions
  - 2015 Interoperability Standards Advisory

- **Stakeholders broadly**:
  - Tightly define a common clinical data set
  - Consolidated clinical document architecture (C-CDA)
  - data provenance *(process of tracing and recording the origins of data and its movement between databases)*
  - Representational State Transfer Application Program Interface (RESTful APIs) *(A method of allowing communication between a Web-based client and server that employs representational state transfer (REST) constraints.)*

Individual Data Matching:

- **Standards development organizations (SDOs) and stakeholders:** standardize the minimum individual attributes to be used for matching

Certification and Testing to Support Adoption and Optimization of Health IT Products and Services

Stakeholders who purchase and use health IT need reasonable assurance that what they are purchasing is interoperable with other systems. Certification is designed to provide confidence to stakeholders without the expertise to individually evaluate whether a product meets specific requirements.

- **Topics addressed in this section of the roadmap:**
  - Certification
  - Ongoing testing

Certification and Testing to Support Adoption and Optimization of Health IT Products and Services

- **ONC:** improve rigor of certification program and reach to health IT used in additional care settings
- **ONC and federal partners:** Continue to develop and provide testing tools for ONC HIT certification program
- **Stakeholders broadly:**
  - Accelerate suite of testing tools that can be used pre and post-implementation
  - Help identify gaps and provide feedback to ONC regarding certification criteria

Panel Discussion and Feedback

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Privacy and Security Protections for Health Information

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Privacy and Security Protections for Health Information

Permission to Collect, Use, and Disclose Identifiable Health Information:

- Legal requirements for health information sharing are philosophically aligned, but differ in content across states
- Nationwide interoperability requires a consistent way to represent an individual's permission to collect, share, and use their individually identifiable health information
- Software systems need to capture and persist both written individual permission and what is permitted without written individual permission (computable privacy)

Other topics addressed in this section of the roadmap:

- Ubiquitous, secure network infrastructure
- Verifiable identity and authentication of all participants
- Consistent representation of authorization to access data or services

Privacy and Security Protections for Health Information

- **OCR and ONC:** Educate stakeholders on current federal laws

- **Federal and state govt:** Reach consensus on what is permissible to exchange (use & disclosure) for Treatment, Payment, and Operations (TPO) without consent for information that is regulated by HIPAA (referred to as "background rules" in the roadmap)
  - Standardize existing laws pertaining to "sensitive" health information, so that laws mean the same thing in all U.S. jurisdictions, without undermining the privacy protections individuals have today

- **Stakeholders broadly:** Align organizational policies for information sharing regulated by HIPAA with HIPAA permitted uses and disclosures for TPO, and actively share health information in accordance with the law

Supportive Business, Clinical, Cultural, and Regulatory Environments

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Supportive Business, Clinical, Cultural, and Regulatory Environments

Supportive Business and Regulatory Environment:

- New models of care reward providers for outcomes, help create an environment where interoperability makes business sense
  - HHS announcement: 30 percent Medicare fee-for-service payments in alternative payment models by the end of 2016
    - 50 percent of payments by the end of 2018
    - 90 percent tied to quality by 2018
  - Requirements for participants in these new models can reinforce interoperability

Other topics addressed in this section of the roadmap:

- Individuals are empowered to be active managers of their health
- Care providers partner with individuals to deliver high value care

Supportive Business, Clinical, Cultural, and Regulatory Environments

- **Federal govt:** Link policy and funding activities beyond Meaningful Use (MU) to adoption and use of certified health IT and electronic information sharing according to national standards
  - Example of current: Department of Defense Electronic Health Record Request For Proposals
  - Example for the future: CMS conditions of participation

- **State govt:** "call to action" to use available levers and Medicaid purchasing power to expand upon existing efforts to support interoperability and explore new options

- **Non govt payers/purchasers:** "call to action" to explore financial incentives and other ways to emphasize the interoperable exchange of health information among provider networks

Rules of Engagement and Governance

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Rules of Engagement and Governance

- Proliferation of data sharing arrangements has created many different processes and rules for interoperability that do not facilitate interoperability nationwide

- Achieving nationwide interoperability will require a single governance framework and process to facilitate trust and agreement on policy, operation, and standards issues

- Governance framework and associated rules of the road should address:
  - Policy
  - Operations
  - Standards

Rules of Engagement and Governance

- **ONC:** establish a common governance **framework** with rules of the road for interoperability of a common clinical data set
- **ONC:** identify a process for recognizing organizations that comply with the rules of the road
  - Evaluating regulatory and certification options
- **Public and Private Stakeholders**: establish a single coordinated governance **process**

2015 ONC Standards Advisory

- Focus: Clinical health information technology (IT) interoperability.
- Purpose of the Advisory:
  - Prompt dialogue, debate, and consensus among industry stakeholders when more than one standard or implementation specification could be listed as the best available
  - Provide greater certainty and clarity on areas where widespread consensus exists
  - Provide the industry with a single, public list of the standards and implementation specifications that can best be used to achieve a specific clinical health information interoperability purpose.

- ONC plans to update the Standards Advisory annually
- Draft available for public comment at http://www.healthit.gov/standards-advisory , due May 1, 2015

Discussion

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Next steps: Comment on Interoperability Roadmap

- OHA preparing comments
- Stakeholder input for OHA comments invited; Send your comments by March 31st to:
  - Kristin Bork, Office of Health Information Technology, OHA, kristin.m.bork@state.or.us
- Final OHA comments will be made available by June HITOC meeting

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Resources for Public Comment

- Shared Nationwide Interoperability Roadmap:
  - http://www.healthit.gov/sites/default/files/nationwide-interoperability-roadmap-draft-version-1.0.pdf
- Comments can be uploaded:
  - http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments
- Quick reference:
  - http://www.healthit.gov/sites/default/files/Roadmap_Fact_Sheet.pdf
- *Final date for comments:*
  - *Roadmap: April 3, 2015 5pm EST/2pm PST*
  - *Standards Advisory: May 1, 2015 5pm EST/2pm PST*

Break

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HITOC Business

March 5, 2015

1. Sharing Patient Information Across Care Team

2. Using Aggregated Data for System Improvement

3. Patient Access to Their Own Health Information

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Legislation Update

March 5, 2015

1. Sharing Patient Information Across Care Team

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HIT Legislation: House Bill 2294

Three major components:

- OHA shall establish the Oregon 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.

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Recent Legislative Activity

- February 6 – Public Hearing on HB 2294
  - 14 letters of support were provided
- February 13 – Work Session Held
  - Amendments: OHA reports to the Legislature annually on progress of the OHIT Program
- February 23 – House Floor Vote
  - Carried by Representative Lively
  - Passed: 59 Ayes, 1 Excused
- Next Step – Senate Health Care Committee

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Support from our Stakeholders

Written Testimony:

- Oregon Medical Association
- Oregon Assoc. of Hospitals & Health Systems
- Ken Carlson, MD
- Chuck Hofmann, MD
- We Can Do Better
- Cambia
- Oregon Office of Rural Health
- Health Share of Oregon
- PacificSource
- Assoc. of Oregon Community Mental Health Programs
- Asian Pacific American Network of Oregon

Oral Testimony:

- Oregon Health Policy Board
- Oregon Health Leadership Council
- Kaiser Permanente
- Providence Health & Services

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Oregon Health Policy Board Support

- Zeke Smith, Chair of OHPB, testified in support:
  - Confirmed the Board's intention to more closely align HITOC with other policy and accountability work overseen by the board
  - Affirmed the Board's commitment to broad and diverse representation on HITOC including:
    - Physicians, Hospitals, CCOs/health plans, behavioral health, consumer advocates
    - Various EHR users (Epic and non-Epic)
    - Different regions of the state

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HB 2294 Amendments

- The -1 Amendment was adopted:
  - Section 1(3) related to contracting with other HIT entities: removed language limiting scope to facilitating the exchange of information between systems
  - Section 1(8) related to procurement: tied more closely to partnerships and collaboratives, Section 1(7)
  - Added that OHA shall report to the Legislative Assembly at least annually on status of the Oregon HIT Program

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Next Steps on Legislation

- Senate Health Care Committee next
- If HB 2294 is passed:
  - Will work to establish fees for services (CareAccord, Provider Directory)
  - Anticipating HITOC move under Health Policy Board
    - Review and re-establish a charter
    - Set membership
    - Prepare to report to Board and annually to the Legislature

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ONC Interoperability Cooperative Agreement

March 5, 2015

1. Sharing Patient Information Across Care Team

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Funding Opportunity Basics

- $28M total for 10-12 grants, $1M-$3M/grant
- States or State Designated Entities only
- Awards will support 24 months of performance and grant decisions will be announced by ONC in June
- Applicant's match requirement for this program will be $1 for every $3 federal dollars (in-kind contributions allowed)

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ONC Grant Parameters

- The application will include a narrative on the approach to using the funds to increase adoption, interoperable exchange and use, and the integration of data by care providers
- Applicants should propose to target:
  - at least one EHR Incentive Program eligible provider type (physical health provider and/or Critical Access Hospital)

  AND
  - at least two non-eligible provider/entity types (e.g., behavioral health, long term care, etc.)

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Oregon Priority Areas

1. Expanding the adoption and effective use of Direct secure messaging across different types of providers and members of a patient's care team.
2. Expanding the adoption and effective use of health information exchange and interoperability of data systems for connecting physical health providers and/or Critical Access Hospitals to behavioral health and other non-physical health providers.

OHA Timeline for Proposal Preparation

- **March 4th 9:00 am**: Informational Webinar
- **March 9th**: Letters of Interest due to OHA at 10:00 am
- **March 9th-11th**: Panel to review Letters of Interest
  - HITOC volunteers?
- **March 12th**: OHA to inform prospective subgrantees who have been selected to participate in OHA's application
- **April 6th**: Full application submitted by OHA to ONC

For more information: ONC Funding Opportunity

For more information on OHA Process:

- https://healthit.oregon.gov/News/Pages/ONC-Grant-Call-For-LOI.aspx

For more information on ONC Funding Opportunity:

- http://www.grants.gov/web/grants/view-opportunity.html?oppId=272810

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June 2015 Meeting & Other Updates

March 5, 2015

1. Sharing Patient Information Across Care Team

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June HITOC Meeting

- Goals include informing and engaging a wider audience on HITOC's work; identifying potential priorities for HITOC's next focus areas
  - Looking for HITOC volunteer(s) to advise staff in planning meeting
- High level agenda:
  - Overview of HITOC and its role
  - HIT/HIE Environment in Oregon
  - Oregon's HIT/HIE Strategic Plan and Progress
  - Engage participants in discussing priorities for HITOC focus areas

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HIT/HIE Community & Organizational Panel Update

- HCOP invitations have been sent
- Broader call for nominations will be posted next week
- Nominations due to OHA by April 10th
- The first meeting is planned for May 2015
- Planning to invite HCOP members to June HITOC Meeting

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CCO Profiles Update

- 12 CCO profiles have been completed (with CCO feedback incorporated)
  - 4 still with the respective CCOs
  - 2 HIE profiles included (Jefferson HIE, Central Oregon HIE)
- The goal is to have all profiles finalized and a summary developed for HCOP meeting in May
- Will be included in June HITOC meeting

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Meaningful Use Developments

- Notice of Proposed Rule Making expected:
  - Changes to Meaningful Use Stage 2
  - Meaningful Use Stage 3
- Next step: ad hoc stakeholder meeting to review proposed rules and provide public comment

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Public Comment

March 5, 2015

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