
Health Information Technology Oversight Council

September 4, 2014



Agenda

- 1:00- **Welcome, Opening, Minutes** Greg Fraser
- 1:10- **Goals & Meeting Overview** Susan Otter
- 1:15- **OpenNotes** Amy Fellows
- 1:35- **2015 Legislation** Susan Otter
- 1:55- **CCO and Stakeholder Engagement** Susan Otter & Marta Makarushka
- 2:25- **HIT/HIE Community & Organizational Panel** Susan Otter & Marta Makarushka
- 3:00- **Break**
- 3:10- **State HIT Dashboard** Marta Makarushka
- 3:30- **OHA HIT Activity Updates** Susan Otter
- 4:15- **Public Comment**
- 4:25- **Closing Comments**

Meeting Objectives

- Presentation by OpenNotes
- Discuss HIT/HIE Community & Organizational Panel (HCOP) and Charter
- Discuss State HIT Dashboard
- OHA HIT Activity Updates

Goals of HIT-Optimized Health Care

1. Providers & Care Team

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

2. Systems & Policy

- 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. Individuals & Families

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

HITOC's Role in Achieving HIT-Optimized Health Care

Provide guidance, input and recommendations for OHA's HIT strategy, policy and planning efforts to support the 3 goals of an HIT-Optimized health care system

- Assessing the changing state and federal HIT/HIE landscape, including convening HIO Executive Panel
- Recommendations and input on legislation, policy, refining priorities, removing barriers
- Special focus on:
 - 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

OpenNotes Presentation

September 4, 2014

1. Providers & Care
Team

2. Systems & Policy

3. Individuals &
Families

OpenNotes

Health Information Technology Oversight Council

September 4, 2014

Amy Fellows, MPH



Bringing people together
to improve health care and health



What is OpenNotes?

- Patients invited to review their doctors' visit notes through secure patient portals
- Each patient notified automatically via secure e-mail message when a note has been signed...and reminded to review it before their next scheduled visit
- Research and demonstration project that started in the summer of 2010, involving more than 100 PCPs and 20,000 patients in Boston (BIDMC), rural Pennsylvania (Geisinger), and the Seattle inner city (Harborview)

Supported primarily by the Robert Wood Johnson Foundation

3 Overall Questions

- Does OpenNotes help patients become more engaged in their care?
- Is OpenNotes the straw that breaks the doctor's back?
- After living with this transparency, do patients and doctors want to continue?

Reports from Patients

Among patients with notes (visits):

- 82% of patients opened at least one of their notes
- 1-8% of patients across the 3 sites reported that the notes caused confusion, worry, or offense
- 20-42% shared notes with others

Reports from Patients

- 70-72% “taking better care of themselves”
- 77-85% “better understanding of their medical conditions”
- 76-84% “remembering the plan for their care better”
- 69-80% “better prepared for visits”
- 77-87% “more in control of their care”
- 60-78% “doing better with taking my medications as prescribed.”

Principal Concerns of 105 Participating PCPs

Impact on workflow

	Expectations (%)	Post-intervention (%)
Visits significantly longer	24	2
More time addressing patient questions outside of visits	42	3
More time writing/editing/dictating notes	39	11

...and, compared to the year preceding the intervention, the volume of electronic messages from patients did not change

The Bottom Line

For PCPs:

When offered the option of turning off open notes not one doctor asked to do so.

For Patients:

After one year,

99% of BIDMC patients

99% of GHS patients

99% of HMC patients

wanted to continue to be able to see their visit notes online.

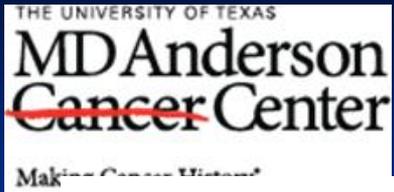
3 Overall Questions

- Does OpenNotes help patients become more engaged in their care? **YES**
- Is OpenNotes the straw that breaks the doctor's back? **NO**
- After living with this transparency, do patients and doctors want to continue? **YES, virtually 100%**

The Bottom Line for Institutions

- All 3 sites decided to expand OpenNotes
 - Geisinger and Harborview: doctors in most ambulatory practices
 - BIDMC: all clinicians who sign notes
- Also MD Anderson Cancer Center, Mayo Clinic, Veterans Administration, Group Health, Cleveland Clinic...
- More coming: toward a new standard of care...

Who Is Sharing Notes?



HIPAA Says ...

U.S. Department of Health & Human Services

HHS.gov

Improving the health, safety, and well-being of America

[HHS Home](#) | [HHS News](#) | [About HHS](#)

Health Information Privacy

Your Medical Records

The Privacy Rule gives you, with few exceptions, the right to inspect, review, and receive a copy of your medical records and billing records that are held by health plans and health care providers covered by the Privacy Rule.

Provider's Psychotherapy Notes

You do not have the right to access a provider's psychotherapy notes.

Psychotherapy notes are notes taken by a mental health professional during a conversation with the patient and kept separate from the patient's medical and billing records. The Privacy Rule also does not permit the provider to make most disclosures of psychotherapy notes about you without your authorization.

www.myopennotes.org



patients and clinicians on the same page



[What is OpenNotes?](#)

[Who Is Sharing Notes?](#)

[Toolkit](#)

[Research](#)

[News](#)

[About Us](#)

enter search terms



Why implement open notes at your institution? +



How will open notes work for your institution? +



What do open notes look like at other sites? +

*Introducing the OpenNotes Toolkit:
Tell us what you think!*



What is OpenNotes?

Sharing clinicians' notes with patients—a simple idea for better health [More >](#)



Why it Works

Patients become more actively involved in their care [More >](#)



Toolkit

Get started reading, writing and sharing notes

[More >](#)

[Find Participating Sites >](#)

NW OpenNotes Consortium*

February 2013: WCDB annual meeting--decides to adopt OpenNotes as a major initiative

June 2013: WCDB convenes meeting of Oregon's health systems, consumer groups, and policy makers

Monthly: meetings involving major health systems

September 2013: Agreement to form a consortium of health systems to collaborate together to implement OpenNotes as a community

* Support from: Cambia Health Foundation, RWJ Foundation, Consumer Reports

NW Consortium Clinical Participants

- Kaiser Permanente Northwest
- Legacy Health System (Oregon/SW Washington)
- OCHIN, Inc. (80+ clinics, 17 states)
- Oregon Health & Science University
- The Portland Clinic
- Portland VA Medical Center
- Providence Medical Group – (Oregon/SW Washington)
- Salem Health
- The Vancouver Clinic
- PeaceHealth (Oregon/Washington)
- Others

Early Adopters

- Portland VA
 - All Veterans, entire EHR since Jan 2013
- Kaiser NW
 - 500K patients on April 8, 2014
- OCHIN
 - 78 clinics, 18 states, all doctors can opt in, April 2014
- OHSU
 - All family practice patients since May 2014
- Portland Clinic
 - Clinic wide adoption August 2014
- Vancouver Clinic
 - Clinic wide adoption August 2014

Right Behind

- Legacy Health System
 - 2 Clinics piloting spring 2014
- PeaceHealth
 - Oregon clinics to adopt fall 2014/2015
- Providence
 - Implementing 2015
- Salem Health
 - 1 Clinic pilot Spring 2015
- Reaching out to other health systems in Oregon . . .

Kaiser early information on implementation

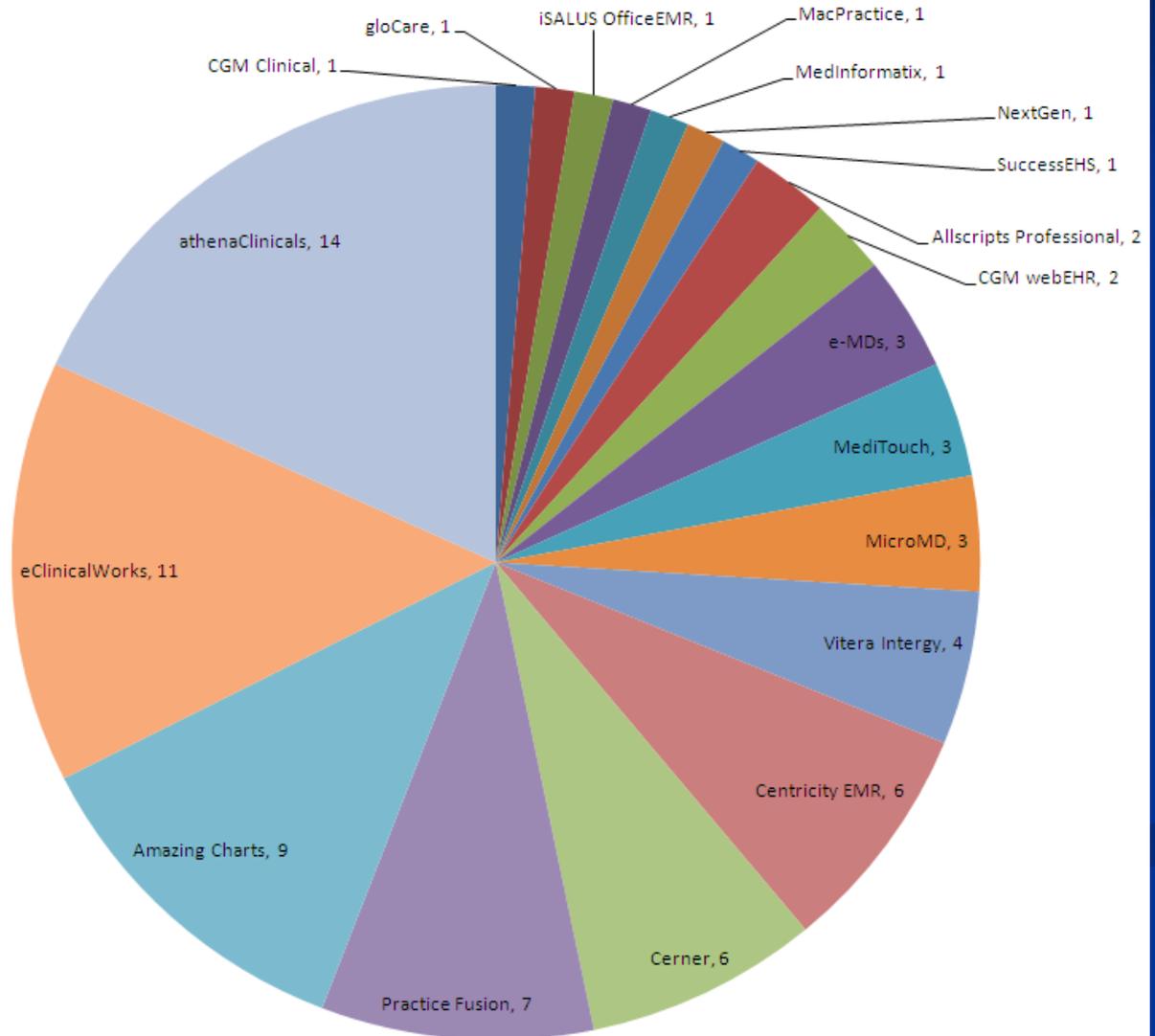
- Traffic to portal to review visit information up 400%
- MD email traffic flat
- Rare concerns from patients about care
- $\frac{1}{4}$ of 1% of notes are hidden by MDs
- Mental health providers excluded
- Adolescents (13-18) excluded
- 7,000 notes per day now available to patients.

KPNW Patient Advisory Council

- *“Having the KP.org notification that I can view my doctor’s notes on myself reminded me to have my labs drawn. It is a new schedule for lab draws that I had forgotten. I have a serious condition and this will help me do what my doctor wants me to do .”*
- *“Reviewing the notes I see why I need to lose weight. I cut the notes out of KP.org and posted in my kitchen. I DO NOT WANT TO BE A DIABETIC and this is in my face. It feels like my doctor really cares about my health, I never knew that .”*
- *“For me, the chart notes are like Paul Harvey states ' THE REST OF THE STORY ”*
- *“I told my doctor I ran every day and now I think he knows I REALLY DON'T. This may hold me more accountable to myself and my doctor “*
- *“I wanted my doctor to treat my mind, body and spirit. I am convinced that is happening based on reading the notes. ”*
- *“The total picture of my health will help me heal ”*

Vendors identified through Acumentra IPA Consortium

EHR	Count
CGM Clinical	1
gloCare	1
iSALUS OfficeEMR	1
MacPractice	1
MedInformatix	1
NextGen	1
SuccessEHS	1
Allscripts Professional	2
CGM webEHR	2
e-MDs	3
MediTouch	3
MicroMD	3
Vitera Intergy	4
Centricity EMR	6
Cerner	6
Practice Fusion	7
Amazing Charts	9
eClinicalWorks	11
athenaClinicals	14
	77



From Medscape Survey (18,000 Physicians)

Top Rated EHRs on Usefulness as a Clinical Tool

1= Poor
5=Excellent

EHRs	Appropriateness of clinical content (checklists, findings, treatments)	Ability to support your workflow	Patient service (ie, tracking patient procedure or surgery schedule)	Patient portal (features needed to work with your patients)
VA-CPRS	3.8	3.8	3.7	3.7
Nextech	3.6	3.6	3.7	3.3
e-MDs	3.5	3.6	3.4	3.2
Practice Fusion	3.5	3.6	3.3	3.6
Amazing Charts	3.5	3.6	3.1	3.0
MEDENT	3.5	3.7	3.5	3.6
Epic	3.4	3.3	3.5	3.5
athenahealth	3.4	3.4	3.5	3.6
eClinicalWorks	3.2	3.2	3.1	3.2
Centricity	3.0	3.1	2.9	2.8
Greenway	3.0	3.0	3.1	2.8
Sage	3.0	3.1	3.2	3.0
Practice Partner	2.9	3.1	2.8	2.7
Allscripts Professional	2.9	2.9	2.9	2.8
Allscripts Enterprise	2.9	2.8	2.8	2.8
Cerner	2.9	2.8	2.9	2.9
Meditech	2.7	2.6	2.7	2.7
NextGen	2.7	2.7	2.7	2.7
McKesson	2.7	2.7	2.7	2.7

The note becomes part of the treatment...

A PIECE OF MY MIND

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Let's Show Patients Their Mental Health Records

Should we health professionals encourage patients with mental illness to read their medical record notes? As electronic medical records and secure online portals proliferate, patients are gaining ready access not only to laboratory findings but also to clinicians' notes.¹ Primary care patients report that reading their doctors' notes brings many benefits including greater control over their health care, and their doctors experience surprisingly few changes in workflow.² While patients worry about electronic records and potential loss of privacy, they vote resoundingly for making their records more available to them and often to their families.³

As consumers urge that fully open medical records become the standard of care, policy makers, clinicians, and patients advocate also that mental illness gain far more attention and support.⁴ Primary care physicians and medical and surgical subspecialties have long managed many patients with mental illness, but with the exception of the Department of Veterans Affairs, most systems implementing open records continue to carve out from patients' view "behavioral health" notes written by psychiatrists, psychologists, and social workers. We believe that such exclusions are unnecessary.

Inviting patients to read what clinicians write about their findings, thoughts, and feelings can help

tendency to use 'black-or-white-thinking' in ways that make her relationships at work problematic." "Mr Smith and I continue to 'agree to disagree' about his conviction that his apartment is bugged." "Ms Williams expressed dissatisfaction with my treatment decisions quite clearly, but preferred not to talk about that today. I encouraged her to discuss our disagreements in the future."

This approach—descriptive, nonjudgmental summarizing—can help with documenting many potentially value-laden subjects. A patient's addiction to Internet pornography may be deeply troubling, and his doctor or social worker would be justifiably worried about shaming him further by documenting it. This might be noted as "Mr Martin and I continued our discussion of his addictive behavior and reviewed techniques for dealing with it." This principle can also be applied to a variety of sensitive topics, including psychodynamic issues. The medical record should offer a practical synopsis of a patient's history and treatment, but it does not need to contain an exhaustive catalog of vulnerabilities.

Caring for patients with substance abuse provides fertile ground for conflict, but here too reading the clinician's notes can help patients understand their

Summary

- OpenNotes: A national initiative working to give patients access to the visit notes written by their clinicians
- Proven benefits:
 - Patient engagement
 - Minimal physician impact
 - Cost/Benefit
- NW OpenNotes Consortium
 - First to embrace OpenNotes as a community
 - Monthly meetings – open to all health systems

So be brave!

Join the OpenNotes Movement!



ConsumerReportsHealth



www.myopennotes.org

www.wecandobetter.org/what-we-do/northwest-opennotes-consortium/

Contact:

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2015 HIT Legislation

September 4, 2014

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Team

2. Systems & Policy

3. Individuals &
Families

Legislative Concepts

- 2015 Health IT legislative concept:
 - The authority to provide statewide HIT programs beyond Medicaid/OHA programs, including charging fees to users
 - The authority to participate in partnerships or collaboratives that operate statewide HIT services
 - Updating and refining the role of HITOC

Statewide HIT Programs

- OHA has clear authority to provide HIT services that serve OHA program purposes such as Medicaid, and is implementing new services now for Medicaid including Provider Directory
- To support HIT-optimized health care, statewide HIT services must support the care that all Oregonians receive, legislation would
 - ensure OHA has explicit authority to provide HIT services statewide – expanding beyond Medicaid
 - ability to charge fees to ensure sustainability of HIT services

Statewide HIT Programs

Collaboratives and Partnerships to Deliver Statewide HIT Services:

- Legislation would allow OHA the option of entering into new or existing partnerships or collaboratives:
 - OHA can act formally (e.g., vote on a governance board) or participate financially in such a partnership or collaborative.
 - OHA can leverage federal investment to support statewide HIT/HIE initiatives.
 - OHA can elect to transition state-operated HIT services to a partnership or collaborative if needed

Updating HITOC's Role

- Much of the current HITOC statute (ORS 413.300-308) has been superseded by state and federal policies (including the 2009 ARRA/HITECH Act)
- Implications for HITOC in the pending legislation:
 - HITOC would report to the Oregon Health Policy Board, membership would be set by the Board
- Reset HITOC duties:
 - Make recommendations to the Board on HIT efforts needed to achieve goals of health system transformation
 - Monitor progress of state and local HIT efforts in achieving goals; regularly report to Board on progress in Oregon of adopting/using HIT
 - Advise Board on federal law/policy changes affecting HIT

Next Steps on Legislation

- Drafting of final bill language
- Finalizing strategy/approach to introducing bill
- Maintain current HITOC meetings while anticipating passage of the legislation, including working with the Governor's Office on filling HITOC seats in the interim

CCO & Stakeholder Engagement

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Deeper Dive Meetings with CCOs

- Objectives:
 - Identify opportunities for increasing alignment of HIT/HIE development among OHA, CCOs, and other key stakeholders
 - Assess opportunities for TA to CCOs
 - Produce CCO “HIT Profiles”
- 2-3 hour on-site meetings with each CCO
 - Half are completed; rest scheduled through Oct 1st

Deeper Dive Meeting Components

- Overview of OHA's Phase 1.5 HIT/HIE Development Strategy
- Discussion of CCO's HIT/HIE Development Strategy
- Demonstrations of HIT/HIE solutions
- TA Survey Findings and Discussion
- Gauge Interest in HIT/HIE Community and Organizational Panel

Preliminary Overview of Main Themes Emerging From Deeper Dive meetings

- CCO profiles and HIT landscape
 - Varies by community; e.g., size, member population, stage of development, HIT/HIE resource availability
 - CCOs continue making investments in HIT/HIE
- EHR adoption not the most salient barrier, rather
 - Connecting to an HIE
 - Direct secure messaging access/capability
 - Clinical Quality Measure collection and reporting
- Connecting to behavioral health is a ubiquitous challenge

Preliminary Overview of Main Themes Emerging From Deeper Dive meetings

- Consent management is a challenge
- CCO HIT/HIE investments include: health information exchange, care/case management, population management and analytics, practice management
- Some plan to: rely largely on state Phase 1.5 services, others will leverage regional initiatives or develop their own infrastructure

Preliminary Overview of Main Themes Emerging From Deeper Dive meetings

- 6 of 9 CCOs interviewed so far are leveraging regional HIEs for services including:
 - Direct secure messaging, p-to-p referral system, clinical alerts, patient search
- CQM reporting
 - Key driver for CCOs with respect to HIT efforts
 - Regional HIEs are considering filling this role
 - Difficulty getting clinical data is a common theme

Preliminary Overview of Main Themes Emerging From Deeper Dive meetings

- Final summary of gaps and opportunities across CCOs to be included in the next HITOC meeting
- Most CCOs inquired about how they compare (e.g., investments, challenges, successes) highlighting a potential role for sharing information across communities (HCOP)

Technical Assistance Needs Assessments

- Objective: Assess TA needs among Medicaid Providers
 - Identify priority TA areas and target practices
 - Will be basis for contractor work plans
- OHA distributed two questionnaires
 - CCO Questionnaire – received 12
 - Practice Questionnaire – received 86
 - Data collection ongoing

Summary of Practice-level TA Surveys

- Top areas of needs
 - Connecting to an HIE
 - Training on CQM data collection and reporting
 - Help implementing Direct secure messaging
- Assistance in these areas requested “as soon as possible” or within the next 12 months
- 23% reported obtaining TA from other sources (mostly from OCHIN)

Summary of Practice-level TA Surveys

Ways practices are participating in an HIE:

- 33% Point-to-point interfaces (e.g., hospitals)
- 29% EHR vendor-specific capabilities (e.g., Epic's CareEverywhere)
- 24% Receiving hospital notifications
- 20% Using Direct secure messaging
- 17% participating in an HIE network

HIT/HIE Community & Organizational Panel (HCOP)

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HIT/HIE Community and Organizational Panel (HCOP)

Objective:

- to facilitate communication and coordination among HIOs, CCOs, and other healthcare organizations
- provide strategic input to HITOC and OHA regarding ongoing HIT/HIE strategy, policy, and implementation efforts

HIT/HIE Community and Organizational Panel (HCOP)

Goals include:

- Identify and share best practices.
- Identify common barriers to HIT/HIE implementation progress.
- Identify opportunities for collaboration amongst entities implementing and operating HIT/HIE.
- Coordinate and communicate across organizations.
- Identify risks and challenges.

HIT/HIE Community and Organizational Panel (HCOP)

Goals include

- Identify opportunities for HITOC to consider regarding:
 - Providing guidance
 - Developing policy
 - Monitoring the environment
- Provide feedback to OHA
 - Insights regarding the current status of HIT/HIE initiatives
 - Barriers to implementation
 - Opportunities for support

HIT/HIE Community and Organizational Panel (HCOP)

Discussion points

- Membership: open or limited via nominations?
- HCOP to present HITOC with opportunities to consider or specific recommendations?
- HCOP to discuss HITOC-identified topics?

HIT/HIE Community and Organizational Panel (HCOP)

Next Steps

- Recruitment for panel
- Timing of first meeting
- Vote on approval of charter (pending requested changes)
- Schedule interim meeting to further discuss

Break

State HIT Dashboard/Report Card

September 4, 2014

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HIT/HIE Dashboard

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



Overview of Dashboard Planning Status

- In preliminary planning phase
- Framed within the 3 goals of HIT-optimized healthcare
- Using objectives/sub-objectives outlined for CMS
- Outline intended to initiate discussion regarding
 - data of interest
 - what would be helpful



Goal 1. Providers & Care Team

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

- Support & facilitate adoption and Meaningful Use of certified EHRs
- Support the goal that providers have a means to access key patient information
- Support the protection, privacy and security of shared patient information



Objective 1: Increase access to patient information to achieve statewide interoperable, secure information exchange

- Objective 1.1: Increase adoption and Meaningful Use of certified EHR technology



Medicaid EP/EH adoption/MU rates

- Rates over time
- AIU → MU
- MU for multiple years (continuous participation)



Extent of TA to Medicaid providers



Objective 1: Increase information access

- Objective 1.2: Increase providers' ability to coordinate care by increasing:

- ✓ adoption of Direct secure messaging
- ✓ access to other health information technologies

by behavioral health, dental, long-term care



Medicaid EP/EH adoption/MU rates



CareAccord subscriber rates by organization type including BH, Dental, LTC



Objective 1: Increase information access

- Objective 1.3: Increase adoption and use of Direct secure messaging that is interoperable across EHR/HISP vendors.



of community HIEs



of Oregon's health systems/providers

connected to CareAccord for interoperable Direct secure messaging



Objective 1: Increase information access

- Objective 1.4: Increase use of CareAccord Direct secure messaging services targeted to Medicaid entities, particularly those without access to EHRs and/or HISP services:



Analysis of CareAccord subscriber data and Medicaid affiliation



Objective 1: Increase information access

- Objective 1.5: Improve and accelerate sharing of patient information across community and organizational HIT efforts.
 -  EDIE participation data
 -  Hospital notifications program utilization data
 -  # of community HIEs connected to CareAccord for interoperable Direct secure messaging



Goal 2. Systems & Policy

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.



Objective 2: Improve the use of aggregated clinical data

For Medicaid and other State programs, CCOs, health plans, and other health system partners

 # of Medicaid EPs receiving incentive payments who submitted individual-level CQM data to Oregon's CQM registry

 # of Medicaid providers submitting individual-level CQM data for the CCO CQMs to Oregon's CQM registry



Goal 3. Individuals & Families

Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

Objective 3: Improve individual/family access to their meaningful health information

 Number of Oregon EPs and EAs achieving Meaningful Use Stage 2 (requires provision of online access to health information for > 50%, with >5% actually accessing)



Additional data sources

- Profiles of promising pilots
- PCPCHs meeting tier 3 requirements related to EHRs/MU
 - Use of HIE
 - Ability to aggregate/display data
- CCO data on EHR and MU related metrics
- CCO technology efforts as reported to OHA



HIT/HIE Dashboard Discussion Questions

- HIT/HIE data you would like to see incorporated into the dashboard
- Preference for dashboard format
- Frequency of dashboard “reports”
 - View some annually, some quarterly
 - Acceptable frequency?



OHA HIT Activity Updates

September 4, 2014



Changes to the EHR Incentive Program in 2014 – Final Rule

- On August 29, 2014 CMS and ONC released the final rule that gives flexibility to providers who could not implement 2014 Edition Certified EHR Technology (CEHRT) *due to delays in availability*
- Allows providers to receive meaningful use payments in program year 2014 using 2011 CEHRT
- Requires 2014 CEHRT to successfully demonstrate meaningful use in program year 2015
- Formalizes the delay of stage 3 until 2017
- Does NOT affect payments for Adopt, Implement, or Upgrade (AIU) which still requires 2014 CEHRT and does NOT change the EHR reporting periods

ONC 10-Year Interoperability Plan

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Flat File Directory Exchange
and
Direct at the National Level

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Flat File Directory Service

OHA OHIT began offering a Directory service, via flat file, of Direct addresses on July 2014.

Goals for flat file directory:

1. Expand discovery of health care professionals' Direct addresses for improved care coordination
2. Support Meaningful Use (MU) attestation around Direct secure messaging and summaries of care

Flat File Directory Participation

- The Flat File Directory had 4 organizations participate in the first exchange:

Oregon Health & Science University (OHSU)

Legacy Health Systems

Tuality Healthcare

CareAccord

- More than 2,700 Direct secure messaging addresses were included in the Flat File Directory exchange.
- As of the end of August, all participant organizations are able to send and receive Direct secure messages with each other.

Lessons Learned

- Efforts to upload the Flat File Directory varied among participants.
 - Some EHR directories require a National Provider Identifier (NPI) in order to be included.
- Several challenges were identified when Legacy and OHSU went to exchange DSM with CareAccord and Tuality:
 1. Additional steps were needed between the EHR and HISP configurations before the HISP could process DSM.
 2. It was discovered that certain EHRs will only send and receive messages with an attached, version-approved CDA (transition of care document, lab, etc.).

Lessons Learned Continued

- Confusion occurred around send/receipt notifications when CareAccord sent Direct secure messages to Legacy and OHSU. Process Notifications were received by CareAccord, but messages without a valid CDA were not received.

In Summary:

All lessons learned (and challenges revealed!) as a result of the Flat File Directory exchange are valuable.

Continued dialogue is needed between all involved: EHRs, HISPs, and health care organizations and professionals.

Next Steps for Flat File Directory

- OHIT & CareAccord continue to engage Flat File participants to resolve barriers and discuss future of statewide (and national) Direct secure messaging.
- CareAccord is reaching out to all Oregon hospitals to participate in the Flat File Directory.
- CareAccord is testing sending/receiving Direct secure messages with those whose HISPs are in candidate status.

Direct at the National Level

- Other states are seeing similar challenges with Direct resulting from:
 - MU Stage 2 EHR certification requirements versus real-world expectations.
 - Choices by some vendors to implement the minimal functionality necessary to achieve MU Stage 2 certification.
- The ecosystem as a whole is working to resolve challenges being seen in the field and to advance HIE.
 - ONC is proposing new EHR certification criteria and testing procedures.
 - The Interoperability and Health Information Exchange Subcommittee for the Health IT Policy Committee has been holding hearings for public testimony regarding the governance of health information exchange.
- Direct secure messaging continues to expand across the nation.
 - Direct Trust now has 36 HISPs accredited or in the process of accreditation.

Notifications Update

September 4, 2014

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EDIE, EDIE Plus, PreManage

Product	Data Included	Timeline	Payment Model	Who Has Access
EDIE	Emergency Department data from <ul style="list-style-type: none"> • ADT (Admit Discharge Transfer) Feed (date, location, diagnosis, meds, etc.); • care guidelines 	Implemented statewide by Nov. 2014	<ul style="list-style-type: none"> • Funded by OHA (SIM grant), OHLC and OHLC member plans. • Hospitals incurred technology implementation costs. 	Hospitals
EDIE Plus	Adds inpatient data (ADT) including discharge notes	Begins 2015, implemented statewide by end of 2015	Utility Model: costs split between: <ul style="list-style-type: none"> • hospitals • health plans/CCOs* 	Hospitals
PreManage	Leverages EDIE Plus data to make hospital event data available to plans, CCOs, providers, care team for their members or patients	2015	Subscription fee	Local HIEs Health Plans CCOs Providers

*OHA to pursue federal funding for CCO share

EDIE Implementation Status

As of August 15, 2014:

- 41 hospitals have established live feeds with EDIE (69% implemented)
- 35 hospitals are receiving notifications (59% implemented)
- 25 hospitals are sending both ED and inpatient data to EDIE (42%)

EDIE Utility Business Plan

- On July 10, 2014, the Oregon Health Leadership Council approved the EDIE Plus/PreManage Business plan:
 - The EDIE Plus utility and associated tiered financing structure
 - The governance structure
 - Locked in pricing for basic PreManage use cases
- OHA/CCO participation:
 - OHA is sponsor for EDIE Plus, provides staff support for planning process
 - CCO HIT Advisory Group provided input on Business Plan concepts
 - In July, CCO CEOs agreed that OHA should use Transformation funds and seek federal funding for EDIE Plus financing (CCO share)
 - OHA is also interested in seeking federal funding for a Medicaid subscription to PreManage and will be working with each CCO to identify their interest

EDIE Utility Governance Board

The current governance committee will 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 4 positions, all voting
- Health Plans 2 positions, all voting
- CCOs 2 positions, all voting

- CCO physician member 1 position, voting
- OHLC physician member 1 position, voting
- OCEP physician member 1 position, voting

- OAHHS (ex-officio) 1 position, voting
- OHA (ex-officio) 1 position, non-voting
- At-large community member 1 position, voting

Purchasing Options for PreManage

- Discussions with stakeholders to look at group or community purchasing of PreManage subscriptions
 - Avoid paying twice for same patients under plan and provider subscriptions
 - Coordinate provider subscriptions across payers so they can sign up for their entire panel if desired, which will support integrating notifications into their workflow
- These conversations will be important in helping OHA understand:
 - Interest in PreManage among CCOs and Medicaid providers;
 - Options for a state-level Medicaid PreManage subscription if this were to be approved by CMS

Concluding Discussion

- Feedback on OHA HIT Activities?
- Feedback on HITOC meetings
- Feedback on HITOC Monthly Updates?
- Any other suggestions?

Public Comment

September 4, 2014

