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## **HIT/HIE Community and Organizational Panel**

Office of  
Health Information Technology

September 17, 2015



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**Welcome, Introductions, Agenda  
Review**



## Agenda

- OHA Behavioral Health Information Sharing Advisory Group: Presentation and discussion
- Jefferson HIE ONC Interoperability Cooperative Agreement work
- Roundtable: Discussion of current privacy and security issues
- State Environment Overview and the Role of HITOC
- Discuss charter and role of HCOP
- Process Discussion: HCOP structure and function
- Review kickoff meeting themes
- Roundtable: Brief updates
- HCOP priority topics



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## Behavioral Health Information Sharing Advisory Group

Veronica Guerra, Policy Lead

Melissa Isavoran, Policy Lead



## Agenda Goals

- Overview of the Advisory Group
- Advisory Group work plan and timeline
- Provider survey results
- Next steps and resources

## Overview of the Advisory Group

- **Need:** Lack of understanding of Part 2 and state laws impacted CCOs' care coordination ability
- **Goal:** To develop solutions to support integrated care and enable sharing of behavioral health information between behavioral and physical health providers
- **Members/Partners:** Internal staff from across the agency (OHA, AMH, DMAP, APD, ISPO, DDS, OHIT, TC)

### Priorities:

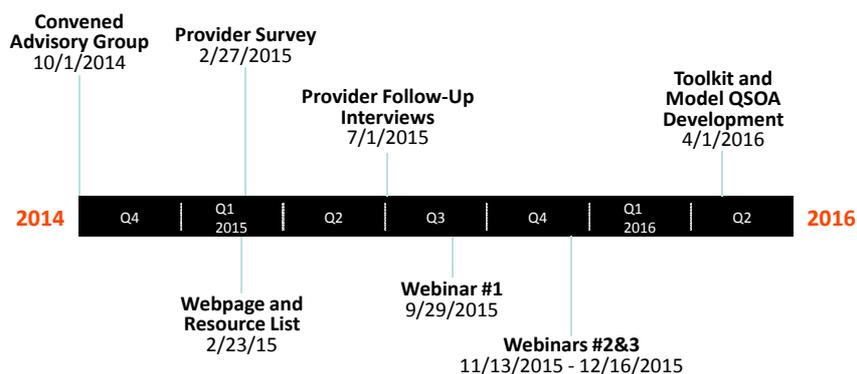
- Outreach to stakeholders
- Education
- Leverage existing IT solutions
- Develop tools to facilitate information sharing

## Advisory Group Work Plan

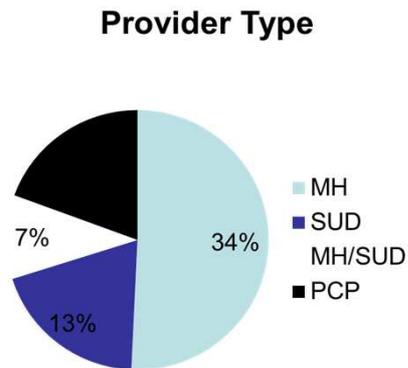
- Conduct provider survey to understand barriers to sharing behavioral health information
- Develop a webpage with resources for providers
- Conduct a webinar series
- Develop a model Qualified Service Organization Agreement for CCOs to use with Part 2 providers
- Develop a provider toolkit covering privacy laws, case studies of allowable sharing, model forms (consent and QSOA), and FAQs
- Engage federal partners in discussions about modifications to Part 2



## Timeline



## Provider Survey Results: Participants

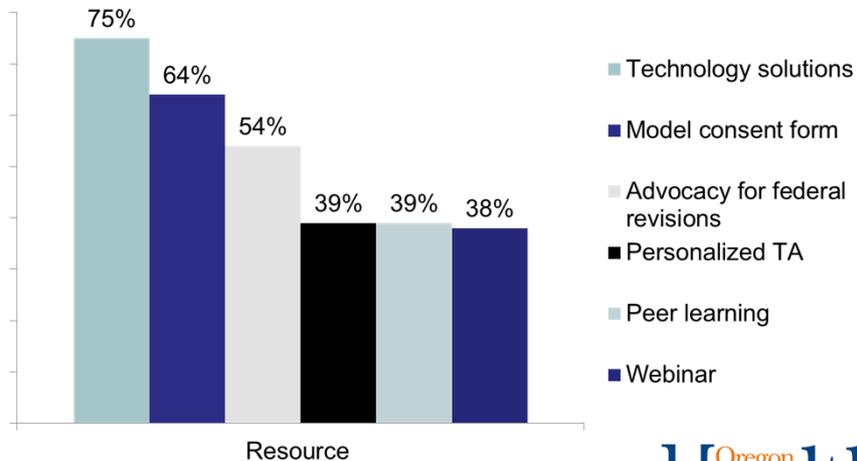


- 71% practiced in urban setting
- 76% providers within CCO network
- 63% practice in BH clinic or primary care practice with integrated BH care
- 91% exchange PHI with other providers

## Provider Survey Results: Major Barriers to Information Sharing

- 1 Confusion over compliance with state or federal laws
- 2 Concerns over privacy and confidentiality protection for patients
- 3 State or federal laws prohibit the type of sharing that is needed/wanted

## Provider Survey Results: Resources to Address Information Sharing Barriers



## Provider Survey Results: What We Learned

- Provider concerns are not specific to electronic exchange of PHI
- Solutions must account for variations across providers and systems
- Education about state and federal laws is needed

### Priorities:

- Outreach to stakeholders
- Education
- Leverage existing IT solutions
- Develop tools to facilitate information sharing

## Stakeholder Engagement

- Outreach to internal and external partners touching CCOs and providers (SUD, BH, PH)
- Collaborate on OHA and Jefferson HIE ONC grant
- Outreach to other states developing solutions to BH information sharing (e.g., RI, NY, MI)
- Engage in Part 2 discussions with federal partners
- Participate in learning collaboratives

## Website Resources

<http://www.oregon.gov/oha/amh/Pages/bh-information.aspx>

Resources available on the Behavioral Health Information Sharing Advisory Group webpage:

- Federal guidance of privacy laws (e.g., HIPAA, Part 2)
- Oregon statutes and guidance (e.g., CCO summary documents)
- Other national resources (e.g., SAMHSA reports and webinars)
- State efforts to facilitate information sharing (e.g., SHIN-NY consent form)

## Questions or feedback



Behavioral Health Information Sharing Advisory Group website:  
<http://www.oregon.gov/oha/amh/Pages/bh-information.aspx>



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## ONC Advanced HIE Cooperative Agreement Project Overview

HIT/HIE Community and  
Organizational Panel Meeting

September 17, 2015

Gina E. Bianco, MPA  
Acting Director

## Agenda

- ▶ JHIE Refresher
- ▶ ONC Grant Projects and Timeline
- ▶ Behavioral Health Information Exchange
  - Breaking down barriers
- ▶ Questions, Comments, Ideas



## Who We Are

- ▶ Non-Profit (501 c3) Corporation
- ▶ All Volunteer Board of Directors
- ▶ Multi-Stakeholder Decision-Making
- ▶ Committees & Workgroups
  - Consumer
  - Behavioral Health
  - Executive
  - Finance
  - Technology
  - Policy
  - CCO





## Funded Projects

| Projects   | Timeline                 |
|--|--------------------------|
| Clinical Event Notifications   | 4 <sup>th</sup> Qtr 2015 |
| Sequoia Project Certification <ul style="list-style-type: none"> <li>• VA Data Exchange</li> </ul>               | 1 <sup>st</sup> Qtr 2016 |
| New Data Sources <ul style="list-style-type: none"> <li>• Discrete hospital data &amp; ambulatory CCD</li> </ul> | 4 <sup>th</sup> Qtr 2016 |
| Behavioral Health Information Exchange   | 4 <sup>th</sup> Qtr 2016 |
| PDMP Connectivity  | 2 <sup>nd</sup> Qtr 2017 |



## Behavioral Health Information Exchange

Our Journey

## Identifying the Barriers

- ▶ Behavioral Health Workgroup
  - Identify, evaluate and make recommendations that enable and support the exchange of alcohol, drug treatment and mental health
- ▶ Findings
  - Divergent interpretation of law and requirements for patient authorization/ consent for disclosure.
  - Limits HIE due to unnecessarily stringent application of the law



## Project Goal & Objectives

- ▶ Enable the electronic exchange of behavioral health data in a secure and private manner in compliance with law, that:
  - Supports a holistic and coordinated approach to health care
  - Promotes coordination among behavioral and physical health providers
    - Primary care, critical access hospitals, emergency services, aging and disabilities services
  - Supports Trauma Informed Care



## Project Approach

- ▶ Develop universal interpretation of law for the exchange, disclosure, and re-disclosure of drug, alcohol and mental health data
- ▶ Develop common consent management model (CMM)
  - Common Release of Information form
  - Requirements for electronic data exchange
- ▶ Implement CMM within JHIE technology to enable robust exchange
- ▶ Connect with behavioral health EHRs



## Next Steps

- ▶ Contract with Legal Consultant
- ▶ Collect forms and policies from BH providers to support research
- ▶ Develop consensus approach/model
- ▶ Hold Summit in early 2016 for feedback from stakeholders
- ▶ Implement electronic consent management process with Medicity





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Questions?  
Comments...  
Ideas!



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Visit: [www.JHIE.org](http://www.JHIE.org)

## Roundtable Discussion: Privacy & Security

- Please describe the privacy and security issues you are currently facing in your work.
  - In what way(s) do they hinder progress?
  - What solutions have/are you pursuing?
- What do you need to help you overcome these issues?
- What lessons learned do you have to share?

Break

## State Environment Overview and the Role of HITOC

Susan Otter  
Director and State Coordinator for  
Health Information Technology



### Oregon's Coordinated Care Model



## How does Health IT support CCOs and the coordinated care model?

Selected characteristics of the coordinated care model:

- Care coordination, population management throughout the system
- Integration of physical, behavioral, oral health
- Accountability, quality improvement and metrics
- Alternative payment methodologies
- Patient engagement

Coordinated care model relies on access to patient information and the Health IT infrastructure to share and analyze data

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## Vision of an “HIT-optimized” health care system

The vision for the State is a transformed health system where HIT/HIE efforts ensures that all Oregonians have access to “HIT-optimized” health care.

Oregon HIT Business Plan Framework (2013-2017):  
[http://healthit.oregon.gov/Initiatives/Documents/HIT\\_Financial\\_BusinessPlanFramework\\_2014-05-30.pdf](http://healthit.oregon.gov/Initiatives/Documents/HIT_Financial_BusinessPlanFramework_2014-05-30.pdf)

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## Goals for 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
- Systems (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.

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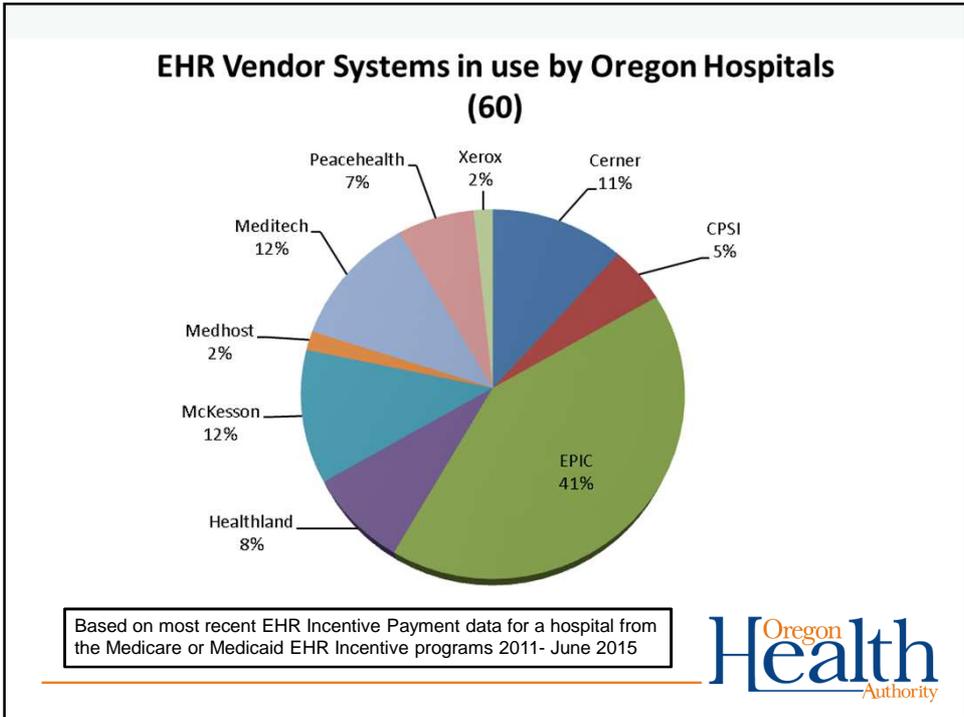
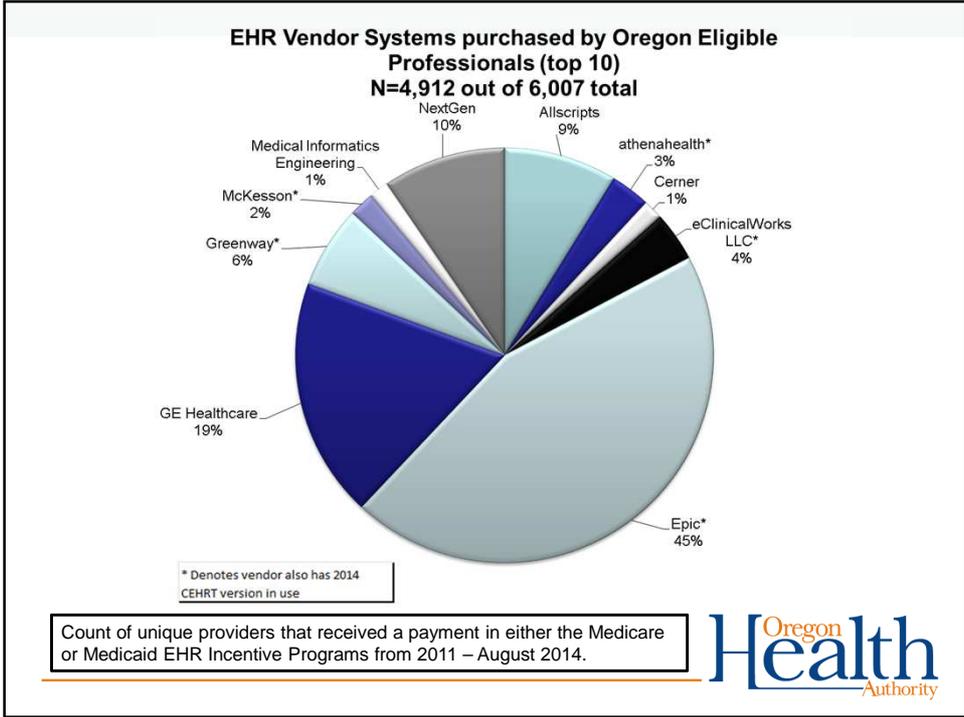

 Oregon Health Authority

## EHR Adoption and Meaningful Use in Oregon

- Oregon providers have been early adopters of EHR technology
- Currently, Oregon is in the top tier of states for providers receiving EHR incentive payments, with
  - more than \$366 million in federal funds coming to:
  - nearly all Oregon hospitals and
  - nearly 6,500 Oregon providers
- However, more than 100 different EHRs are in use in Oregon

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 Oregon Health Authority

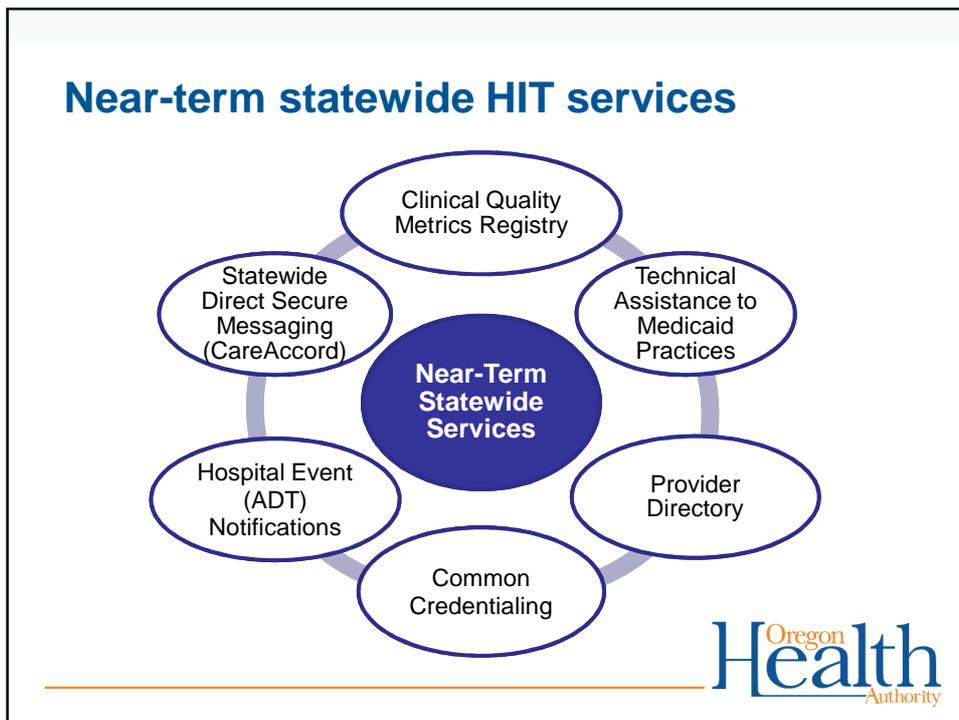
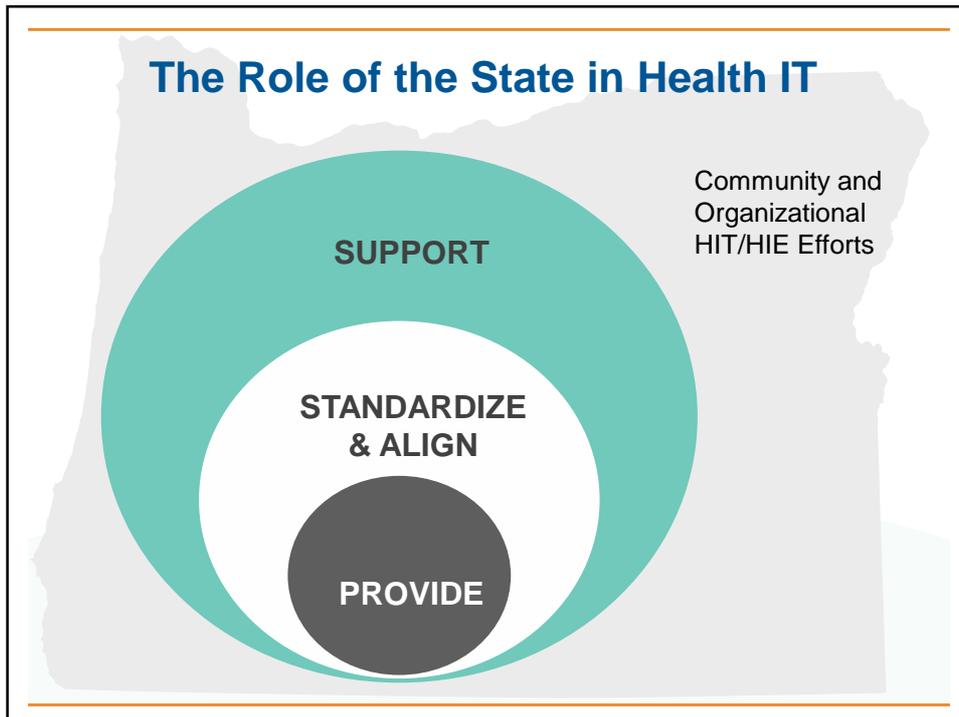


## Health Information Exchange in Oregon

- Several community HIEs:
  - Jefferson HIE – Southern Oregon, mid-Columbia River Gorge region
  - Central Oregon Health Connect – Central Oregon
  - Coos Bay, Corvallis, others in development
- Direct secure messaging within EHRs is beginning
  - CareAccord, Oregon's statewide HIE
- Vendor-driven solutions:
  - Epic Care Everywhere, CommonWell
- Hospital events:
  - The Emergency Department Information Exchange
  - Statewide hospital event notifications
- Other organizational efforts by CCOs, health plans, health systems, independent physician associations, and others
  - including HIE and HIT tools, hosted EHRs, etc. that support sharing information across users

## HIT/HIE exists in Oregon, but gaps remain

Many providers, plans, and patients do not have the HIT/HIE tools available to support a transformed health care system, including new expectations for care coordination, accountability, quality improvement, and new models of payment.



## House Bill 2294 – The Oregon HIT Program

- HB 2294 has three major components:
  - Establishes the Oregon Health IT Program, authorizing OHA to offer statewide health IT services beyond Medicaid/OHA programs, and to charge fees to users
  - Authorizes OHA to participate in partnerships or collaboratives to implement and provide statewide health IT services
  - Updates and refines the role of the Health IT Oversight Council (HITOC)
    - The Health Policy Board shall determine membership
    - HITOC shall report to the Board



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## HITOC Membership

| Name                                    | Title                                    | Organizational Affiliation   | Location        |
|---|--|--|-----------------|
| <b>Richard (Rich) Bodager, CPA, MBA</b> | CEO/Board Chair                          | Southern Oregon Cardiology/Jefferson HIE   | Medford, OR     |
| <b>Maili Boynay</b>                     | IS Director Ambulatory Community Systems | Legacy Health  | Portland, OR    |
| <b>Robert (Bob) Brown</b>               | Retired Advocate                         | Allies for Healthier Oregon  | Portland, OR    |
| <b>Erick Doolen</b>                     | COO                                      | PacificSource  | Springfield, OR |
| <b>Chuck Fischer</b>                    | IT Director                              | Advantage Dental   | Redmond, OR     |
| <b>Valerie Fong, RN</b>                 | CNIO                                     | Providence Health & Services   | Portland, OR    |
| <b>Charles (Bud) Garrison</b>           | Director, Clinical Informatics           | Oregon Health & Science University   | Portland, OR    |
| <b>Brandon Gatke</b>                    | CIO                                      | Cascadia Behavioral Healthcare   | Portland, OR    |
| <b>Amy Henninger, MD</b>                | Site Medical Director                    | Multnomah County Health Department   | Portland, OR    |
| <b>Mark Hetz</b>                        | CIO                                      | Asante Health System   | Medford, OR     |
| <b>Betty Kramp, RN</b>                  | Clinical Applications Coordinator        | United States Public Health Service (Currently: Indian Health Services, Klamath Tribal Health & Family Svcs) | Chiloquin, OR   |
| <b>Jim Rickards, MD</b>                 | Health Strategy Officer                  | Yamhill Community Care Organization  | McMinnville, OR |
| <b>Sonney Sapra</b>                     | CIO                                      | Tuality Healthcare   | Hillsboro, OR   |
| <b>Greg Van Pelt</b>                    | President                                | Oregon Health Leadership Council   | Portland, OR    |



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## HITOC May Take the Following Actions:

- Make formal recommendations and reports to the Board;
- Identifying priorities for HITOC work;
- **Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to HIT;**
- Request data and reports to assist in preparing recommendations to the Board or the Congressional Delegation;
- Provide a Council Member to serve as a liaison to other committees or groups as requested.

## HITOC Panels and Work Groups

- HITOC charters panels and work groups when they are needed to focus on specific topics related to Health IT (like HCOP)
- Previous panels and work groups have included:
  - Finance Workgroup
  - HIO Executive Panel
  - Legal and Policy Workgroup
  - Consumer Advisory Panel
- Like HITOC, these panels meet publicly
- Panels and work groups provide HITOC with valuable recommendations on policy and strategy for health IT at the state level

## HITOC & HCOP

- Identify opportunities for HITOC to consider regarding providing guidance and/or developing policy to address barriers or better support HIT/HIE efforts in Oregon



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| Content Area  | Topic   |
|---|---|
| <b>Policy Topics</b><br>HB 2294: Identify and make specific recommendations to the Board related to health information technology ("HIT") to achieve the goals of health system transformation.   | <ul style="list-style-type: none"> <li>• Improving Interoperability across HIT/HIE investments in Oregon</li> <li>• Behavioral Health information sharing</li> <li>• Update Oregon HIT Strategic Plan</li> <li>• Other emerging policy issues</li> </ul>  |
| <b>Oregon HIT Program</b><br>HB 2294: Regularly review and report to the Board on OHA's HIT efforts including the Oregon HIT Program toward achieving the goals of health system transformation.  | <ul style="list-style-type: none"> <li>• Programs and Services (e.g. CareAccord, Technical Assistance, Common Credentialing, Provider Directory)</li> <li>• Partnerships/Collaboratives (e.g. Emergency Department Information Exchange (EDIE)/PreManage)</li> <li>• Initiatives and Pilots (e.g. Behavioral Health Information Sharing grant to Jefferson HIE (ONC), Telehealth pilot grants)</li> </ul> |
| <b>Health IT Environment</b><br>HB 2294: Regularly review and report to the Board on efforts of local, regional, and statewide organizations to participate in HIT systems; this state's progress in adopting and using HIT by providers, health systems, patients and other users. | <ul style="list-style-type: none"> <li>• Board Reporting Format Finalized</li> <li>• HIT Metrics and Dashboard Development</li> <li>• Monitoring EHR Incentive Program</li> <li>• Monitoring HIE efforts (e.g. HIT/HIE Community &amp; Organizational Panel)</li> <li>• Behavioral Health Provider Survey (anticipated)</li> <li>• Other data/survey efforts as needed</li> </ul>                         |
| <b>Federal Law and Policy</b><br>HB 2294: Advise the Board or the Congressional Delegation on changes to federal laws affecting HIT that will promote this state's efforts in utilizing HIT.  | <ul style="list-style-type: none"> <li>• Meaningful Use Stage 3 and other relevant federal rules and policies</li> <li>• ONC Interoperability Roadmap</li> <li>• ONC Standards Advisory</li> </ul>  |

## HCOP Role and Charter

Marta Makarushka  
Lead Policy Analyst, OHA



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## HCOP Charter

### Objective

- Facilitate communication and coordination among CCOs, entities that provide health information exchange, and other healthcare organizations
- Provide strategic input to the Health Information Technology Oversight Committee (HITOC) and Oregon Health Authority (OHA) regarding ongoing HIT/HIE strategy, policy, and implementation efforts.

### Membership

- Limited to organizations that are leading a HIT/HIE project with a cross-organizational focus
- Organizations based in Oregon
- Vendors are not eligible to be members



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## Role of HCOP

HCOP will serve in an advisory role (not a formal decision-making role). Activities will include:

- Sharing experiences with the group, particularly around:
  - Best practices
  - Barriers
  - Opportunities for collaboration
- Identifying opportunities for HITOC regarding guidance and/or developing policy to address barriers
- Provide insights to OHA regarding OHA's statewide HIT/HIE initiatives, concerns or implications for implementation, and opportunities for improvement and support

## Role of OHA

OHA staff will

- Prepare meeting materials, convene meetings, and take meeting notes
- Post materials and meeting schedule to the [healthit.oregon.gov](http://healthit.oregon.gov) website
- Report HCOP activities to the:
  - Health IT Oversight Council
  - CCO HIT Advisory Group
  - The Provider Directory Advisory Group (as necessary)

## Guiding Principles and Expectations

- HCOP may make recommendations to HITOC on areas of focus
  - Not a formal decision-making body
  - Decisions by consensus where possible
- HCOP Meetings will be public
- HCOP members are encouraged to attend in person whenever possible
- Meeting materials will be distributed prior to each meeting - members are responsible for reviewing these materials prior to the meeting, if possible
- OHA and the HCOP should be vendor-neutral and refrain from any type of endorsement for particular vendors

## Process Discussion

- How would you like OHA to staff the Panel/meetings?
- How would you like next meeting topics to be selected?
- How can we be a resource to you?
- This is an experiment
  - Panel may be of greatest value to itself and secondly to make recommendations to HITOC
- Technology consultants to participate starting in December

Break



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## Kickoff Meeting Themes

Justin Keller  
Lead Policy Analyst, OHA



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## Kickoff meeting themes

### Opportunities

- Broad Stakeholder Support
- The multitude of use cases that are possible

### Challenges

- Value Proposition and Buy-in/Adoption
- Variability in EMR vendor capabilities & costs
- Lack of clarity around policies for security/privacy/information sharing
- Training and Work Flow Issues
- Strategy and Scope of Efforts
- Data and Technical IT Challenges

## HCOP priority topics

## Identifying topics and issues of interests

- Best practices you want to learn from each other
  - Successes discussed during roundtable
- Pain points for which you would like support
  - Barriers/challenges discussed during roundtable
- Questions you would like answered
- Information you are in need of
- Suggestions/recommendations for OHA/HITOC

## Prioritizing Meeting Topics

- Group to decide now?
- OHA to decide and bring back to the next meeting?
- What factors to use as basis?
  - Most member interest?
  - Pertinent to most members?
  - Most relevant to HITOC
  - Most urgent?

## Conclusions, Next Meeting, and Action Items

- Excited to be convening HCOP quarterly
  - You have an important role to play
  - Opportunity to impact future of HIT/HIE
- Great list of topics
- Next meeting: December? November? January?

## Process Check

- What did you like about this meeting?
  - Format?
  - Activities?
  - Discussion?
  - Duration?
- What would you like to see us change?
  - What should we add?
  - What should we remove?

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**For more information on Oregon's HIT/HIE developments,  
please visit us at <http://healthit.oregon.gov>**

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