
Health Information Technology Oversight Council

April 7, 2016

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

Oregon
Health
Authority

Agenda

- 12:30 pm Welcome, Introductions & HITOC Business
- 12:45 pm 2016 Oregon HIT Report
- 1:05 pm Federal Announcements
- 1:25 pm HITOC Work Ahead: Strategic Planning and Interoperability
- 1:45 pm Break
- 1:55 pm Behavioral Health Information Sharing: 42 CFR Part 2 Notice of Proposed Rulemaking
- 2:55 pm Measuring Progress
Environmental Scan and Behavioral Health HIT Scan
- 3:35 pm Public Comment
- 3:40 pm Conclusion and Next Steps

Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across the 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.

HITOC Business: ONC Site Visit to JHIE

- When and where: 1st week of May in Medford, OR
- Who: Program Director Larry Jessup and Project Officer Zoe Barber
- Main objectives: programmatic review and increase situational awareness via first-hand conversations with stakeholders
- Topics of interest:
 - Information gaps that ONC should consider for future policy and programs
 - Improved understanding regarding on-the-ground difficulties and funding needs
 - Ideas/services ONC should consider funding
 - What makes Oregon unique and challenges faced by OR providers/hospitals

Provider Directory Advisory Group (PDAG) Overview

- **Formed: April 2015**
- **Objective:** Advise the Oregon Health Authority on a broad range of topics relating to technology, policies, and programmatic aspects of the provider directory
- **Roles and Affiliations:** Comprised of 15 external stakeholders representing a wide range of roles and affiliation
 - Roles – providers (including mental and dental), IT, data and analytics, billing, compliance, CIO, HIE leadership
 - Affiliations - CCOs, health plans, hospitals and health systems, HIEs, Independent Physician Association (IPA), Oregon Medical Association (OMA)
- **Meeting materials are posted to our website:**
<http://www.oregon.gov/oha/OHIT/Pages/Provider-Directory-Advisory.aspx>

PDAG Roles and Responsibilities

1. Input and guidance: Policy, program, and technical considerations, as Oregon moves forward to implement statewide provider directory services

- 2015 – focus on functionality, uses, and value of a provider directory service
- 2016 - Fees and fee structure*, phasing roadmap, governance, program planning (including communication planning)

2. Share PDAG information broadly

- Represent/survey users in PDAG member's organization
- Make connections to related health IT committees, such as Administrative Simplification Workgroup, Oregon Health Leadership Council (OHLC), Common Credentialing Advisory Group (CCAG), etc.

*Fees will be flagged for HITOC participation

Common Credentialing Authority

- Legislative mandate from 2013 for OHA to establish a program and database to provide credentialing organizations (COs) access to information necessary to credential or recredential health care practitioners

Legislative Requirements

SB 604 (2013)

- Establish a program and database to centralize credentialing information
- Convene an advisory group to advise OHA
- Develop rules on submittals, verifications, and fees

SB 594 (2015)

- OHA to establish implementation date by rule, with six months' notice

Common Credentialing Advisory Group Overview

Formed: September 2013

Objective:

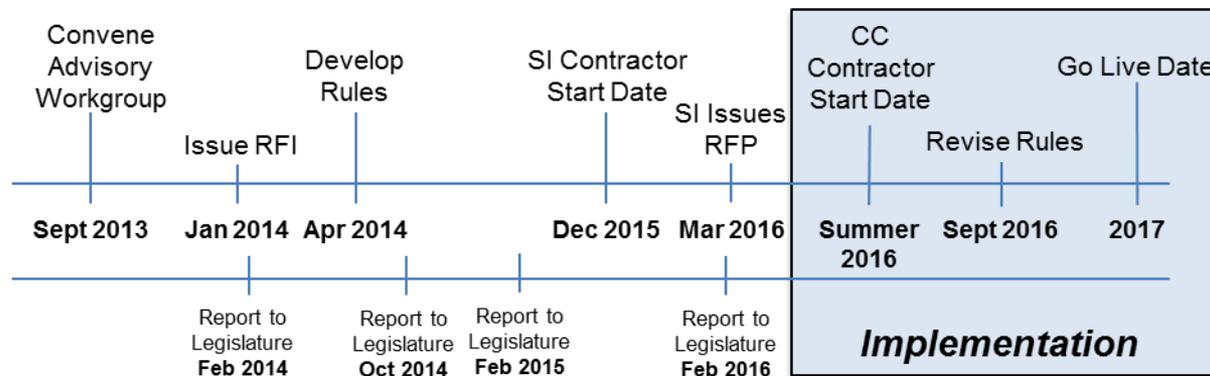
- Advise OHA on program and database to provide credentialing organizations (COs) access to information necessary to credential or re-credential health care practitioners

Roles and Affiliations:

- Comprised of external stakeholders representing a wide range of roles and affiliation
 - Roles – Practitioners, credentialing organizations, and health care regulatory boards
 - Affiliations - CCOs, health plans, hospitals and health systems, Independent Physician Associations, Ambulatory Surgical Centers, dental care organizations

Common Credentialing Advisory Group (CCAG) Membership and Scope

- Advise OHA on the implementation of common credentialing which includes:
 - Credentialing application and submittal requirements,
 - The process by which credential organizations access the system,
 - Standards for the process of verifying credentialing information,
 - The imposition of fees



June 2016 Oregon Health IT Report

Marta Makarushka

**1. Sharing Patient
Information Across
the Care Team**

**2. Using Aggregated
Data for System
Improvement**

**3. Patient Access to
Their Own Health
Information**



**Oregon
Health
Authority**

OHPB/Legislative Report

House Bill 2294 requires:

1. HITOC to “regularly review and report” to the Oregon Health Policy Board on:
 - OHA’s HIT efforts, including the Oregon HIT Program, toward achieving the goals of health system transformation;
 - 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.
2. OHA report to the Legislature

“At least once each calendar year the authority shall report to the Legislative Assembly, ... on the status of the Oregon Health Information Technology program.”

Report Contents

1. Key Highlights (e.g., significant activities and funding)
2. Update on the OR HIT Program (e.g., partnerships and collaboratives, OHA-provided services, HIT initiatives, grant-funded initiatives)
3. Environmental Scan of HIT in OR (i.e., charts, maps, tables of currently existing data)
4. Advisory Councils and Committees Membership Rosters
5. Resources and Links (i.e., key websites and reports/documents)

Report Timeline

Process	Deadlines
Draft sent out for HITOC review	April 1, 2016
HITOC feedback due to Marta	April 14, 2016
OHA Internal Reviews	
Deadline to the Health Policy Board	May 31, 2016
Health Policy Board Meeting	June 7, 2016
Final OHA Internal Reviews	
Deadline to the Oregon Legislature	July 1, 2016

OHPB/Legislative Report

1. Discussion Questions
 1. Overall reactions
 2. Feedback on:
 1. Content (e.g., level of detail)
 2. Format
2. Approval to submit to OHPB on behalf of HITOC

Federal HIT Announcements and Activities and Implications for Oregon

Susan Otter
Lisa A. Parker

1. Sharing Patient
Information Across
the Care Team

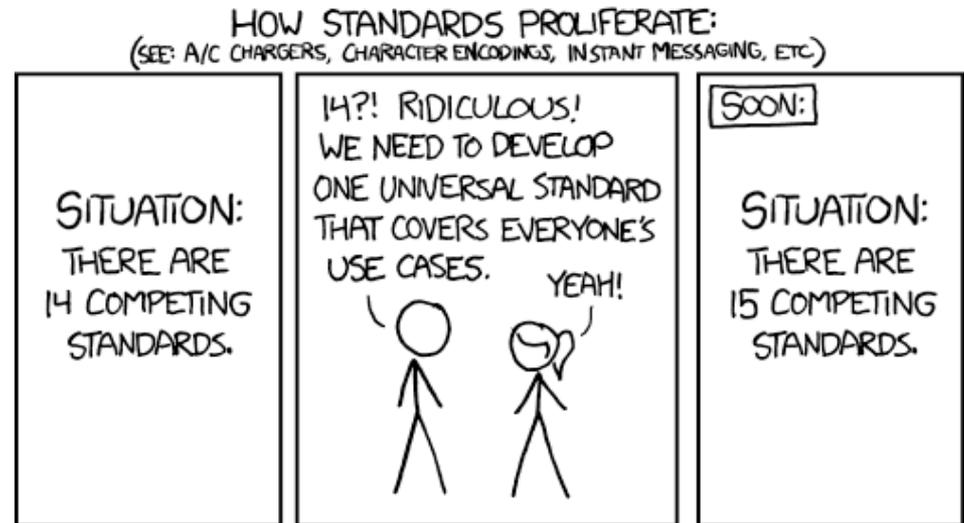
2. Using Aggregated
Data for System
Improvement

3. Patient Access to
Their Own Health
Information

Oregon
Health
Authority

ONC Tech Lab Launch

- Next Chapter for Standards and Technology
- Focus Areas
 1. Standards Coordination
 2. Testing and utilities
 3. Pilots: Interoperability Testing Ground
 4. Innovation



Interoperability Pledge

90% of the companies that provide 90% of EHRs in use by hospitals nationwide, and the top 5 largest health care systems have agreed to implement 3 core commitments (<https://www.healthit.gov/commitment>):

- **Consumer Access:** consumer can easily and securely access their information electronically, direct it to a desired location, learn how its shared and used, and be assured that it is used safely and effectively
- **No Blocking/Transparency:** not knowingly or unreasonably interfering with information sharing
- **Standards:** implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy & security

Pledge Entities with an Oregon Footprint

- Allscripts
- Athenahealth
- Cerner
- eClinicalWorks
- Epic
- GE Healthcare
- Greenway Health
- Intel
- McKesson
- Meditech
- NextGen
- SureScripts
- Wellcentive
- Healthcare Systems:
 - Catholic Health Initiatives
 - Kaiser Permanente
 - Trinity Health
- Associations
 - AAFP, ACP, AMGA, AMIA, AMA, AHIMA, AHA, CHIME, HIMSS, etc.
- Other organizations:
 - Commonwell
 - Sequoia Project

For a full list of entities that have taken the pledge, or to take the pledge, visit: <https://www.healthit.gov/commitment>

State Medicaid Directors Letter 16-003

CMS and ONC have partnered to update the guidance on how states may support HIE and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:

- Allows HITECH funds to support all Medicaid providers that EPs want to coordinate *with*
- Funds can support HIE on-boarding** of Medicaid providers not incentive-eligible including behavioral health, long-term care, home health, correctional health, substance use treatment providers, etc. as well as labs, pharmacy, and public health providers
- Possible activities include on-boarding to: a statewide provider directory, care plan exchange (unidirectional or bidirectional), query exchange, encounter alerting systems, public health systems

**On-boarding must connect the new Medicaid Provider to an EP and help that EP in meeting MU

State Medicaid Directors Letter 16-003

The basis for this update, per the HITECH statute, the 90/10 Federal/State matching funding for State Medicaid Agencies may be used for:

*“Pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”**

*<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechact.pdf>

State Medicaid Directors Letter 16-003

How it works:

- Funding goes directly to the state Medicaid agency (IAPD)
- Funding is in place until 2021
 - 90/10 Federal State match. State is responsible for providing 10%
- Funding is for HIE and interoperability only , **not** to provide EHRs
- Funding is for implementation only, **not** for operational costs
- All providers or systems supported by this funding must connect to Medicaid EPs
- Medicaid systems must adhere to Medicaid Information Technology Architecture (requires adherence to 7 conditions/standards, including Interoperability, Modularity, and Reporting)

Strategic Planning Preview: SMD Letter Opportunities

- What does the SMD Letter mean for Oregon's HIT strategic plan given where we are at?
- How do we leverage this to meet Oregon's goals—as opposed to “chasing the funding”
- Potential strategy moving forward could focus on outreach and onboarding of a wider array of providers and care team members
- Next step: incorporate into questions to be answered through the strategic planning process

HITOC Work Ahead: Strategic planning and interoperability Next Steps

Susan Otter
Justin Keller

**1. Sharing Patient
Information Across
the Care Team**

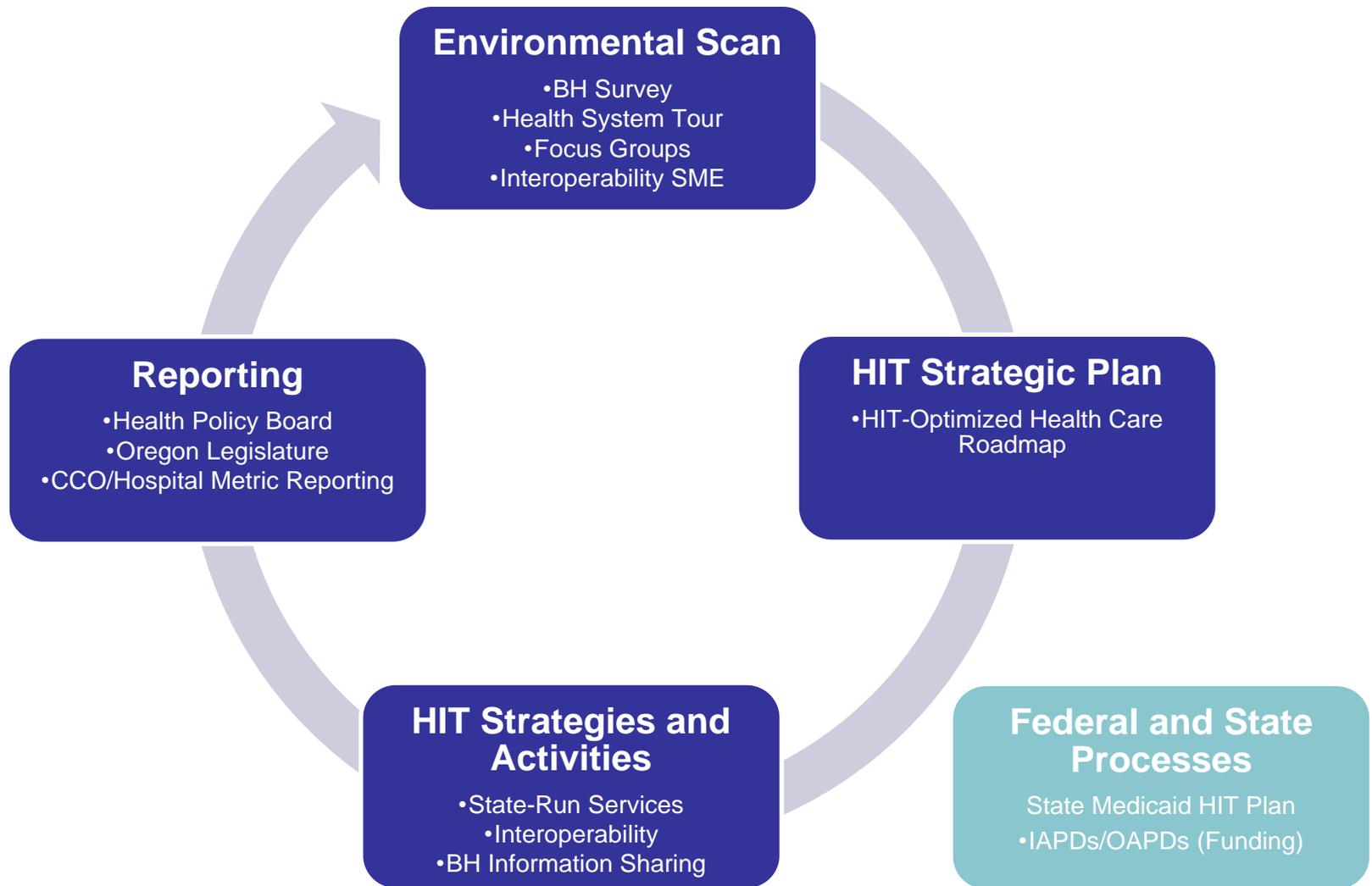
**2. Using Aggregated
Data for System
Improvement**

**3. Patient Access to
Their Own Health
Information**



Oregon
Health
Authority

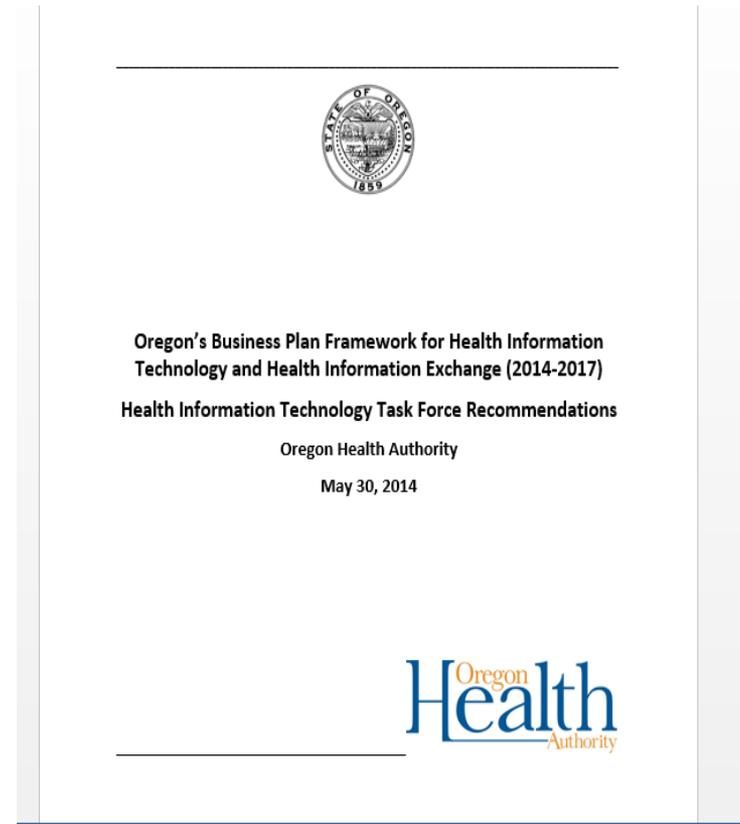
The logo for Oregon Health Authority features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. The "H" in "Health" is large and blue, with a horizontal line extending from its base.



Business Plan Framework (2014-2017)

Oregon's current HIT Strategic Plan is called the Business Plan Framework Process:

- Review of HITOC Strategic Plan (2010)
- Listening Sessions (CCOs, others)
- HIT Task Force (Fall 2013)
- BPF Endorsed by HITOC in June 2014



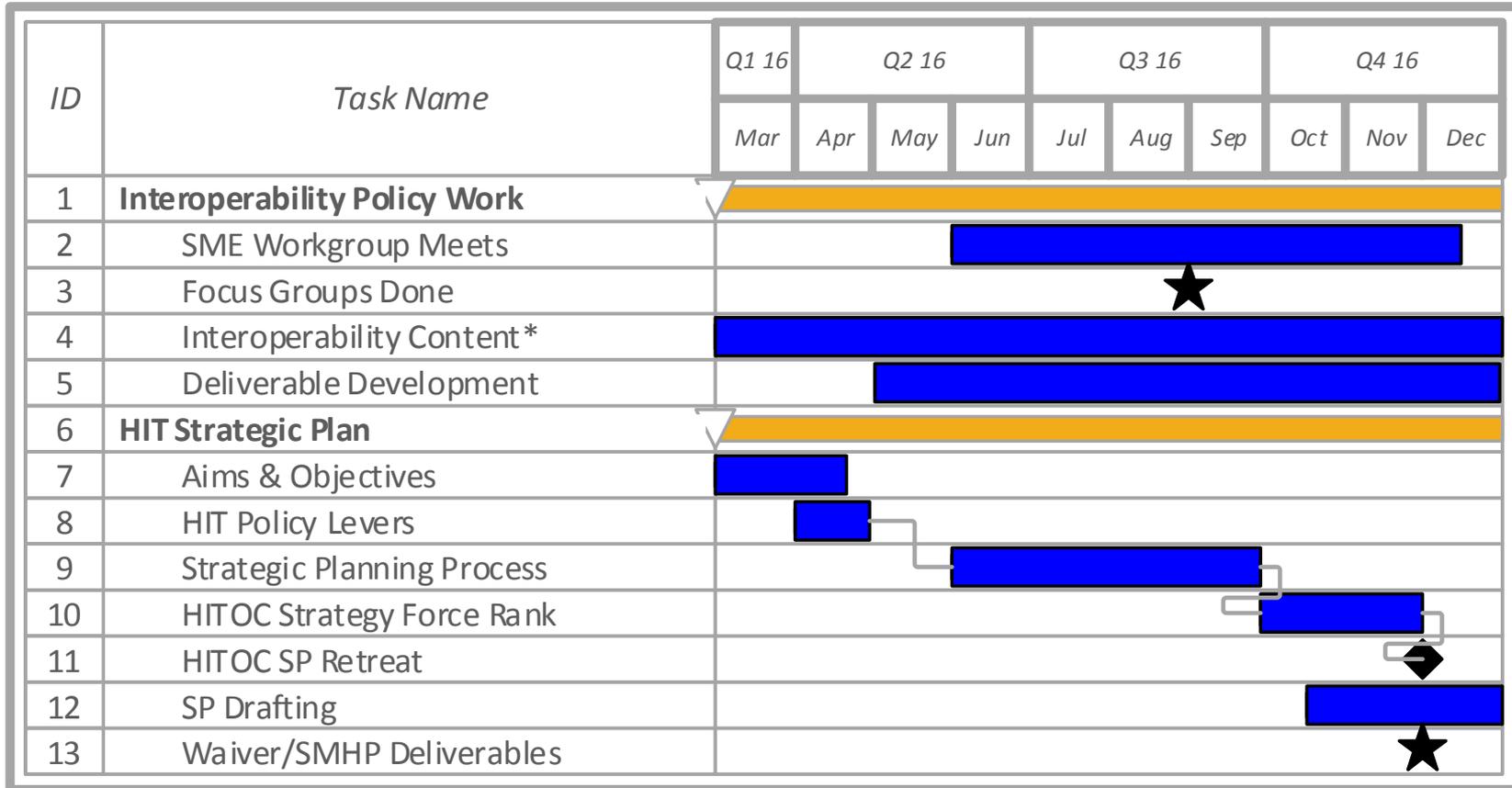
Updating Oregon's HIT Strategic Plan

- The “Business Plan Framework” is set through 2017
 - An update to this plan will occur in 2016-2017 to be released in Summer 2017
- HITOC will play a significant role in this revision—
 - HITOC and OHA will turn to HITAG, PDAG, CCAG, and other groups to inform this plan
 - Stakeholder engagement planned: behavioral health provider survey; listening tour of health systems
 - HITOC Strategic Planning Retreat: October 2016
- State Medicaid HIT Plan due to CMS by December 2016

Interoperability Activities Anticipated

- Interoperability Work Plan – envisioned by October 2016, will document the streams of work related to interoperability
- Interoperability Pledge – is this something we should promote in Oregon?
- How would we make this meaningful in Oregon?
 - Accountability – how do we hold organizations accountable?
 - Measurement – how would we meaningfully measure this?
 - Motivators/Incentives – what would this look like?
- Other Potential Policy Levers will be considered

Interoperability High Level Timeline



* **Interoperability Content Areas:** Vendor Conduct; Organization Conduct (“walled gardens”); “good enough” solutions; consent and consent management; standards & semantic interoperability (e.g. structural interoperability adherence; semantic interoperability use cases?); trust and governance (e.g. data provenance, standard adherence and maintenance)

Interoperability SME Workgroup

- SME Workgroup is proposed as an advisory group to OHA
- SMEs would advise OHA on the relevance of various topics related to interoperability and health information exchange so they can be presented to HITOC
- Future efforts may include targeted focus groups on particular topics (e.g. IT and rural populations; consumer access; etc.)

SME Membership update

- Suggested nominees were solicited from HITOC and HITAG
- An initial proposed list of invitees will be reviewed by Chair/Vice-Chair
- Goals for membership:
 - HITOC Members as you have time/interest
 - Invitees include 4 members of HCOP
 - Other representatives include health systems, payers, smaller practices and clinics, purchasers, and those that provide health IT and population health services
- Goal: First meeting by June 2016

Break

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font, positioned above the "H" in "Health". The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below the "Health" text. A thin blue horizontal line is located under the "Health" text, extending from the left side of the "H" to the right side of the "t".

Oregon
Health
Authority

Federal Policy Changes: Notices of Proposed Rulemaking

Lisa A. Parker
Justin Keller
Veronica Guerra

1. Sharing Patient Information Across the Care Team

2. Using Aggregated Data for System Improvement

3. Patient Access to Their Own Health Information



Oregon
Health
Authority

Federal Policy Changes Impacting Interoperability and Our Work

- Per House Bill 2294: HITOC shall “advise the Board or the Oregon Congressional Delegation on changes to federal laws affecting HIT that will promote this state’s efforts in HIT.”
- Approach to proposed rules:
 - Standard Changes/Updates (e.g. ONC Certification Program): make HITOC aware of the rule, the comment period, flag OHA’s comments, and encourage others to submit directly to the federal agency
 - Significant Changes (e.g. Modified Stage 2 MU rule): formal internal OHA process to receive comments; HITOC meeting and/or stakeholder panel to assess impact
- Several proposed rules have come out or are anticipated this year (e.g. 42 C.F.R. Part 2; Medicare Access & CHIP Reauthorization Act or “MACRA” rules; ONC Health IT Certification Program rules; etc.)

ONC Health IT Certification Program: Enhanced Oversight and Accountability

Justin Keller



ONC Health IT Certification Program: Enhanced Oversight and Accountability

- ONC proposing to update the Health IT Certification Program to allow ONC to:
 - **Directly review** certified health IT products & take necessary action to address circumstances such as potential risks to public health and safety. This will complement existing ONC-Authorized Certification Bodies (ONC-ACBs) responsibilities;
 - **Provide oversight** of health IT testing bodies to align with ONC's existing oversight of ONC-ACBs;
 - **Increase transparency and accountability** by making public ONC-ACB quarterly surveillance results of certified health IT on the web

ONC Direct Review of Certified Health IT

- ONC can directly review health IT certified under the program. Reasons for this may include (but are not limited to):
 - If a non-conformity arises from multiple products certified by different ONC-ACBs;
 - Systemic problems or non-conformities that a single ONC-ACB would not be able to address;
 - If a non-conformity will pose a risk to public health or safety (e.g. directly contributing to or causing medical errors)
- If a non-conformity occurs, ONC would send a notice of non-conformity to the developer and conduct an investigation—this can occur concurrently with any ONC-ACB certification processes
- If ONC determines that a non-conformity exists, it will work with the developer to create a corrective action plan, which developer must deliver within a specified time period (default is 30 days)

ONC Direct Review cont.

- ONC may **suspend** or **terminate** a certification under certain circumstances, including:
 - If the certified health IT poses a risk to public health or safety
 - If the developer fails to respond to any ONC communication
 - If a corrective action plan is not timely submitted, is incomplete, or the developer does not fulfill its obligations under the plan
 - Termination: if ONC concludes that the certified health IT's non-conformity(ies) cannot be cured
- Developers can appeal the suspension/termination
- Under ONC's vision, Corrective Action Plans will become publicly accessible through the Certified Health IT Product List (CHPL) website

Public Comments

- OHA plans to make public comments—largely in support of these proposed changes
- OHA encourages others to submit comments directly to HHS/ONC
- **Public Comments will be accepted until May 2, 2016, 5 p.m. EST**
- Comments can be made here:
<https://www.federalregister.gov/articles/2016/03/02/2016-04531/onc-health-it-certification-program-enhanced-oversight-and-accountability>

Behavioral Health Information Sharing: 42 C.F.R. Part 2

Veronica Guerra, OHA



42 C.F.R. Part 2 Overview

- Applies to federally assisted “alcohol and drug abuse” programs
- The goal of 42 C.F.R. Part 2 – took effect in 1975 and was last substantively updated in 1987 – is to ensure that patients receiving substance use disorder treatment in a Part 2 program are not made more vulnerable than an individual with a substance use disorder who does not seek treatment
- Patient consent must be obtained before sharing information from a Part 2 program, and re-disclosure also requires express consent

Process

- Listening Session was held on June 11, 2014
 - Approximately 1,800 individuals participated
 - SAMHSA received 112 oral comments and 635 written comments
- NPRM published on February 9, 2016
 - 60-day comment period
 - Comments must be received no later than 5:00 p.m. on April 11, 2016
 - eRulemaking Portal: <http://www.regulations.gov>

Proposed Changes Highlighted

New Definition: Treating provider relationship exists, regardless if an in-person encounter has taken place, when:

- 1) A patient agrees to be diagnosed, evaluated and/or treated for any condition by an individual or entity, and
 - 2) The individual or entity agrees to undertake diagnosis, evaluation and/or treatment of the patient, or consultation with the patient, for any condition
- A treating provider relationship exists if an entity employs or privileges one or more individuals who have a treating provider relationship
 - Existence of a treating provider relationship would permit a patient to use a general designation on their consent form for disclosure of SUD information

Proposed Changes Highlighted (cont.)

Definition Clarification: Part 2 Program

- 1) If an individual or entity, who is not a general medical facility or practice, holds itself out as providing, and provides substance use disorder diagnosis, treatment, or referral for treatment.
 - 2) If the provider is an identified unit within the general medical facility or practice and holds itself out as providing SUD diagnosis, treatment or referral for treatment
 - 3) If medical personnel or other staff in the general medical facility or practice are identified as specialized staff that have a primary function of providing SUD diagnosis, treatment, or referral for treatment
- Hold itself out: any activity that would lead one to conclude the individual or entity provides SUD diagnosis, treatment or referral for treatment (e.g., advertisements, licensing, consultation activities relevant to services)

Proposed Changes Highlighted (cont.)

Consent Form Requirements

Current rule:

- “To Whom” section – consent must include a list of names of each person or organization to whom disclosures are authorized
- “Amount and Kind” section – a consent must state how much and what kind of information is to be disclosed
- “From Whom” section – permits patients to consent to either a disclosure from a category of facilities or from a single specified program

Proposed Changes:

- “Amount and kind” - proposing to require explicit description of SUD information to be disclosed (e.g., diagnostic, medications and dosages, trauma history)

Proposed Changes Highlighted (cont.)

Consent Form Requirements

Proposed Changes

- “From whom” – proposing to require a narrow description (e.g., name of Part 2 program) of the party disclosing information
- “To whom” – revises consent process to allow a general designation
 - Distinction between those with and without treating provider relationship with the patient
 - Entities are required to produce a List of Disclosures, upon request
 - Must include name of entity, date of disclosure, and a brief description of the information disclosed
 - Must have a mechanism in place to determine treating provider relationship
- Must obtain confirmation that patient understands terms of consent and right to request list of disclosures

Proposed Changes Highlighted (cont.)

Consent Form Designation in the To Whom Section		
Treating provider relationship?	Primary designation	Additional designation
Y	Name of individual(s) (e.g., Jane Doe)	None
N	Name of individual(s)	None
Y	Name of entity (e.g., Lakeview County Hospital)	None
N	Name of entity that is a third party payer (e.g., Medicare)	None
N	Name of entity without treating provider relationship and not a payer (e.g., HIE or research institution)	<ol style="list-style-type: none"> 1) Name(s) of an individual participant(s) 2) Name(s) of an entity participant with treating provider relationship 3) A general designation of an individual or entity participant(s) with treating provider relationship (e.g., my current and future providers)

Proposed Changes Highlighted (cont.)

Qualified Service Organization (QSO) Agreement

Current rule: A QSO provides services to a Part 2 program, such as data processing, bill collecting, dosage preparation, lab analyses, or legal, medical, accounting or other professional services

Proposed changes:

- Revises definition of QSO to include population health management as a qualified service. A Part 2 program can share information with the unit/office carrying out the population health management service but consent is needed to share with other organization participants (e.g. network providers)
- Expressly excluded care coordination from the list of qualified services as it has a “patient treatment component”
- Revises medical services term to clarify that it is limited to medical staffing services

Proposed Changes Highlighted (cont.)

Re-disclosure

Current rule: re-disclosure is not permitted without the patient's consent to re-disclose or unless otherwise permitted under Part 2

Proposed changes:

- Clarifies that prohibition on re-disclosure only applies to information that would identify an individual, directly or indirectly, as having received SUD treatment, diagnosis, or referral as indicated through medical codes and/or descriptive language
 - May re-disclose other health-related information that is covered under HIPAA
 - Restrict any use of information to criminally investigate or prosecute any patient with a substance use disorder, except as allowed under the regulations

Proposed Changes Highlighted (cont.)

Medical Emergency

Current rule: Part 2 information can be disclosed to treat a medical emergency (a condition that creates an immediate threat to an individual's health and that requires immediate medical intervention) but must be documented by the Part 2 program

Proposed changes:

- Revises medical emergency exception to give providers more discretion to determine when a bona fide emergency exists
 - Must continue to require documentation when records are accessed
 - Part 2 program must consider if the HIE has technology, rules and procedures to protect PHI

Proposed Changes Highlighted (cont.)

Research

Current rule: Only the program director may authorize disclosure to qualified personnel for scientific research purposes

Proposed Changes:

- Expands ability of Part 2 program, or other lawful holder of Part 2 data, to disclose to a researcher
 - Requires researcher to meet certain requirements for human subjects research (HIPAA and/or HHS Common Rule)
 - Supports data linkages between Part 2 and federal data repositories
 - Seeking comment on expanding the data linkages provision beyond federal data repositories and the safeguards that should be in place to protect patient privacy (e.g., Data use agreements, review by a privacy board or other regulatory body, security and privacy protections for receiving and linking data)

Measuring Progress

Marta Makarushka

**1. Sharing Patient
Information Across
the Care Team**

**2. Using Aggregated
Data for System
Improvement**

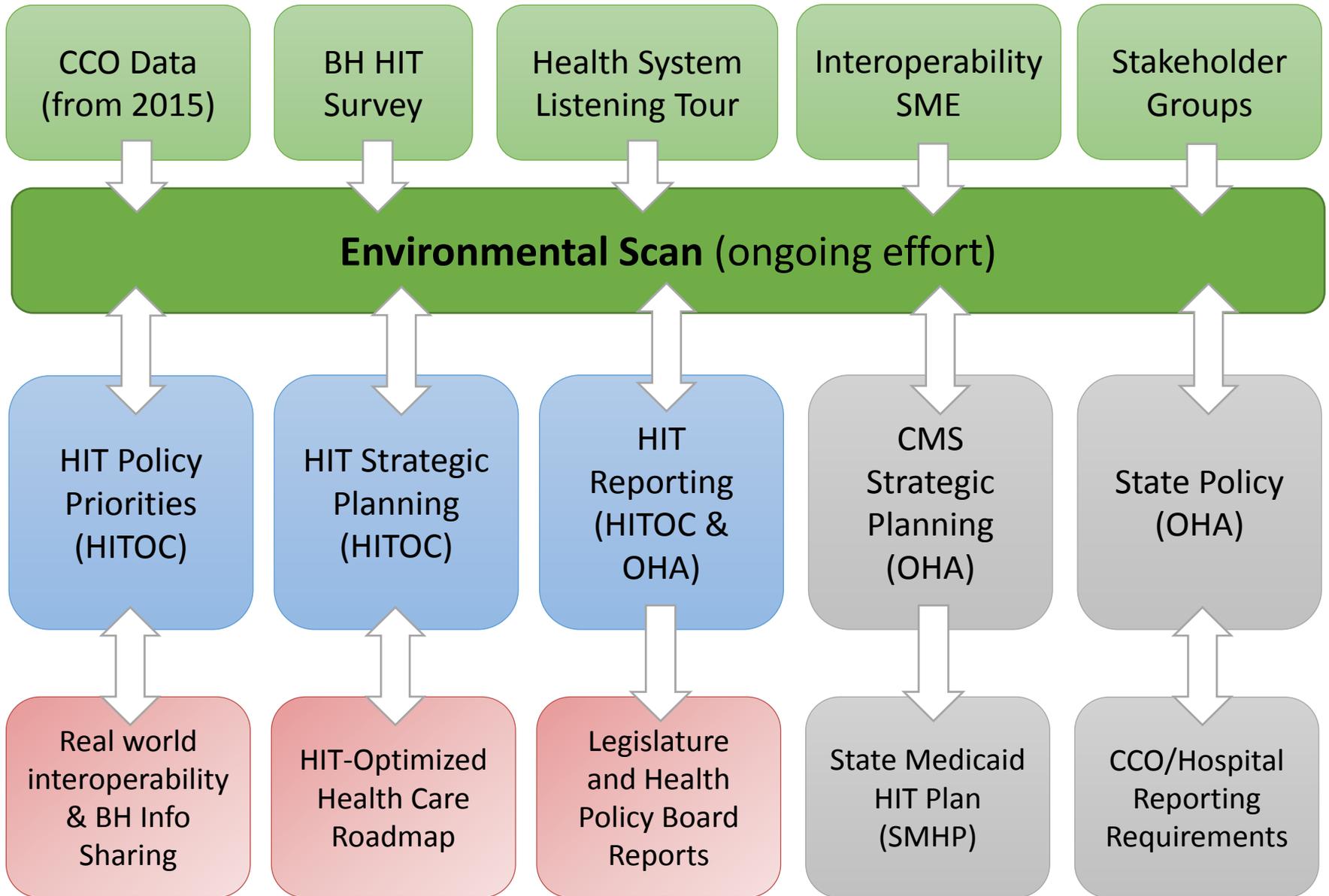
**3. Patient Access to
Their Own Health
Information**



Oregon
Health
Authority

HIT Environmental Scan

- What is it?
 - A compilation of information about the HIT investments being made and HIT utilization across OR
- Why do it?
 - Assessment of the status of HIT across the state could provide needed data to inform strategic planning, policy development, and further HIT investments
- How will it be used?
 - Reporting to legislature and OR Health Policy Board
 - Strategic planning, policy development
 - Help inform stakeholders



CCO Data
(from 2015)

BH HIT
Survey

Health System
Listening Tour

Interoperability
SME

Stakeholder
Groups

Environmental Scan (ongoing effort)

HIT Policy
Priorities
(HITOC)

HIT Strategic
Planning
(HITOC)

HIT
Reporting
(HITOC &
OHA)

CMS
Strategic
Planning
(OHA)

State Policy
(OHA)

Real world
interoperability
& BH Info
Sharing

HIT-Optimized
Health Care
Roadmap

Legislature
and Health
Policy Board
Reports

State Medicaid
HIT Plan
(SMHP)

CCO/Hospital
Reporting
Requirements

HIT Environmental Scan

Data being considered for inclusion

- Existing, currently being reported
 - EHR incentive program, EHR adoption, CareAccord, Flat File Directory, Regional HIEs
- Existing, not currently being reported
 - MU data (VDT, e-prescribing, labs and imaging into EHRs, e-messaging, etc.), PreManage adoption, Technical Assistance, HIE participation, OpenNotes, BH agencies using EHRs/EDI to MOTS
- Unknown existence
 - Telehealth, health system collected data**
- Other potential state data sources
 - Public Health, PCPCH, Health Systems, Dental, LTPAC

HIT Environmental Scan

Data sources planned or being considered:

Planned for 2016

- EDIE (e.g., utilization)
- BH HIT scan
- Health systems listening tour

2017 and beyond

- Long-term Care
- CCOs
- Hospitals
- Vendors
- Commercial health plans
- HISPs
- Blue Button
- OpenNotes

Health System Index for HIT

- Identifies:
 - Statistics or characteristics of health system (e.g., EHR vendor and certification status, HISP, types of HIE and connections)
 - Checklist of statewide HIT participation (e.g., EDIE, OpenNotes, Provider Directory, etc.)
 - Other interoperability information (e.g., ability to send Direct secure messages with any attachment)
- Potential uses of an index:
 - Give stakeholders a sense of where organizations are in adopting HIT/HIE in Oregon
 - Inform the state and other policy makers about progress and gaps in achieving interoperability in Oregon
 - Hold organizations accountable for being “model citizens”

Behavioral Health HIT Scan



Behavioral Health HIT Scan

Why conduct a behavioral health provider HIT/HIE scan?

- Coordinated Care Model relies on HIT infrastructure to share data across provider types
- Limited types of behavioral health providers are eligible for the EHR Incentive Program
 - Lower rates of HIT adoption
 - Lack of data
- Survey will
 - Provide information about adoption, barriers, plans, and priorities
 - Highlight areas of needed support for OHA to consider
 - Potentially inform policies

Behavioral Health HIT Interviews and Provider Survey

Survey and Interviews will cover the following topic areas:

- Context of behavioral health and HIT
- EHR use
- Barriers to EHR adoption and use
- HIE participation
- Use of Direct secure messaging
- Provider types with whom data are exchanged
- Value of HIT/care coordination
- Future plans for HIT

Behavioral Health HIT Scan - Timeline

- Spring
 - stakeholder interviews (ongoing)
 - survey planning
- Summer:
 - release survey
 - data collection
 - follow-up
- Fall:
 - data analyses
 - draft report
- Report:
 - October: HITOC to review draft report
 - November: Final report released

Behavioral Health HIT Scan

Questions? Suggestions?

- Additional topic suggestions (What information do you hope the scan will yield?)
- Suggestions for stakeholder interview and survey participants
- Survey Next Steps:
 - Stakeholder interviews
 - Draft survey
 - Any volunteers to review and provide feedback?

Next Meeting

HITOC Members: Thoughts on Time Shift?

Next Meeting: June – needs to be rescheduled

Location: Portland, OR, space TBD

Public Comment

