HITOC RESETS FOR SUCCESS

Health information technology (HIT) is constantly evolving, which can be challenging for Oregon's health care organizations that must make real-world business decisions and investments. Patients are also gaining increased access to their own health information. This makes it even more important to ensure HIT systems are easy to navigate, helping patients become more engaged in their own care.

The Health Information Technology Oversight Council (HITOC) provides guidance and recommendations for the Oregon Health Authority's ongoing HIT policy and planning work.

"This is an exciting time for health IT in Oregon," says Susan Otter, State Coordinator and Director of Health IT. "And, HITOC members will play an important role in guiding and informing our work, especially around interoperability, policy development and emerging state-level programs."

Originally established as a stand-alone entity, HITOC was legislatively (2015) reset under the Oregon Health Policy Board (House Bill 2294). This ensures that the Board and HITOC are working together to foster HIT systems that support the coordinated care model and align systems and practices to the greatest extent possible.

The newly formed HITOC began meeting in October 2015 and will play a key role in defining the strategic direction and priority of Oregon's HIT efforts, including services offered by the Oregon Health IT Program. As state services become operational, HITOC's role shifts to one of oversight and monitoring. HITOC is also responsible for reporting on the progress of these services and other HIT efforts in Oregon to the Oregon Health Policy Board.

Highlights in this issue

- EHR Incentive Program
- Telehealth Expands Behavioral Health Access
- Three Questions for the HITOC Chair
- ONC Interoperability Pledge

HITOC MOVING FORWARD

Over the next 18 to 24 months, HITOC's work will focus on the following categories:

Policy — Real-world interoperability: Significant HIT investments have been made at the local, regional and state levels. Barriers still exist in connecting HIT systems to each other and ensuring systems can securely exchange health information. HITOC will identify and make recommendations regarding actions that the state can take to improve interoperability over the course of the next two years.

Policy — Behavioral health information sharing: Federal policies (e.g., 42 CFR part 2), lack of clarity regarding federal and state laws, and technical challenges are all barriers to sharing behavioral health information more broadly in Oregon. HITOC will focus initially on: understanding the behavioral health IT environment in Oregon and barriers to information sharing (including a behavioral health provider survey); strategies to support existing behavioral health information sharing efforts; and eventually, recommendations regarding additional actions that could be taken.

Strategic planning: The current strategic plan for HIT in Oregon runs through 2017. HITOC will begin the process of updating the strategic plan in 2016 and deliver an updated strategic plan to the Board in 2017.

Oversight of existing state-led HIT efforts: HITOC will consider pressing issues of the Oregon HIT Program as it continues to develop and will be regularly updated by OHA staff on the progress of statewide HIT activities.

OREGON EHR INCENTIVE PROGRAM UPDATES

Webinars: The Medicaid EHR Incentive Program kicked off new outreach an education efforts, with two webinars in April and May:

- April 25 & May 3, Attestation Requirement Overview for Program Year 2014 and,
- May 5, Eligible Professional (EP) Meaningful Use Overview.

A total of 137 participants representing 83 unique organizations attended the webinars. Frequently asked questions have been posted to program website at www. medicaidehrincentives.oregon.gov

Program year 2015 Meaningful Use: The grace period is open for 2015 Meaningful Use submissions. Attestations under Meaningful Use for 2015 may be submitted now through August 31, 2016.

Attention dentists, physicians, nurse practitioners, pediatricians who serve Medicaid (Oregon Health Plan) members, 2016 last year to join!

2016 is the last year EPs can join the Medicaid EHR program and begin receiving incentives for demonstrating meaningful use of certified electronic health record technology. EPs coming in for Program Year 2016 under Adopt, Implement, or Upgrade may submit their attestations now through March 31, 2017.

MOVE DATA FORWARD CHALLENGE

The Office of the National Coordinator recently launched the Move Health Data Forward Challenge to stimulate the work around what is known as consumer mediated exchange. This challenge will help to create application programming interface (API) solutions combined with new implementation specifications developed by the HEART Workgroup that have the potential for individuals to securely and electronically authorize the movement of their health data to destinations they choose. These could be between and among their clinicians, hospitals, health-care providers, or even family members. An informational webinar is available online at www.HealthIT.gov.

Challenge Information:

The Move Health Data Forward challenge will have three phases, with a cumulative prize amount of $250,000 and a maximum prize value per participant of $75,000.

Phase 1 will award up to 10 finalists $5,000 each based on submitted proposals. Phase 1 winners will be eligible to proceed to Phase 2, where up to 5 finalists from the original 10 will be awarded $20,000 each based on prototypes.

The final five Phase 2 winners will be eligible to proceed to Phase 3, which will award $50,000 to up to two winners based on their ability to implement their solution.

Participants may apply independently or as a team and will need to recruit and engage individuals as part of testing their solutions.

GOALS FOR HIT-OPTIMIZED CARE

A transformed health system where health information technology and health information exchange efforts ensure that the care Oregonians receive is optimized by HIT. Where:

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver "whole person" care.
- 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.
- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

EXPANDING BEHAVIORAL HEALTH SERVICES THROUGH TELEHEALTH

Josie's* little brother holds the tooth he recently lost up to the computer monitor. She leans in to her screen to get a better look. Soon they are laughing and talking about hiding it under the pillow and waiting for the tooth fairy. What seems like normal children's fun is more than routine. It's therapy.

Josie is in Trillium Family Service's youth residential treatment program. Her younger brother, who she hasn't seen in over two years, lives out of state with another family. The two are physically hundreds of miles apart and their time together has been made possible through the use of a telehealth conferencing system that Trillium is piloting.

Trillium's pilot project is focused on providing psychiatric services via telehealth to youth transitioning from residential treatment to rural community placements. It also aims to support youth in rural settings receiving school-based mental health services.

For Josie, Trillium's telehealth pilot provided a missing link to her treatment.

Growing up, Josie's family life lacked stability and security. According to Alix Hixson, Residential Therapist with Trillium, Josie was raised in a culture of secrets and felt responsible for protecting and caring for her brother. Reconnecting with him via telehealth after more than two years apart was crucial to her care plan. "Seeing and interacting with her brother has really helped her understand there are safe adults in his life taking care of him," said Hixson. "Knowing that she doesn't have to be the mother, that her brother is ok, has allowed her to focus on herself," Hixson says. "And that's where we have really seen gains with her behavior and treatment."

Trillium's project is one of five teleheath pilots funded the by the Oregon Health Authority's federal State Innovation Model (SIM) grant. The goal of OHA's pilot grants is to explore the use of telehealth to expand access to

specialized health care services for hard to reach populations. And, to identify innovative programs that can be replicated in other areas.

According to Dr. Keith Cheng, Trillium's Chief Medical Officer and Psychiatrist for residential clients, telehealth has much potential for his field. "Even if we can have a face-to-face with a client, the family may be too far away to participate in treatment," he says. "Or the community many not have the wrap around services to support an ongoing treatment plan. This makes telehealth a viable option."

Recently, another young woman like Josie was about to age out of Trillium's youth program. "She had a history of hurting herself and we found ourselves at a crossroads," says Cheng. "She would be placed into an adult treatment facility when she turned 18 unless proper community supports were in place to facilitate her return home."

Dr. Cheng, who had already been working with the young woman, utilized the telehealth system to help determine if her small community could support her transition from residential treatment. "It allowed me to meet with the client several times after she was discharged to provide immediate follow-up care and I was also able to speak with the local

Trillium's telehealth team meets via Zoom video-conferencing. L-R: Dr. Keith Cheng, Melody Kaser, Carrina McNerney, Lana Shotwell

psychiatrist who was taking on her case to ensure a smooth transition," he said.

"This process helped confirm the decision to not transition her into an adult facility," said Dr. Cheng. "To keep someone out of inpatient treatment and help them transition back into the community, I call that a success."

* The name of the young woman in this story has been changed for privacy. Trillium Family Health Services project is was awarded a one-year grant from the Oregon Health Authority's State Innovation Model (SIM) funds from the Center for Medicare and Medicaid Innovation. OHA has an intergovernmental agreement with the Oregon Office of Rural Health to administer the grants and assist with reporting.

HEALTH INFORMATION INTEGRATION FOR WHOLE-PERSON CARE

Achieving health information exchange between all providers, including behavioral health services, is essential to health system transformation.

"We know a person with behavioral health conditions may often have other health issues, some which are chronic and have high treatment costs," said Susan Otter, State Coordinator and Director of Health Information Technology at the Oregon Health Authority. "The ability to see a person's complete health information is vital to providing patient-centered care and improving health," she said.

> "We (behavioral health providers) always felt like supplicants begging for information."

Yet, many of the financial incentives that exist for physical health care providers haven't been available for behavioral health practitioners, resulting in slower adoption rates. Additionally, misunderstandings about federal laws and how behavioral health information can be shared have added to the challenges they face.

Oregon's health care community has embraced these challenges and made integrating behavioral health information exchange a priority, according to Gina Bianco, Acting Executive Director for Jefferson Health Information Exchange (JHIE). "JHIE formed a behavioral health workgroup early on, and quickly identified the need for developing consistency around how patient consent requirements are interpreted and how consent is managed in an

electronic health information exchange environment," she says.

"When the workgroup was first formed, behavioral health connectivity seemed daunting," says Ed Smith-Burns from La Clinica. "Many behavioral health providers were left out of the data sharing process, working with little patient information," he added.

And the lack of behavioral health information meant primary care providers also lacked a patient's full health history. Without access to treatment plans, a primary care provider may be unaware that a prescribed

treatment may adversely affect a person's behavioral health or hinder their recovery.

"We always felt like supplicants, begging for information," said Dr. Rita Sullivan, psychologist and Executive Director for OnTrack in Medford. With little access to HIE, behavioral health providers routinely relied on patients to be the conduit for information about their health. "With HIE, we now have a seat at the table as equal partners," Sullivan adds.

JHIE is a sub-grantee with the Oregon Health Authority on a $1.6 million federal interoperability grant from the Office of the National Coordinator of Health IT. Through the grant, JHIE is focusing on electronic consent management, which is a major obstacle

to electronic health information exchange. The goal is to enable coordination between primary care, behavioral health, and emergency providers, by developing a common consent model that will be supported within the JHIE technology.

JHIE and its partners also are working to develop technical and operational solutions for exchanging behavioral health information, including system specifications for exchanging continuity of care documents through JHIE in a manner that is compliant with federal law.

Recently, JHIE conducted a survey to assess behavioral health providers' readiness for interfacing their electronic health record systems with JHIE. "Currently, we are evaluating the capabilities of EHRs used by behavioral health organizations who have expressed interest in piloting data exchange with us. This will inform the requirements for how consent will be managed and the operational process that will support the technology," says Bianco. "Our goal is to bring this information to the behavioral health community to obtain their feedback and input into the process." Interested behavioral health organizations can stay up-to-date on by subscribing to JHIE's electronic newsletter at www. JHIE.org/resources.

For providers and patients, this all adds up to more informed and better coordinated care for people who have behavioral health conditions. "Health information exchange adds credibility to behavioral health," says Smith-Burns. "It has helped demystify what we do."

THREE QUESTIONS FOR THE CHAIR

Erick Doolen is the Executive Vice President and Chief Operating Officer for PacificSource. He currently serves as chair for the Health Information Technology Oversight Council.

Q. **What has changed in health information technology (HIT) since you became involved in the state's HIT work?**

A. The landscape for HIT has changed significantly since the origins of HITOC in 2009. The opportunities to utilize HIT to improve the care for Oregonians has increased substantially as new use cases and applications have been identified to support evolving models of care. There has been a significant expansion of the use of electronic health records (EHRs) which will serve as an important platform for further HIT work and integration of systems across the healthcare value chain. We have seen progress on several HIT programs and developed strategies for additional programs that will deploy in the near future.

Q. **What has impressed you most about what you see happening in Oregon?**

A. I have been most impressed by the commitment of all stakeholders to persist in staying involved and moving the HIT agenda forward. There has been a strong level of collaboration across key stakeholders ranging from state entities and providers of health care to health plans and consumers. There has been a willingness to experiment and stay committed to HIT even in areas where some efforts have not gotten off the ground. In those cases, the end goal remains the focus, and communities look for other options and approaches to continue the HIT work. This level of commitment and collaboration is critical and will help enable the success that lies ahead.

Q. **What are your hopes for Oregon's HIT work in the future?**

A. With the strategic plan laid out, increasing opportunities for using HIT, and an improved EHR infrastructure, I'm hopeful that we will be able to accelerate our progress on multiple fronts and move closer to our three goals of HIT. We will need to stay focused on resolving the funding and policy challenges that slow health information exchange progress across the country. With the work on common credentialing, provider directory and clinical quality measures targeted to deliver in 2017 and several other initiatives moving ahead, we are well positioned to leverage HIT for optimized care to Oregonians.

WELCOME HITOC MEMBERS

Maili Boynay
IS Director Ambulatory
Community Systems
Legacy Health

Robert (Bob) Brown
Retired Advocate
Allies for Healthier Oregon

Erick Doolen
Executive Vice President &
Chief Operating Officer
PacificSource Health Plans

Chuck Fischer
Information Technology Director
Advantage Dental

Valerie Fong, RN
Chief Nursing Informatics Officer
Providence Health & Services

Charles (Bud) Garrison
Director of Clinical Informatics
Oregon Health & Science University

Brandon Gatke
Chief Information Officer
Cascadia Behavioral Healthcare

Amy Henninger, MD
Site Medical Director
Multnomah County Health Department

Mark Hetz
Chief Information Officer
Asante Health System

Sarah Laiosa, DO
Physician
Harney District Hospital Family Care

Sonney Sapra
Chief Information Officer
Tuality Healthcare

Greg Van Pelt
President
Oregon Health Leadership Council

ONC INTEROPERABILITY PLEDGE

Earlier this year, the Office of the National Coordinator for Health IT (ONC) announced an industry-wide pledge for interoperability. At its June meeting, the Health Information Technology Oversight Council (HITOC) endorsed the interoperability pledge in its commitment to health IT interoperability.

Interoperability between health IT systems and technologies is essential to providing patient-centered care. To ensure providers can deliver the most effective care, and consumers can be more engaged in their own care, health information must be available at the point and time of care.

HITOC encourages all Oregon health care-related organizations to review and sign the pledge, committing to the core principles of advancing interoperability and consumer access.

The pledge illustrates a shared commitment to improving the flow of health information to patients and providers. It helps strengthen the foundation for more meaningful collaboration around national interoperability.

Take the Pledge Now at www.healthit.gov/commitment

Once you take the pledge, let us know at ohit.info@state.or.us. We will include your name along with other Oregon organizations committed to these principles and improving coordinated care. Your letter will also be published on the ONC website at www.healthit.gov.

Pledge Language

We [your company or organization] share the principle that to achieve open, connected care for our communities, we all have the responsibility to take action. To further these goals, we commit to the following principles to advance interoperability among health information systems enabling free movement of data, which are foundational to the success of delivery system reform.

- Consumer Access: To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community.
- No Blocking/Transparency: To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and 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 and security.

Optional language addition: To implement these commitments we are or will [describe your specific interoperability efforts].