
Update on Health IT Efforts

Joint Ways & Means Subcommittee on Human Services

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Health IT (HIT): Opportunity and Challenges

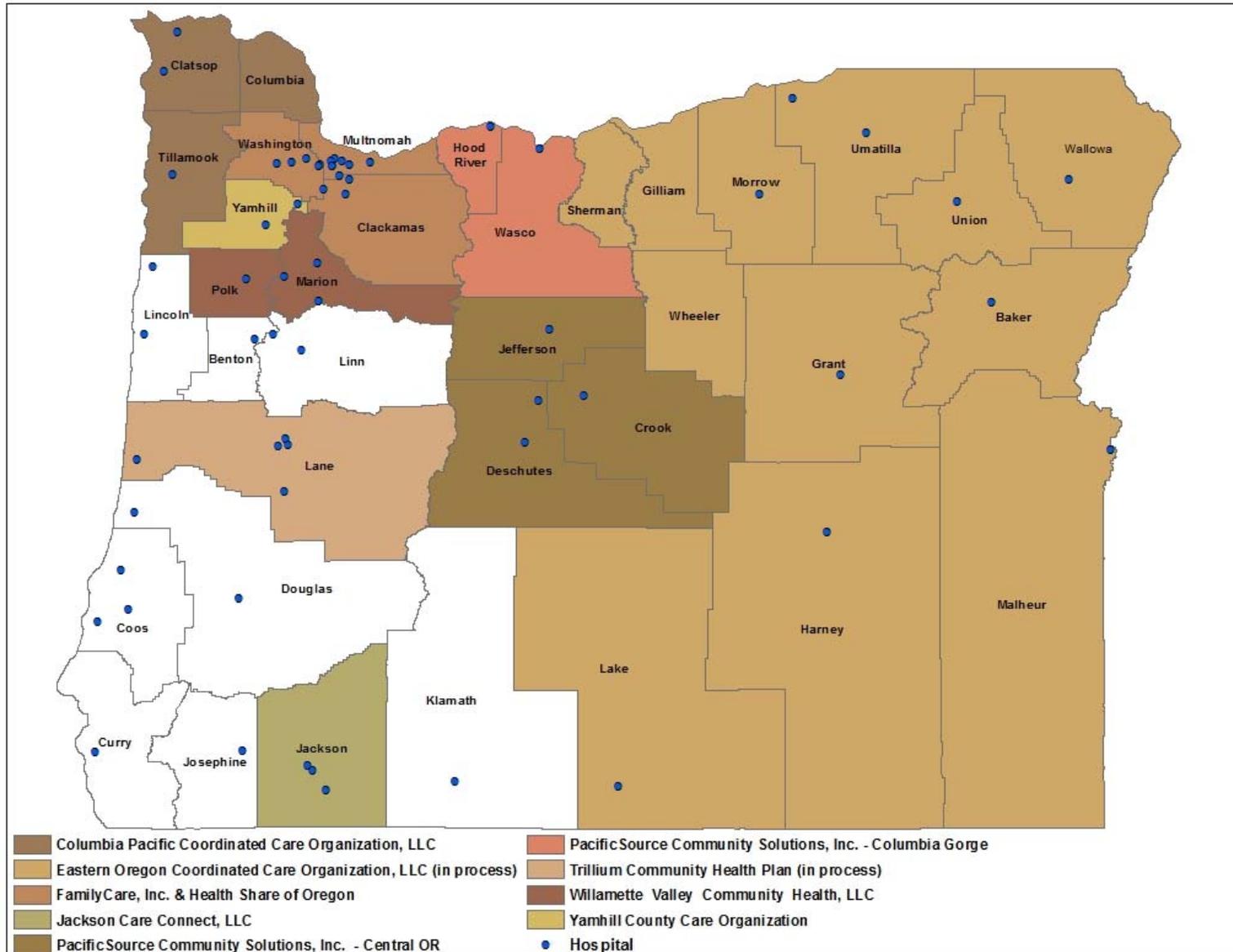
- HIT impacts nearly every aspect of coordinated care
 - New tools are needed to share information; aggregate data effectively; support telehealth; provide patients with tools and data
- Oregon investments HIT and Electronic Health Record (EHR) abound
 - Top tier of states for EHR adoption, but many find challenges
 - Health information exchange advancing in many regions
- Connecting all members of the care team is important
 - Sharing critical hospital event information
 - Barriers to participating in HIT for non-physical health providers “Digital Divide”
- OHA and others are investing in state-level HIT
 - We are making progress and tracking to ensure we are delivering value for the investment

Sharing Hospital Event Data

- The Emergency Department Information Exchange (EDIE) Utility
 - Collaborative effort led by the Oregon Health Leadership Council with OHA and other partners
 - Connects hospital event data from OR, WA
 - Notifies ED of high utilizers – provides critical information for ED
- PreManage
 - Provides real-time notifications to subscribers when their patient/member has a hospital event
 - Dashboards provide real-time population-level view of ED visits
- Care guidelines—
 - Subscribers can add key care coordination information into PreManage, viewable by other users

Hospital Event Data – by County

CCOs (PreManage), Hospitals (EDIE)



EDIE and PreManage User Experience, Impact

Encouraging outcomes around early use:

- Improved communication and coordination of care
- Real-time interventions on high-risk patients
- Reducing rehospitalizations
- Connecting behavioral health teams to physical health hospitalization information
- Emerging efforts for community level comprehensive care planning for high-risk patients

Foundational HIT Services—

Common Credentialing Program

Mandatory common credentialing solution, coming in 2017:

- Establish a credentialing program and database for
 - All credentialed health care practitioners
 - All credentialing organizations (hospitals, health plans, CCOs, etc.)
- Simplify the credentialing process and increase system efficiencies - reduce costs and redundancies

Status:

- Project approved by DAS, LFO; passed external quality assurance contractor reviews
- System integrator (Harris Corp) to release RFP early 2016
- Expect vendor onboard summer 2016
- Engaging stakeholders and developing rules

Foundational HIT Services—

Provider Directory

Coming in 2017: Offers health care entities a one-stop option to find key information on Oregon providers and care team members.

- Provide efficiencies for operations, care coordination, health information sharing, and analytics
 - to support OHA, DHS, health care providers and systems, CCOs and health plans
 - Leverage common credentialing efforts and emerging provider directory standards

Status:

- Project approved by DAS, LFO; passed external quality assurance contractor reviews; CMS funding approved
- System integrator (Harris Corp) to release RFP mid-2016
- Engaging stakeholders

Foundational HIT Services–

Clinical Quality Metrics Registry

Clinical Quality Metrics and CCOs:

- CCO quality incentives include three clinical metrics:
 - Optimal diabetes care, Controlling hypertension, Depression screening and follow-up
- In 2017, OHA registry will capture clinical metrics electronically
 - From providers' EHRs, CCOs or other third parties
 - Federal requirements for EHRs enable automated reporting of “Meaningful Use” clinical metrics
 - Allows new insight into clinical outcomes through more efficient and aligned reporting

Status:

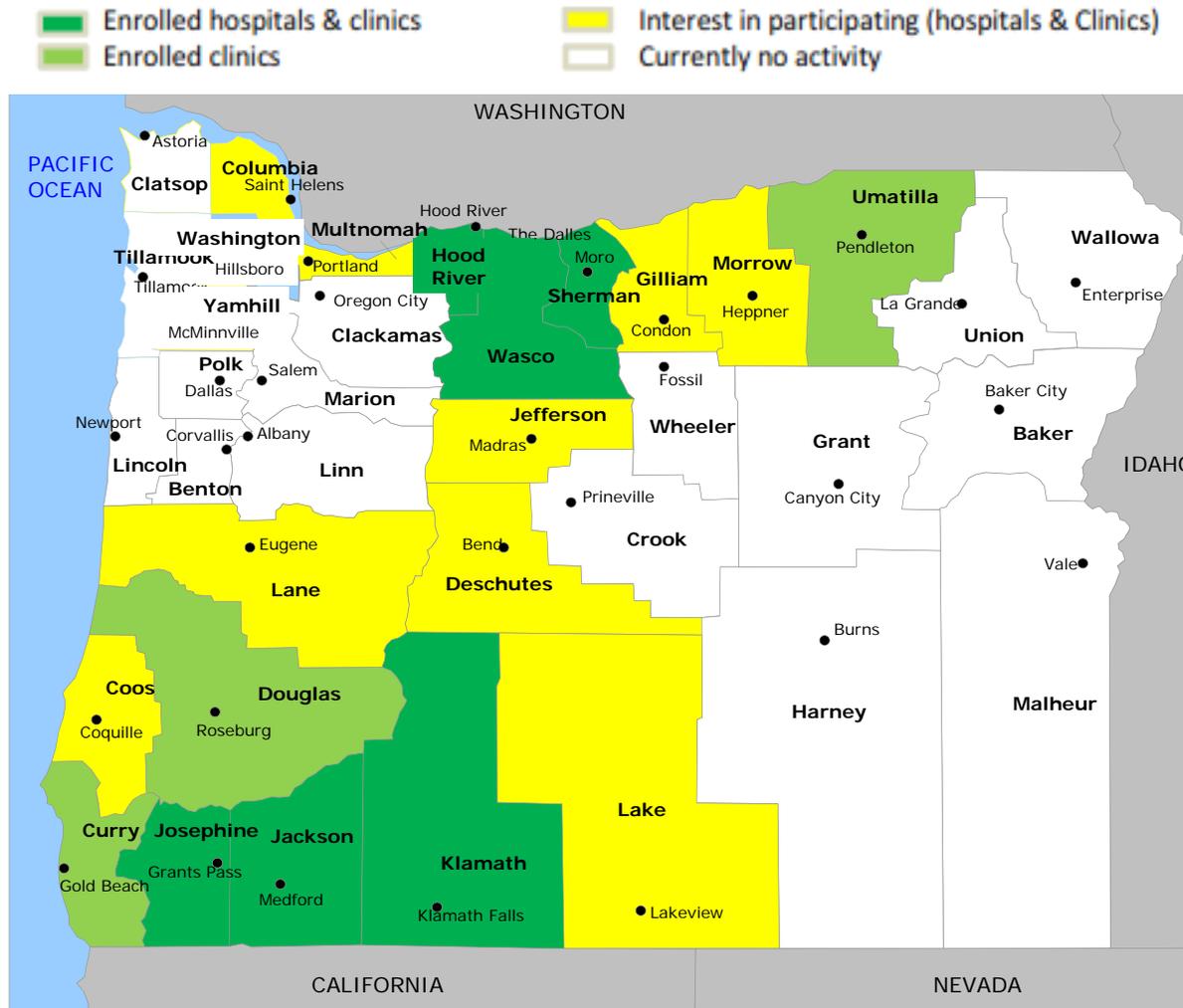
- Project approved by DAS, LFO; passed external quality assurance contractor reviews; CMS funding approved
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HIT Initiatives–

Advance Interoperable Health IT Grant

- OHA received \$1.6m, 2 year cooperative agreement
 - Office of National Coordinator for Health Information Technology
 - Oregon sub-recipient: Jefferson Health Information Exchange
- Focus:
 - Integrating Physical and Behavioral Health
- Target Populations:
 - Behavioral Health, Primary Care & FQHCs, Emergency Providers & Disabilities Services
- Projects:
 - Common consent model for behavioral health information sharing
 - New Data Sources: EDIE, critical access hospitals, behavioral health EHRs, etc.
 - Connecting to federal agencies (e.g. VA, SSA)

Jefferson HIE Participants (as of 12/31/15)



7 Hospitals in 4 Health Systems

- Asante Health System,
- Providence Health & Services,
- Sky Lakes Medical Center,
- Mid-Columbia Medical Center

5 CCOs

- All Care,
- Cascade Health Alliance,
- Jackson Care Connect,
- Primary Health,
- Pacific Source

735+ Enrolled Providers at 200+ Clinics

<http://jhie.org/participants/>

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Health Information Technology Oversight Council (HITOC)
www.oregon.gov/oha/ohpr/hitoc/

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An Update on the Oregon Common Credentialing Program

February 1, 2016

Background

In July 2015, the Oregon State Legislature passed Senate Bill (SB) 594 allowing flexibility in the operational date of the Oregon Common Credentialing Program (OCCP) originally established under SB 604 from the 2013 Regular Legislative Session. The OCCP will consist of a program and a database that will provide credentialing organizations access to information necessary to credential or re-credential all health care practitioners in the state. Credentialing organizations currently credential health care practitioners independently, resulting in a duplication of efforts. While Oregon took the first step in minimizing this administratively burdensome process by mandating the use of a common Oregon Practitioner Credentialing Application, this did not limit the number of systems and processes used to capture and verify information reported in the application. The Executive Committee on Administrative Simplification of the Oregon Health Leadership Council also explored a common credentialing solution for Oregon, but was still in need of community support and an adoption plan.

Legislative Requirements and Timeline

Under SB 604, health care practitioners or their designees will submit necessary credentialing information into a common credentialing solution and credentialing organizations will be required to use the solution to obtain that information. This legislation was sponsored by Senators Alan Bates and Elizabeth Steiner-Hayward; both practicing physicians. It was also supported by the Oregon Medical

Association, the Oregon Association for Hospitals and Health Systems, and the Oregon Health Leadership Council among others. Given the complexity of the program and that the procurement process has taken more time than anticipated, flexibility in the operational date was needed. This led to SB 594 which allows OHA to establish an operational date via administrative rule with the expectation that stakeholders be given at least six months' notice in advance of that date. More time will ensure that the implementation of the OCCP solution is not rushed and that participants are thoroughly informed of program requirements prior to the operational date. OHA anticipates the OCCP to be operational in 2017.

Legislative Requirements

SB 604 (2013)

- Establish a program and database to provide credentialing organizations access to information necessary for credentialing
- 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 at least six months' notice

Program Implementation

Since 2013, OHA has convened a Common Credentialing Advisory Group (CCAG), developed a list of health care practitioner types expected to participate in a common credentialing solution, identified accrediting entity requirements for credentialing, released and assessed a Request for Information (RFI) in 2014, developed system and programmatic requirements, and established fee structure principles and preferences. OHA also worked with stakeholders to develop administrative rules effective July 1, 2014.

Over the last few years, the State of Oregon has undergone changes in the management of information technology procurements. In an effort to comply with new policies and provide the most appropriate project management and oversight, OHA is aligning the OCCP with a portfolio of health information technology projects (i.e., provider directory and clinical quality metrics registry) that will be managed and coordinated by a prime vendor. The prime vendor, Harris Corporation, will utilize all work done thus far on the OCCP and will work with OHA on selecting and negotiating a commercial-off-the-shelf solution for the credentialing work. The prime vendor approach will ensure the most appropriate management of multiple vendors' solutions and reduce the agency's risk of failure.

Stakeholder Engagement

All OCCP implementation work has been done with stakeholder involvement. The CCAG has been an integral component to this as the main advisory group, meeting regularly over the last few years. This group's membership includes practitioners and representatives from credentialing organizations, Health Care Regulatory Boards, provider practices, ambulatory surgical centers, and Independent Physician Associations. OHA has also regularly consulted a group of subject matter experts from some of the same organization types and has also engaged other stakeholders such as professional associations and individual practitioners for additional input. This engagement will continue through the implementation period and beyond.

Next Steps

In the coming months, work for the OCCP will consist of procurement and vendor negotiations, the finalization of a fee structure, revisions to the 2014 administrative rules, working through programmatic details and policies, and outreach and marketing campaign. Stakeholders will be fully engaged in this work through the CCAG. This includes working closely with Harris and the selected OCCP vendor to implement an efficient effective solution for all participants. The OHA will also continue to collaborate with various other key stakeholders to address specific credentialing needs and challenges related to the OCCP, resulting in a program that will reduce costs and administrative burdens for the health care industry in Oregon. The OCCP is anticipated to be operational in early 2017.

More information on OCCP legislation and the CCAG can be found at: <http://www.oregon.gov/oha/OHIT/occp>