# Health Information Technology Oversight Council
# Updates on Health IT Policy and Efforts

## Health IT Policy

### Federal Law and Policy Updates

**ONC and CMS Interoperability Final Rules,** Contact: Marta.M.Makarushka@dhsoha.state.or.us

On May 1, 2020, the U.S. Department of Health and Human Services (HHS) published two health information technology (IT) final rules requiring implementation of new interoperability policies.

The ONC 21st Century Cures Act Final Rule supports seamless and secure access, exchange, and use of electronic health information (EHI). The Final Rule calls on the healthcare industry to adopt standardized application programming interfaces (APIs), which will help allow individuals to securely and easily access structured EHI using smartphone applications. The rule includes a provision requiring that patients can electronically access all of their EHI, structured and/or unstructured, at no cost. Finally, to further support access and exchange of EHI, the proposed rule implements the information blocking provisions of the Cures Act which applies to health care providers, health IT developers of certified health IT, and health information networks or exchanges. The rule proposes eight exceptions to the definition of information blocking.

The Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Final Rule focuses on patient access to electronic health information (EHI) and interoperability among providers, payers and patients. It implements requirements that put patients first, giving them access to their health information when they need it most and in a way they can best use it. The rule requires insurers participating in CMS-run programs like Medicare, Medicaid, and the federal Affordable Care Act exchanges to make patient EHI and provider directory information available to patients in their app of choice.

On January 15th, CMS released an Interoperability and Prior Authorization final rule related to the *Reducing Provider and Patient Burden* proposed rule released on 12/10/2021 (Press Release and NPRM). The current administration has implemented a regulatory freeze on the final rule pending review. The final rule has not yet been published in the Federal Register and may include changes before becoming effective. The final rule, as released, requires certain CMS-regulated payers to improve the electronic exchange of health care data via Application Program Interfaces (APIs) and streamline the prior authorization

process to reduce burden on payers, providers, and patients. This rule places new requirements on Medicaid and CHIP managed care plans, state Medicaid and CHIP fee-for-service programs, and Qualified Health Plans (QHP) issuers on the Federally-facilitated Exchanges (FFEs).

OHA has hosted three webinars: (1) a HITOC-sponsored Federal Interoperability Final Rules Webinar on 10/1/2020 which provided an overview of both interoperability final rules; (2) a CCO/Payer Interoperability Final Rules Webinar on 11/5/2020 which focused on the CMS payer requirements; and (3) a CCO/DCO Final Rules Follow-up Webinar focusing on the newly released Interoperability and Prior Authorization final rule and CCO/DCO information sharing and coordination. Recordings and materials for these webinars and additional resources (e.g., webinar Q&As, links to federal websites and documents) can be found on the Office of Health IT final rules webpage.

**ONC Releases Draft USCDI Version 2 and SVAP Approved Standards for 2020,** Contact: Lisa.A.Parker@dhsoha.state.or.us

ONC released the Draft United States Core Data for Interoperability Version 2 (Draft USCDI v2) on January 12, 2021. The Draft USCDI v2 is the result of wide-ranging public input into the elements that should be included to enhance the interoperability of health data for patients, providers, and other users. ONC encourages the public to review this draft standard, including the list of data elements that didn't make it into the standard, and provide comments through the USCDI home page by April 15, 2021.

ONC also released the Standards Version Advancement Process (SVAP) Approved Standards for 2020. Under SVAP, health IT developers can incorporate newer versions of health IT standards and implementation specifications used in certified health IT and update systems for their customers without undergoing certification testing again.

Learn more about the USCDI and comment →

Learn more about the SVAP →

**Proposed rules to HIPAA from HHS Office for Civil Rights,** Contact: Lisa.A.Parker@dhsoha.state.or.us

On January 21, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services published proposed rules to the Health Insurance Portability and Accountability Act (HIPAA)

## Health IT and Health System Transformation: Vision and Goals

HITOC set out a vision for health IT-optimized health care, along with three goals. These guide OHA's health IT work.

**Vision:**
A transformed health system where health IT efforts ensure that the care Oregonians received is optimized by health IT.

**Goal 1: Share Patient Information Across the Care Team**
Oregonians have their core health information available where needed, so their care team can deliver person-centered, coordinated care.

**Goal 2: Use Data for System Improvement**
Clinical and administrative data are efficiently collected and used to support quality improvement and population health management, incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.

**Goal 3: Patients Can Access Their Own Information and Engage in Their Care**
Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers.

[Privacy Rule](#) to support individuals' engagement in their care, remove barriers to coordinated care, and reduce regulatory burdens on the health care industry. The proposed changes include strengthening individuals' rights to access their own health information, including electronic information; improving information sharing for care coordination and case management for individuals; facilitating greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises; enhancing flexibilities for disclosures in emergency or threatening circumstances, such as the Opioid and COVID-19 public health emergencies; and reducing administrative burdens on HIPAA covered health care providers and health plans, while continuing to protect individuals' health information privacy interests.

OCR encourages comments from all stakeholders, including patients and their families, HIPAA covered entities (health plans, health care clearinghouses, and most health care providers) and their business associates, consumer advocates, health care professional associations, health information management professionals, health information technology vendors, and government entities. Comments are due by 3/22/21.

## Oregon Law and Policy Updates

**HB4212 REALD Provider Reporting,** Contact: [Susan.Otter@dhsoha.state.or.us](mailto:Susan.Otter@dhsoha.state.or.us)

Oregon's House Bill 4212 (2020) requires health care providers to collect race, ethnicity, language, and disability (REALD) data for all COVID-19 encounters. After collection, providers must report this data to OHA with COVID-19 disease reporting. The requirement went into effect on October 1 for Phase 1 providers, with additional phases in 2021. Phase 1 providers include:

- Hospitals, except for licensed psychiatric hospitals;
- Health care providers within a health system; and
- Health care providers working in a federally qualified health center

In Q4 2020, OHA convened a technical workgroup of Phase 1 provider organizations and technical experts to support and coordinate REALD implementation and achieve efficiencies. The group discussed necessary updates to EHR systems, public health data reporting options, workflow, and other implementation details. For more information, see: [https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx](https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx)

**Landscape and Environmental Scan,** Contact: [Marta.M.Makarushka@dhsoha.state.or.us](mailto:Marta.M.Makarushka@dhsoha.state.or.us)

OHA's Office of Health IT (OHIT) engages in ongoing environmental scan activities to inform health IT efforts and ensure strategies and programs address evolving needs. OHIT continues compiling data across the agency and other sources to serve various purposes, such as informing HITOC's progress monitoring, program oversight, and reporting priorities.

- OHIT will support CCOs' 2021 Health IT Data Collection and Reporting efforts. This will include a survey distributed to CCO-contracted provider organizations to collect EHR and HIE information that will be used to inform HITOC's strategic plan update work.
- Past work includes
  - a [2019 Health IT Report to HITOC](#) which summarizes what is known about Oregon's EHR and HIE landscape, including key health IT concepts and HITOC considerations. This report supports HITOC's data-related responsibilities and helps inform HITOC's strategic planning.
  - a Behavioral Health HIT/HIE Scan Report based on survey and interview data. See [Behavioral Health HIT Workgroup](#) for more information.

**HITOC Strategic Plan and Annual Priorities,** Contact: Susan.Otter@dhsoha.state.or.us

Strategic Plan Update: At the beginning of 2020, HITOC began efforts to update the Oregon HIT Strategic Plan. In February and March, OHA conducted a series of public listening sessions and collected helpful input to inform the strategic plan. Given the pandemic's impact on the healthcare system, remaining listening sessions were canceled and Strategic Plan Update efforts were placed on hold. HITOC will resume Strategic Plan Update work summer 2021.

Annual priorities: In February 2020, HITOC reported to the Oregon Health Policy Board (OHPB) on 2019 progress and proposed 2020 priorities, including Strategic Plan update work, and further work related to HIT and social determinants of health and health equity. Due to the COVID-19 response, OHA suspended stakeholder meetings starting in April, putting HITOC's work on hold. HITOC held an August 2020 meeting to focus on the role of health IT in the COVID-19 response. HITOC is resuming its regular meetings on February 4, 2021 and will discuss 2021 priorities at that time. The HITOC Chair and Vice-Chair will present an update on HITOC priorities to OHPB on February 17.

**Behavioral Health HIT Workplan,** Contact: Jessica.L.Wilson@dhsoha.state.or.us

The Behavioral Health (BH) HIT Workgroup's February 2020 meeting focused on recommendations for how OHA can use the SAMHSA block grant funding for technical assistance to substance use disorder providers around EHR and HIE adoption and use. As a result of the collaboration with the Workgroup, OHA planned and hosted two virtual behavioral health learning collaborative events in September 2020 to provide an opportunity for behavioral health providers and organizations to collaborate and share best practices, lessons learned, and challenges around EHR adoption/upgrade and HIE.

- The first event, offered September 1, was largely structured as a peer-to-peer learning event and featured the topics of behavioral health EHR adoption/upgrade, behavioral health EHR utilization in Oregon, and the collection and use of Race, Ethnicity, Language, and Disability (REALD) data. Additionally, the event offered breakout sessions for a few specific EHRs, telehealth, and decision-making in EHR adoption/upgrade. Nearly 200 individuals across 100 different organizations attended the event.
- The second event, offered September 21 in collaboration with the HIT Commons, centered on HIE tools and privacy and confidentiality. Attendees received guidance for using the finalized OHA Provider Confidentiality Tool Kit, legal information, and updates to 42 CFR Part 2, and were able to participate in breakout sessions covering various HIT/HIE applications for behavioral health information sharing. More than 80 individuals attended the event. For more information:

## HITOC's Current Work Groups

### Health IT/Health Information Exchange Community and Organizational Panel

This group is composed of representatives from a variety of organizations across Oregon that are implementing or operating cross-organizational health IT and health information exchange programs. Members share best practices, identify common barriers to progress, and explore opportunities for collaboration.

### Behavioral Health HIT Workgroup

HITOC chartered this group in 2018 to prioritize the recommendations in OHA's *Report on Health Information Technology and Health Information Exchange Among Oregon's Behavioral Health Agencies*. The workgroup's recommendations were presented to HITOC in December 2018 and added to the Report as an addendum. HITOC requested the workgroup continue. It is composed of a broad representation of types of behavioral health stakeholders across Oregon.

- o **OHA Confidentiality Tool Kit**:
  https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8271.pdf;
- o **Cover Letter:** https://www.oregon.gov/oha/HSD/AMH/docs/Tool-Kit-091820.pdf

## Oregon Health IT Program: Partnerships

**HIT Commons,** Contact: Luke.A.Glowasky@dhsoha.state.or.us

The HIT Commons is a public/private partnership to coordinate investments in HIT, leverage funding opportunities, and advance HIE across the state. HIT Commons is co-sponsored by the Oregon Health Leadership Council (OHLC) and OHA, and is jointly funded by OHA, hospitals, health plans and CCOs. For more information see the HIT Commons website.

**EDie and the Collective Platform (formerly known as PreManage)**

The Emergency Department Information Exchange (EDie) allows Emergency Departments (EDs) in real-time to identify patients with complex care needs who frequently use the emergency room for their care. In addition to utilization alerting, EDie also provides succinct but critical information to ED physicians, such as: security alerts, care guidelines entered by the patient primary care home, and contact information for case managers. All hospitals with emergency departments (excepting the VA) in Oregon are live with EDie.

The Collective Platform (aka PreManage) is a companion software tool to EDie. The Collective Platform brings the same real-time hospital event notifications (ED and Inpatient Admit, Discharge, and Transfer (ADT) data) to those outside of the hospital system, such as health plans, Medicaid coordinated care organizations (CCOs), providers, and care coordinators. In Oregon, Physician Orders for Lifesaving Treatment (POLST) forms are available to view for clinics, Skilled Nursing Facilities (SNFs), payers, and hospitals who receive EDie alerts through paper/fax.

EDie and the Collective Platform are in use statewide and adoption for Collective continues to grow. All of Oregon's CCOs receive hospital notifications through the Collective Platform (and all CCOs are extending their Collective subscriptions down to their contracted providers), as are most major Oregon health plans, and all of Oregon's Dental Care Organizations. About 2/3$^{rds}$ of Oregon's Patient-Centered Primary Care Homes, many behavioral health and community mental health program clinics, tribal clinics and others are participating, as well as state programs for Aging & People with Disabilities and Developmental Disabilities.

Recent highlights:
- As of January 18, 2021, statewide COVID-19 positive case data are flowing from OHA's Oregon Pandemic Emergency Response Application (Opera), the state's COVID-19 case investigation system, into EDIE notifications across 63 Oregon hospitals and are visible in real-time through integrated EHR and other clinical workflows. For more information see this link.
- OHA, HIT Commons and Collective worked together in 2020 to deploy three statewide flags indicating a patient had an ED visit with a presumptive COVID-19 indicator. Educational materials were also developed and sent to all EDie/Collective Platform users. Confirmed COVID-19 status from some hospital facility ADT and Reliance lab feeds are now live in EDIE/Collective Platform. For more information see this link.

**Oregon's Prescription Drug Monitoring Program (PDMP) Integration Initiative**

Oregon's PDMP Integration initiative connects EDie, Reliance eHealth Collaborative health information exchange (HIE), EHRs, and pharmacy management systems to Oregon's PDMP, which includes prescription fill information on controlled substances, and is administered by OHA's Public Health Division. HIT Commons is overseeing the PDMP Integration work with guidance from the Oregon PDMP Integration Steering Committee and in coordination with OHA's Public Health PDMP program. Legislative updates and the latest PDMP implementation reports can be found on the HIT Commons website.  Recent highlights include:

- 20,965 prescribers[1] across 200 organizations have integrated access to Oregon's PDMP data – either through their EDie alerts, or through one-click access at the point of care (EHR or HIE), 9 retail pharmacy chains (across 890 sites) and 1 rural pharmacy are also live.
- Recent efforts to encourage small and rural clinics to integrate their EHR access to PDMP have proven fruitful, and HIT Commons expects to bring on a number of new organizations in 2021.

**Oregon Community Information Exchange Activities,** Contact: Lisa.A.Parker@dhsoha.state.or.us

Community information exchange (CIE) is a network of healthcare and human/social service partners using a technology platform with functions such as a shared resource directory, "closed loop" referrals, reporting, social needs screening, and other features to electronically connect people to social services and supports.

CIEs are developing rapidly across the state, sponsored by CCOs, health plans and other organizations. Community-based organizations (CBOs), clinics, local public health authorities (LPHAs), and non-profits are participating across Oregon with two main CIE vendors: Aunt Bertha and Unite Us/Connect Oregon.

OHA is presenting to multiple community forums to help increase awareness of CIE and share about the opportunity. OHA is planning to host a webinar in Q1 2021 on CIE in Oregon.

To learn more, see https://www.oregon.gov/oha/HPA/OHIT/Pages/CIE-Overview.aspx.

## Oregon Health IT Program: Programs

### Medicaid EHR Incentive Program, Contact: Jessica.L.Wilson@dhsoha.state.or.us

The Medicaid EHR Incentive Program (also known as the Promoting Interoperability Program) offers qualifying Oregon Medicaid providers federally-funded financial incentives for the adoption or meaningful use of certified electronic health records technology. Eligible professional types include physicians, naturopathic physicians, pediatric optometrists, nurse practitioners, certified nurse-midwives, dentists, and physician assistants in certain settings. As of December 2020, more than $210 million in federal incentive payments have been dispersed to 60 Oregon hospitals and 3,849 Oregon providers. The program ends in 2021.

### Oregon Provider Directory, Contact: Karen.Hale@dhsoha.state.or.us

The Oregon Provider Directory (OPD) will serve as Oregon's directory of accurate, trusted provider data. It supports care coordination, HIE, administrative efficiencies, and heath analytics. Authoritative data sources that

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[1] This number cannot be deduplicated and may reflect duplicate prescriber counts.

feed the OPD are aggregated and data stewards manage the data to ensure quality. The Provider Directory Advisory Committee provides stakeholder input and oversight to OHA's development of this program.

The OPD went live in September 2019 in a soft launch in Central Oregon. Due to COVID-19, in March 2020 OHA paused soft launch engagement activities. During the pause, OHA staff have focused on enriching the OPD with data from 3rd party sources, engaging available partners for use case testing, and exploring other directory domains (e.g., social service resource directories) where the OPD aligns and can bring value.

## Clinical Quality Metrics Contact: Katrina.M.Lonborg@dhsoha.state.or.us

**Educational webinar: Quality measures and FHIR:** Want to learn more about how the Fast Healthcare Interoperability Resources (FHIR) standard intersects with quality measurement? OHA is partnering with OHSU's Care Management Plus team to offer a free educational opportunity, including a presentation on FHIR and electronic clinical quality measures and Q&A. The webinar will take place on February 26, 2:00-3:00 (Zoom link; Meeting ID: 161 770 8303 Passcode: 897405). The webinar will be recorded and posted to the CCO Metrics TAG page.

The Clinical Quality Metrics Registry (CQMR) has been used to support the Medicaid EHR Incentive Program and CCO quality incentive program. The CQMR collects, aggregates, and provides electronic clinical quality measure (eCQM) data to meet program requirements and achieve efficiencies for provider reporting. Because of changing national standards, however, the CQMR service was suspended at the end of 2020. OHA remains committed to the goals of collecting robust clinical data on outcomes measures to support health system transformation. For more information, please see these FAQs.

## Health Information Exchange (HIE) Onboarding Program, Contact: Jessica.L.Wilson@dhsoha.state.or.us

Oregon's HIE Onboarding Program leverages significant federal funding to increase Medicaid providers' capability to exchange health information. The Program supports the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. Reliance eHealth Collaborative was selected through an RFP process. The HIE Onboarding Program launched in January 2019 and ends June 30, 2021.

OHA has approved Reliance workplans to onboard providers contracted with nine CCOs, covering 15 Oregon counties: AllCare Health Plan, Advanced Health, Cascade Health Alliance, Jackson Care Connect, PacificSource Central Oregon, PacificSource Gorge, PacificSource Lane, PacificSource Marion/Polk, and Umpqua Health Alliance. Reliance submitted and received approval for their 2021 work plan. Reliance has been active in supporting COVID response as well. See http://reliancehie.org/covid19/ for more information.

## Direct Secure Messaging Flat File Directory, Contact: Karen.Hale@dhsoha.state.or.us

The Flat File Directory assists organizations with identifying Direct secure messaging addresses across Oregon to support use of Direct, including to meet federal Meaningful Use requirements for sharing Transitions of Care summaries. As of January 2021, the Flat File Directory includes more than 17,000 Direct addresses from 25 interoperable, participating entities who represent 890 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, etc.).

## Stay Connected

You can find information about HITOC at our [website](). Meetings are open to the public and public comments are accepted at the end of each meeting or in writing to the HITOC Chair and Vice-Chair in care of OHA (hitoc.info@dhsoha.state.or.us).

## Program Contact

Health Information Technology Oversight Council: hitoc.info@dhsoha.state.or.us

### Get involved with Oregon Health IT

**Office of Health Information Technology:** HealthIT.Oregon.gov **| Join the listserv:** bit.ly/2VYgoDB