HEALTH INFORMATION TECHNOLOGY

BACKGROUND BRIEF

LPRO: Legislative Policy and Research Office

TERMINOLOGY

Health Information Technology (**HIT**) includes computer hardware and software that deals with the collection, storage, retrieval, sharing, or use of health care information data, and knowledge for communication and decision making. HIT infrastructure describes policies, procedures, technologies, and industry standards that facilitate secure and accurate sharing of electronic health information between providers, payers, patients, and their guardians.

Health information is shared, or exchanged, via Health Information Exchange. This is the secure electronic movement of health-related information. Health information exchange can also refer to an organization or a group of stakeholders that facilitate the electronic exchange of health-related information. Information is exchanged to improve health care practices for health care providers (these organizations are sometimes called Health Information Organizations).

An electronic health record (**EHR**) is an individual's electronic record of health-related information that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Certified electronic health record technology refers to an electronic health record that meets federal certification criteria for interoperability and meaningful use under the Health Information Technology for Economic and Clinical Health Act (**HITECH**).

CONTENTS

TERMINOLOGY

RELEVANT FEDERAL POLICIES

STATE HIT ENVIRONMENT, POLICY, AND HIT EFFORTS

OHIT'S INITIATIVES

OHIT'S PROGRAMS

STAFF CONTACT

RELEVANT FEDERAL POLICIES

American Recovery and Reinvestment Act

In 2009, Congress passed the American Recovery and Reinvestment Act in response to the economic crisis. The Health Information Technology for Economic and Clinical Health (**HITECH**) Act was a component of the Act.

Office of the National Coordinator for Health Information Technology

In 2004, President Bush established the Office of the National Coordinator to provide leadership for the development and nationwide implementation of an interoperable HIT infrastructure. Congress authorized the Office of the National

Coordinator as part of the HITECH Act in 2009.

The National Coordinator develops, maintains, and directs a strategic plan. The plan guides nationwide implementation of interoperable HIT in both the public and private sectors to reduce medical errors, improve care quality, and produce greater value for health care expenditures.

Federal HIT Strategic Plan

The strategic plan laid out by the National Coordinator has the following five goals:

1) Achieve adoption and information exchange through meaningful use of HIT;

2) Improve care, improve population health, and reduce health care costs through the use of HIT;

3) Inspire confidence and trust in HIT;

4) Empower individuals with HIT to improve their health and the health care system; and

5) Achieve rapid learning and technological advancement.

Patient Protection and Affordable Care Act (ACA)

In 2010, Congress passed the *Patient Protection and Affordable Care Act, (ACA)*. The ACA is a significant piece of federal health legislation passed since Medicare and Medicaid were established in 1965. The legislation provides additional security and privacy protections for consumers and establishes web-based insurance exchanges for consumers. The ACA established the Center for Medicare and Medicaid Innovation within CMS, which evaluates payment reforms and health care delivery solutions that leverage HIT infrastructure for coordinate care.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is the federal law that protects individually identifiable health information and sets national standards for the security of electronically protected health information. HIPAA requires safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. Additionally, the rule gives patients rights over their health information including the right to examine and obtain a copy of their health records, and to request corrections.

STATE HIT ENVIRONMENT, POLICY, AND HIT EFFORTS

House Bill 2009 (2009)

House Bill 2009 established the Oregon Health Authority (**OHA**) and the Oregon Health Policy Board to lead the work for affordability and quality health care improvements. Additionally, House Bill 2009 established the Health Information Technology Oversight Council, to coordinate Oregon's public and private statewide efforts in electronic health record adoption, to create strategic and operational plans for the development of a statewide system or electronic health information technology exchange.

House Bill 3650 (2011)

House Bill 3650 established Oregon's coordinated care organizations (**CCOs**) which are charged with coordinating care across provider types and receives global budgets to manage the health of their members. House Bill 3650 also explicitly addressed health information technology, requiring that CCOs use HIT to link services and care providers

across the continuum of care to the "greatest extent practicable" and required the Health Information Technology Oversight Council to develop informational materials to be used by CCOs to address disclosure and the appropriate use of electronic health records, including need-based access and privacy mandates.

Office of Health Information Technology

The Office of Health Information Technology **(OHIT)** was established in 2011 as a part of the OHA. OHIT's focuses on supporting the adoption of electronic health records, the secure exchange of health information, and achievement of meaningful use in the state.

Through collaboration and partnerships, OHIT is increasing the use of HIT across Oregon's health care community. OHIT works with HITOC, the Oregon Health Leadership Council, CCOs and other stakeholders to identify priorities and next steps for Oregon's HIT efforts. OHIT's includes:

- Supporting community and organizational efforts;

- Standardizing and aligning efforts for statewide services; and

- Providing or enabling new state-level services.

OHIT'S INITIATIVES

Provider Directory Services

Oregon does not have a statewide directory of health care providers. Instead, health care organizations use a variety of individual provider directories, which is spread throughout state and non-state systems. These directories are limited in scope and cumbersome; and they are not always current or complete.

OHA is developing a state-level provider directory or "provider directory services" to fill this gap. The directory will contain the information providers need to securely communicate and exchange patient information. It will also provide a single source of authoritative provider information, such as contact information, clinic affiliations, licensing data, etc. that can support the operations and analytics needs of health care organizations. OHA seeks to leverage data in current provider databases and add new information and functions. The Provider Directory Advisory Group is working to help inform the development process, scope and requirements.

Clinical Quality Metrics Registry

OHA is developing a clinical quality metrics registry with the ability to receive and display clinical quality date for the Medicaid program and inform benchmarks and other improved reporting. The registry will be utilized to calculate eligibility to pay for the quality incentives to the CCOs. Upon implementation, the registry may prove to have value to the non-Medicaid pay-for-performance programs which will reduce the administrative expenses to providers by collecting meaningful use measures for a variety of programs.

Oregon Common Credentialing Program

Senate Bill 604 (2013) directed OHA to establish a program and database for the purpose of providing credentialing organizations access to information necessary to credential or re-credential all health care practitioners in Oregon.

Senate Bill 604 established January 2016 as the operational date, however in 2015 Senate Bill 594 was passed which removed the 2016 operational date and allows OHA to establish the date by administrative rule, provided that the database participants have six months' notice.

Oregon's common credentialing solution will streamline the process for applying for and maintaining credentialing information for Oregon health care practitioners. Today, health care practitioners are credentialed independently by different organizations, resulting in a duplication of efforts and increased expense. Health care practitioners must repeatedly complete credentialing applications and provide supporting documentation for each separate credentialing organization.

OHA created the Common Credentialing Advisory Group to advise OHA on the credentialing application, the submittal requirements, the process by which credential organizations may access the system, and the imposition of fees.

Telehealth and Pilot Projects

Telehealth is becoming an important and growing way for medical providers to extend their work geographically and to increase their capacity. Telehealth covers a variety of technologies and strategies to deliver virtual medical, health, and education services. Telehealth includes video conferencing for medical consultations at a distance, monitoring patients remotely through electronic devices and the related use of mobile devices. These technologies are expanding in use and have the potential to extend medical services to more people, particularly those in rural Oregon.

OHA and the Oregon Office of Rural Health (ORH) have partnered to implement five telehealth pilot projects. The projects are supported by the federal State Innovation Model grant, which Oregon received to fund innovative projects that support Oregon's health care transformation efforts. Five projects were selected:

- Adventist Health Tillamook Medical Group-reduce hospital readmissions throughout Tillamook County;

- Capitol Dental Care-children's dental care

- HIV Alliance-engage pharmacist with HIV specialists to assess patient's needs;

- Layton Aging and Alzheimer's Disease Center, Oregon Health and Science University-increase home telemedicine services to dementia patients; and

- Trillium Family Services-mental health services to vulnerable children in rural Oregon.

The telehealth pilots will run through June 2016. OHA and ORH will share the results of these projects in early fall of 2016.

OHIT'S PROGRAMS

Emergency Department Information Exchange (EDIE)

In 2014, OHA partnered with the Oregon Health Leadership Council, Oregon's 59 hospitals and others to implement the EDIE.

EDIE alerts emergency department clinicians in real time when a patient who has been a high utilizer of emergency department services registers in their emergency departments. These real-time alerts reduce duplicative services and assist clinicians in directing high utilizers to the right care setting.

PreManage

PreManage complements EDIE, allowing hospital event data to be pushed to health care organizations outside the hospital setting in real-time. Notifications inform providers, health plans, CCOs and health systems of emergency department or inpatient admission, discharge and transfer in any hospital in Oregon. Timely notifications improve follow-up and care coordination during and after serious health care events. PreManage provides the tool to connect and share notifications directly with those responsible for the care of the patient.

Medicaid Electronic Health Care Record (EHR) Incentive Program

EHR provides incentive payments to eligible health care providers and hospitals that adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology Hospitals and eligible health care providers who serve Oregon's Medicaid individuals and families can register and apply for federal funds to help support the implementation and use of certified electronic health record systems in their clinics. The program helps hospitals and providers make the transition to secure EHR systems and helps to facilitate improved coordination of care.

CareAccord – Direct Secure Messaging

CareAccord is a nationally accredited Health Information Service Provider (HISP) offering direct secure messaging services via a web-portal. CareAccord Direct secure messaging helps providers share data and meet federal meaningful use requirements. Direct secure messaging is HIPAA-compliant and allows for the electronic exchange of patient information between organizations and care teams.

Flat File Directory

Administered by CareAccord, the Flat File Directory is Oregon's combined address book for Direct secure messages. The directory allows participants throughout Oregon to find or "discover" Direct addresses outside their own organizations.

Oregon Medicaid Meaningful Use Technical Assistance Program

In 2016, OHA launched the Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP). The program helps eligible providers adopt and use certified electronic health record (EHR) technology and achieve meaningful use. OHA has contracted with OCHIN to provide outreach and technical assistance to eligible providers through the program.

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