Health Information Technology Update: House Bill 2294

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How does Health IT support CCOs and the coordinated care model?

Selected characteristics of the coordinated care model:

- Care coordination, population management throughout the system
- Integration of physical, behavioral, oral health
- Accountability, quality improvement and metrics
- Alternative payment methodologies
- Patient engagement

Coordinated care model relies on access to patient information and the Health IT infrastructure to share and analyze data

Oregon Health Authority

Goals for HIT-optimized health care:

- <u>Providers</u> have access to meaningful, timely, relevant and actionable patient information at the point of care.
  - Information is about the whole person – including physical, behavioral, social and other needs
- <u>Systems</u> (Health plans, CCOs, health systems and providers) have the ability to effectively and efficiently use aggregated clinical data for
  - quality improvement,
  - population management and
  - to incentivize value and outcomes.
- <u>Individuals</u>, and their families, have access to their clinical information and are able to use it as a tool to improve their health and engage with their providers.

HIT: Opportunity and Challenges

- HIT and EHR investments in Oregon abound
  - But not working well or interoperable in many cases
  - HITOC can convene and plan to improve interoperability and "make the investments work for health system transformation"
- OHA and others are investing in state-level HIT
  - HITOC will monitor and report on progress and ensure we are delivering value for the investment
- Connecting all members of the care team is important
  - Challenges with behavioral health information sharing and barriers to participating in HIT for non-physical health providers
  - HITOC can study these issues and make recommendations for policy or other changes
- HIT Opportunities and Challenges Identified by OHPB
  - HITOC can take action to address priorities of OHPB

Reflection on Former HITOC

Greg Fraser, MD, Former HITOC Chair
CMIO, WVP Health Authority

HB 2294: Bill summary

- HB 2294 has three major components:
  - Establishes the Oregon Health IT Program, authorizing OHA to offer statewide health IT services beyond Medicaid/OHA programs, and to charge fees to users
  - Authorizes OHA to participate in partnerships or collaboratives to implement and provide statewide health IT services
  - Updates and refines the role of the Health IT Oversight Council (HITOC)
    - The Health Policy Board shall determine membership
    - HITOC shall report to the Board

HB2294: Bill History

- Endorsed by the Health Policy Board
- Purpose was to update the state's health IT legislation (adopted in 2009) to reflect changes that have occurred including:
  – Significant HIT efforts underway at OHA (funded by substantial federal investments)
  – Partnerships that are developing across health care stakeholders statewide (including OHA) around HIT efforts
- Strong stakeholder support – no opposition
- OHPB Chair Zeke Smith testified in support of HB2294 during a public hearing of the House Health Care Committee

Timing of HB2294 Components

- Oregon Health IT Program
  - Some services are already operational
    - CareAccord – Direct Secure Messaging
  - Other services, such as a statewide provider directory, are planned to launch in 2015-2017
- Partnerships
  - The Emergency Department Information Exchange ("EDIE") launched in 2014
  - OHA may now act as a voting member of the EDIE Utility Governance Committee
- Reforming of HITOC
  - First meeting of the new HITOC will occur in September 2015

HITOC responsibilities

- Make recommendations related to Health IT to the Board to promote health system transformation
  - Strategic plans for health IT
  - Policy priorities and/or barriers
  - Respond to Board requests
- Regularly review and report to the Board on:
  - Status of the Oregon Health IT program and other OHA health IT efforts
  - Efforts of local, regional, and statewide organizations to participate in health IT systems
  - Adoption and use of health IT among providers, systems, patients, and other users in Oregon
- Advise the Board or the Congressional Delegation on federal law and policy changes that impact health IT efforts in Oregon

OHPB responsibilities

- HB2294 moves HITOC under the Health Policy Board
  - The Board is responsible for chartering HITOC, appointing members and determining terms, and
  - Ensuring that there is broad representation on HITOC of individuals and organizations that will be impacted by the Oregon HIT Program
    - Experience, knowledge, expertise in health care delivery, health information technology, health informatics, and health care quality improvement
    - Other priorities for membership (cross-section of care delivery perspectives, consumer advocates, behavioral health, dental, diverse geographical representation, etc.)
- Board considers HITOC recommendations and takes action as appropriate
- Board reports and refers HIT issues to HITOC as needed

Next steps

Today:

- Approval of Proposed HITOC Charter
- Approval of Proposed Membership Roster
- Appointment of OHPB Liaison to HITOC

By end of 2015:

- HITOC proposed priorities/work plan
- Set reporting format, frequency, preferences to OHPB
- Begin reporting

Questions?