Transforming Oregon's Health Care System through Information Technology

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Agenda

- Transforming Oregon's Care Health System – CCO 2.0 and HIT
- Oregon's Strategic Plan for HIT
- State of HIT in Oregon
- Upcoming federal regulations re: information sharing
- Questions

OHA's Charge is Pretty Simple

1. Better health
2. Better care
3. Lower costs

Coordinated Care Organizations (CCOs)

OHA created CCOs in 2012 to improve care delivery in the Oregon Health Plan.

Improve health

Reduce waste and costs

Create local accountability

Align financial incentives

Pay for better quality and better health

Coordinate care

Maintain sustainable spending

Measure performance

Health Transformation Results

1 Better health

CCO members who report better health: ↑ **13** percentage points (59% to 72%, 2011–2015)

2 Better care

Avoidable ER use in Oregon: ↓ **50** percent (2011–2016)

3 Lower costs

Taxpayers save: **$2.2** billion (2012–2017)

CCO 2.0 Focus Areas

CCO 2.0 policies build on Oregon's strong foundation of health care innovation and tackle our biggest health problems.

Improve the behavioral health system and address barriers to the integration of care

Increase value and pay for performance

Focus on the social determinants of health and health equity

Maintain sustainable cost growth and ensure financial transparency

CCO 2.0 Will Firmly Establish VBPs as the Primary Method of Payment

Value-Based Payments (VBP) link provider payments to **improved quality and performance** instead of to the volume of services

- By 2024, 70 percent of CCO provider payments must be in the form of a VBP
- In their work towards achieving VBP targets, CCOs must also develop new or expanded VBPs in five areas:
  1. hospital care,
  2. maternity health care,
  3. children's health care,
  4. behavioral health care, and
  5. oral health care

Social Determinants of Health and Health Equity Policies

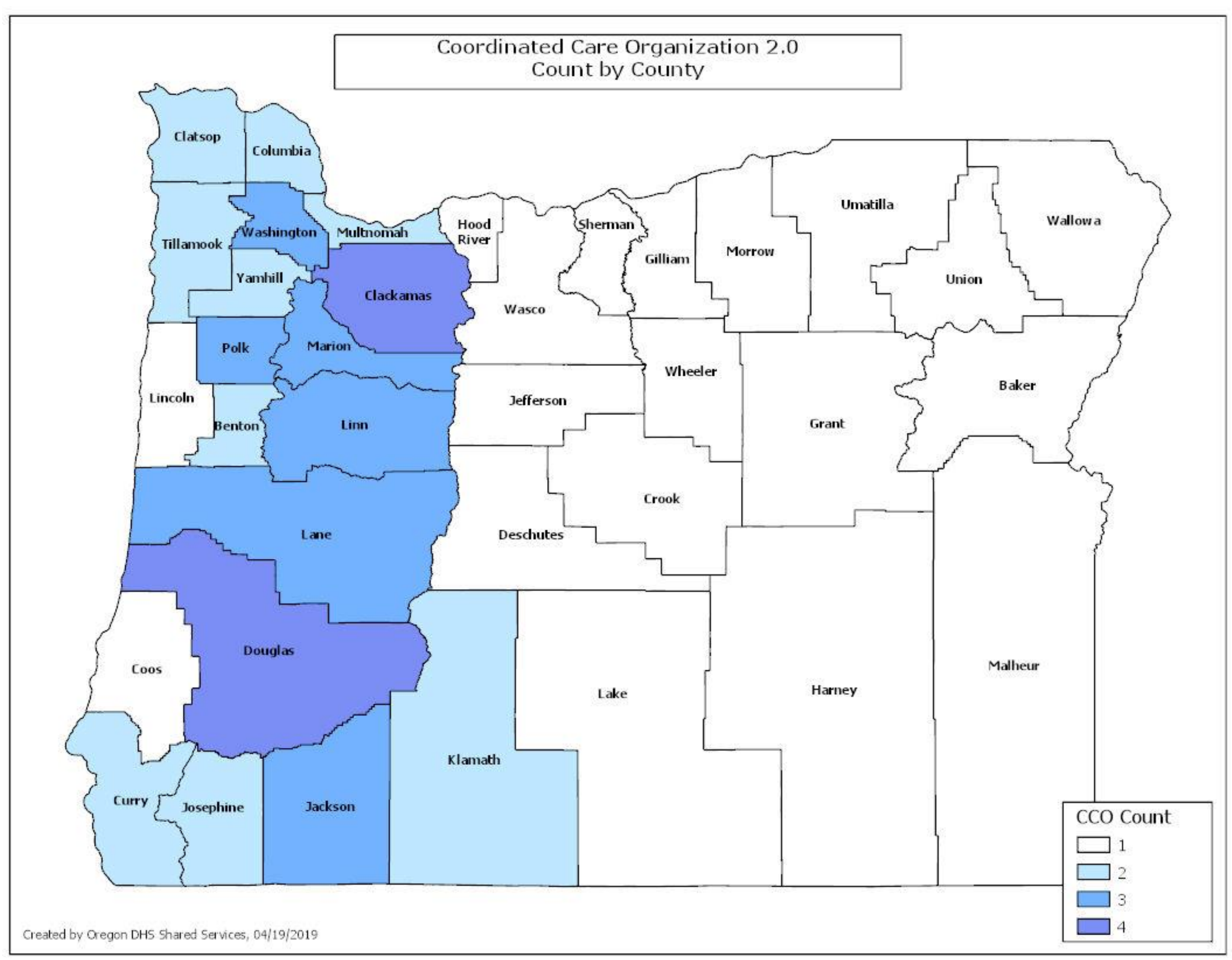
Social determinants of health and health equity policy strategies target improved health, bending the cost curve through:

- **Addressing the root causes of health issues** through HB 4018 implementation, an SDOH-HE Capacity Building Bonus Fund, and statewide housing priority
- **Aligning community priorities and streamlining efforts** through requiring CCOs, Local Public Health Authorities, and local hospitals to collaborate on shared Community Health Assessments/ Community Health Improvement Plans
- **Increasing smart workforce strategies,** including utilizing Traditional Health Workers, such as Community Health Workers

New: CCO HIT Roadmaps

CCO HIT Roadmaps – new in 2020. Includes:

- Participation in HIT Partnerships
- Support for physical, behavioral, and oral health providers:
  - EHR adoption/support
  - Health information exchange for care coordination including hospital event notifications
  - Data on providers' rates of adoption of EHR and access/use of HIE
- HIT needed to support value-based payment contracts and population management
  - Information on patients needing intervention
  - Risk stratification and member characteristics
  - Patient attributed to provider for VBP
  - Provider performance on quality metrics associated with VBP



Coordinated Care Organization 2.0
Count by County
Clatsop
Columbia
Tillamook
Washington
Multnomah
Hood River
Sherman
Gilliam
Morrow
Umatilla
Wallowa
Union
Yamhill
Clackamas
Wasco
Polk
Marion
Lincoln
Benton
Linn
Jefferson
Wheeler
Grant
Baker
Crook
Lane
Deschutes
Douglas
Coos
Lake
Harney
Malheur
Klamath
Curry
Josephine
Jackson
CCO Count
1
2
3
4
Created by Oregon DHS Shared Services, 04/19/2019

State of HIT in Oregon

Susan Otter, Director of HIT, OHA

Nationally, Oregon is Ahead in HIT

Oregon ranks well above national averages for hospital and physician rates:

- EHR adoption
- Interoperability and data sharing
- Patient engagement through HIT

Hospitals EHR Adoption Rates: Oregon 97%

% of all Hospitals that have Adopted a Certified EHR | National Avg = 96%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

90% 93% 95% 100% 95% 97% 96% 97% 90% 97% 99% 100% 95% 100% 100% 100% 97% 100% 100% 95% 98% 98% 95% 96% 81% 94% 97% 92% 95% 92% 89% 96% 100% 100% 100% 97% 86% 97% 100% 91% 100% 93% 97% 100% 96% 96% 85% 93% 94% 97%

Source: 2017 American Hospital Association Survey (NEHRS)

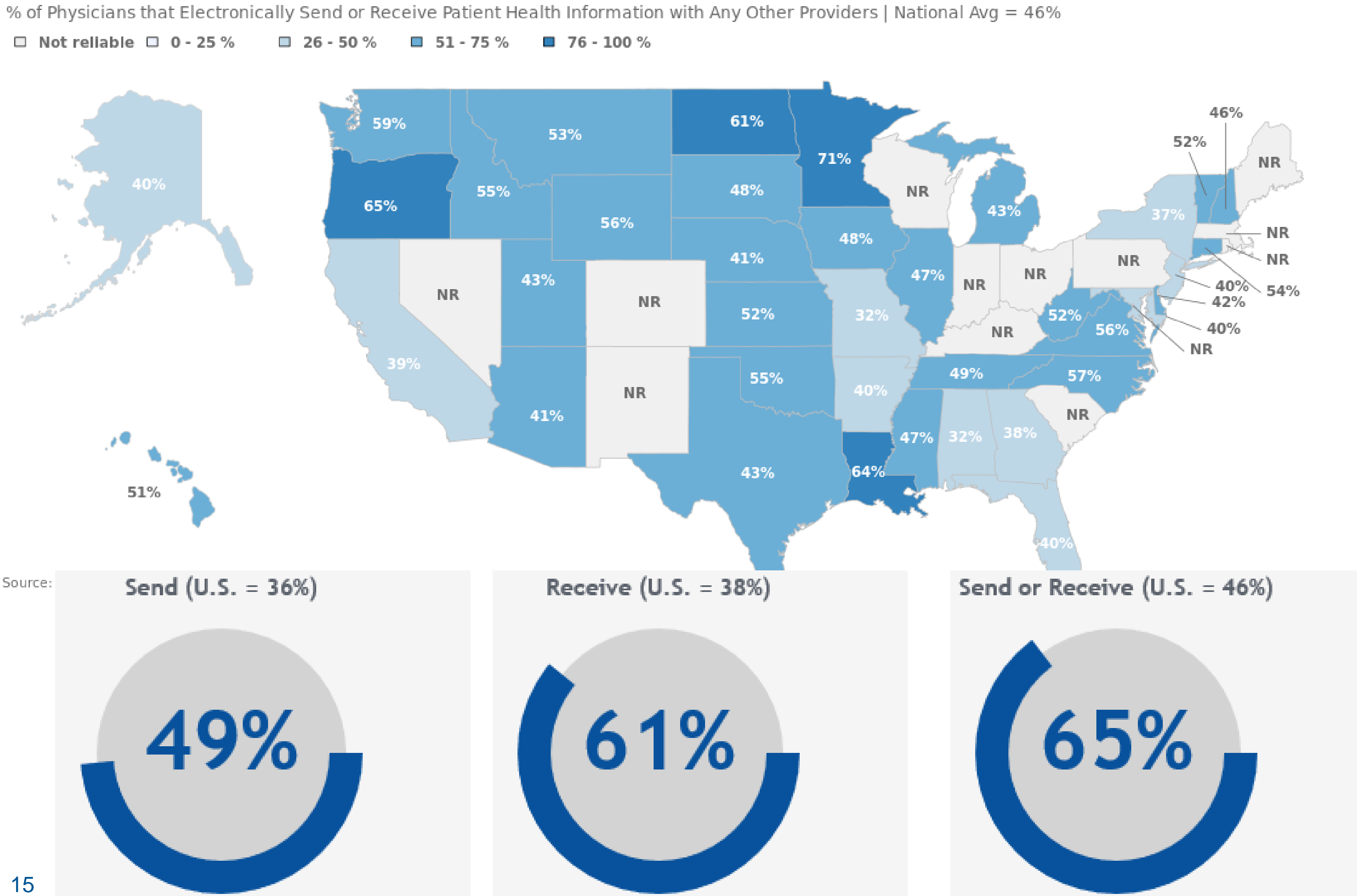
Physician EHR Adoption: Oregon 90%

% of all Physicians that have Adopted Certified EHRs | National Avg = 80%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

Source: 2017 National Electronic Health Records Survey (NEHRS)

Physician Interoperability: Oregon 65%



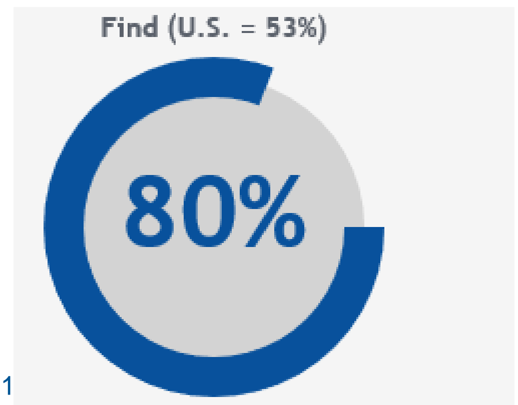
Physician Find/Query Info

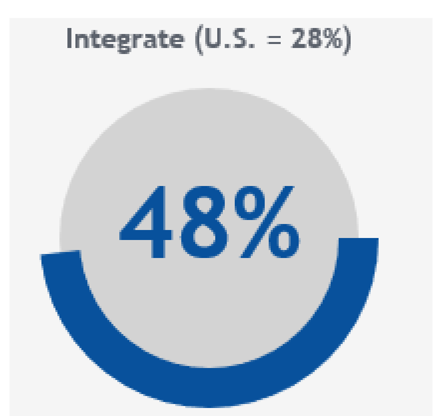
% of Physicians with Capability to Search, Find, or Query Patient Health Information from Outside Sources | National Avg = 53%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

57% 67% 37% 63% 68% 44% 60% NR 73% 80% 61% 43% 59% NR NR 39% 69% NR 57% NR NR 49% 49% NR 42% 57% NR 72% 46% 43% 63% NR 61% 51% NR NR 56% 39% 62% 47% NR NR 51% 39% NR 55% 64% 58% 57% 36%

Source: 2017 National Electronic Health Records Survey (NEHRS)





Hospitals Find/Query Info

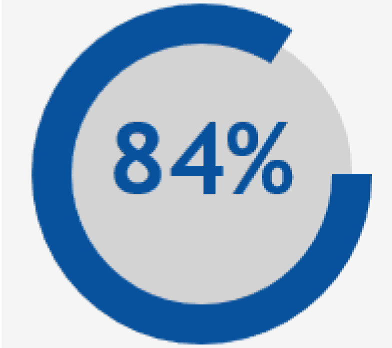
% of Hospitals that Electronically Find Patient Health Information from Outside Providers | National Avg = 61%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

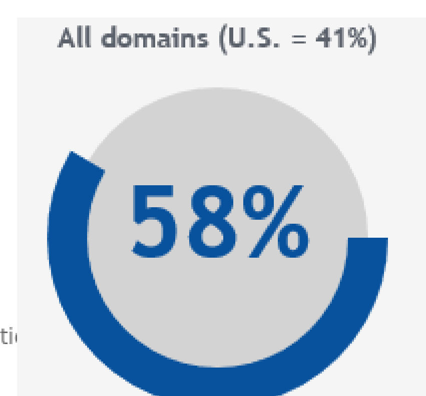
84% 61% 48% 73% 83% 41% 59% 92%
84% 45% 18% 68% 86% 67% 71% 79%
53% 100%
56% 84% 42% 54% 68% 67% 68% 67% 71%
65% 50% NR 45% 81%
49% 71% 100%
62% 86%
51% 65% 73%
44% 52%
36% 75%
41% 43% 55%
29% 47% 42%
79%

Source: 2017 American Hospital Association Survey (NEHRS)

Find (U.S. = 61%)



Hospital Interoperability Oregon 58%



% of Hospitals that Electronically Send, Receive, Find and Integrate Patient Information from Outside Providers | Nati

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

84% 44% 18% 46% 66% 68% 68% 58% 30% NR 56% 36% 75% 24% 17% 40% 23% NR 35% 28% 49% 38% 38% 42% 26% 34% 39% 37% 42% 30% 36% 13% 35% 52% 37% 24% 20% 63% 36% 33% 21% 37% 41% 80% 31% 64% 81% 43% 16%

Send (U.S. = 88%)
94%

Receive (U.S. = 74%)
86%

Find (U.S. = 61%)
84%

Integrate (U.S. = 53%)
67%

Hospital Participation in Networks

Percent of U.S. non-federal acute care hospitals that participate in national and state, regional, or local health information networks, 2017

		Participate in National Network	
		Yes	No
Participate in State, Regional, and/or Local HIO	Yes	**51%**	**18%**
	No	**19%**	**12%**

National Network	%
Surescripts	61%
e-Health Exchange	25%
DirectTrust	24%
CommonWell	14%
Carequality	8%
Patient Centered Data Home	4%
Digital Bridge	0.4%

Johnson C., Pylypchuk Y. & Patel V. (December 2018). Methods Used to Enable Interoperability among U.S. Non-Federal Acute Care Hospitals in 2017*, no.43*. ONC: Washington DC. https://www.healthit.gov/sites/default/files/page/2018-12/Methods-Used-to-Enable-Interoperability-among-U.S.-NonFederal-Acute-Care-Hospitals-in-2017_0.pdf

Physicians with Secure Patient Messaging

% of Physicians with Capability to Exchange Secure Messages with Patients | National Avg = 68%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

58% 70% 74% 72% 86% 89% 75% 84% 72% NR 78% 77% 74% 74% 71% 64% 70% NR NR 65% 73% 65% 70% 73% 78% 51% 58% 62% 75% 68% 63% NR 74% 70% 67% NR 67% NR 69% 66% 61% 77% 60% 77% 63% NR 75% 67% 76% 67% 64%

Source: 2017 National Electronic Health Records Survey (NEHRS)

Hospitals with Patient Access Via API

% of Hospitals with Capability for Patients to Access their Health Information using an Application Programming Interface (API) | National Avg = 38%

Not reliable | 0 - 25 % | 26 - 50 % | 51 - 75 % | 76 - 100 %

53%
34%
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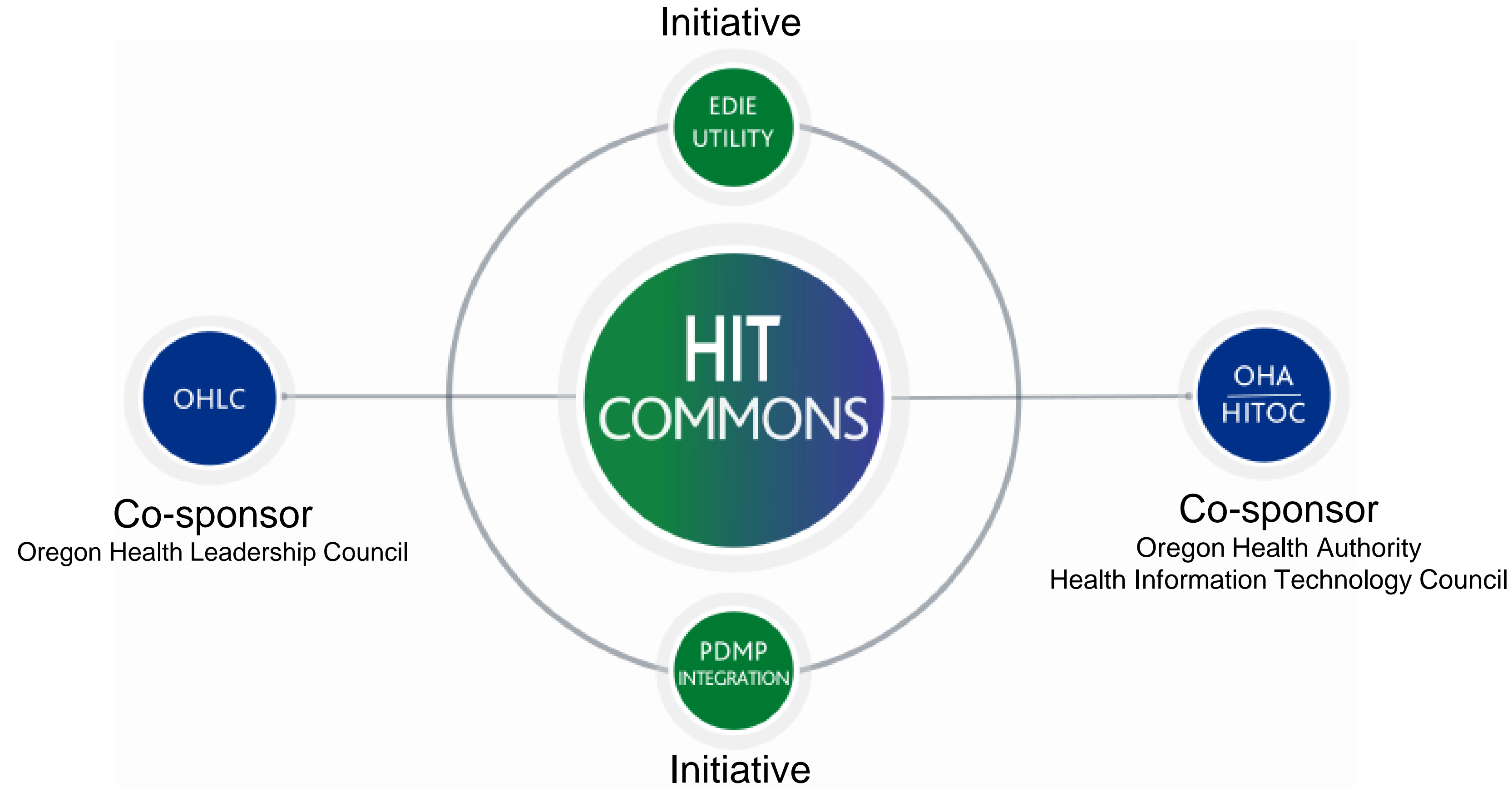
38%
29%
37%
58%
54%
47%
33%
30%
43%
25%
21%

Source: 2017 American Hospital Association Survey (NEHRS)

HIT Commons

A shared public/private governance partnership to accelerate and advance health information technology in Oregon



EDie/PreManage

- Emergency Department Information Exchange (EDie):
  - Provides real-time alerts and care guidelines to EDs for patients who have high utilization of hospital services
- PreManage is complementary product to EDie:
  - Expands real-time notifications to health plans and providers etc. to better manage their members and coordinate care
  - Capability to add brief patient specific information that can be viewed by all providers in the care continuum
- Financing model:
  - EDie: HIT Commons utility model. Costs are shared by OHA, health plans, CCOs, and hospitals
  - PreManage: health plan/payer subscription. Can extend to provider network

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HIT Commons is Spreading Electronic Health Tools Statewide

Adoption of EDIE/PreManage by CCOs and Healthcare Providers

Legend

Entity Type
- Hospital
- Primary Care
- Dental
- Mental/Behavioral Health
- AAA/APD
- Skilled Nursing Facility
- Other Medical
- CCO/Health Plan
- Tribal

Coordinated Care Organizations
- AllCare
- Cascade Health Alliance
- Columbia Pacific
- Eastern Oregon CCO
- Health Share of Oregon
- InterCommunity Health Network
- Jackson CareConnect
- PacificSource - Central Oregon
- PacificSource - Columbia Gorge
- PrimaryHealth of Josephine County
- Trillium Community Health Plan
- Umpqua Health Alliance
- Western Oregon Advanced Health
- Willamette Valley Community Health
- Yamhill Community Care Organization

EDIE Utility Outcomes Q4 2017 – Q3 2018

- 28% **decrease** in emergency department (ED) visits in the initial 90 days after a care guideline was created
- Hospital EDs that actively use EDIE and have identified workflows for addressing high utilizers have seen a reduction in ED high utilizer* visits
  - 5% decrease in overall ED visits
  - 7% decrease in co-morbid mental health-related visits
  - 6% decrease in substance use disorder-related visits
  - 8% decrease in potentially avoidable visits

*High utilizer = 5+ ED visits within 12 months.

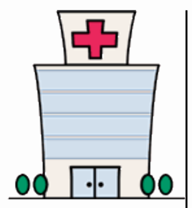
Prescription Drug Monitoring Program (PDMP) Overview

The PDMP Registry is run by OHA Public Health and collects prescription data for all controlled drugs schedule II-IV. This data is held in a secure database that authorized prescribers and their delegates are able to access.

Purpose:
Provide a comprehensive prescription history to health care professionals in order to improve patient safety and health outcomes.

Evolution of PDMP

Pharmacists began submitting data to OHA Public Health PDMP Registry



First hospitals integrate PDMP into EDie notifications

HB 3440 passed requiring prescribers register with PDMP

Integration into prescriber EHRs, pharmacist PMS, and HIEs begins

2011 | 2016 | 2017 | 2018 | Present

Web portal access enabled for prescribers, pharmacists, & delegates to check PDMP

HB 4124 passed allowing integrated access of PDMP data

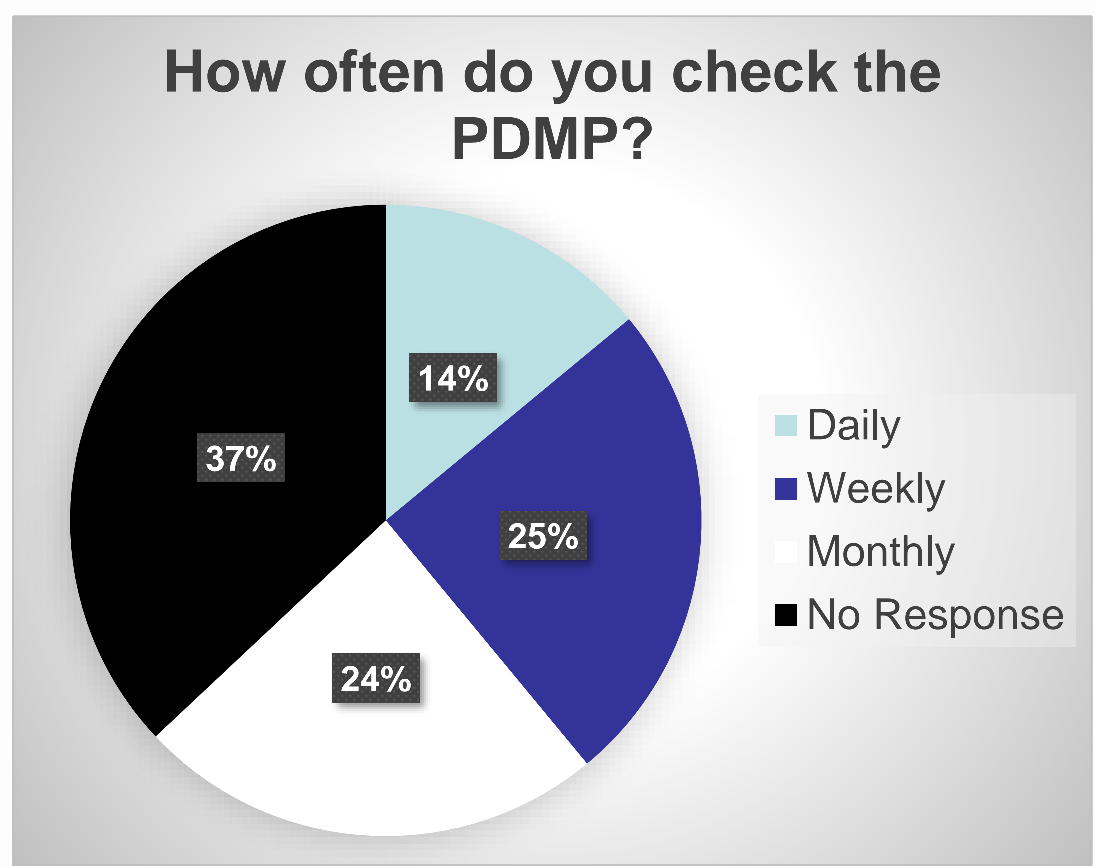
HIT Commons established and negotiate statewide contract for PDMP integration into health IT systems

Two Ways to Access PDMP Today

Authorized prescribers (physicians, dentists, etc.) and their delegates are able to access the PDMP to view their patients prescription histories. Prescribers have two ways to view this data:

- Web portal: Available for prescribers/pharmacists and delegates. Available through OHA Public Health.
- Health information technology (IT) system: Integrated access available for prescribers/pharmacists. Available through HIT Commons (in partnership with OHA Public Health).

Why Integrated Access is Vital



What are your top barriers to using the PDMP?

- Time* (72%)
- Forgotten password (59%)
- Lack of delegates (51%)

*Time = Prescriber's must leave workflow to log-in and access web portal.

2018 Oregon Prescriber Survey. Survey respondents: N = 1,363, MD/DOs 54%, NP/CNS 22%, DMD/DDS 12%, PA 7%, Other 5%

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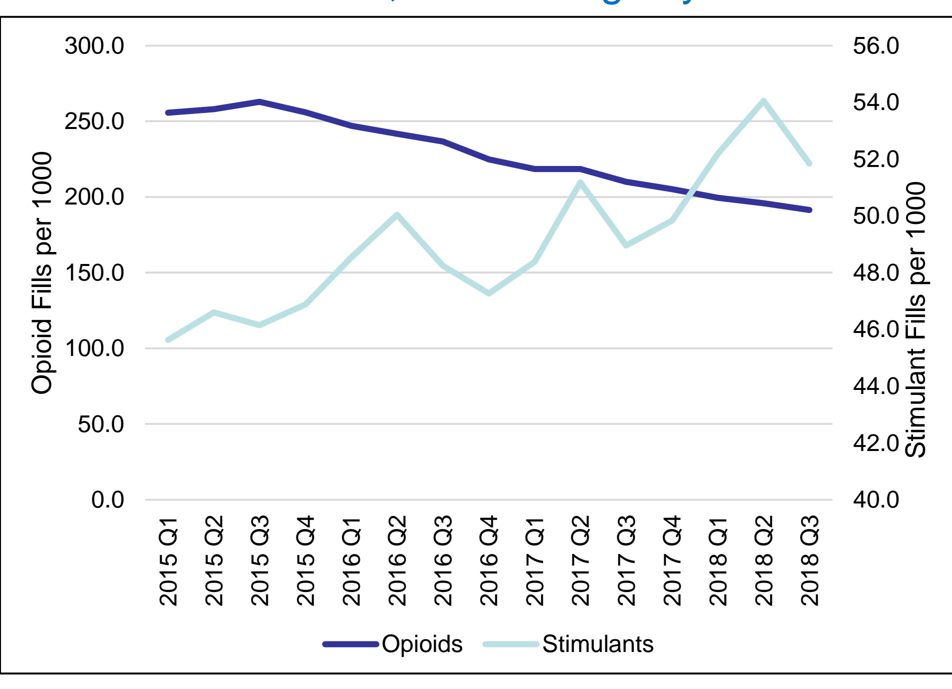
Benefits of PDMP Integration

- ✓ **Faster**: 'One Click' access from within your electronic workflow without needing to enter and search for your patient
- ✓ **Simpler**: Allows prescribers and pharmacists to retrieve PDMP data without the need to memorize passwords or log into a different system
- ✓ **On Demand**: Utilize PDMP data at the point of care, for help in prescription and clinical decision making

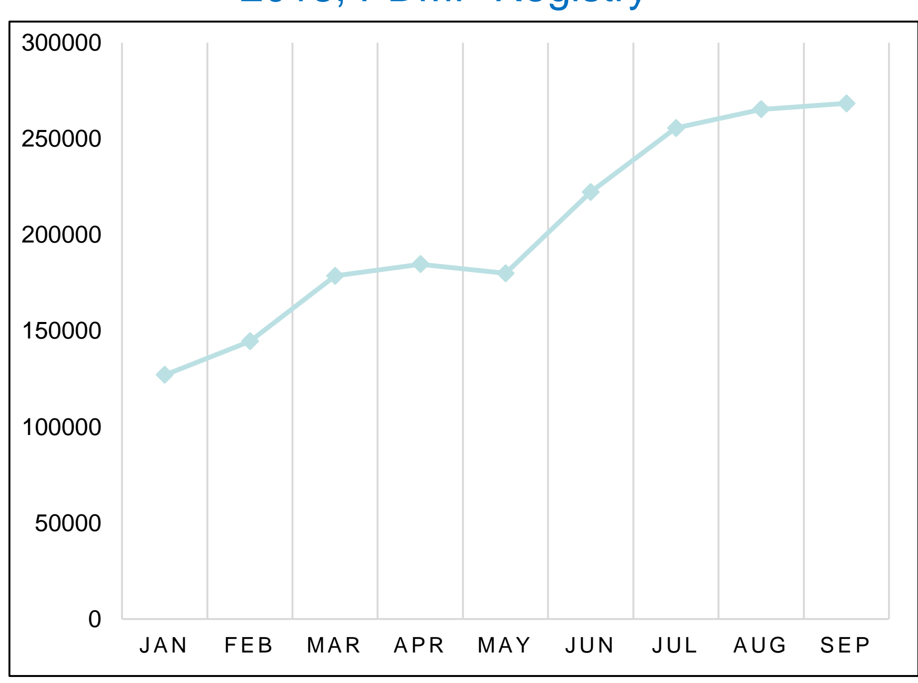
Prescribing Trends and PDMP Use

Oregon Stimulant and Opioid Prescribing, 2015-2018, PDMP Registry



- Opioid prescribing decreased by 29% in the lasts 3 years.
- Stimulant prescribing increased by 11% in the last 3 years.

Oregon Queries by Month 2018, PDMP Registry



- Between January and September 2018 PDMP utilization increased 111%

PDMP Integration Highlights

2018 HIT Commons Success Metrics

Participation Goals

✓ **3,500** prescribers

✓ **2** pharmacy chains

2019 HIT Commons Success Metrics

Participation Goals

13,500 prescribers

✓ **3** pharmacy chains

LIVE with integrated PDMP

- 6900+ Prescribers
  - 30 Emergency Departments
  - 74 Clinics/health care entities
- 570 Pharmacists
  - Walmart
  - Providence retail pharmacies (Oregon)
  - Albertsons

In process

- 18 entities are awaiting implementation
- 101 organizations have completed online applications but have not returned legal agreements
  - Providence, Legacy, OHSU, St Charles
  - Rite Aid pharmacies

PDMP Integration Highlights

2018 HIT Commons Success Metrics

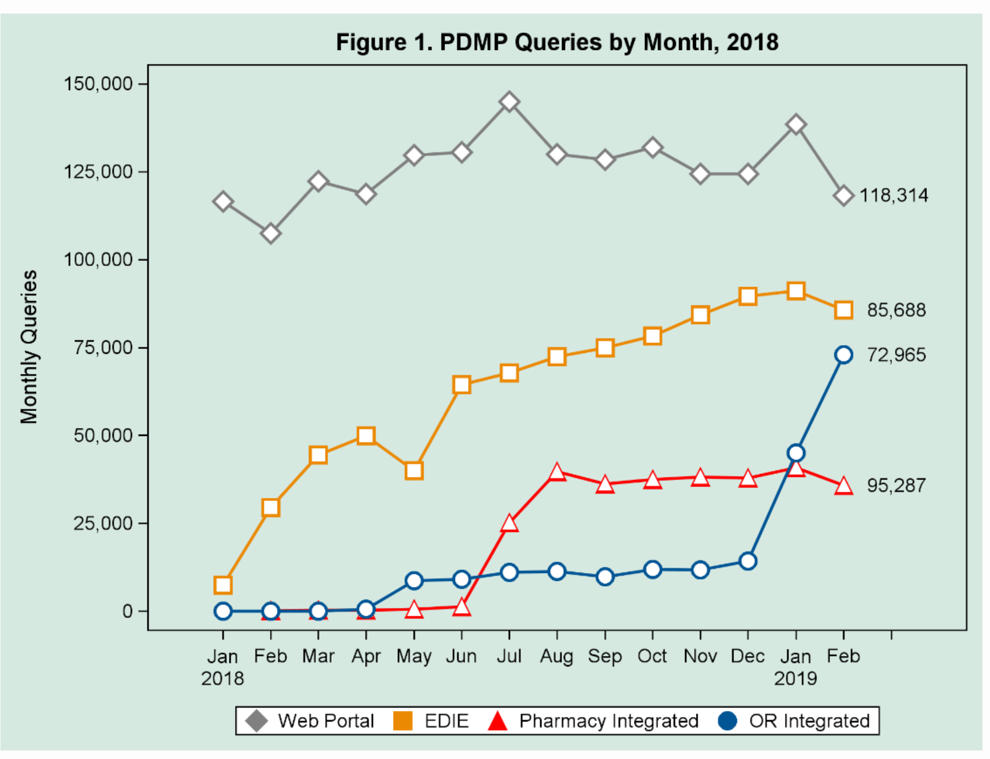
Increase PDMP use

✓ **30% increase**

2019 HIT Commons Success Metrics

Increase PDMP use

✓ **25% increase**



**Does not include out of state queries – currently connected to ID, NV, ND, KS, TX*

PDMP Integration Funding

82%

of costs covered by federal & state funds

Remaining costs through shared funding model

Statewide subscription for PDMP integration included in HIT Commons annual membership fees*.

*Pharmacies pay $50 per pharmacy site.

Other HIE Successes in Oregon

- High rates of EHR adoption among hospitals and key primary care providers
- Strong regional HIEs supported by their communities
  - Reliance eHealth Collaborative
  - Regional Health Information Collaborative (RHIC)
- Multiple national efforts active (Carequality, eHealthExchange, Commonwell)
- Some HIE tools are building connections to one another

HIE Challenges in Oregon

- Many providers still lack EHRs capable of connecting to HIE tools easily (behavioral health, smaller providers)
- There are a wide variety of different, often conflicting, HIE needs
- There is a “digital divide” in EHRs and HIE for behavioral health, and working with 42 CFR Part 2 is challenging
- HIE tools available vary regionally
- HIE tools can have significant financial and staff cost
- Many HIE tools are not connected to one another
- Stakeholders struggle to get the information they need to make business decisions

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Emerging issue:
Social Determinants of Health and Health Equity and HIT

Integrating social determinants of health/health equity data into HIT efforts and care coordination is critical

- Wide variety of efforts nationwide
- Still scoping and defining at OHA
- Must address many issues (legal, technical, privacy/security, workflow, coordination across sectors, etc.)
- Upcoming work: HIT Commons is evaluating proposal to take Oregon Community Information Exchange statewide (early stages) to identify and manage referrals to social services

Oregon’s Strategic Plan for Health IT and Health Information Exchange

Francie Nevill, Lead Health IT Oversight Council Analyst, OHA

Oregon Health System Transformation

- Goal: better health, better care, and lower costs for all Oregonians
- Primary tool: Coordinated care model
  - Care coordination and population management throughout the system; integration of physical, behavioral, oral health; accountability, quality improvement and metrics; value-based payment; patient engagement
- The coordinated care model relies on HIT to share patient information and to analyze/report data
- The Oregon legislature created HITOC to ensure health system transformation efforts are supported by HIT

HITOC's Responsibilities (ORS 413.301-08)

1. Explore HIT policy
2. **Plan Oregon's HIT strategy**
3. Oversee OHA's HIT efforts
4. Assess Oregon's HIT landscape
5. Report on Oregon's HIT progress
6. Monitor Federal HIT law and policy

Developing the Current Strategic Plan

- In 2013, OHA set out on a listening tour
  - We needed to re-evaluate our approach to HIT to ensure our priorities and activities were well aligned

We heard:

- CCOs and others have widely varying needs based on the conditions in their communities when it comes to HIE
  - Trust and relationships needed for HIE are largely local
- A few themes came across consistently
  - The need for HIT to support care coordination across all members of a care team
  - Data aggregation and analytics that incorporate clinical data
- Need for clearly defined state role

Vision/Goals for HIT-Optimized Health Care

Vision: A transformed health system where HIT efforts ensure that the care Oregonians receive is optimized by HIT.

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, and 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 Health Information
Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers

HITOC's Focus Areas for 2017-2020

1. Spread health information exchange and other HIT efforts to support the coordinated care model
2. Spread patient access to data
3. Implement core HIT infrastructure
3. Support value-based payment efforts
4. Support high-value data sources, including information related to social determinants of health
5. Leverage HIT to promote health equity
6. Develop shared governance for long-term sustainability and alignment (HIT Commons)

HITOC's Guiding Principles for Statewide HIT/HIE Efforts

- Leverage current resources; anticipate changes. Consider investments and resources already in place when making decisions
- Protect Oregonians' health information.
- Democratize the data.
- Consider provider needs. Focus on high-value use cases and incorporate solutions into workflows.
- Be inclusive.
- Address the need for governance

HITOC's Statewide HIE Goals

- Oregonians have their core health information available wherever they receive care statewide.
- Health information sharing is meaningful to providers, considers usability and workflow, and prioritizes high-value use cases.
- Health information sharing supports the coordinated care model, patient engagement, and value-based payment.

Oregon's Path to Statewide HIE

- ✓ Providers, hospitals, health systems, CCOs, health plans, and other users connect to a variety of health information exchange tools and networks
  - Each organization chooses the tools that work best for them and their community
- ✓ When possible, health information exchange tools and networks connect or coordinate so information moves seamlessly between the tools and networks
- ✓ HITOC sets Oregon's strategic path to support statewide exchange, and monitors progress. This path includes a few key statewide resources to help users share information.

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Oregon’s Path to Statewide HIE

Oregon will not…

- ✕ Designate a single statewide health information exchange organization
- ✕ Make any particular health information exchange approach mandatory

Oregon's Path to Statewide HIE

This path…

- Ensures that organizations can make the business decisions that are right for them
- Supports communities in developing solutions that meet their specific needs
- Leverages resources already in place
- Promotes innovation

Approaches Listed in Strategic Plan

- Support and connect robust networks of health information exchange entities and tools
  - HIE Onboarding Program and Network of Networks
- Provide baseline services to those facing barriers
  - EDIE and PreManage
- Offer statewide enabling infrastructure to leverage existing investments and opportunities
  - Provider Directory
- Provide access to high-value data sources
  - PDMP Integration initiative
- Coordinate stakeholders to establish a shared governance model (the HIT Commons)

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HITOC's Priority Use Cases, Stakeholders, and Efforts

Use Cases (reason for exchange)	Main Stakeholders/ Participants	Types of Exchange/Efforts
Care summary exchange Referrals/closed loop e-referrals Alert notifications Data for alternative payment models Complex care coordination	Hospitals Physical health providers Behavioral health organizations Oral health providers CCOs Health plans Long-term services and supports Social determinants of health providers	Direct secure messaging Regional HIEs EDIE/PreManage Expanded notifications Vendor-led efforts (e.g., Care Everywhere) National efforts (e.g., Carequality, Commonwell, eHealth Exchange)

A mature Network of Networks may include:

- A focus on priority use cases with stakeholder agreement
- Coordinating/convening key stakeholders to develop the necessary **trust framework**, including any necessary legal and data use agreements, policies, and dispute resolution approaches
- Identifying and implementing needed **infrastructure** to facilitate exchange
- Ensuring **interoperability** to improve the use and value of information exchanged
- Ensuring **privacy and security** practices are in place
- Providing neutral **issue resolution**
- **Monitoring** environmental, technical, and regulatory changes and **adapting** as needed

Strategic Plan Roles for State and Others

- **State:** convene/coordinate, align requirements, establish standards, provide a few key statewide resources
- **Health plans and CCOs:** support providers' use of HIT, use HIT to manage populations and quality metrics
- **Health systems, hospitals, and clinics:** adopt and use EHRs, participate in HIE, use HIT for analytics, participate in HIT efforts, support patient access to data
- **Regional HIEs:** connect with other HIE efforts, promote use of HIE and connect critical providers, help providers extract metrics and use data to improve care
- **Individuals:** expect providers have electronic access to information, share patient-generated information, engage in care and outcomes

Strategic Plan Update

- HITOC's current strategic plan runs 2017-2020
  - See full plan: https://go.usa.gov/xmAEA
- During 2020, will work on update to be effective in 2021
  - Will engage with folks across Oregon to hear needs
- Sign up to hear about upcoming meetings and other opportunities: healthit.oregon.gov

New Draft Federal Rules and Trusted Exchange Framework and Common Agreement (TEFCA)

Francie Nevill, Lead Health IT Oversight Council Analyst, OHA

Two Separate Proposed Rules

Issued on the same day, coupled, but independent

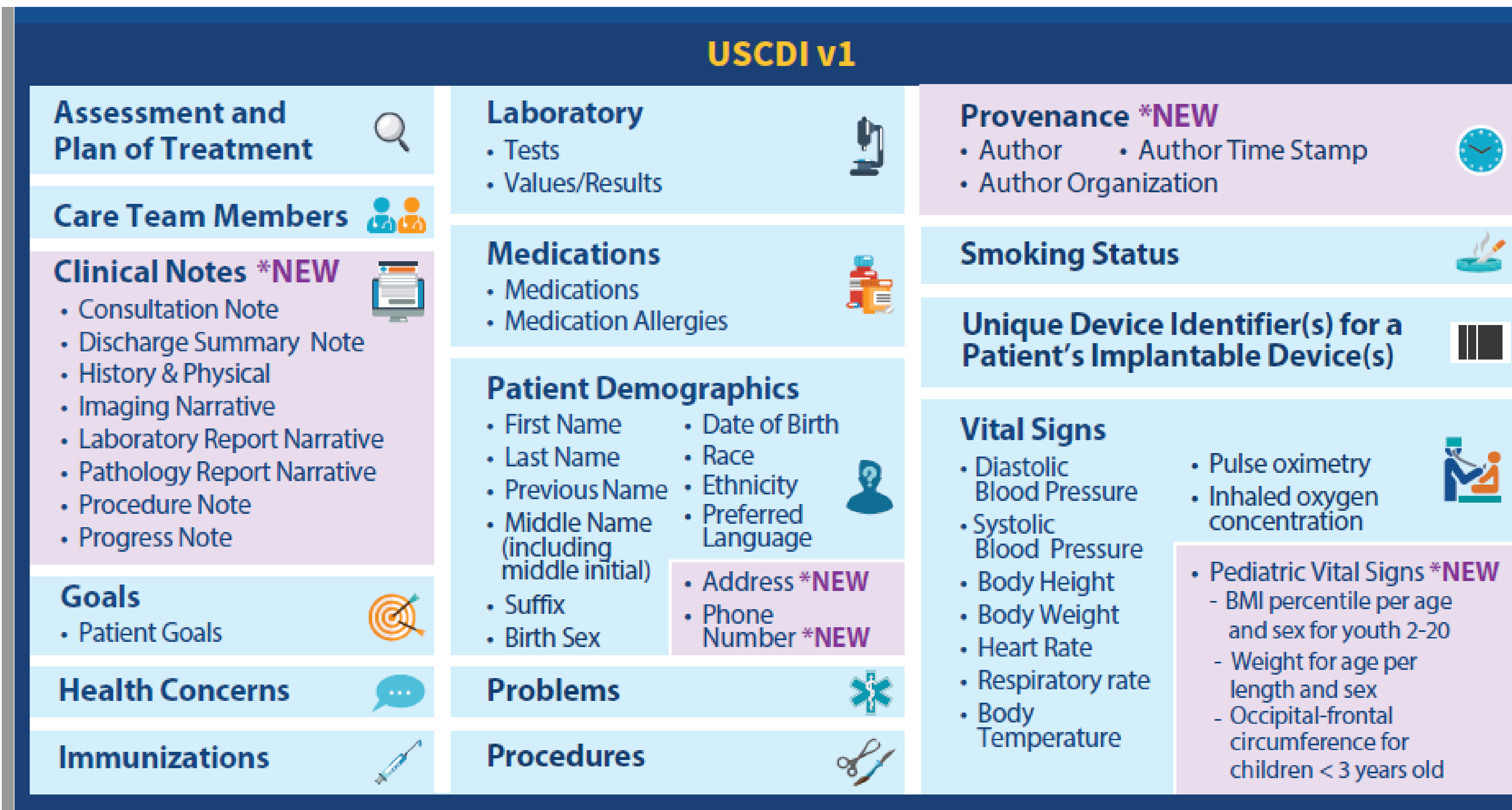
1. **Centers for Medicare & Medicaid Services (CMS):**
   - Medicare and Medicaid Programs;
   - Patient Protection and Affordable Care Act;
   - Interoperability and Patient Access for CMS-regulated entities
     - Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-Facilitated Exchanges and Health Care Providers issued by CMS

2. **Office of the National Coordinator for Health IT (ONC):** 21st Century Cures Act:
   - Interoperability,
   - **Information Blocking**, and
   - the ONC Health IT Certification Program issued by ONC

Scope

- 21st Century Cures Act defined information blocking; expanded applicability to providers, HIEs, networks; and defined monetary penalties
- Proposed rules define
  - Changes to Certified EHR Technology (CEHRT), including new core data set
  - Standards and requirements for APIs
  - Requirements for sharing provider information
  - **Exceptions to information blocking that allow Cures Act provisions to go into effect**
  - Requirements for event notifications

US Core Data for Interoperability (USCDI)



Information Blocking

ONC proposed rule

- Applies to developers of certified EHR technology (CEHRT) AND **providers, HIEs, and networks**
- Defines HIE and network
- Defines exceptions to information blocking

Cures Act, not the ONC proposed rule, defines information blocking, who "information blocking" applies to, and penalties

Information Blocking

ONC proposed rule would permit practices that are reasonable and necessary to:

1. Prevent harm to a patient or another person
2. Protect privacy of an individual's EHI
   - Because a precondition required by law has not been satisfied
   - In circumstances allowed by HIPAA privacy rule
   - If requested by the consumer
3. Promote security of EHI
4. Recover costs reasonably incurred with non-discriminatory terms
5. Deny exchange in a manner that is infeasible
6. License elements on reasonable and non-discriminatory terms
7. Maintain and improve health IT

Get More Information and Comment

Comments now due June 3, 2019

- https://go.usa.gov/xmAmq

ONC rule:

- https://go.usa.gov/xmAm3

CMS Rule

- Proposed Rule: https://go.usa.gov/xmAmc
- Fact Sheet: https://go.usa.gov/xmAmx

Trusted Exchange Framework and Common Agreement (TEFCA)

What is it?

- A common set of **principles, terms, and conditions** to **support the development** of a **Common Agreement** that would help **enable nationwide exchange of electronic health information** (EHI) across **disparate health information networks** (HINs)
- The TEFCA is designed to scale EHI exchange nationwide and help ensure that HINs, health care providers, health plans, individuals, and many more stakeholders have secure access to their electronic health information when and where it is needed

The Office of the National Coordinator for Health Information Technology

How Will the Common Agreement Work?

RCE
QHIN
QHIN
QHIN
QHIN
QHIN
PARTICIPANTS
PARTICIPANT MEMBERS AND INDIVIDUAL USERS

RCE provides oversight and governance for QHINs.

QHINs connect directly to each other to facilitate nationwide interoperability.

Each QHIN represents a variety of Participants that they connect together, serving a wide range of Participant Members and Individual Users.

Comment Opportunity

- New drafts available
  - Trusted Exchange Framework Draft 2
  - Minimum Required Terms and Conditions Draft 2
  - QHIN Technical Framework Draft 1
- Comments due by June 17, 2019

Get More Information

- Read documents, user guides, fact sheets, and submit comments: https://go.usa.gov/xmAmb
- Reminder: brief presentation at June 5 HITOC meeting (live or recording): https://go.usa.gov/xmAmW

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www.HealthIT.Oregon.gov

HIT Commons

http://www.orhealthleadershipcouncil.org/hit-commons/

CCO 2.0 Efforts:

http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx

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