Background Brief on …

Health Information Technology

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Legislative Committee Services
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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 HITECH Act.

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 this. This legislation:

- Allocated more than $19 billion to increase the use of electronic health records;

- Provided incentives for the adoption and meaningful use of certified EHR technology (see below);
- Expanded HIPAA laws (see below) to protect patient health information;
- Prohibited the sale of information without written authorization; and
- Increased civil monetary penalties for HIPAA violations and granted authority to state attorneys general to enforce HITECH.

The incentive payments to eligible professionals and eligible hospitals for the meaningful use of certified EHR technology are the cornerstone of the HITECH Act.

To qualify for these incentives, eligible providers and hospitals must adopt certified EHR technology, meet eligibility requirements (such as provider type and patient volume requirements), and meet specified meaningful use objectives in a specified period of time. There are two incentive programs: the Medicare electronic health record incentive program, administered by the Centers for Medicare & Medicaid Services (**CMS**), which offers consecutive payments of up to $44,000 over five years, and the Medicaid EHR incentive program, administered by states, which offers payments of up to $63,750 over six years and does not require consecutive years of participation. Hospitals may be eligible to receive incentives from both programs. In 2015, Medicare eligible providers who are not meaningful users will be subject to a Medicare payment adjustment. CMS has established the objectives for meaningful use, which is broken up into three stages. The incentive programs end after 2021.

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. The National Coordinator works closely with CMS on HITECH implementation, including the more technical aspects of meaningful use such as certification of EHR technology.

Federal HIT Strategic Plan

The strategic plan laid out by the National Coordinator contains 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.

The plan aligns with other federal strategic plans including the National Quality Strategy and is meant to be a living document that is updated over time as meaningful use and other key policies are implemented. In June 2013, the National Coordinator published a progress report on the federal HIT strategic plan highlighting the impact of the EHR incentive programs, and prioritizing interoperability, health information exchange, and patient engagement moving forward.

Patient Protection and Affordable Care Act (ACA)

In 2010, Congress passed the *Patient Protection and Affordable Care Act, **(ACA)***. The ACA is one of the most significant pieces 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 will evaluate payment reforms and health

care delivery solutions that leverage HIT infrastructure to better 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 appropriate 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, which coordinates Oregon's public and private statewide efforts in electronic health record adoption and has created strategic and operational plans for the development of a statewide system or electronic health information technology exchange. Also, the Health Information Technology Oversight Council assists Oregon to meet the federal requirements related to HITECH and meaningful use.

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. The state was required to obtain a Section 1115 Waiver from CMS to implement CCOs. 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 that the Health Information Technology Oversight Council develop informational materials that can be used by CCOs to address disclosure and appropriate use of electronic health records, including need-based access and privacy mandates.

Senate Bill 604 (2014)
Oregon's legislature in 2013 directed OHA to establish a program and database for the purpose of providing credentialing organizations (e.g., health plans, CCOs, hospitals, etc.) access to information necessary to credential all health care practitioners in Oregon. Credentialing organizations currently credential health care practitioners independently, resulting in a duplication of efforts and a burdensome process for practitioners. Under Senate Bill 604, health care practitioners, or their designees, will submit necessary credentialing information into a common credentialing solution one time and credentialing organizations will be required to use the solution to obtain that information. The mandate requires OHA to oversee the project and the database must be active by January 1, 2016.

Oregon Health Information Technology Environment
The current state of HIT adoption and utilization in Oregon is varied, depending on region or affiliation to a health system or specific electronic health record.

<u>Utilization of Electronic Health Records</u>
Between January 2011 and June 2014, more than 5,500 eligible providers in Oregon received more than $260 million in Medicaid/Medicare incentive program payments. Across the state, 42 percent of all physicians, physician assistants, and nurse practitioners, and nearly all of Oregon's hospitals have adopted certified EHRs and received incentive payments, making Oregon a national leader in EHR adoption and implementation. Oregon's electronic health record vendor landscape is varied – more than 90 electronic health record vendors are in use amongst providers that are receiving incentives and 10 electronic health record vendors are in

use amongst Oregon's hospitals, with Epic software dominating some regions and the hospital environment. Behavioral health and long-term care providers are typically not eligible for these payments under the Medicare/Medicaid Incentive Programs, and many have not implemented EHRs.

Health Information Exchange

In response to local connectivity needs, local health information exchanges have developed across the state to facilitate exchange of patient information between providers. Some are organization-centric and some are community-based. Significant "white space" exists due to geographic and/or service gaps. Although a number of health plans, CCOs, health systems, and local health information exchanges offer care coordination tools for providers and care team members, providers may be expected to use multiple care coordination tools or log in to multiple systems to manage different patients. Integrating information into existing systems and interoperability between systems will continue to be important as the environment and investments in this technology evolves.

Oregon's current health information exchange environment includes:

- CareAccord: Oregon's statewide health information exchange operated by OHA, providing direct secure messaging to any provider or member of the health care team in Oregon;
- Four regional health information exchanges including Central Oregon HIE (Bend), Jefferson HIE (Medford), Gorge Health Connect (The Dalles), and Bay Area Community Informatics Agency (Coos Bay);
- Vendor-specific solutions such as Epic Care Everywhere;
- A few organization-specific health information exchanges, where larger health systems have invested in this technology;
- CCO investments in new care coordination, population management, and health information exchange technology with new Transformation Funds allocated by the legislature in 2013; and
- Direct secure messaging is being added into EHRs starting in 2014-2015 for hospitals, providers, and health systems seeking to meet meaningful use requirements.

Statewide Efforts

In 2013, OHA conducted listening sessions and convened a Health Information Task Force. The goal was to reset Oregon's strategic plan for this technology and to identify the critical infrastructure needed to support a transformed health care system with new expectations for care coordination, accountability, and new models of paying for performance. The resulting Business Plan Framework charts a path for statewide efforts over the next several years, identifying the state's role to convene, inform, and assist stakeholders; set state-level standards for interoperability and privacy and security; and provide state-level resources to connect local technology investments and fill gaps so that all providers can participate.

Also in 2013, the 16 CCOs and OHA agreed to use $3 million (of the $30 million approved by the Oregon Legislature in the Health System Transformation Fund) to leverage federal funding to invest in the statewide HIT infrastructure. OHA's commitment to the CCOs for the HIT infrastructure, includes:

- hospital notifications, and other foundational and support services;
- electronic health record/meaningful use technical assistance to Medicaid practices; and
- to support local efforts and fill gaps where no efforts exist. See below for a description of these services.

CareAccord and Statewide Direct Secure Messaging

Oregon's HIT Task Force set a goal of statewide direct secure messaging to support a foundational level of health information exchange across Oregon. Direct secure messaging provides a HIPAA-compliant way to encrypt and send any attachment of patient information electronically, for example, shared care plans, patient histories, and more sophisticated attachments such as x-rays and

echocardiograms. As electronic health records evolve in 2014 and 2015 to meet meaningful use requirements, direct secure messaging will be a core service within each certified electronic health record. In 2012, OHA established Oregon's state health information exchange, CareAccord®, which offers direct secure messaging to any provider in Oregon. CareAccord is the first state health information exchange in the nation to receive national accreditation through the Electronic Healthcare Network Accreditation Commission/Direct Trusted Agent Accreditation Program. National accreditation allows CareAccord to be interoperable with other direct secure messaging vendors adopted by Oregon's hospitals, health systems, local HIEs, and providers.

Provider Directory

OHA will engage a contractor to provide a state-level provider directory by early 2016 to support care coordination, data aggregation and analytics, performance improvement efforts, and health information exchange. The directory will connect to and align with the common credentialing program, and will provide authoritative information on Oregon's practitioners such as specialty; location and contact information; affiliation to clinic, health system, hospital, and health plans; and key attributes needed for referral such as languages spoken, hours of operation, etc.

Clinical Quality Metrics Registry

OHA will engage a contractor to provide a Clinical Quality Metrics Registry (CQMR) by early 2016 with the ability to aggregate key clinical quality data for the Medicaid program. This data will be used to calculate CCO incentive payments and meaningful use payments to providers. CCOs will also be able to receive collected clinical data for their members for analytics/quality improvement efforts. The initial focus is on three clinical CCO incentive measures that are also included as quality measures within the EHR incentive program: 1) diabetesA1C poor control; 2) hypertension; and 3) depression screening and follow-up.

Statewide Hospital Notifications and the Emergency Department Information Exchange **(EDIE)**

In 2014, OHA partnered with the Oregon Health Leadership Council, Oregon Hospitals and Health Systems, plans, emergency department physicians, and others to implement the EDIE. This exchange 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. All of Oregon's hospitals have agreed to implement this program in 2014. A similar program was implemented in Washington which led to reduced emergency department visits by Medicaid patients, and cost savings of over $33 million annually.

Once fully implemented, the next phase of this program will include adding inpatient data and discharge notes to "EDIE Plus," as well as a subscription-based product called PreManage that would allow regional health information exchanges, providers, health plans, and CCOs to access this data as real-time notifications when their member or patient has a hospital event. The Oregon Health Leadership Council and its partners aim to establish this program as a statewide utility in 2015, which will be supported by OHA, hospitals, the Council and its membership, and CCOs in Oregon.

Technical Assistance to Medicaid providers

OHA will contract in 2014 to provide technical assistance to Medicaid providers in order to optimize the use of EHR technology and meet meaningful use requirements. Desired near-term outcomes include an increase in the number of providers receiving meaningful use incentive payments as well as improved quality and credibility of EHR data underlying clinical quality measures. Improving the credibility of this data reinforces provider confidence in clinical quality metrics, supports more coordinated care, and allows for the successful utilization of clinical outcomes within alternative payment methodologies.

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