February 6, 2015

TO:	The Honorable Mitch Greenlick, Chair
	House Health Care Committee

FROM:	Susan Otter
	Director of Health Information Technology, Oregon Health Authority

SUBJECT:	House Bill 2294 – Establishment of the Oregon Health Information Technology Program
	and modification of the Health Information Technology Oversight Council

Chair Greenlick and members of the committee, my name is Susan Otter, and I am the Director of Health Information Technology for the Oregon Health Authority (OHA), and serve as the administrator for the Office of Health Information Technology which resides within OHA's Health Policy and Programs. I am pleased to present testimony today in support of HB2294, which supports the health information technology efforts within Oregon and at OHA. I'd like to talk first about what we mean by health information technology, then touch briefly on the work that we have been doing at OHA around health information technology to date, walk through the bill and point out a couple places where OHA is recommending amendments to improve the bill.

Health Information Technology

Health information technology includes the systems, software and tools for capturing, storing, sharing and analyzing health information, and includes tools such as:
- electronic health records in doctor's offices,
- electronic methods for sharing information across providers and coordinating care,
- analytics tools to assess outcomes and quality, and
- electronic tools and applications for patients to better manage their own health care.

These types of tools are critical to support new models of care coordination, accountability, and payment as Oregon continues to embrace the coordinated care model. Our Medicaid coordinated care organizations (CCOs) recognize the need for health information technology – nearly all CCOs used Transformation Fund grants in 2013 to invest in health information technology.

Oregon's Health Information Technology Efforts

Oregon providers have been high adopters of electronic health records, and our hospitals, communities, CCOs, and health plans have made significant investments in health information technology. At the federal level, Congress set forth the HITECH Act of 2009 within the ARRA Stimulus

Act to incentivize adoption of electronic health records, fund state health information exchange efforts, and support the development of federal standards so that these systems can work together to provide the right information at the right time to support the delivery of care.

Oregon hospitals and providers have received more than $320 million in federal incentive payments for adopting certified electronic health records and using those tools in a meaningful way. OHA has leveraged significant federal funding to invest in strategic planning, new statewide health information technology services, and pilot testing new models of using technology such as telehealth. None of these federal and state investments and efforts had been anticipated in the creation of HB2009.

Despite this progress, there are still critical needs in the area of health information technology in Oregon. Many barriers still exist in the adoption and effective use of technology. Behavioral health and long term care providers are typically not eligible for federal incentives, and consequently, their use of certified electronic health records lags far behind their physical health counterparts. Although we have some community investments in regional health information exchanges and common tools across care teams, many communities have no such community investments and providers are electronically isolated.

OHA has taken an incremental approach to addressing these barriers by developing services that support the technology investments our hospitals, providers, CCOs, health plans, and communities are making, and provide a basic foundation of services for health care entities that face barriers. OHA intends to include two services under the Oregon HIT Program that would be broadly available to health care entities (including health systems, clinics, hospitals, health plans, CCOs, long term care, behavioral health, and other health care related entities) across Oregon:
- CareAccord® - Direct secure messaging for entities that face barriers to health information exchange. CareAccord became operational in May 2012
- Provider Directory - will allow health care entities access to a state-level directory of provider, care team member, and clinic or facility information to support shared care delivery and coordination. The Provider Directory is in development, supported by Medicaid federal and state funds.

Both of these programs are critical for supporting our Medicaid program, and both have been identified by stakeholders broadly as having value beyond Medicaid to health care entities statewide. Legislation is needed to ensure OHA has the authority and can charge fees to cover the costs of operating these services beyond Medicaid.

OHA has also participated with stakeholders developing health information technology services collaboratively. Testimony from Greg Van Pelt will discuss OHA's partnership with the Oregon Health Leadership Council, hospitals, commercial health plans, emergency room physicians, and CCOs to establish the Emergency Department Information Exchange Utility which connects care teams to real-time hospital information across the state.

HB2294, the Oregon Health Information Technology Program, and HITOC

Oregon's current HIT statute (HB2009, adopted in 2009), set forth a strategic, policy, and coordination role for OHA, and established the HIT Oversight Council (HITOC). HB2294 updates the HIT statute to account for three areas of new development since 2009.

1. Significant HIT efforts are underway at OHA, funded by new, substantial federal investments. In 2013, OHA worked with a broad group of health care stakeholders to define our strategic plan for the next several years, and reached consensus on a set of foundational health information technology services that can best be provided at the state level. OHA is working with the CCOs and the federal Centers for Medicare & Medicaid Services (CMS) to fund these services for Medicaid. Legislation is needed to ensure these services can be provided, and sustained by fees, beyond the Medicaid program and serve all health care stakeholders.

2. Partnerships are developing across health care stakeholders, including OHA, around statewide HIT efforts. Legislation is needed to provide OHA flexibility to participate formally in these partnerships and represent the state and Medicaid interest, provide the appropriate Medicaid share of funding, and participate in governance in a formal voting role.

3. The HITOC has sought clarity in their role as it relates to the Oregon Health Policy Board. Legislation is needed to pull the HITOC under the Health Policy Board and ensure alignment across health system transformation efforts and supports like health information technology. The Board is supportive of these changes.

HB2294 addresses these three areas.

First, the bill requires OHA to establish and maintain the Oregon Health Information Technology Program. This program would encompass work already in place or underway within OHA's Office of Health Information Technology, and provide the clear authority to continue this work to serve all Oregonians, not just those covered by Medicaid or other OHA programs. HB2294 establishes the goals of the Program in line with Oregon's health system transformation. In particular, the Program will:

- Support the coordinated care model;
- Facilitate the exchange and sharing of electronic health-related information;
- Support improved health outcomes in this state;
- Promote accountability and transparency; and
- Support new payment models for coordinated care organizations and health systems.

The bill describes the types of activities OHA may engage in, to administer this program, including providing health information technology services, setting expectations for users of these services around privacy and security and interoperability, and setting fees for the sustainability of any services included in the program. The bill does not require OHA to pursue any specific health information technology services, but clarifies that OHA's services are to support health care stakeholders across the state.

Secondly, HB2294 gives OHA the flexibility to enter into partnerships or collaboratives when other entities in Oregon are establishing statewide health information technology infrastructure and tools. This includes entering into agreements with respect to participation and funding and to establish roles including formal participation in governance and to represent the interests of the state.

Lastly, HB2294 updates the original 2009 legislation that established HITOC, by pulling HITOC under the Oregon Health Policy Board to ensure alignment with the goals and efforts to support health system transformation broadly in Oregon. The HITOC serves as the strategy, policy, and planning council overseeing statewide health information technology efforts and guiding OHA in its work. HITOC has been active since its first meeting in September 2009, and has produced Oregon's health information technology strategic plans with the combined efforts of dozens of stakeholders serving on committees and workgroups.

OHA is bringing forth an amendment to tighten the language of HB2294 a bit, and to require OHA to report to the legislature on the status of the Oregon Health Information Technology Program.

Thank you for your consideration of HB2294. The field of health information technology is constantly evolving, which is challenging for our Oregon health care entities that must make real-world business decisions and investments. The Oregon Health Information Technology Program and HITOC together can ensure that our stakeholders have the right technology tools, guidance, and information to support their efforts, and have a forum for defining strategies, removing policy barriers, measuring progress, providing transparency and accountability, and supporting and promoting the effective use of health information technology for the good of all Oregonians.