BEHAVIORAL HEALTH HIT WORK PLAN
OFFICE OF HIT, OHA – JULY 2019

Introduction

In response to a request from the Oregon Health Authority's (OHA) Health Information Technology Oversight Council (HITOC), OHA's Office of Health IT (OHIT) convened a Behavioral Health HIT Workgroup (BH HIT Workgroup) to provide input on the results identified in HITOC's Behavioral Health HIT Scan. The Workgroup's strategy recommendations were documented in the December 6, 2018 Addendum to BH HIT Scan Report: Behavioral Health HIT Workgroup Recommendations: Report to HITOC.

This document:
- Briefly recaps the recommendations made by the BH HIT Workgroup;
- Highlights current, ongoing work that meets recommendations;
- Shows an area of potential new work that will be undertaken in the near future to meet recommendations around knowledge development;
- Discusses work not currently planned to be undertaken by OHA/OHIT due to several factors: other organizations may be better placed for the work and/or restraints for OHA/OHIT around scope and capacity; and
- Provides the anticipated level of effort for each body of work is/would be. Level of effort is categorized as low, medium, or high.

The work plan is organized into tables. The top of each table lists the recommendation. Under that, there are three categories: Work Underway; Potential Areas of New Work; Work Not Underway. Within each of these three categories, there is a description of work that meets or fulfills part of the recommendation. Not all recommendations have work under each category. Some bodies of work meet aspects of multiple recommendations; therefore, the reader will see some work listed under several recommendations.

This work plan is subject to review and updating, considering shifts in the environment around HIT/HIE and the evolving needs of providers working in and with behavioral health.

Top priority recommendations:

See below for the top priority recommendations identified by the Workgroup to support the advancement of HIT/HIE within Oregon's behavioral health system. Recommendation numbering is added in parentheses to correspond to the subsequent charts.

1	Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR (3), including: • Develop a list of preferred EHR vendors to help support the EHR adoption/upgrade decision making process* (1) • Promote hospital/health systems' support for behavioral health EHR adoption/upgrade (4) *Note: Workgroup strongly supports financial support/incentives for BH agencies as well – federal and state incentives are proposed but not initiated*
2	Continue existing work on HIE, and bolster with additional strategies, including: • Encourage larger organizations/hospitals/health systems to connect and contribute patient data to an HIE (e.g., Community Health Record) (5) • Connect HIT systems to lower the effort required to access patient information across organizations (e.g., fewer clicks)^ (9) • Information sharing guidance/support related to privacy & security (e.g., 42 CFR Pt 2, HIPAA)*^ (2) *Note: Workgroup strongly supports current work to provide access to HIE for BH providers, including PreManage and HIE Onboarding Program*
3	Support improved understanding of HIT/HIE, including: • Provide HIT/HIE education* (6) • Create shared learning opportunities across a variety of topic areas (e.g., EHR adoption and use, HIE connectivity and use, data analytics/business intelligence, privacy and security) (7) • Landscape assessment of EHRs/HIE*^ (10)
4	Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and data reporting back to agencies^ (8)
	Not top priority: 11, 12, 13, 14

*These recommendations were identified as foundational to other efforts to support HIT/HIE among BH.
^There is OHA work underway in these areas

Higher Priority Recommendations (#1-10)

#1: DEVELOP A LIST OF PREFERRED EHR VENDORS TO HELP SUPPORT THE EHR ADOPTION/ UPGRADE DECISION MAKING PROCESS		
Work Underway		
ONC EHR Reporting/ Comparison Tool	Monitor the development of ONC's EHR Reporting/Comparison Tool, facilitate stakeholder feedback on the Tool, and communicate with stakeholders on the development of the ONC proposed program. ONC contractors held listening/input sessions in Oregon in spring 2019. ONC will release draft reporting criteria for public comment in mid-2020 and plans to publicly release EHR comparison information in late 2022. For more information: • https://www.healthit.gov/topic/certification-health-it/ehr-reporting-program • https://healthtechsolutions.com/EHR-reporting-program	Level of effort: low
Landscape Assessment of EHRs/HIE--Oregon's EHR Landscape (not a preferred list)	OHA's BH HIT Scan includes an in-depth look at BH agencies adoption and use of EHRs and other HIT/HIE tools. OHA will continue landscape assessment ensuring BH providers are considered in overall efforts, including providing information on EHRs adopted by Oregon Behavioral Health agencies and the HIE tools in use. OHA will share the rankings of EHRs implemented by BH agencies/practices in Oregon. OHA will publish the final BH HIT Scan report on website, publicize, and update scan data. Under CCO 2.0, OHA will collect data on EHR and HIE use and reporting for contracted physical, behavioral, and oral health providers. Baseline data is expected in the beginning of 2021.	Level of effort: high
Work Not Underway		
Preferred EHR Vendor List	OHA can gather and disseminate objective information about EHRs in the market, but OHA must remain neutral and it would be inappropriate for OHA to develop a list of preferred vendors.	Level of effort: not feasible

#2: INFORMATION SHARING GUIDANCE/ SUPPORT RELATED TO PRIVACY AND SECURITY		
Work Underway		
Legal Action Center's Actionline for SUD Providers	OHA is funding access to the Actionline for Behavioral Health providers who work with substance use disorder (SUD). This is funded through June 2021. Actionline is a subscription service that offers phone-based consultation about the federal law and regulations protecting substance use disorder (SUD) patient confidentiality.	Level of effort: low

#2: INFORMATION SHARING GUIDANCE/ SUPPORT RELATED TO PRIVACY AND SECURITY		
42 CFR Part 2 Privacy and Security Toolkit	The Confidentiality and Privacy Toolkit was drafted by OHA in response to a recognized need for more information around when and with whom providers can share information about their patients to facilitate care. The toolkit has sample consent form templates, FAQs, links to further information, and some examples of use cases for information sharing. As of summer 2019, the draft Toolkit is in final stages of review and stakeholder input – the final version will be promoted and available on OHA's website after September 2019.	Level of effort: medium
Work Not Underway		
Other Assessment or Guidance	OHA cannot provide legal advice for organizations around privacy and security. Different organizations and their legal counsel may have different interpretations of HIPAA and 42 CFR Part 2. It is up to the legal counsel and the organization to perform their own due diligence and determine if the privacy and security policies of HIEs and other vendors meet their needs. OHA can provide some limited guidance, such as in the toolkit mentioned above which does not provide legal advice. In 2010, HITOC initially considered a certification program for regional HIE organizations that would include state standards for interoperability, privacy and security, business practices, etc. This approach was not pursued and was considered unnecessary as national HIE certifications and standards evolved.	Level of effort: high

#3: SUPPORT BH AGENCIES WITHOUT AN EHR OR WITH AN INSUFFICIENT EHR TO ADOPT AN EHR		
Work Underway		
Federal BH EHR Incentives - Demonstration Program— advocating for program	Monitor and advocate that federal funds come to Oregon to pilot a BH EHR incentive program. The Improving Access to Behavioral Health Information Technology Act, which is part of the SUPPORT Act, authorizes CMMI to create a demonstration project to incentivize the adoption and use of certified electronic heath record technology for behavioral health providers. OHIT will monitor the development of the demonstration project.	Level of effort: medium
CCO 2.0 **Requirements (EHR adoption)**	CCO 2.0 requires CCOs to support physical, behavioral, and oral health providers HIT needs in four areas (see below). CCOs are required to have OHA-approved HIT Roadmaps that demonstrate their plans and progress in these areas, and to report annually on progress. • EHR Adoption • HIE for care coordination • Hospital event notifications • HIT for value-based payments (pertains to circumstances where BH is under VBP)	Level of effort: medium

#3: SUPPORT BH AGENCIES WITHOUT AN EHR OR WITH AN INSUFFICIENT EHR TO ADOPT AN EHR

Potential Areas of New Work		
EHR TA for Providers	Potential to fund technical assistance (TA) for behavioral health providers on the adoption and use of EHR under federal HITECH funding. OHA will explore this further with CMS in late 2019/early 2020	Level of effort: medium
SAMHSA Block Grant--TA	Grant to provide TA to BH providers around adoption and use of EHR/HIT/HIE. OHA will apply in fall 2019, and grant would run for two years if approved. BH HIT Workgroup could provide input and serve as the oversight group.	Level of effort: medium
Work Not Underway		
Oregon state-funded BH EHR Incentives—(not passed in 2019 legislative session)	The Governor's 19-21 budget included proposed funding for this program, but the budget for the program was not approved by the legislature.	Level of effort: high

#4: PROMOTE HOSPITAL/HEALTH SYSTEMS' SUPPORT FOR BEHAVIORAL HEALTH EHR ADOPTION/ UPGRADE

Potential Areas of New Work		
Educate Physical Health Providers on BH Value Proposition	OHA could collaborate with healthcare organizations to document and share a business/ 'public good' case for encouraging HIE connectivity with BH providers.	Level of effort: Low-medium
Develop List and 2-3 Case Studies of Organizations that Have Supported Smaller Organizations	OHA could complete a quick scan of which hospitals/health systems in Oregon have supported behavioral health organizations in EHR adoption or upgrade. From this scan, a list could be compiled of those that have implemented this support, with potentially 2-3 case studies written on method by which this was achieved	Level of effort: medium
Work Not Underway		
Host Conference/ Learning Collaborative	OHA could collaborate with associations and other organizations with interest in BH and HIT to host a conference/learning collaborative. However, due to limited staff capacity, OHA is not pursuing this at this time.	Level of effort: high
Support from Larger Orgs to Smaller Orgs	May not be within scope of OHIT/OHA work. May be better undertaken by associations or health systems themselves. It is possible that OHA could help with providing a forum for convening smaller and larger organizations together.	Level of effort: Unknown

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Commented [BKM1]: Added based on Jeremy and Kacy's recommendations during the conversation/webinar

#5: ENCOURAGE LARGER ORGANIZATIONS/ HOSPITALS/ HEALTH SYSTEMS TO CONNECT AND CONTRIBUTE PATIENT DATA TO AN HIE		
Work Underway		
Network of Networks **Initiative**	HITOC has set a strategic direction to achieve statewide health information exchange through a "network of networks" model. This includes work to increase connections and coordination among various health information exchange networks systems that connect behavioral/oral/physical/social determinants of health providers. This work would seek to complement or potentially leverage federal efforts around a national Trusted Exchange Framework and Common Agreement. For Oregon, this effort is likely to focus on specific use cases and may include efforts to promote e-referrals, shared data standards, etc. OHA will ensure that BH providers and their needs are part of the ongoing conversations around Network of Networks.	Level of effort: high
HIE Onboarding Program	OHA's Health Information Exchange (HIE) Onboarding Program is designed to support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. The Program leverages 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Later phases of the program may include the onboarding of long-term services and supports, social services, as well as other providers. OHA has contracted with Reliance eHealth Collaborative (Reliance) for this program. The Program launched in early 2019 and will run through September 2021.	Level of effort: medium
PreManage (Collective Platform) Subscription	PreManage brings real-time notifications of hospital events (emergency department utilization and inpatient admissions) to users such as health plans, CCOs, and physical, behavioral and dental clinics. The result is improved communication and information sharing between hospitals, providers and health plans to provide higher quality care to patients, identify patients at risk for hospital readmission, reduce burdensome duplication of tests, and ultimately reduce reliance on costly EDs through better cross organizational coordination of care. OHA's Medicaid subscription covers CCOs, Oregon State Hospital, tribal clinics, and other state agency programs. CCOs can, at their own cost, extend to providers in their network, including behavioral health providers.	Level of effort: medium
CCO 2.0 **Requirements**	CCO 2.0 requires CCOs to support physical, behavioral, and oral health providers HIT needs in four areas (see below). CCOs are required to have OHA-approved HIT Roadmaps that demonstrate their plans and progress in these areas, and to report annually on progress. • EHR Adoption • HIE for care coordination • Hospital event notifications • HIT for value-based payments (pertains to circumstances where BH is under VBP)	Level of effort: medium

#5: ENCOURAGE LARGER ORGANIZATIONS/ HOSPITALS/ HEALTH SYSTEMS TO CONNECT AND CONTRIBUTE PATIENT DATA TO AN HIE		
Work Not Underway		
Host Conference/ Learning Collaborative	OHA could collaborate with associations and other organizations with interest in BH and HIT to host a conference/learning collaborative. However, due to limited staff capacity, OHA is not pursuing this at this time.	Level of effort: high
Support from Larger Orgs to Smaller Orgs	May not be within scope of OHIT/OHA work. May be better undertaken by associations or health systems themselves. It is possible that OHA could help with providing a forum for convening smaller and larger organizations together.	Level of effort: Unknown

#6: PROVIDE HIT/HIE EDUCATION		
Work Underway		
[HIT Commons](#) **BH Community Collaborative (PreManage (Collective Platform))**	HIT Commons BH Community Collaborative —provides venue for BH agencies and organizations to come together to share learnings and best practices around PreManage (Collective Platform)	Level of effort: medium
Communications	Provide educational overview of HIT, HIE, EHRs, and other tools for sharing information via the Office of HIT website. Create shared learning opportunities across a variety of topic areas via webinars. Continue disseminating information about OHA efforts and initiatives via the Office of HIT Newsletter.	Level of effort: medium
Landscape and Data Analytics	OHA's [BH HIT Scan](#) includes an in-depth look at BH agencies adoption and use of EHRs and other HIT/HIE tools. OHA will continue landscape assessment ensuring BH providers are considered in overall efforts, including providing information on EHRs adopted by Oregon Behavioral Health agencies and the HIE tools in use. OHA will share the rankings of EHRs implemented by BH agencies/practices in Oregon. OHA will publish the final BH HIT Scan report on website, publicize, and update scan data. Under CCO 2.0, OHA will collect data on EHR and HIE use and reporting for contracted physical, behavioral, and oral health providers. Baseline data is expected in the beginning of 2021.	Level of effort: medium
Potential Areas of New Work		
Provide HIT/HIE Education to BH Providers	Assess educational needs and create shared learning opportunities across a variety of topic areas (e.g., EHR adoption and use, HIE connectivity and use, data analytics/ Business Intelligence, privacy and security).	Level of effort: medium

#6: PROVIDE HIT/HIE EDUCATION

Educate Physical Health Providers on BH Value Proposition	OHA could collaborate with healthcare organizations to document and share a business/ 'public good' case for encouraging HIE connectivity with BH providers.	Level of effort: Low-medium

#7: CREATE SHARED LEARNING OPPORTUNITIES ACROSS A VARIETY OF TOPIC AREAS

Work Underway		
[HIT Commons] **BH Community Collaborative (PreManage (Collective Platform))**	HIT Commons BH Community Collaborative —provides venue for BH agencies and organizations to come together to share learnings and best practices around PreManage (Collective Platform)	Level of effort: medium
Potential Areas of New Work		
Provide HIT/HIE Education to BH Providers	Assess educational needs and create shared learning opportunities across a variety of topic areas (e.g., EHR adoption and use, HIE connectivity and use, data analytics/ BI, privacy and security). Includes conversation with Transformation Center (who may be the appropriate office to take this on).	Level of effort: medium
Work Not Underway		
Host Conference/ Learning Collaborative	OHA could collaborate with associations and other organizations with interest in BH and HIT to host a conference/learning collaborative. However, due to limited staff capacity, OHA is not pursuing this at this time.	Level of effort: high

#8: MODERNIZE STATE REPORTING SYSTEMS TO ALLOW FOR IMPROVED INTEROPERABILITY WITH EHRS/HIE AND DATA REPORTING BACK TO AGENCIES

Work Underway		
MOTS/COMPASS Modernization	OHA to engage BH stakeholders in developments related to Measures and Outcomes Tracking System (MOTS)/Compass modernization efforts. **OHA/DHS** requested funds in the 2019 legislative session for MOTS/Compass modernization - to procure contract services to analyze, acquire and implement a standardized reporting system for behavioral health services. OHA behavioral health data currently exists on a variety of systems and platforms that are disconnected from other agency data.	Level of effort: For OHIT low, but COMPASS work is high

#9 CONNECT HIT SYSTEMS TO LOWER THE EFFORT REQUIRED TO ACCESS PATIENT INFORMATION ACROSS ORGANIZATIONS		
Work Underway		
Network of Networks **Initiative**	HITOC has set a strategic direction to achieve statewide health information exchange through a "network of networks" model. This includes work to increase connections and coordination among various health information exchange networks systems that connect behavioral/oral/physical/social determinants of health providers. This work would seek to complement or potentially leverage federal efforts around a national Trusted Exchange Framework and Common Agreement. For Oregon, this effort is likely to focus on specific use cases and may include efforts to promote e-referrals, shared data standards, etc. OHA will ensure that BH providers and their needs are part of the ongoing conversations around Network of Networks.	Level of effort: high
HIE Onboarding Program	OHA's Health Information Exchange (HIE) Onboarding Program is designed to support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. The Program leverages 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Later phases of the program may include the onboarding of long-term services and supports, social services, as well as other providers. OHA has contracted with Reliance eHealth Collaborative (Reliance) for this program. The Program launched in early 2019 and will run through September 2021.	Level of effort: medium
PreManage (Collective Platform) Subscription	OHA's Health Information Exchange (HIE) Onboarding Program is designed to support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. The Program leverages 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Later phases of the program may include the onboarding of long-term services and supports, social services, as well as other providers. OHA has contracted with Reliance eHealth Collaborative (Reliance) for this program. The Program launched in early 2019 and will run through September 2021.	Level of effort: medium

#10: LANDSCAPE ASSESSMENT OF EHRS/HIE		
Work Underway		
Landscape Assessment of HIT	OHA's BH HIT Scan includes an in-depth look at BH agencies adoption and use of EHRs and other HIT/HIE tools. OHA will continue landscape assessment ensuring BH providers are considered in overall efforts, including providing information on EHRs adopted by Oregon Behavioral Health agencies and the HIE tools in use. OHA will share the rankings of EHRs implemented by BH agencies/practices in Oregon. OHA will publish the final BH HIT Scan report on website, publicize, and update scan data. Under CCO 2.0, OHA will collect data on EHR and HIE use and reporting for contracted physical, behavioral, and oral health providers. Baseline data is expected in the beginning of 2021.	Level of effort: medium

Lower Priority Recommendations (#11-14)

#11: PROVIDE SUPPORT FOR E-REFERRALS		
Work Not Underway		
E-Referrals	HITOC is considering Oregon-specific approaches to support statewide health information exchange under a "network of networks" approach, including a potential focus on specific use cases such as e-referrals. This area is not currently underway, but will likely be a consideration for the Network of Networks work and the HITOC Strategic Plan update.	Level of effort: high

#12: DEFINE UNIVERSAL DATA SET		
Work Not Underway		
Universal Data Set	The development of a universal data set to be used within Oregon is a challenge. At the federal level, a minimum data set for interoperability (the US Core Data for Interoperability), and standards for certified EHR technology already exists and continues to evolve. HITOC is considering the need for Oregon-specific policies to support statewide health information exchange under a "network of networks" approach, and will seek to avoid conflicts with evolving federal landscape. HITOC and Office of HIT staff monitor changes at the federal level and bring updates to HITOC and its committees including the BH HIT Workgroup and others such as HIT Commons. This issue will likely be a consideration for the Network of Networks work and for the HITOC Strategic Plan update.	Level of effort: high

#13: DEFINE UNIVERSAL DATA STANDARDS		
Work Not Underway		
Universal Data Standards	The development of a universal data standards to be used within Oregon is a challenge. At the federal level, a minimum data set for interoperability (the US Core Data for Interoperability), and standards for certified EHR technology already exists and continues to evolve. HITOC is considering the need for Oregon-specific policies to support statewide health information exchange under a "network of networks" approach, and will seek to avoid conflicts with evolving federal landscape. HITOC and Office of HIT staff monitor changes at the federal level and bring updates to HITOC and its committees including the BH HIT Workgroup and others such as HIT Commons. This issue will likely be a consideration for the Network of Networks work and for the HITOC Strategic Plan update.	Level of effort: high

#14: SUPPORT BH PROVIDERS AROUND DATA ANALYTICS/ BUSINESS INTELLIGENCE INCLUDING TECHNICAL ASSISTANCE AND TRAININGS		
Work Underway		
[CCO 2.0](#) **Requirements (VBP)**	CCO 2.0 requires CCOs to support physical, behavioral, and oral health providers HIT needs in four areas (see below). CCOs are required to have OHA-approved HIT Roadmaps that demonstrate their plans and progress in these areas, and to report annually on progress. • EHR Adoption • HIE for care coordination • Hospital event notifications • HIT for value-based payments (pertains to circumstances where BH is under VBP) The last area includes CCOs providing information to clinics with a VBP arrangement on patient attribution and risk characteristics.	Level of effort: medium
Potential Areas of New Work		
SAMHSA Block Grant--TA	Grant to provide TA to BH providers around adoption and use of EHR/HIT/HIE. OHA will apply in fall 2019, and grant would run for two years if approved. BH HIT Workgroup could provide input and serve as the oversight group.	Level of effort: medium
Work Not Underway		
Landscape Regarding Data Analytics/Business Intelligence	Assessing the level of knowledge and capacity of BH agencies related to data analytics, population management, and business intelligence could help in development of TA in these areas. However, The Workgroup acknowledged this as "down the road" work. OHA has limited staff capacity.	Level of effort: high