Oregon Health Information Technology Environment Scan
Summary Matrix – updated October 12, 2009

PURPOSE: This summary matrix is intended to provide a high-level overview of Oregon's health information technology environment for the purpose of informing stakeholders and policy-makers as they contemplate development of an Oregon HIT plan to facilitate electronic health record (EHR) adoption, health information exchange and interoperability. This document is a compilation of information from multiple sources, surveys and interviews. Supporting documents and reports will be made available as they are completed to provide additional detailed information. This document and the environmental scan is a work in process that will evolve over time as additional information is developed. Corrections and suggestions are encouraged.

Oregon HIT Environmental Scan: The environmental scan is being undertaken by the Oregon Office of Health Policy and Research on behalf of the Health Information Technology Oversight Council. The scan involves a number of components including:
- Oregon 2009 Ambulatory EHR Survey
- Oregon HIT Assessment, 2009: Hospital and Health System Survey
- Oregon HIT Assessment, 2009: IPA Survey
- Oregon HIT Assessment, 2009: Health Plan Survey
- Department of Human Services HIT Environmental Scan
- Potential ARRA incentive payments to Oregon providers demonstrating meaningful use
- Tracking of e-prescribing adoption and use in Oregon
- Assess the role of two major Federal grants on Oregon HIT planning: Health Record Bank of Oregon (Medicaid Transformation Grant) and Oregon Health Network (FCC communication infrastructure).

Other elements and assessment will be added to the scan as the needs become apparent.

ENVIRONMENTAL SCAN HIGHLIGHTS

Ambulatory EHR Adoption: The 2006 Oregon Ambulatory EHR Inventory provides a baseline for tracking EHR adoption in region ambulatory care settings. The 2006 survey report is available at http://www.oregon.gov/OHPPR/docs/OR2006EHRSurvey.pdf. The 2009 Oregon Ambulatory EHR Inventory updates the earlier survey and collects additional information of the functionality of EHRs in ambulatory care setting. Complete results from the 2009 are not yet available.

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Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Overall	Adoption	2006 Survey: 53% of Oregon (non-federal) clinicians (MD/DOs, PA/NP/CNMs work in practices or clinics where EHRs are present compared to 29.2% nationally. Practices and clinics with EHRs represent just 27% of Oregon practices/clinic organizations. Higher EHR adoption rates occur in health systems and affiliated practices, large practices, practices with multiple locations and multi-specialty or mixed primary care practices. 2009 Preliminary Results: 70% of Oregon (non-federal) clinicians work in practices or clinics where EHRs are present compared to 38% nationally (CDC-2008)[1]. 39% of surveyed practices and clinics have EHRs.	2006: lower adoption rates in small practices, the major reasons listed by practices not planning to adopt EHRs are expense and satisfaction with paper records. 2009: Oregon remains well ahead of national adoption of EHRs. Barriers to adoption remain: cost, ROI & perceived value especially in solo and small practices
Overall	Level of Functionality - Basic - Full	2009 Preliminary Results: 53% of Oregon clinicians are in practices using an EHR with all "basic" functions compared to 13% nationally (NEJM 2008)[2]. 32% of Oregon clinicians are in practices with "fully functional" EHR compared to 4% nationally (NEJM 2008). By 2011 respondents forecast that 46% of practice organizations will utilize an EHR covering 72% of clinicians.	Fully functional systems are concentrated in larger practices and health systems.

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[1]

[2] DesRoches CM, Campbel EG, Rao SR, Donelan K, Ferris TG, Jha A, Kaushal R, Levy DE, Rosenbaum S, Shields AE, Blumentahl D. Electronic health records survey in ambulatory care -a national survey of physicians. NEJM, 359:1, July 3, 2008.

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Clinician Organizations - MD/DOs, PA/NP/CNMs		2006 Survey: 27% of physicians-owned/operated practices (36% of clinicians) were using an EHR ranging from 21% for solo practices to 50% of practices with 10 or more clinicians. Respondents projected EHR adoption to increase to 52% of practices (72% of clinicians) by 2008 ranging from 34%% for solo practices to over 80% of practices with 10 or more clinicians. 2009 Preliminary Results: 38% of physician-owned/operated practices (58% of clinicians) are using an EHR, ranging from 26% for solo practices to 61% of practices with 10 or more clinicians.	2006 and 2009 Issues include EHR Adoption: - practices without an EPM - practices with EPM, no EHR - self-developed EHR apps EHRs not certified - non certified products - current EHR version not certified
FQHCs - Safety Net Clinics	23 FQHCs & other safety net clinics	2006 Survey: EHRs were in use by 30% of 27 responding organizations involving 35% of clinicians covered by the responses. The clinics projected that 71% of the clinics and 77% of the clinicians would have EHRs in 2008. 2009 Preliminary Results: EHRs are in use at 56% of the 25 responding organizations with 65% of clinicians covered by the responses.	2006 and 2009: FQHC adoption enhanced by funding mechanisms for FQHCs and HRSA grant support. Most FQHCs without an EHR have implemented and EPM and well positioned for EHR adoption.
Public Health, Mental Health, Tribal, College and Other Clinics		2009 Preliminary Results: EHRs are in use by 22% of the 50 responding organizations involving 37% of clinicians covered by the responses.	Major funding issues impact EPM and EHR adoption.
Health systems practices and clinics		2009 Preliminary Results: 70% of practices and clinics (90% of clinicians) owned or operated by health systems are using EHRs. The larger health systems with practices and clinics (Kaiser, OHSU, PeaceHealth, Providence, Samaritan Health, Veterans Administration) have comprehensive ambulatory and hospital EHR systems. Legacy will complete a comprehensive implementation in 2010.	Large health systems with owned or affiliated practices have made substantial EHR commitments.

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EHR & EPM Products and Vendors		2009 Preliminary Results. Approximately 81 vendors provide the EHR systems in use Oregon and 106 companies provide EPM systems. Nearly all practices use the same vendor and product for both their EPM and EHR systems. 16 vendors provide EHRs for 90% of clinicians (68% of organizations). 80% of organizations (90% of clinicians) are using EHR products from a vendor that has CCHIT certified products. There are a number of specialized EPM & EHR systems in specialty/sub-specialty practices that are not certified products. **Not all products in use are certified (old versions) and not all product lines from a vendor with a certified product are certified.**	A number of products are not certified and may or may not be certified in the future. Many practices may need to upgrade or change EHR products to qualify for meaningful use.

Hospital & Health System EHR Adoption: An Oregon Hospitals and Health Systems HIT Inventory is currently underway to provide information for Oregon's HIT planning process regarding EHR adoption and the functionalities of operational EHR systems.

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Acute Care Hospitals	58 acute care hospitals	2009 survey: Preliminary survey results indicate that the 47 of Oregon's 58 acute care hospitals have or are implementing EHRs by mid 2010. These 47 hospitals represented 95% of 2008 Oregon hospital discharges (348,883). The EHRs are provided by nine vendors that all have products certified by CCHIT. Not all currently installed products are certified products or versions. All eleven hospitals without EHRs are planning implementations: six hospitals within 1-2 years and five hospitals in 2-5 years.	Several health systems and hospitals upgrading systems. Delayed EHR implementation limits the potential for ARRA incentive payments.
Critical Access Hospitals (CAH)	25 CAH hospitals (subset of 58 acute hospitals)	2009 survey: Preliminary survey results indicate that 17 of Oregon's 25 CAHs currently have an EHR system. These 17 hospitals represent 76% of 2008 Oregon CAH discharges (29,277). EHRs at Oregon CAHs are provided by seven vendors. All the vendors offer CCHIT certified product although not all currently installed products/versions are certified. All eight CAH hospitals without EHRs are planning implementations: five hospitals within 1-2 years and three hospitals in 2-5 years.	Gap: eight of 25 CAHs are at least 1 to 2 years away from implementing hospital EHRs.

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Multi-hospital Health Systems	35 hospitals in 9 systems (subset of 58 hospitals)	2009 survey: Preliminary results indicate that 30 of the 35 hospitals in the nine hospitals systems have implemented EHR systems. Five hospitals in two multi-hospital systems are planning EHR implementations: three hospitals in 1 to 2 years and two hospitals in 2 to 5 years. By early 2010 seven health systems will have robust deployments of certified EHRs covering all the hospitals in their systems (27 hospitals).	
Health Systems with Hospitals and Practice Groups	Kaiser, Legacy, OHSU, Providence, Peace Health, Samaritan Health, Veterans Administration	Seven health systems in Oregon include hospital operations and an owned or operated medical group practice or employed physicians and other clinicians. All seven systems have or will shortly have (early/mid 2010) robust and certified EHR systems covering both hospital and other practice operations.	

Health Information Exchange Activities: Identification of the scope of existing and planned health information exchange functions is a major goal of the 2009 HIT environmental scan and necessary to developing a statewide HIE strategy. Responses from the 2009 Hospitals & Health System HIT Survey and IPA HIT survey provided information on Oregon HIE activities. Also see the latest version of the Oregon HIE Activities Report at http://www.oregon.gov/OHPPR/HITOC/index.shtml.

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HIE planning		Planning efforts Portland and central Oregon occurred in 2007. Current planning efforts include Central Oregon, Mid Columbia Gorge, Portland area, Salem area and discussions among Epic users.	See the Oregon HIE Activities Report for additional information.

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Health Systems		Health systems with multiple hospitals or hospitals and affiliated medical groups are functionally operating health information exchanges within their health systems. Examples include Cascade Health (four hospitals), Kaiser Permanente (hospital and multiple clinic locations), Providence Health and Service (seven hospitals, Providence medical groups), PeaceHealth (four hospitals, PeaceHealth medical groups), Samaritan Health Services (five hospitals, Samaritan medical groups).	The scope of health information exchange functionalities within each health systems varies and is evolving. See the Oregon HIE Activities Report for additional information.
Developing HIEs		Providence Health and Services will be implementing an HIE infrastructure in late 2009 to integrate inpatient and outpatient EHRs and connect EHRs of affiliated medical groups.	See the Oregon HIE Activities Report for additional information.
Active HIEs		OCHIN, Umpqua OneChart HIE, Mid-Rogue HIE, Samaritan HIE provide and are evolving information exchange services.	See the Oregon HIE Activities Report for additional information.
Imaging Collaborations		Imaging collaborations, shared PACS systems and imaging exchange mechanisms have and are evolving in Oregon communities.	See the Oregon HIE Activities Report for additional information.

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IPAs and Health Plans: Surveys are currently underway of Oregon IPAs and health plans to identify their involvement in facilitating the adoption of EHR and HIT systems and provide information for Oregon's HIT planning process.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Independent Practice Associations (IPAs)		Several IPAs and affiliated organizations are involved in facilitating the adoption of EHRs. - Central Oregon EMR, an affiliate of Central Oregon IPA, offers EHR services to COIPA members (eClinicalWorks) and non-members (eClinicalWorks and Allscripts-MyWay). - Douglas County IPA and affiliated ITechSS provides EHR services Centricity in the greater Roseburg community. - Mid-Rogue e-Health Services, a subsidiary of Mid-Rogue IPA offers EHR services (Greenway) to MRIPA members and non-members. - Mid Valley IPA offers EHR services (NextGen) to its members. - Portland IPA provides it members with implementation, training and ongoing support eClinicalWorks PM and EMR installations.	
Health Plans	FCHPs & Insurance Plans	2009 survey: results not yet summarized	

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Personal Health Record Adoption: The November 2008 HIIAC report adopted by the Oregon Health Fund Board into its health reform plan for the state, establishes a goal that "All Oregonians have access to a personal health record by 2013." A number of efforts are underway related to the deployment of personal health record systems and patient portals. Information about PHRs is derived from the HRBO project and survey responses from hospitals and health plans.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Health Record Bank of Oregon		CMS Medicaid Transformation Grant for $5.5 million was awarded in October 2007 to the Oregon Department of Human Services (DHS) to implement a health record bank (HRB) project for Medicaid clients and evaluate the project. The HRBO is unique among the 49 grants totaling $150 million made to 34 states in 2007. Of the 26 grants awarded for health information technology (HIT) projects, the Oregon project is the only project building a personal health record (PHR) using a health record banking approach. • Initial grant term: 18 months - October 2007 to March 2009. • CMS approved a grant extension to March 31, 2010. • An extension request through March 31, 2011 is expected. An RFP was issued in March 2009 to select an HRBO vendor. The contract with the selected vendor should be in place in late August 2009. The HRBO is scheduled to go-live in early 2010.	The November 2008 HIIAC report to the Oregon Health Fund Board considered the HRBO as a fundamental building block in developing health information exchange in Oregon. Further evaluation of the HRBO in light of ARRA and other HIE efforts in Oregon will be required.
Provider-based PHRs		Tethered PHRs identified to date are provided by provider organizations include Kaiser and OHSU (Epic's MyChart), UmpquaOneChart	Incomplete list
Health plan-based PHRs		Tethered PHRs identified to date are provided by health plans include Providence Health Plan (WebMD), Regence BS/BC, ODS (WorldDoc with synchronization through HealthVault)	Incomplete list
Other PHRs	Unknown	There are number of commercial PHR vendors offering services to individuals and employer groups.	Information not available

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Electronic Eligibility and Claims Transactions: The environmental scan surveys emphasized the electronic exchange of clinical information. Oregon administrative simplification efforts are focused maximizing the use of electronic transactions and standardizing the implementation of best practices across health plans and provider organizations.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
Electronic eligibility transactions	Provider – Health Plan Interactions	Oregon has not surveyed the extent of provider utilization of standard HIPAA electronic eligibility transactions, health plan eligibility websites or telephone verification inquiries. The of eligibility confirmation mechanisms in Oregon are believed to be comparable to Washington State where a 2007 survey found that 63% of practices sometimes checked eligibility by web browser while only 36% sometimes did so via an electronic inquiry[3]. Oregon health plans indicate a large volume of telephone eligibility inquiries consistent with August 2007 data from a Washington health plan showing that 55% of all provider calls were to determine patient eligibility or benefits. [4]	Providers have a high level of inefficiencies and frustrations from current eligibility verification processes.

Administrative simplification efforts, best practice standardization and sign-on website access would improve efficiencies for providers and health plans. |
| Electronic claims transactions | Provider – Health Plan Interactions Hospitals | Oregon has not specifically surveyed the extent of electronic claims generation by physician practices, hospitals or other providers. The 2009 Ambulatory EHR Survey found that 80% of clinicians covered by the survey were in practices with an electronic practice management (EPM) system. Nearly all EPM systems have electronic claims submission capabilities. Some unknown portion of practices with and without an EPM contract with a commercial billing service or clearinghouse that generates electronic claims including customizations for specific health plans. Health plans report receiving most of their claims volume is submitted electronically.

It is assumed that all Oregon hospitals have the patient accounting and billing systems to generate electronic claims from their internal systems or contract with a billing services provider or clearinghouse. | Both health plans and providers express concerns about the efficiency of existing claims transaction processes.

Administrative simplification efforts, best practice standardization and sign-on website access would improve efficiencies for providers and health plans. |

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[3] Washington State Office of the Insurance Commissioner Health Care Administrative Expense Analysis Blue Ribbon Commission Recommendation #6 Final Report, pages 57-60 (11/26/07)
[4] Washington State Office of the Insurance Commissioner. Health Care Administrative Expense Analysis Blue Ribbon Commission Recommendation #6 Final Report, page 25 (11/26/07)

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Administrative Simplification Initiative	Health Care Leadership Task Force (HCLTF)	In mid 2008 a number of hospitals, practice groups, health plans and associations established an Administrative Simplification Initiative under the auspices of the HCLTF (http://www.healthleadershiptaskforce.com) to simplify administrative challenges for physicians, hospitals and health plans. Over 100 individuals from physician groups, hospitals and health plans are involved in three work groups: claims, eligibility and credentialing. Specific efforts are underway on developing standards and best practices for payer websites to reduce provider-plan phone calls, developing a single authentication sign on system, standardization of insurance cards, electronic credential processing and repository.	
Administrative Simplification	2009 Legislative Session	The 2009 Oregon legislature concluded that costs could be reduced by standardizing administrative processes. As part of the health reform legislation, HB 2009 authorized the insurance regulator, the Department of Consumer and Business Services (DCBS), to establish uniform standards for insurers including standards for eligibility verification, health care claims processing, and payment and remittance advice transactions. This process is currently underway, with initial recommendations to DCBS expected by the end of 2009.	

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Electronic Clinical Laboratory Ordering and Results Distribution

Assessing the state of laboratory health information exchange services relies on several sources: ambulatory and hospital/health system EHR surveys included questions about laboratory ordering and reporting, the Department of Human Services (DHS) HIT inventory regarding the relationship between commercial and hospital laboratories to public health communicable disease reporting as well as website information and interviews with hospital and commercial laboratories.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
Commercial laboratories		Based on interviews with commercial laboratories, the commercial laboratories providing services to ambulatory practices are all able to received electronic laboratory orders and provide electronic reports based on industry standards. Labs have implemented standard interfaces to/from most EHR vendor systems used by practices referring specimens. Commercial labs provide secure website access for submission of orders and retrieval of lab results that can be used by practices with and without EHRs.	Laboratories express high interest in information exchange to/from physician EHRs. The major issue is protracted EHR adoption in physician practices.
Hospital laboratories		Medical practices owned or operated by the multi-hospital health systems in Oregon have electronic ordering and results report through the health system EHRs. Many affiliated practices have comparable access. The major health system laboratories provide secure website access for submission of orders and retrieval of lab results comparable to commercial laboratories. Several hospital labs have implemented standard interfaces to/from a number of EHR systems.	
Ambulatory EHR systems	Enter & Review Labs	2009 Preliminary Results: 76% of surveyed organizations with EHRs (93% of clinicians) are able to enter and review lab orders,	
Ambulatory EHR systems	Electronically place orders	2009 Preliminary Results: 48% of organizations with EHRs (67% of clinicians) are able to electronically place lab orders.	Less than half of organizations with EHRs have CPOE functionality
Ambulatory EHR systems	Electronic Lab Interface	71% of organizations with EHRs (91% of clinicians) have an electronic EHR – laboratory interface.	

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Hospital EHR systems		2009 Preliminary Results: 44 of 47 hospitals (98% of discharges) with EHRs have or by early 2010 will have electronic laboratory results included in their EHR system. 11 of 47 hospitals support laboratory CPOE. 43 of 47 hospitals (98% of discharges) with EHRs have fully or partially implemented or planning CPOE for laboratory services.	
Public health reporting from laboratories		80% of communicable disease reporting occurs electronically to local health departments from 12 clinical laboratories and the Oregon State Public Health Laboratory. These reports flow into the recently upgraded Oregon Public Health Epi-User System (Orpheus) and are the basis of reporting to the Centers for Disease Control (CDC).	

Electronic Prescribing: SureScripts prepares a State Progress Report on Electronic Prescribing. The last report as of December 31, 2008 shows that Oregon ranks favorably against national statistics. The SureScripts reports are available at http://www.surescripts.net/e-prescribing-statistics.html. Anecdotal information from providers and pharmacies notes that substantial numbers of physicians and providers have initiated electronic prescribing in 2009.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Prescriptions routed electronically	SureScripts report 12/31/2008	For 2008 Oregon ranked 15th nationally with 4.39% of prescription routed electronically. Growth in 2008 over 2007 was 180%.	
Visits with a prescription benefit request	SureScripts report 12/31/2008	For 2008 Oregon ranked 19th nationally with 7.86% of patient visits with a prescription benefits request and 4.37% with a prescription benefit response. Growth in 2008 over 2007 was 300%.	
Physicians routing e-prescriptions	SureScripts report 12/31/2008	As of 12/31/2008 Oregon ranked 11th nationally with 15.43% of physicians routing e-prescriptions (1,030 physicians). Growth in 2008 over 2007 was 170%.	
Payer coverage	SureScripts report 12/31/2008	For 2008 Oregon ranked 36th nationally with 55.83% of patients with available prescription benefit information.	

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Pharmacy participation	SureScripts report 12/31/2008	As of 12/31/2008 Oregon ranked 27th nationally with 76.86% of community pharmacies (475) activated for e-prescribing. Growth in 2008 over 2007 was 12%.	
Clinicians registered with SureScripts	Salem area, Marion and Polk Counties	A review of SureScripts registration in Marion and Polk counties on May 27, 2008 identified 227 registered clinicians. Registration increased 29% to 292 clinicians as of October 12, 2009.	
Ambulatory EHR systems	EHR system prints prescriptions	2009 Preliminary Results: 75% of surveyed organizations with EHRs (92% of clinicians) are able to generated printed prescriptions from their EHR systems.	
Ambulatory EHR systems	Electronically transmits prescriptions	2009 Preliminary Results: 57% of surveyed organizations with EHRs (80% of clinicians) are able to electronically transmit an electronic prescription to a pharmacy.	

Other Health Care Delivery Settings: A number of other heath care settings may need to be considered as Oregon HIT planning efforts move forward.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Adoption Gap or Comments
Nursing Homes	Unknown	Not yet addressed	
Home Care & Home Health Agencies	Unknown	Not yet addressed	

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Oregon State Government: A number of State of Oregon programs involving health and social services programs have implications for HIT planning. The Oregon Department of Human Services (DHS) is developing an inventory of programs with significant HIT components. The DHS HIT scan reviewed 64 separate program areas and identified 32 programs that have one or more technology applications for further consideration. A structured assessment is under development for eleven program areas. Addition programs may be added as the DHS HIT scan proceeds. Selected DHS HIT programs are included below. The Department of Corrections and Oregon Youth Authority provide health services in the adult and youth correctional facilities. Efforts are contemplated to include these agencies in the EHR and HIT environmental assessments.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
DHS - Medical Assistance Programs (DMAP)		DMAP operates the Oregon Health Plan (OHP) including the Medicaid program. The Medicaid Management Information System (MMIS) is an essential infrastructure component for administering the OHP and processing eligibility and provider claims data. The new MMIS system was activated in December 2008 to replace the 30 year old legacy system and consolidate a number of separate applications and data bases.	The MMIS conversion encountered a number of conversion and implementation issues that are being resolved. The roles of MMIS in statewide HIT and HIE planning need further analysis and discussion.
DHS- Addiction & Mental Health Division (AMH)		AMH has completed a several year process for planning a comprehensive Behavioral Health Information Project (BHIP) designed to provide an EHR, other clinical and administrative systems to support the state hospitals (OSH replacement project and Blue Mountain Recovery Center) 500 mental health and addiction services community-based programs and 13 acute care hospital programs. Responses for the BHIP system RFP were due in late July 2009.	BHIP has implications for HIE planning and interoperability of BHIP with EHRs of various provider organizations and heath systems. The roles of BHIP in statewide HIT and HIE planning and need further analysis and discussion.
DHS - Public Health		A number of public health programs have direct involvement and linkages to providers that are being more fully described in the DHS-HIT scan including - Immunization Information System (ALERT) - Orpheus – communicable disease reporting - Emergency medical services - OR-Kids - FamilyNet Child Health Record - Vitals Statistics OVERS - Oregon Electronic Laboratory Reporting (ELR) project - DHS-LIMS – laboratory information management system - Prescription Drug Monitoring	The roles of the various public health programs in statewide HIT and HIE planning and need further analysis and discussion. Integration of distinct applications into an overall DHS & HIE framework will require careful planning and phasing.

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Prescription Drug Monitoring Program		Senate Bill 355 enacted by the 2009 Legislature establishes a Prescription Drug Monitoring Program (PDMP) to address prevention of prescription drug diversion by providing a tracking system that tracks dispensing of Schedule II-IV prescription drugs.	PDMP implementation planning has important implications for HIE planning.
Dept of Corrections		The Department of Corrections (DOC) operates 15 clinics in its adult correctional facilities. DOC is exploring EHR systems for its corrections population.	
Oregon Youth Authority		The Oregon Youth Authority (OYA) operates correctional facilities for minors: seven closed facilities and four transitional facilities. OYA operates six clinics in support of the closed facilities. OYA is exploring EHR systems for its corrections population	

Telehealth and Telemedicine: During September and October 2009, the Oregon Health Network Applications Committee plans to compile an inventory of telehealth and telehealth applications in Oregon.

Domain	Scope	HIT Adoption or Role in HIT Adoption	Comments
Telehealth applications		A number of telehealth – telemedicine applications are operating in Oregon. Example projects include pediatric intensive care video consultations and monitoring (OHSU and Sacred Heart), tele-genetics counseling (OHSU, Medford, Bend, Boise) – currently suspended until payer reimbursement is activated, psychiatric video consultations (OHSU, a prison, a tribal clinic), specialty telemedicine consults (eastern Oregon and Idaho hospitals), cardiology Stemi consults and data transfers (southern Oregon hospital, EMS ambulance and emergency department), trauma consults to triage patient appropriately, pediatric and adult image interpretation and overreads (store and forward)..	OHN and the Telehealth Alliance of Oregon (TAO) will be undertaking an inventory of telehealth applications in fall 2009.

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Oregon Health Network (OHN)		Oregon Health Network (OHN) has been approved by the Federal Communications Commission (FCC) to receive up to $20.2 million in funding reimbursement under the Universal Service Fund to build a comprehensive and robust broadband infrastructure and telehealth network that will connect hospitals, clinics and community colleges throughout Oregon. The project will connect eligible health care facilities under the FCC's Rural Health Care Pilot Program (RHCPP). Four RFPs are in various stages of solicitation and contracting for implementing the FCC grant. Additional information is available at www.oregonhealthnet.org.	Slow process to work through RFPs and contract for projects.

Other Oregon Assets to Advance HIT Adoption (partial list): Oregon benefits from the presence of a number of organization that play unique roles supporting EHR and HIT adoption and in meeting the ARRA meaningful use requirements. An incomplete list of such organizations includes the following:

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Acumentra Health		Acumentra Health is Oregon's federally-designated Medicare Quality Improvement Organization (QIO) as well as the External Quality Review Organization for Medicaid in Oregon and Washington. Acumentra Health has been involved in a number of HIT-related projects including Oregon Diabetes Collaborative (2001-2, 2003-4), Oregon Rural Collaborative (2005-7), DOQ-IT (2005-8), and EHR Preventive Care Initiative (2008-11). Acumentra Health also coordinates HIT activities of the Oregon IPA Collaborative (representing over 4,300 providers) and pharmacy project activities of the Medicare Advantage Health Plan QI Collaborative. Additional information is available at http://www.acumentra.org/	Interests include facilitating EHR adoption and optimization, HIE development, regional extension centers, quality metrics and practice-based quality improvement.

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OCHIN		OCHIN is a health center controlled network (HCCN) of community health clinics and small practices serving the medically underserved with 18 members in Oregon, 9 members in California and one in Washington that operate clinics in over 200 locations. OCHIN provides a comprehensive suite of products including practice management and EHR (Epic) services, panel and population management tools to member organizations. As an Organized Health Care Arrangement (OHCA) under HIPAA with a single record per patient OCHIN also functions as an HIE among the member organizations. The OCHIN master patient index contains information on over 400,000 Oregonians and 600,000 lives across California, Oregon and Washington. OCHIN also operates SafetyNetWest, a practice-based research network that solicits proposals and coordinates research projects involving safety-net populations. Additional information is available at http://www.ochin.org/	Interests include regional extension centers, EHR adoption, HIE development, HIT-based quality improvement and collaborative research among safety net organizations, workforce development. OCHIN is the lead organization in Oregon's Regional Extension Center proposal.
OHSU-DMICE		Department of Medical Informatics & Clinical Epidemiology (DMICE) is an academic and research department in the Oregon Health & Science University (OHSU) School of Medicine. DMICE blends teaching, research, and service activities in medical informatics and clinical epidemiology. The medical informatics program features a diversity of research activities on the application of information technologies in health care as well as graduate education programs available on-campus or via distance learning. The clinical epidemiology program includes the AHRQ-funded Oregon Evidence-Based Practice Center that conducts systematic reviews of medical tests and interventions, and clinical effectiveness studies. Additional information is available at http://www.ohsu.edu/ohsuedu/academic/som/dmice/	Interests include workforce development, regional extension centers and applied informatics. OHSU-DMICE is a partner organization in Oregon's Regional Extension proposal.

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Oregon Health Care Quality Corp		The Oregon Health Care Quality Corp's Partner for Quality Care initiative is using pooled encounter and medications (claims) data (96 million claims, 1.6 million unique individuals) to measure and report quality metrics for 2,212 adult primary care physicians (120 medical groups with 308 clinic sites). 19 practices representing about 729 physicians are using a secure interactive web portal to access data about their patients. Metrics based on clinical EMR data are planned. This effort is part of the Robert Wood Johnson Foundation Aligning Forces for Quality program. Quality Corp is also a Federally-designated Chartered Value Exchange (CVE). Additional information is available at http://www.q-corp.org/	Interests include quality metrics from claims data and EHRs, HIE development, practice-based quality improvement, quality reporting metrics and consumer engagement.

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Abbreviations:

AMH: addiction and Mental Health Division
CAH: critical access hospital
COEMR: Central Oregon EMR
COIPA: Central Oregon IPA
CVE: chartered value exchange
DHS: Department of Human Services
DMAP: Division of Medical Assistance Programs
DMICE: OHSU Department of Medical Informatics & Clinical Epidemiology
EHR: electronic health record
EMR: electronic medical record
EPM: electronic practice management system
FCHP: fully capitated health plan
FQHC: federally qualified health center
HIIAC: Health Information Infrastructure Advisory Committee
HIE: health information exchange
HIO: health information organization
HIT: health information technologies
HITOC: Health Information Technology Oversight Council
HRB: health record bank
HRBO: Health Record Bank of Oregon
IPA: independent practice association
OAHHS: Oregon Association of Hospitals and Health Systems
OHP: Oregon Health Plan
PHR: personal health record
QIO: quality improvement organization
RHC: rural health center
RHIO: regional health information organization
SBHC: school-based health center