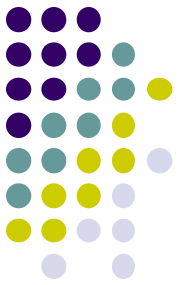


# Oregon Health Information Organization Stakeholder Meeting

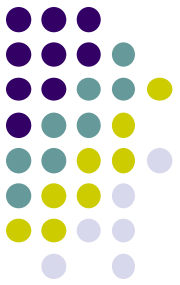
Chemeketa at Eola  
Northwest Viticulture Center  
Salem, OR  
April 15<sup>th</sup>, 2010  
9-1pm

# Summit Outcomes



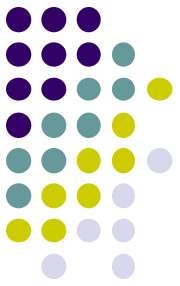
- Update regarding HITOC, O-HITEC, Strategic Workgroup and Federal activities
- Update regarding HIE Strategic and Operational Planning Approach and work to date
- Gain additional thought leadership and input of participants regarding work to date
- Awareness and updates of regional activities in Oregon
- Lessons learned -- next steps for Oregon...

# AGENDA



- 9:00 am **Introduction and Outcome Overview** – Carol Robinson & Julie Harrelson
- 9:05 am **Where we are today** – Carol Robinson and Clayton Gillett
- HITOC, O-HITEC, Strategic Workgroup, P-APD, federal landscape
- 9:25 am **Oregon HIE Planning Process Report** – Carol Robinson & John Hall
- Strategic results to date
  - Timeline and phasing
  - Strategic considerations
- 9:55 am **HIO Activity Update** – HIO Presenters
- Jefferson HIE/Asante – Mark Hetz
  - PeaceHealth – Erez Gordin
  - Gorge Connect – Brian Ahier
- 10:30 am **Break**
- 10:45 am **HIO Activity Update** – HIO Presenters
- OCHIN – Paul Matthews
  - SACHIE – Greg Fraser, MD
  - Providence/Portland HIE – Dick Taylor, MD
- 11:15 am **Breakout Discussion**
- 11:55 am **Lunch & Breakout Discussion Report Outs**
- 12:50 pm **Lessons Learned, Next Steps** – Carol Robinson and Julie Harrelson
- Clarify next steps
  - Closing comments

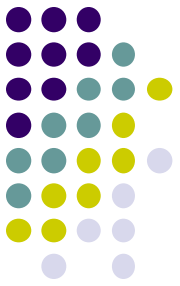
# HB 2009



The HITOC duties set forth in HB 2009 include:

- Set Goals and Develop Strategic HIT Plan
- Coordinate and Leverage Existing Resources
- Adopt Standards for a Purchasing Collaborative for Electronic Health Records (EHR)
- Educate Public and Providers of Health Care
- Develop Reimbursement Program for EHR use and HIT Loan Program

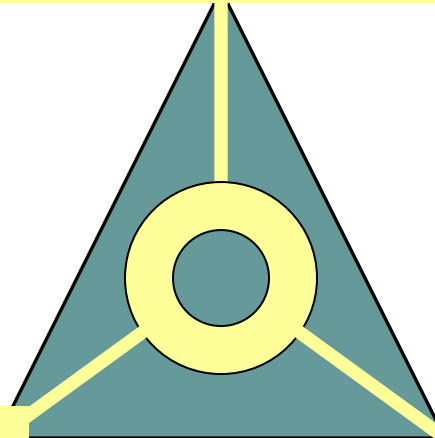
# Oregon Health Authority Triple Aim Goal



**Improved Patient Experience**

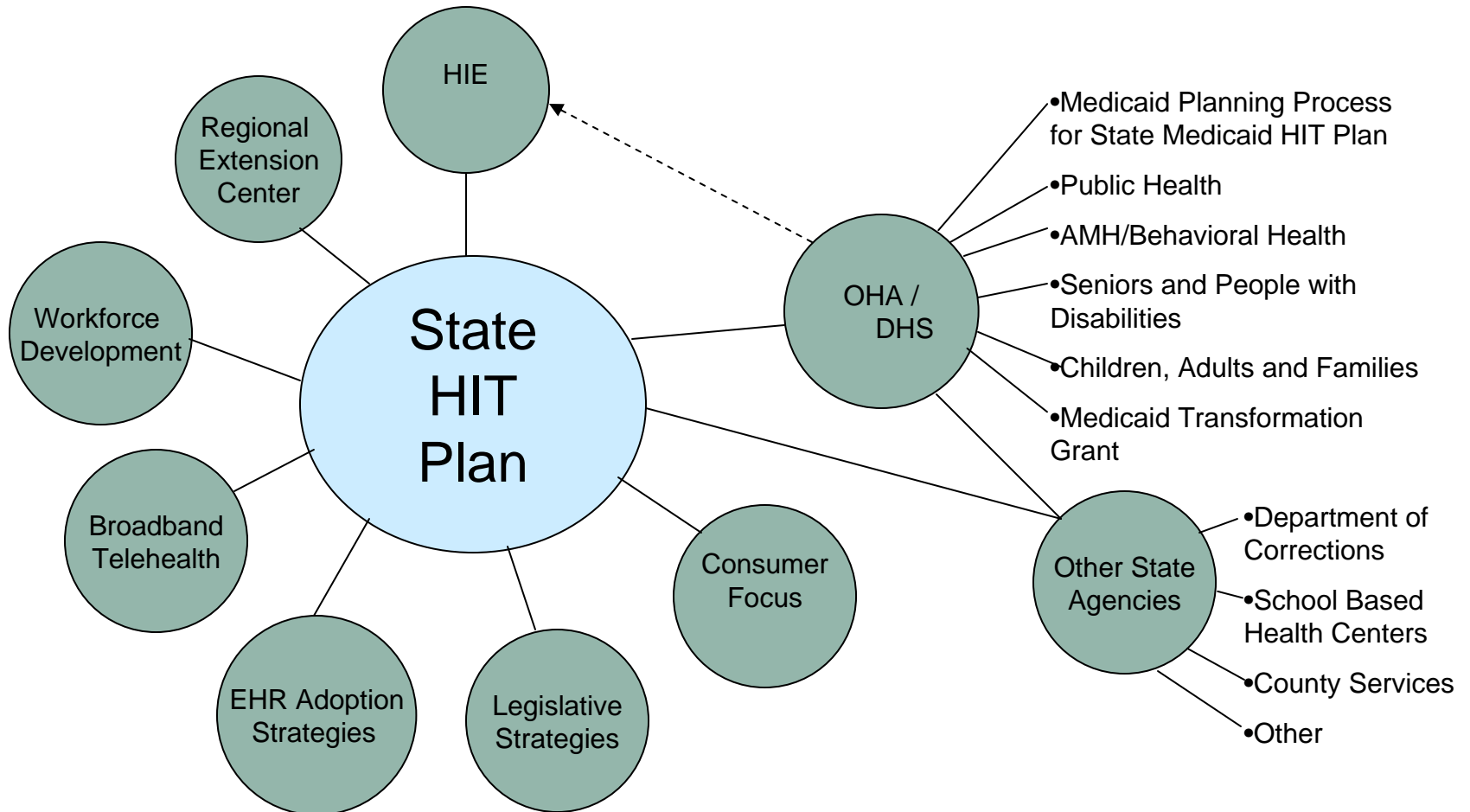
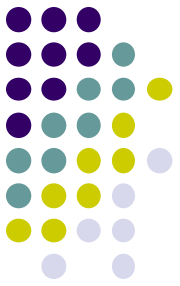
**Improved Population Health**

**Lower Per Capita Costs**



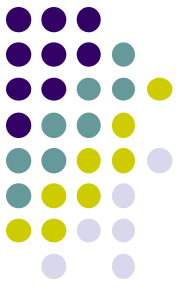
1. Improve the lifelong health of all Oregonians
2. Increase the quality, reliability, and availability of care for all Oregonians
3. Lower or contain the cost of care so it is affordable to everyone

# HITOC to Coordinate State HIT Plan



# ARRA HITECH

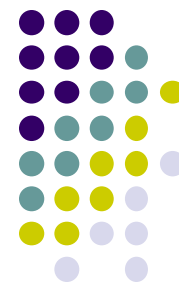
## Changes the Game



### Key funding opportunities for Oregon include:

- State Health Information Exchange (HIE) Cooperative Agreement Program (**\$8.58 million** over 4 years)
- Medicaid and Medicare Incentives for Providers using Electronic Health Records (up to **\$44,000** for individual providers under the Medicare incentive program; up to **\$63,750** for individual providers under the Medicaid incentive program; **approximately \$236 million** to Oregon hospitals)
- CMS planning funds for the State Medicaid Health Information Technology Plan (**\$3.5 million** in federal funds) for Medicaid HIT planning activities to establish the incentive program described above and develop a state HIT plan that includes public health, behavioral health, long term care, a State HIT office and shared services architecture.
- O-HITEC, Oregon's Health Information Technology Extension Program (**\$ 13.2 million** for technical assistance to support and accelerate EHR and HIE).
- HIT workforce development with OHSU receiving a **\$3.1 million** training grant to support additional students and **\$2.7 million** in funding as one of five Curriculum Development Centers. In addition, OHUS has been designated as the National Training and Dissemination Center. Portland Community College has received **\$625,000** as part of the Community College Consortium Workforce Program.

# External Landscape



**Coordination and opportunity for transformation of existing external health information data/networks, including (but not limited to):**

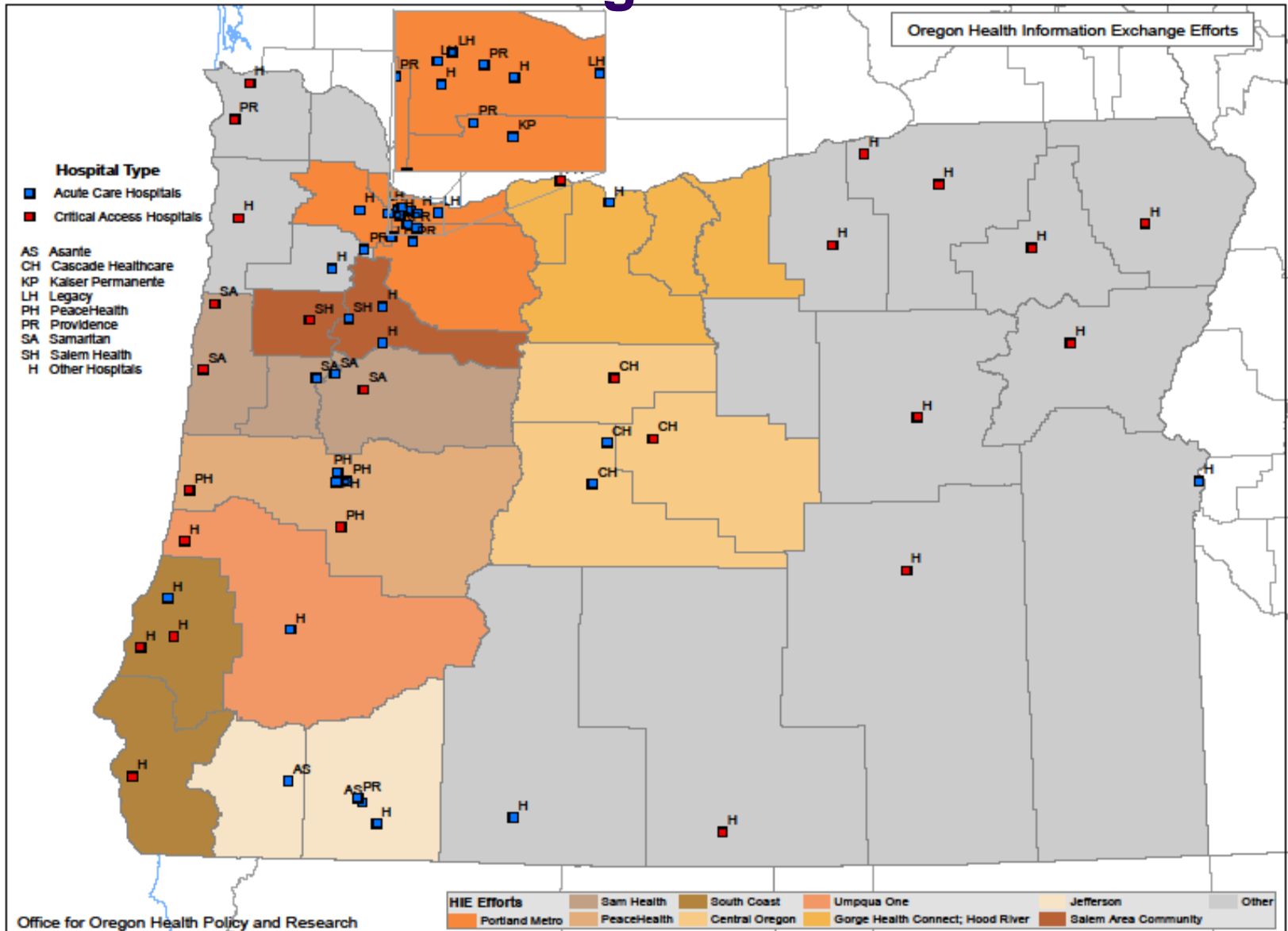
- Local HIE and Health Systems Efforts:
  - 6 operational or soon-to-be operational local HIEs
  - 8 additional HIE efforts in planning stages
  - 8 health systems connecting hospitals and affiliated clinics

- Gaps:
  - Geographic areas with no local HIEs
  - Small/rural providers
  - Local public health departments
  - State and county correction departments
  - Tribal health clinics
  - Critical access hospitals

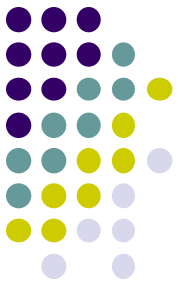


# Oregon Health Information

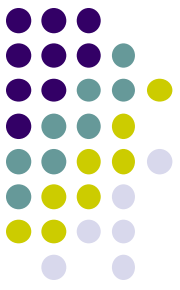
## Exchange Efforts



# Opportunities

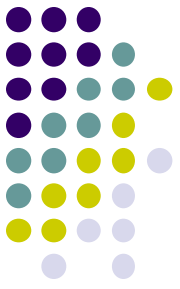


- Health IT is a key part of the infrastructure that will support broad health reform goals
- Oregon can leverage regional investments to achieve statewide health information exchange
- Oregon has an unprecedented chance to begin alignment and coordination of state human services through information technology



# Opportunities (continued)

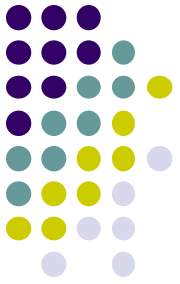
- If designed properly, the exchange of health information in Oregon could lead to enormous benefits:
  - Cost savings up to \$1.3 billion a year
  - Improved quality and coordination of care
  - Increased patient safety, reduced medical errors
  - Greater population health
  - Data to support world class health care delivery system reforms and ongoing improvements



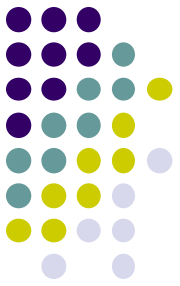
# Challenges

- Aligning the business interests within a competitive health care marketplace will require substantial buy-in to broad goals for common good
- All states face challenges of designing sustainable funding for HIEs
  - Both private and public investment will be needed
  - Value propositions for various stakeholder sectors will be different
  - Many of the services that could be performed by a statewide HIE may compete with the business plans of other organizations

# Oregon HIE Planning Progress Report



# State HIE Plan: HITOC Progress

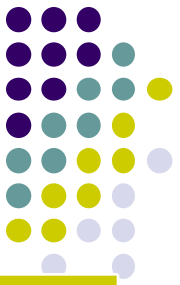


- Working model for governance of HIE adopted by HITOC:
  - Oregon HIE (ORHIE) to be a public/private partnership, non-profit
- Strategic planning workgroup named to develop recommendations on:
  - Governance
  - Technology Infrastructure
  - Business and Technical Operations
  - Finance
  - Legal and Policy
- Stakeholder input
  - Monthly webinars and e-newsletters
  - Stakeholder surveys as needed
- Target submission date for Strategic and Operational Plans: Aug. 30, 2010
- Requires extensive coordination
  - Other ARRA funded efforts
  - Internal and external health information databases and networks

# Phasing and HIE Domains

Domain	Phase 1	Phase 2	Phase 3
<b>Governance</b>	<b>Adoption of policies, requirements, standards and agreements - Statewide standards and/or certifying body could be HITOC in some form</b>	<b>Non-profit entity created in conjunction with financial sustainability plan and legislative approval, to act as central contracting agency, with small-scale operations</b>	<b>Non-profit develops larger operations to support HIE, if needed</b>
<b>Technology</b>	<b>Selection and Adoption of Standards and requirements, including strategies for meeting the needs of underserved areas</b>	<b>Implementation and operation of centralized services, as necessary</b>	<b>Operation of HIE services to cover underserved areas, if needed</b>
<b>Legal &amp; Policy</b>	<b>HITOC develops and implements Accountability &amp; Oversight Program</b>	<b>To be determined in Phase 1</b>	<b>Undetermined</b>
<b>Business Architecture and Operations</b>	<b>Run certification program for local HIOs, designs common technology-based services</b>	<b>Operation of common technology and technical support services</b>	<b>Additional services, as necessary</b>

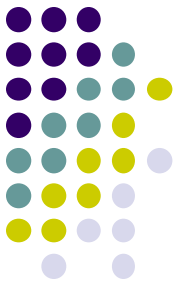
# HIE Value Propositions



<b>Stakeholder</b>	<b>Value</b>
<b>Consumers</b>	<b>Reduced cost of care due to duplicative tests Improved efficiency and safety of care due to information sharing between providers and institutions</b>
<b>Employers</b>	<b>Reduced costs and productivity loss related to avoided services Improved continuity of care reduces longer-term health care costs</b>
<b>Health Plans</b>	<b>Savings from services avoided due to information available at the time of service</b>
<b>Hospitals</b>	<b>Access to prior medical history data from other sources Savings on uncompensated care related to unnecessary or avoidable services</b>
<b>Providers</b>	<b>Access to prior medical history data from other sources Achieve meaningful use and maximize incentive payments Improved efficiency of care due to information sharing between providers and institutions</b>
<b>Public Health</b>	<b>Improved reporting rates and data quality Improved population health</b>

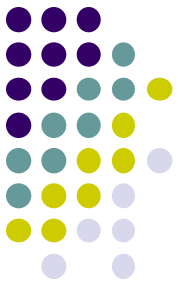


# State HIE Plan: Development Update



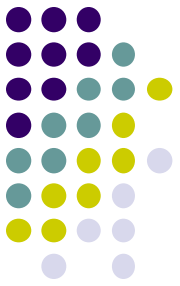
- Strategic and Operational plan due August 30
- Maximizing efficiency:
  - Simultaneous development and drafting
  - Solidify where to include detail/content vs. a plan for further planning
  - Structured writing strategy and schedule
  - Targeted review/feedback points for HITOC and the public

# HITOC Input



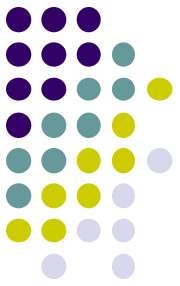
May 6	Extended HITOC meeting – 3 domains and review hypotheses
June 3	Review partial draft strategic plan
June 17	New HITOC meeting to finalize draft strategic plan, review draft operational plan
July 26-30	HITOC sub-group to advise staff on penultimate draft
August 5	Review stakeholder input, penultimate strategic and operational plans
August 12-16	Finalize plan, HITOC/OHA approval, final plans submitted

# HIO Activity Update



- Jefferson HIE/Asante – Mark Hetz
- PeaceHealth – Erez Gordin
- Gorge Connect – Brian Ahier
- SACHIE – Greg Fraser, M.D.
- OCHIN – Paul Matthews
- Providence – Dick Taylor

# Jefferson Health Information Exchange

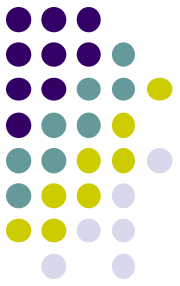


Health Information Technology Oversight Council

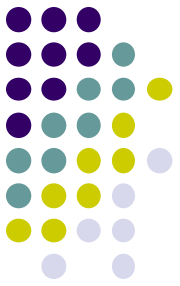
HIO Stakeholder Forum - April 15, 2010

# The state of Jefferson

Population: 550,000 – 36,800 sq . miles



# Jefferson Health Information Exchange

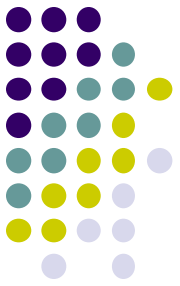


In transition from a health system-centric physician portal and point-to-point interfaces, to an HIO across two states.

Initially sponsored by Asante Health System

First site live in December of 1999

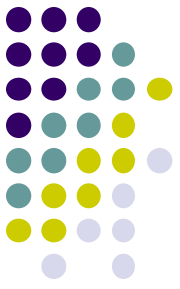
# Jefferson Health Information Exchange



## Current State:

- Physician portal (AsanteMD)
  - 100% of medical staff use
  - 400+ physicians and 2,000+ users
  - 100% of hospital EMR data available
  - Core product from Medicity

# Jefferson Health Information Exchange

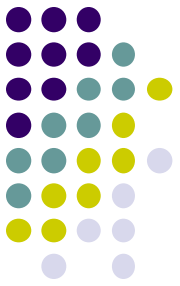


## Current State (continued):

- Interfaces to 32 **Independent** clinic sites
  - Lab and/or transcribed reports
  - 140+ Independent physicians
  - Interfaces to 8 different EMRs
  - Lab order entry from 11 sites



# Jefferson Health Information Exchange



## Current State (continued):

- PACS and Cardiology PACS network
  - Receiving, storing and providing access to diagnostic images from:
    - 6 hospitals (3 OR, 2 CA)
    - 9 independent physician clinics and IDFs
    - Site-to-site DICOM connections to 22 other hospitals

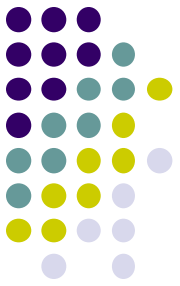
# Jefferson Health Information Exchange



## Strategy going forward:

- Build on current platform (Medicity)
- Partner with IPAs and other physician organizations
- Proof of Concept in Grants Pass
  - Governance model
  - Patient matching/CCD interfaces
  - Physician adoption/workflow changes
  - Outcomes measurement
- Platform for connecting to state/national HIEs

# Jefferson Health Information Exchange



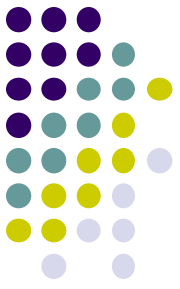
Hospitals expressing an interest:

- Ashland Community Hospital
- Mercy Hospital, Roseburg
- Sky Lakes Hospital, Klamath Falls
- Veterans Administration – White City
- Fairchild Medical Center, Yreka, CA

And of course...

- Rogue Valley Medical Center, Medford
- Three Rivers Community Hospital, GP

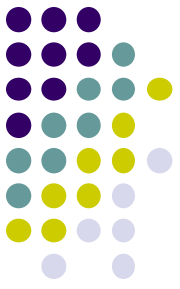
# Jefferson Health Information Exchange



Physician Groups expressing an interest:

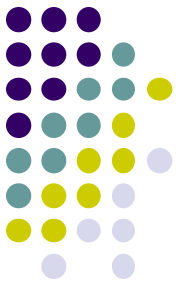
- Mid-Rouge IPS
- Grants Pass Clinic
- Southern Oregon Cardiology
- Medford Medical Clinic
- Rogue Valley Physicians
- Siskiyou Community Center
- La Clinica Del Valle
- Pacific Retirement Services
- And more.....

# Jefferson Health Information Exchange



## Goals:

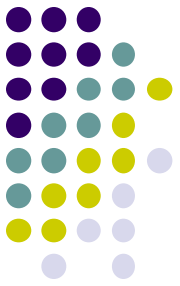
- Maintain 96<sup>th</sup> percentile on PG physician satisfaction “Ease of Practice”
- Improved throughput/decreased utilization of Emergency departments
- Augment chronic care management initiatives
- Assist independent physician clinics in meeting Meaningful Use criteria



# Health Information Technology Oversight Council

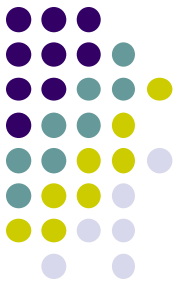
PeaceHealth  
HIO Stakeholder Forum  
April 15, 2010  
9-1pm

# Organizational Overview



- PeaceHealth Community Health Record
  - Purpose since 1990's: access to information
- Lane, Linn, Benton, Coos, Douglas
- 1.8M patient records; 15K users; 700K area residents
  - Three state coverage; >50% in Oregon
- Participants
  - PeaceHealth hospitals, medical groups, laboratory
  - Community physicians, hospitals, medical facilities
  - 100% Access Coalition; Health Plans

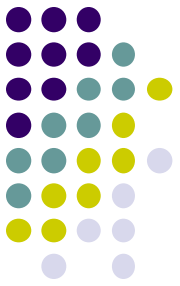
# Sharing Our Successes: What Has Worked Well



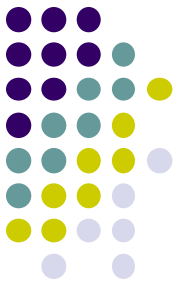
- Focus on the patient
- Access to clinical information across continuum
- Lab, imaging integration
- Broad acceptance and utilization
- Incremental expansion



# Lessons Learned and Next Steps

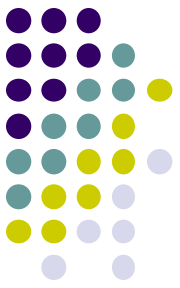


- Over time, physicians and other hospitals have purchased standalone EHRs
- Integration now a shared priority
- Safety net clinics, long term care facilities value access to information;
  - lack resource to invest in EHRs, connectivity
- Strong interest in collaboration; cost is concern
- Regional steering committee formed 2010: HRR 342



# Health Information Technology Oversight Council

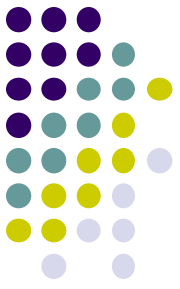
Gorge Health Connect  
HIO Stakeholder Forum  
April 15, 2010  
9-1pm



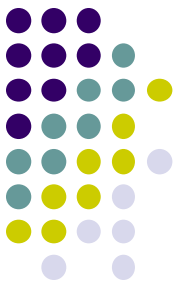
# Organizational Overview

- Gorge Health Connect, Inc.
- Hood River, Wasco, Sherman, Wheeler Counties
- Approximate population served: 48,430
- Participants:
  - La Clinica del Carino
  - Providence Hood River Hospital
  - North-Central Public Health District
  - Mid-Columbia Center for Living
  - Mid-Columbia Medical Center
  - Columbia River Women's Clinic
  - Columbia Gorge Community College
  - Mid-Columbia Surgical Specialists
  - Hood River County Public Health Department

# Small steps to success so far



- Collaborative effort of area stakeholders
- Creation of public/private non-profit corporation
- Obtained \$81,000.00 funding from AHRQ
- Outreach to rural providers
- HIO planning process begun
  - working through the five domains of HIE planning



# Lessons Learned and Next Steps

- Do not wait! Start planning early...
- Put aside any competitive urges
- Cast a wide net

## **Next Steps:**

- Joining with partners on Washington side
- Develop financial sustainability model
- Begin vendor selection process

*“We pioneer the best and most innovative use of information and information technology for the medically underserved.”*



OCHIN  
707 SW Washington  
Suite 1200  
Portland, OR 97205  
P 503-943-2500 F 503-943-2501  
[www.ochin.org](http://www.ochin.org)

**OCHIN, Inc is a Not-for-Profit, Health Center Controlled Network (HCCN) that provides Electronic Medical Record and Practice Management services to clinics that serve the underserved.**

**PATIENTS SERVED**      707,852  
**VISITS**                      6,018,137

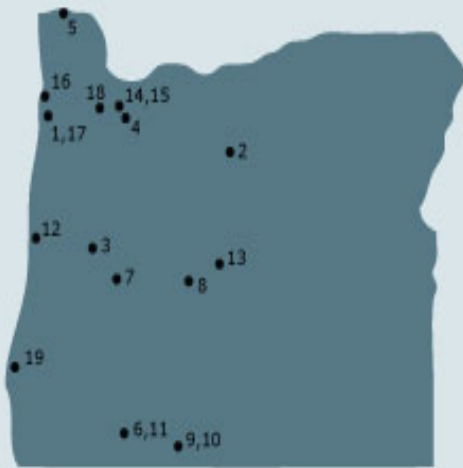
**ETHNICITY**  
 Hispanic                              30%  
 Non-Hispanic                      61%  
 Not Collected/Unknown              9%

**RACE**  
 American Indian                      1%  
 Asian                                      3%  
 Black                                      5%  
 Not Collected/Unknown              20%  
 White                                      70%

**FEDERAL POVERTY LEVEL**  
 100% and below                      58%  
 101% - 150%                      10%  
 151% - 200%                      4%  
 Over 200%                              10%  
 Unknown                                  18%

**PATIENTS SERVED BY PAYOR MIX**  
 Commercial                              10%  
 Medicaid                                  37%  
 Medicare                                  5%  
 Self-pay                                   43%  
 Unknown                                   4%





## OREGON

### 1 Adventist Health

Tillamook Medical Group

980 3rd Street, Suite 200, Tillamook, OR 97141

P 503-842-5546

**RHC** PM 18,000 EMR 18,000

### 2 Asher Community Health Center

PO Box 307, Fossil, OR 97830

P 541-763-2725 F 541-763-2850

**FQHC** PM 4,200

### 3 Benton Health Services

PO Box 579, Corvallis, OR 97339

P 541-766-6835 F 541-766-6186

**COUNTY HEALTH DEPT** PM 50,000 EMR 49,200

### 4 Clackamas County Public Health Dept.

1425 Beavercreek Road

Oregon City, OR 97045

P 503-655-8471 F 503-655-8595

**FQHC** PM 47,000

### 5 Coastal Family Health Center

2158 Exchange Street

Astoria, OR 97103-3419

P 503-325-8315

**FQHC** PM 20,000 EMR 20,000

### 6 Community Health Center

19 Myrtle Street, Medford, OR 97504

P 541-773-3863 F 541-763-2850

**FQHC** PM 29,000

### 7 Community Health Centers of Lane County

1640 G Street, Springfield, OR 97477

P 541-682-3550 F 541-682-3562

**FQHC** PM 29,950

### 8 Deschutes County Health Dept.

2577 NE Courtney Road, Bend OR, 97701

P 541-322-7400 F 541-322-7465

**COUNTY HEALTH DEPT** PM 15,000

### 9 Klamath County Public Health Dept.

403 Pine Street, Klamath Falls, OR 97601

P 541-882-8846 F 541-885-3638

**COUNTY HEALTH DEPT** PM 6,000

### 10 Klamath Open Door Family Practice

2074 S. 6th Street, Klamath Falls, OR 97601

P 541-851-8110 F 541-851-8114

**FQHC** PM 45,000 EMR 38,075

### 11 La Clinica del Valle Family Care Centers

3617 S. Pacific Highway, Medford, OR 97501

P 541-535-6239 F 541-535-4377

**FQHC** PM 40,000 EMR 42,300

### 12 Lincoln Community Health Center

36 SW Nye Street, Newport, OR 97365

P 541-265-4112 F 541-265-4945

**FQHC** PM 37,139 EMR 15,000

### 13 Mosaic Medical

375 NW Beaver Street, Suite 101

Prineville, OR 97554

P 541-447-0707 F 541-447-0708

**FQHC** PM 29,450

### 14 Multnomah County Health Dept.

426 SW Stark Street, 8th Floor

Portland, OR 97204

P 503-988-3674 F 503-988-3676

**FQHC** PM 309,075 EMR 211,550

### 15 Oregon Health and Science University

3181 SW Sam Jackson Park Road

Portland, OR 97239

P 503-494-8311

**FQHC, RHC** PM 61,200 EMR 43,000

### 16 The Rinehart Clinic

P.O. Box 176

Wheeler, OR 97147

P 503-368-5182

**FQHC** PM 13,000 EMR 13,000

### 17 Tillamook County Health Dept.

PO Box 489, Tillamook, OR 97141

P 503-842-3900 F 503-842-3903

**FQHC** PM 20,075 EMR 19,550

### 18 Virginia Garcia Memorial Health Center

PO Box 568, Cornelius, OR 97113

P 503-359-5564 F 503-359-8532

**FQHC** PM 109,250 EMR 100,000

### 19 Waterfall Community Health Center

1890 Waite Street, Suite

North Bend, OR 97459

P 503-359-5562 F 503-359-8532

**FQHC** PM 8,000 EMR 8,000

### 20 Cowlitz Family Health Center

1057 12th Avenue, Longview, WA 98632

P 360-636-3892

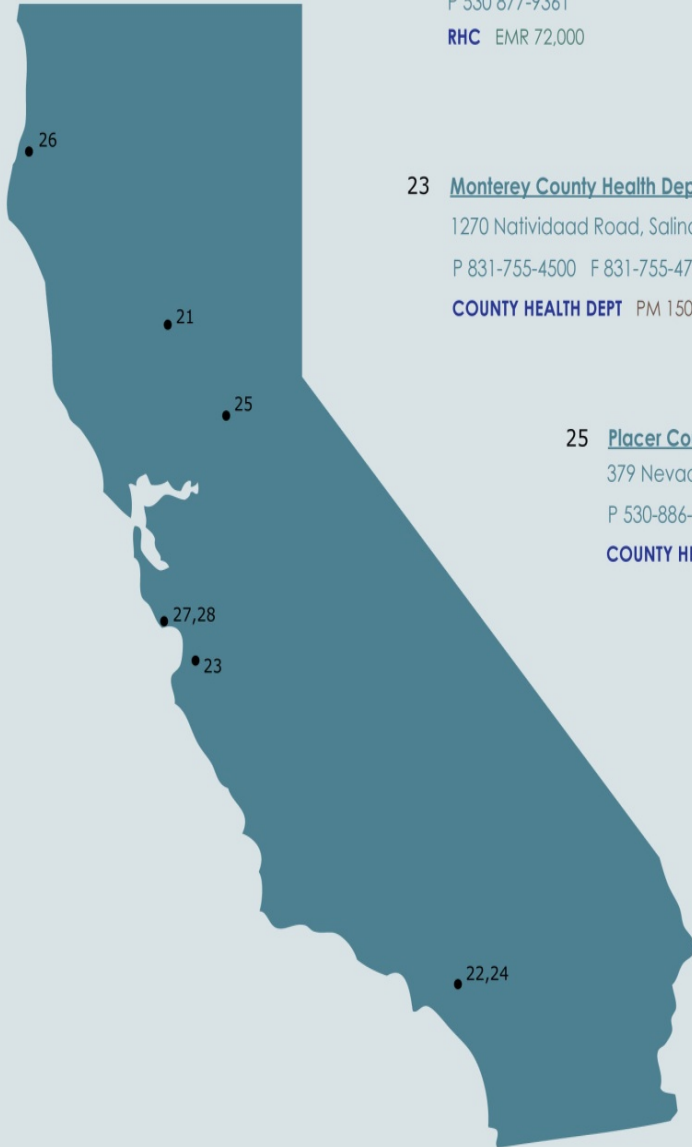
**FQHC** PM 48,000 EMR 65,000

## WASHINGTON





## CALIFORNIA



21 [Adventist Health Feather River Hospital](#)

5974 Pentz Road  
Paradise, CA 95969  
P 530 877-9361  
**RHC** EMR 72,000

22 [Community Health Alliance of Pasadena](#)

1855 N. Fair Oaks Avenue, Suite 200  
Pasadena, CA 91103  
P 626-398-6300 F 626-398-5948  
**FQHC** PM 28,800 EMR 23,050

23 [Monterey County Health Department](#)

1270 Natividaad Road, Salinas, CA 93906  
P 831-755-4500 F 831-755-4797  
**COUNTY HEALTH DEPT** PM 150,000

24 [Pasadena Public Health Dept](#)

1845 N. Fair Oaks Avenue  
Pasadena, CA 91103  
P 626-744-6005  
**PUBLIC HEALTH DEPT** PM 4,000

25 [Placer County Health Department](#)

379 Nevada Street, Auburn, CA 95603  
P 530-886-1870 F 530-886-1810  
**COUNTY HEALTH DEPT** PM 21,380

26 [Open Door Community Health Centers](#)

670 Ninth Street, Suite 203, Arcata, CA 95521  
P 707-826-8633  
**FQHC** PM 150,000 EMR 112,000

27 [Santa Cruz County Health Services Agency](#)

PO Box 1439, Santa Cruz, CA 95061  
P 831-454-4000 F 831-454-4770  
**COUNTY HEALTH DEPT** PM 44,000 EMR 45,000

28 [Santa Cruz Womens Health Center](#)

250 Locust Street, Santa Cruz, CA 95060  
P 831-427-3500 F 831-457-2486  
**FQHC** PM 16,500



## WISCONSIN

29 [Westside Healthcare Association, Inc.](#)

3522 W. Lisbon Ave., Milwaukee, WI 53208  
P 414 935-9861 F 414 755-0058  
**FQHC** PM 20,354 EMR 17,000

30 [Neighborhood Family Practice](#)

3569 Ridge Road, Cleveland, OH 44102  
P 216 281-0872 F 216 281-9565  
**FQHC** PM 40,500 EMR 40,500

## OHIO



# Currently using discreet HL7 Interfaces

- **Patient data is moving today through our business rules engine:**

## **LAB Orders & Results (Oregon)**

- Quest Diagnostics
- Laboratory Corporation
- OHSU
- Adventists
- Tuality Healthcare
- PeaceHealth
- Asante Health Systems

## **Pharmacy**

- Surescripts (e-Prescribing)

- **Volume of information & Standards:**

- 25+ Million messages annually
- ELINCS HL7 joint development project with Quest Diagnostics, Laboratory Corporation and Epic Systems.
- Data shared with regional HIE organizations.

## Where are we going

The purpose of Care Everywhere is to make sure that wherever the patient goes, whether between healthcare systems in the same town or across state borders, the clinicians caring for them have the information they need.

### Currently Live

Buffalo Medical Group - New York  
CentraCare Health System - Minnesota  
The Children's Hospital - Colorado  
Children's Medical Center of Dallas - Texas  
Exempla Healthcare - Colorado  
Fairview Health Services - Minnesota  
Froedtert & Community Health - Wisconsin  
Hennepin County Medical Center - Minnesota  
Kaiser Permanente, Colorado Region - Colorado  
MemorialCare Health System - California  
North Memorial Health Care - Minnesota  
**Oregon Health & Science University - Oregon**  
Rady Children's Hospital - California  
Sanford Health - South Dakota  
Talbert Medical Group - California  
Texas Health Resources - Texas  
West Bend Clinic/St. Joseph's Hospital - Wisconsin

*Care Epic* (Epic to Epic Sharing)

*Care Elsewhere* (Non-Epic to Epic Sharing)

**OCHIN** go-live May 20<sup>th</sup> 2010

Patient records have been shared in real-time between OCHIN and OHSU in our development systems.

# Information Shared – Care Everywhere (HIE)

- **The clinical summary contains patient-level information such as:**
  - Allergies
  - Medications
  - Problems (active and resolved)
  - Immunizations
  - Recent Encounters
  - Medical History
  - Surgical History
  - Family History
  - Alcohol and Tobacco Use
  - OB and Pediatric History
- **The encounter detail contains information specific to a particular visit or hospitalization:**
  - Reason for Visit/Referral
  - Vitals
  - Diagnoses (Admitting, Discharge, and/or Visit)
  - Notes\*
  - Administered Medications
  - Ordered/Discontinued Medications
  - Prescriptions at Discharge
  - Orders and Results
  - Discharge Disposition
  - Surgery Details
- \*more detailed discussion required.

# Information Shared – Care Elsewhere (HIE)

- The **Care Elsewhere** data set consists of a standard Continuity of Care Document (CCD) that contains the following:
  - Current medications
  - Allergies
  - Problems
  - Insurance information
  - Existence of advance directives

# OCHIN & SSA - Using HIE to help patients

OCHIN, Inc has been awarded a **Social Security Administration (SSA)** contract as one of fifteen organizations nationally (two awards in Oregon).

*“Using the National Health Information Network (NHIN), SSA medical examiners will gain access to patient’s medical history information, dramatically speeding the process of authorizing a patient for SSA benefits”.*

Notice to Proceed: **March 15<sup>th</sup> 2010**

Go-Live: **December 2010**

**Specification review and mapping of:** Advance Directive Module, (Alerts) Allergy/Drug Sensitivity, Condition, Comment Section, Encounters, Family History, Functional Status, Immunization, Medications, Medical Equipment, Plan of Care, Procedures, Results, Social History, Vital Signs.

NHIN on-boarding: **1. Qualification**, 2. Validation, 3. Coordinating Committee Review, 4. Activation

# QUESTIONS



Paul Matthews

OCHIN CTO

OCHIN

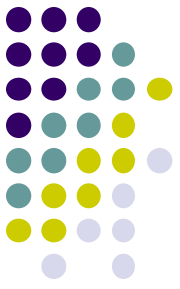
707 SW Washington  
Suite 1200

Portland, OR 97205

P 503-943-2500 F 503-943-2501

[www.ochin.org](http://www.ochin.org)

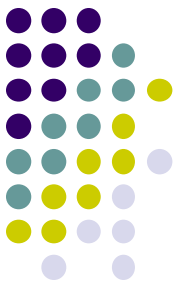
# **Salem Area Community Health Information Exchange**



Oregon HIO Stakeholder Meeting

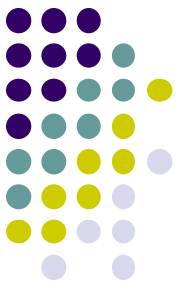
April 15, 2010





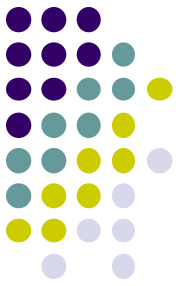
# Organizational Overview

- Name: SACHIE
- Geographic coverage area: Marion and Polk counties
- Approximate population: 380,000
- Participants
  - Lead organization: Physicians Choice Foundation
  - Other participating organizations: Mid-Valley IPA, Salem Hospital, Silverton Hospital, Marion-Polk County Medical Society, Salem Radiology Consultants, Performance Health Technology



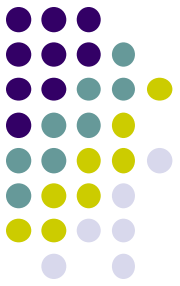
# Background

- “A group of Marion-Polk County community stakeholders began discussing formation of an HIE in September 2007. In 2009 grant funding was obtained to develop a technology strategy and business plan. A SACHIE Development Committee is actively engaged in the planning process under the auspices of the Physician’s Choice Foundation.”
  - Witter and Associates, HIE Activities Inventory, October 2009



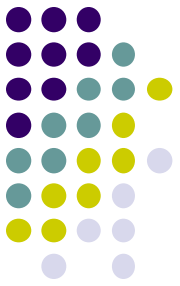
# Work To Date

- Marion-Polk counties environmental assessment
- Analysis of potential impact of ARRA to providers and hospitals
- Analysis of technology architecture options
- Value proposition and business case
- Draft business plan



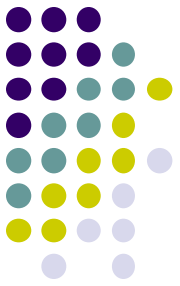
# In General

- Our environment: High rates of EHR adoption, clustered around a few major “nodes”
- We favor a federated model with minimal architecture connecting the major nodes
- Focus is on the clinical use case first
- Plan to start small and build incrementally
  - This applies to:
    - Who contributes to and uses the exchange
    - Governance and oversight
    - Types of data exchanged
    - Sustainability



# Other Considerations

- Beacon Community Cooperative Agreement Program
- State HIE
- Compatibility with other local/regional HIE initiatives in Oregon

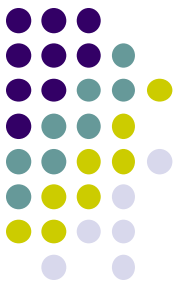


# *Connecting the Community: Innovation in Health Information Exchange*

Dick Taylor, MD

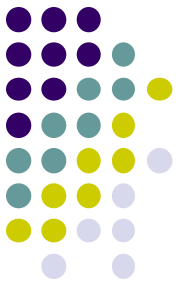
Chief Medical Information Officer, Oregon Region  
Providence Health and Services

# Strategic Vision 2008



“As people of Providence, we will provide a *connected experience of care*, built on a foundation of clinical excellence.”



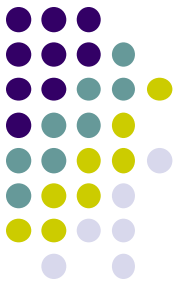


# What is our Connect Strategy?

- Integrates Clinical solutions to an HIE
- Integrates HIE-based workflow invisibly
- Limits or eliminates extra steps
  
- Keep it simple, keep it real, and don't ask stupid questions.



# The Semi-Trusted Model: “Trust, but Verify”

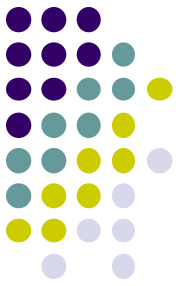


- Automatically bring information into the record
  - Don't ask the question – it's a stupid one
- Information drives decision support from the first moment
  - Allergy and interaction checking
- Nothing is completely “in” the record before it is confirmed by a human being.
  - “Confirm” = “agree”, “Reject” = “disagree”
- Until it's in the record, you can't do anything with it
  - No prescribing, no reconciliation, no publication in a CCD
- Rejected items are completely gone.
  - Database preserves audit trail and memory of item



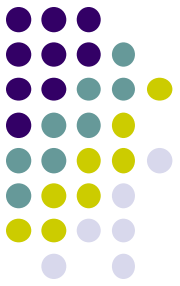
# Data Sharing Issues

- Privacy and Security
  - HIE open to the “trusted circle” of EMRs
  - Consent: opt-in at the point of consumption
  - Inter-HIE issues: consent, identity, trust
- Autonomy and Control of the Chart
  - Discrete data, local control
  - Limited of governance
    - no centralized “chart police”
    - Etiquette is mandatory



# Current Status

- HIE repository live in production
- Connected Charting live in pilot
  - Providence North Coast Clinics
    - Seaside, Warrenton, Cannon Beach
  - Providence Seaside Hospital
  - Regional rollout, including community physician partner organizations, beginning June 2010
- Additional HIE uses under way
  - Orders, laboratory results
  - Additional documents added in 2010



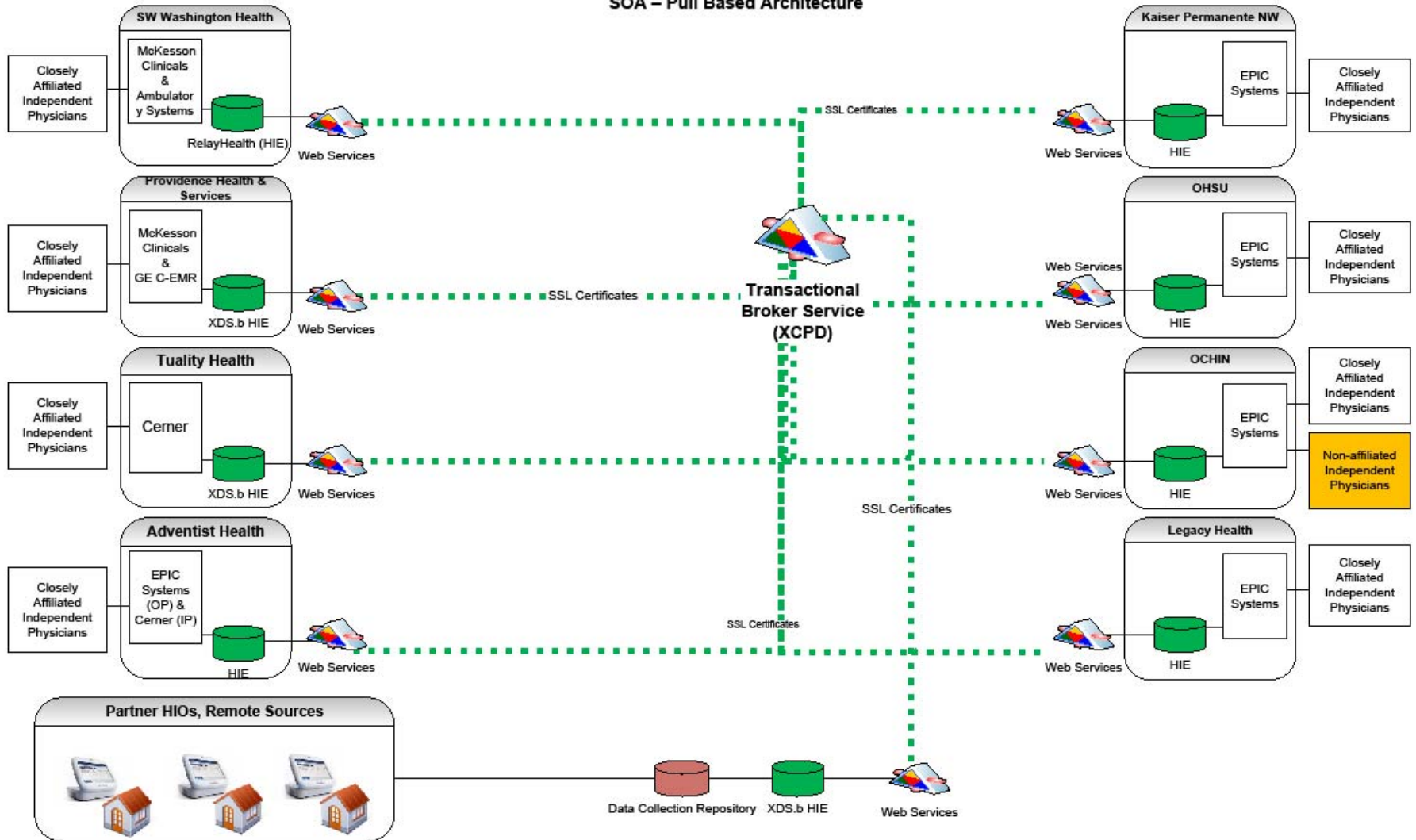
# HIO Planning and Design

- Portland-Vancouver HIE Community
  - Planning began Summer/Fall 2009
    - Kaiser, OCHIN, OHSU, Legacy, Providence, Tuality, Adventist, Southwest Washington
  - Architecture finalized
    - Standards-compliant federation of separate HIE architectures
    - Detailed design, progressive testing and full implementation remain to do

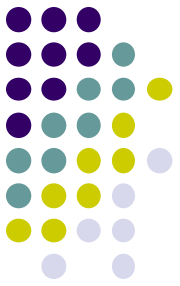


# PVBC HIE Architecture

SOA – Pull Based Architecture

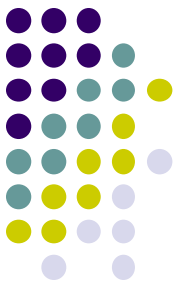


# Questions for Table Discussions

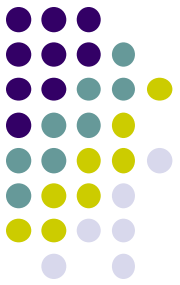


- What are now and what would you expect to be the greatest challenges your organization faces in advancing health information exchange in your community?
- HITOC will have to make some decisions around priorities. What support/resources/direction would be most helpful to you and your local work as HITOC promotes health information exchange in Oregon and with our neighboring states (i.e., loan programs for provider adoption, communications on specific topics, grants for local HIE expansion)?

# Questions for Table Discussions



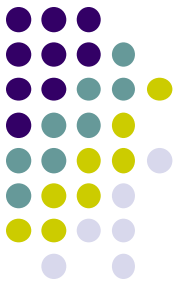
- The current HITOC HIE focus has been on the development of the HIE Strategic and Operational Plans, working with one Strategic Workgroup covering all five domains required in the Plans. As we move forward into the next stage, HITOC wants to develop a structure that meets the needs of key stakeholders, and we are looking to you to help define that structure so that it meets your needs. In your dual roles representing your individual organizations and your local HIOs, how would you want to be involved going forward? In particular, what on-going stakeholder workgroups should be part of the HIE effort? (i.e., Technical Services, Privacy and Security, Inter-state Operations, Consumer Advisory Committee).
- Do you have any general feedback about the current direction of the HIE Planning efforts as outlined in today's meeting?



# **Lunch and Breakout Discussion Report Outs**



# Lessons Learned, Next Steps



- If Oregon is going to pursue a regional strategy, then together we need to
  - Create open, visible and transparent information among HIOs and providers
  - Create a process to track the capabilities of the open HIOs, including participation and implementation plans
  - Determine what information HIOs need to know about each other and what the State needs to know for the HIE Strategic and Operational Plans

# Regional HIE Initiatives in Oregon<sup>1</sup>

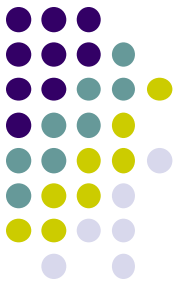


HIE (partial list as example)	Year	Region	Org Type	Technology Approach	Operational (Data Exchanged)	NHIN	Goals and Objectives	Participants (Initial/Planned)	Initial Financing	Sustainability Model
Cascade Healthcare										
DCIPA										
Gorge										
Jefferson										
OCHIN										
PeaceHealth										
Portland-Vancouver										
SACHIE										
Samaritan										

EXAMPLE

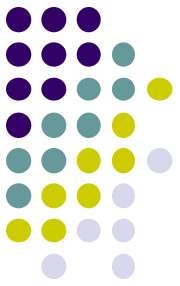
<sup>1</sup> Table is adapted from the *Missouri Health Information Exchange Strategic Plan*, Feb. 19<sup>th</sup>, 2010, p.15.

# Lessons Learned, Next Steps



- Strategic Workgroup
  - Meetings April 22 and 29 covering Business Operations, Legal/Policy and Finance
  - May meetings for wrap-up
- Privacy and Security Forum on May 25
- Community Stakeholder Meetings to Gather Input on Plan
  - Tentatively scheduled for weeks of June 28 and July 12
  - Five meetings in different regions

# Thank you for attending today



**Information Needs:**

**[HITOC.Info@state.or.us](mailto:HITOC.Info@state.or.us)**

**503-373-7859**