



12 Health IT Best Practices spotlight: Best Practice 2, Collaboration

First in our new series of articles contributed from industry leaders in each area

Contributed by Kim Lamb, OHN Executive Director, Dawn Bonder, O-HITEC and Chris Tamarin, OECCD



Who is leading us to the national health care delivery system “Triple Aim promised land”? We are. But to get there, we need to shift our thinking on ways we can collaborate to provide the best health care delivery and positive outcomes.

Once viewed as a friendly means to gain a strategic and competitive advantage, collaboration is the means to effectively address transitioning a broken health care delivery system to that of a new and improved patient-centered care system of the future. If we can efficiently and affordably make that collaborative shift, health care will not be the predominant headline as one of the leading contributors to our nation’s economic debt crisis, as well as sky

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The Progress Report is a publication of the Oregon Health Network and is published bi-monthly. If you have a story idea, please send them to cfreitag@oregonhealthnet.org.

Our vision is clear. Everyone should have access to the best possible care, regardless of where they live in the state.

OHN telehealth video conferencing hosted solution combines three areas of expertise for seamless experience

Contributed by Courtney Freitag, OHN Marketing Coordinator

Collaboration has played a key role in Oregon Health Network’s success to date. And when synergies align, great things can happen.

OHN is excited to announce the launch of its first hosted service, the OHN Telehealth Video Conferencing Solution, made possible by a technology partnership with Oregon State University, OneVision Solutions and OHN. This unique three-party partnership (OHN, OSU and OneVision) offers a complete, high-end and affordable turn-key solution designed to meet or exceed the expanding video conferencing needs of OHN participants. The solution provides a sustainable and reliable broadband service (OHN), video network infrastructure (OSU), and selection of interoperable equipment, maintenance, support and financing (One Vision).

“We are trying to catch up with the health care industry’s view of video conferencing as not only a communication tool but as

a health care tool,” said Derek Abrams, manager of Managed Communications Services (MCS) at Oregon State University. “Video conferencing is a medical device. That is the mindset that we need to meet and this device needs to be high quality, supported well and that is what these three organizations are addressing.”

Feedback from the health care industry shows a clear need for affordable, high quality, easy-to-use video conferencing services for the strong development of health information technology and its supporting telehealth strategies. With challenges of selecting the right hardware and software, as well as interoperability with legacy equipment, many organizations are left confused about which video conferencing solution is the best fit.

“From the onset, OHN has been asked by the community ‘what’s next for OHN’ after the core network infrastructure and

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rocketing chronic health conditions such as obesity, diabetes, hypertension and blood pressure.

Unfortunately, the reality is that few of us have knowledge or experience in how to implement and practice true collaboration. For many of us, the concept remains vague or inspirational at best. We want to do it, but we have no experience in how to do it, or at least one that benefits a national public and private industry (health care) remodel. As impassioned agents of health care, it's in our nature to carry the weight and burden of this challenge on our shoulders, often asking "How can I make a difference or where do I start?"

The basic truth, often overlooked, is that it isn't about you or "them" specifically, it's about all of us learning to work collaboratively. If we pool our knowledge, resources and experience, we can develop a solution with unique perspectives and can address how to rebuild our systems to serve the common good together.

However, to do so in silos in a complex and ever-changing landscape will not allow for the time for "them" to develop the desired traditional, neat and formal national plan. Simply stated, there is no Moses coming to part the waters and show us the proverbial "promised land." How to build and connect to the next generation of health care systems is up to us. All of us.

Where do we start? It starts with shifting our thinking from working as individuals in silos to a mindset open to planning and interacting with a national integrated health care system (that again, hasn't been built yet). The axiom that we're only as strong as our weakest link has never been more appropriate. Each of us has a responsibility and a role to play to ensure that all providers and patient communities they serve have access to the best resources and care.

Here are a few initial first steps recommended to support and expand upon your HIT collaboration efforts:

1 Support the Existing Federal and State Strategy & Momentum

First and foremost, center your collaboration efforts behind commonly shared goals that already have money and buy-in from the top. The first step is to embrace the first Health IT Best Practice area of having an HIT strategy or plan that serves a commonly shared community (state or federal) such as the Triple Aim. Having a clear strategy allows us to narrow the universe significantly in determining where, how and if we can collaborate. Work with your existing referral/affiliate partners on how to serve your community's desires by outlining clear goals on the selection of new programs, processes and

investments. For example:

- Reducing hospital visits by patients with chronic conditions;
- Maintaining or increasing The Joint Commission's (TJC) measure for quality outcomes year over year reduce;
- Supporting each other in the successful selection and implementation of electronic medical records that are designed to connect to each other's state health information exchange;
- Looking to recruit/train/retain a high quality workforce.

While investigating other best practices, come up with your community's plan and then share that plan with surrounding communities as it's being finalized to see how it supports statewide efforts. And from there – the hope is that the state will then reach across state lines to see how it can integrate and support other state efforts. In the end, we'll hopefully have a national system that has addressed the diversity of our country's populations and has built itself with the end in mind, an integrated national health care delivery system.

2 Identify, create, support and introduce yourself to existing HIT network communities, agencies and organizations

Just like in the rest of the country, there is lots of activity and momentum building around HIT, specifically as it relates to:

- *Health Information Exchange:* The -deployment of health care information exchanges will be the hubs of electronic health record transmission for our future nationwide health care delivery system. Each state received a grant of funds through the HITECH Act contained within the American Reinvestment and Recovery Act (ARRA) to create and implement statewide health information exchanges (HIEs). The Office of the National Coordinator (ONC) oversees the distribution and progress of each state's work.

In Oregon, the State's Health Information Technology Oversight Council (HITOC) oversees Oregon's HIE solution that is, in essence, connecting the existing private HIEs around the state to a centralized exchange in a hub and spoke configuration. To learn more visit <http://www.oregon.gov/OHA/OHPR/HITOC/index.shtml>

- *Private Community Networks & HIEs:* Independent Physician Associations (IPAs) and other similar private and non-profit organizations have been filling the role of outsourced IT, EHR hosting/management, health

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Patients have access to the best health care through OHN’s partnership with OneVision Solutions and Oregon State University to offer video conferencing.

participant base was built?” said Kim Lamb, OHN executive director. “In parallel to our successful deployment and use of the FCC Rural Health Care Pilot Project (RHCPP) funds, we’ve been working diligently over the past year to identify our first hosted solution. We knew it had to help the broadest range of OHN participants in order to assist them in experiencing the full value of their new OHN connection.”

After outreach and feedback from our OHN provider sites, it was determined that the common denominator was the use of video conferencing, Lamb said. Combining the vision and innovation of OSU to build the full-service video network solution with the added resources of OneVision Solutions has enabled OHN to develop a comprehensive and competitive solution worthy of our participants.

“Not only is the solution top notch,” Lamb said, “it also exemplifies the power and benefit of true collaboration – between a non-profit, state and private solution provider.”

The video conferencing solution includes three turn-key packages that are designed to effectively support the highest quality patient, colleague or student encounter—all resulting in the clear delivery of information in a timely manner. And with the technology partnership between the three organizations, health care providers and educators can be sure that their solution is held to top-notch service level agreements and strict telehealth standards.

The OHN video conferencing solution was rolled out at the Rural Health Care Conference in Bend last month garnering a lot of interest from the 100-plus attendees.

“It’s giving patients around the state the same access to health

care,” said Pete Sander, sales manager for OneVision Solutions. “Technology is allowing us to do that but it’s the vision of the folks in the state like OHN and the Telehealth Alliance of Oregon (TAO) that were able to help put this together. We are using this technology to provide better health care to people in our state.”

And often rural providers feel the financial pinch more than urban counterparts. The new video conferencing solution will allow many to participate with OHN that haven’t already.

“They feel special and that it’s their time to play,” Sander said. “It was rewarding in talking to the people because their level of excitement was something I haven’t seen in a while.”

OHN had five goals in identifying and delivering this OHN-caliber solution:

- **Equal access:** All OHN provider sites, regardless of size or type, have the ability to utilize video conferencing for administrative, educational or telehealth initiatives
- **Simplified process and experience:** Convenient and turn-key, our bundled hardware/software packages have the services and expertise to assist provider sites in selecting the right solution
- **Cost savings:** Highly competitive hardware, software, services and financing options
- **Quality customer experience = Trust:** Our provider sites have high expectations. We will ensure that the entire video selection, installation and service experience meets or exceeds those expectations
- **Interoperability through multiple hardware solutions:** Provide various hardware solutions to support and expand

While selecting hardware and software is an important decision for video conferencing, in reality, what you’re trying to resolve isn’t really about the technology itself. It’s about working to effectively improve population health, improve the patient experience and reduce costs (also known as the three goals of the *Triple Aim*).

The packages were vetted through the OHN Stakeholder Council of industry thought leaders and are all able to integrate with existing hardware such as Cisco,

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—Kim Lamb, executive director of OHN

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Each issue, we feature an OHN participant and how their OHN connection is helping make a difference in the communities they serve.

Mental health clinics able to provide Oregonians with better access to service

Greater Oregon Behavioral Health Inc. services Oregonians in 26 cities

By Courtney Freitag, OHN Marketing Coordinator

With agencies in 17 rural counties, Greater Oregon Behavioral Health Inc. is able to help reach residents in all corners of the state to help them secure mental health services. With the help of its Oregon Health Network connection, the pipeline to expert care and resources is in place.

“For us, it’s just critical,” said Leslie Ford, business development manager for GOBHI. “The 17 counties are rural and for many of them, this is their first opportunity to have access to these agencies.”

GOBHI was created in 1994 to provide mental health services and coordinate chemical dependency treatment services under the Oregon Health Plan (OHP) for OHP members living in GOBHI affiliate counties. The Community Mental Health Programs (CMHP) affiliated with GOBHI reach across the state to manage the mental health benefits under the OHP. While the sites have always had connectivity, the increased speed, reliability and robust connection that OHN brings will increase the offerings of GOBHI.

About 60,000 Medicaid adults, families and children per month are eligible for assistance from GOBHI. GOBHI does not provide these services itself but has contracts with CMHPs, hospitals and other providers to serve its

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—Leslie Ford, LCSW
business development for GOBHI

members through credentialing, training and securing services.

GOBHI also contracts with a number of hospitals in each region that provide inpatient treatment, specialized programs for children and adolescents and treatment of both mental health and chemical dependency problems. With the OHN connection, using telehealth to link patients via video conference with experts in specific fields is priceless.

By bringing expert care and resources into the rural regions, GOBHI is able to expand its service offerings, offer webinar and educational trainings while saving staff and patients hours of driving to receive specialized services. They also have the ability to host meetings for staff and community partners giving them the same advantage of practicing at an urban facility.

“Because we are so spread out, one of our biggest challenges is geography,” Ford said. “It makes it harder to follow best practices and deliver services to local communities.” However, with the connected pipe of the OHN for faster connections, Ford said GOBHI has the ability to be able to transmit information and have more sophisticated data to pass on through the web-based trainings. This allows them to address medical challenges and move everyone along instead of working at the status quo.

In 2010, GOBHI brought 14 provider sites onto the OHN and have an additional 12 sites currently in the process of receiving funding commitment. Telehealth has long been looked to by GOBHI to support its organizational vision, however they didn’t



GOBHI has clinics located in: Astoria, Clatskanie, Christmas Valley, Vernonia, St. Helens, Scappoose, Boardman, Hermiston, Pendleton, Milton-Freewater, La Grande, Enterprise, Heppner, Fossil, John Day, Baker City, Burns, Ontario, Lakeview, Condon, Arlington, Roseburg, Canyonville, Drain, Reedsport, and Gearhart

There are 60,000 eligible individuals and families that have access to assistance from GOBHI.

GOBHI plans to offer more web-based trainings, education and meetings via its OHN connection

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Polycom and Lifesize. With OHN’s commitment to service, along with OSU and OneVision adding their expertise, customers can expect a seamless experience.

“The support piece is there to take responsibility of the SLAs and shepherds that triangle approach,” Abrams said. “We are all addressing the areas of expertise collectively.”

To deploy this seamless, integrated solution, the three areas are required – one won’t work without the support of the others and impedes the chance for success.

“You can’t have one without the other,” said Brian Houts, director of business development for OneVision Solutions. “You can have the best network in the world, but if you don’t have the systems in place, it will fail.”

See our “triangle of success” graphic (top of page) to better understand what each element is, and what role OHN, OSU and OneVision Solutions have done in a technology partnership to address it.

“We all have ownership,” Abrams said. “None of us independently could afford to do this the right way. Collectively we can do it right.”

To learn more about the OHN Telehealth Video Conferencing Solution, go to: <http://www.oregonhealthnet.org/content/hosted-services-solutions> or contact Monica Koiv, OHN account manager, mkoiv@oregonhealthnet.org.



With infrastructure, technology and service in place, video conferencing customers can expect a seamless experience.

Best Practices, *Continued from page 2*

information exchange and other niche offerings for years to small, regional physician practice provider communities. These groups have existing infrastructure, systems and knowledge of the needs of their provider members. They should be involved and integral to the HIT coordination across the state at all levels. In Oregon we have a number of IPAs of varying sizes. The larger IPAs include Willamette Valley Public Health Authority, the Mid Rogue IPA, Central Oregon IPA and Portland IPA

Additionally, the Oregon Community Health Information Network (OCHIN) is a non-profit that hosts and supports EPIC and e-Clinical Works electronic health record systems, as well as providing general IT support for a majority of the Federally Qualified Health Centers in the state. OCHIN also serves as the State's Regional Extension Center (REC) through its O-HITEC division. To learn more visit www.o-hitec.org

- *Electronic Health Records*: To incent providers to adopt, implement and meaningfully use electronic health records, the HITECH Act also included funding for the EHR Incentive Program. This program pays significant incentives to eligible providers who achieve "Meaningful Use of the electronic health record (MU)." Providers will need to meet the MU criteria by 2015 to avoid Medicare payment penalties.
- *Regional Extension Centers (RECs)*: in support of the EHR Incentive Program and HIE, the RECs are designed to support health care providers in the successful selection, implementation and meaningful use of electronic health records by 2015 in order to avoid Medicare payment penalties. In Oregon O-HITEC (a division of OCHIN) serves as Oregon's REC. To learn more about O-HITEC visit: www.o-hitec.org.
- *Accountable Care Organizations (ACOs), Coordinated Care Organizations (CCOs) and Primary Care Health Homes*: ACOs are considered next-generation health care delivery models, consisting of teams of doctors, hospitals, and other health care providers and suppliers working together to coordinate and improve care for particular groups of patients. ACOs reduce cost by providing plan participants the right care at the right time. By improving access to primary care, plan participants can avoid emergency room visits, which results in a financial reward for the ACO and shared savings with the sponsoring organization or organizations.

In Oregon, CCOs manage care for OHP (Oregon Health Plan which includes Medicaid/Medicare eligible)

members by taking the best thinking in Oregon and creating local organizations focused on one thing: reducing the barriers that stand between

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members and good health. Because each community is different, there may be different models for a CCO. For CCOs to be successful, provider participation is necessary, members must be satisfied and actively involved with their own care, quality must be excellent and costs must be controlled.

Primary Care Health Homes are the center of a member's coordinated care and in Oregon many of the providers within a CCO are expected to move to a primary care health home model so they can work in coordination with the other providers to maximize the best care possible to the patient, which includes keeping them out of the emergency room.

A primary care health home isn't a physical location — it's a team of people working on one goal: keeping people healthy. In most places the team includes a doctor, a nurse or nurse practitioner, a mental health or behavioral specialists, a community health worker, and others. This team based approach reduces inefficiencies and removes barriers to care for members. It also puts a stronger emphasis on preventive care and helping members managing chronic health conditions. For more information on ACOs, CCOs and PCHHs are available on the State of Oregon website: www.health.oregon.gov/OHN/OHPB

- *Broadband/Connectivity Infrastructure Deployment*: While still a common afterthought (or assumption) in HIT strategy, planning and coordination, the Federal Communications Commission (FCC) and Department of Agriculture have deployed various funding projects to assist in building the nationwide broadband infrastructure necessary to support the current and future broadband requirement for health care.

In Oregon, Oregon Health Network (OHN) is Oregon's statewide health care highway, and was the recipient of the 5th largest FCC's Rural Health Care Pilot

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GOBHI, *Continued from page 4*



GOBHI assists Oregon Health Plan with securing mental health services throughout 17 counties in Oregon. Their connectivity with OHN allows them to meet best practices and provide better access to its patients, most of whom are in rural parts of the state. The organization will leverage its OHN connection to provide training, education, meetings and webinars to stay current with telemedicine and expand its offerings to patients.

have the technological connectivity capabilities until now.

OHN is supporting our vision by enabling a vision that is not new to GOBHI, Ford said, but one now available in a much broader way. “If you want to continue to be viable in this era when everything is more and more connected,” Ford said, “you have got to find a solution. In many rural communities, OHN is it.”

Oregon Passport to Health IT: Quality Connection

The Oregon Medical Association continues webinar series on efficiency and outcomes

Contributed by the Oregon Medical Association (OMA)

The medical community is nearly one year into its transition to using health IT to improve practice efficiency and outcomes. On Oct. 3, the final three-month period for reporting under the Medicare Incentive Program began; on Sept. 26, Oregon’s Medicaid EHR Incentive Program began accepting enrollees and attestations for eligible providers seeking incentive payments under the Medicaid portion of the American Reinvestment and Recovery Act programs. Many Oregon medical practices are well on their way toward the adoption and implementation of this technology.

However, plenty of clinicians and their office staff may be asking themselves – “I feel like the window is closing, and I don’t know where to begin!” With the incentive program designed to continue through the coming years, it is still a great time to get moving on adopting health IT.

A workshop series hosted by the Oregon Medical Association offers education to help get on the right track. The series – with seminars scheduled for October 21, November 15 and December 6 – use Health IT curriculum materials developed by a consortium of universities including Oregon Health & Sciences University, Columbia University, Johns Hopkins University, Duke University and the University of Alabama-Birmingham and presented by Oregon’s Community College Consortia (CCC) to Educate Health IT Professionals; both programs are sponsored by the Office of the National Coordinator of Health IT. (The program is funded by the Office of the National coordinator, Department of Health and

Human Services Support ARRA Grant #90CC07701.)

The first event on October 21, which is accredited for 5.0 hours of AMA Category 1 CME, will focus on Quality Improvement and include information on practice workflow redesign and its ability to improve quality; incorporating quality management and reporting through electronic systems and other topics. This is essential education not just to keep pace with health IT, but also to keep pace with the growing demands on clinical practices to track and report quality data across a variety of metrics. As Oregon’s health care delivery system transitions into creating medical homes and Coordinated Care Organizations, this trend will only continue.

The Oregon Passport to Health IT seminar series is the result of collaboration among the Oregon Medical Association, OCHIN/O-HITEC, the Oregon Health Network, the Oregon Health Authority and the Community College Consortia for Health IT, each of which is working to support the larger transformation of the health care delivery system through Health IT.

Registration for the event is open to all, and is \$169 for OMA members and their staff, and \$203 for non-members. Complete series information, including online registration and series discount information, is available through the OMA website at www.theOMA.org/passport.



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Program subsidy, which has helped to build a managed broadband network infrastructure and participant base footprint in Oregon.

By June 2012, OHN anticipates having connected over 230 end- point participants on its network that includes close to all the hospitals in the state, rural health clinics, FQHCs and the community colleges who provide health care training and education. All providers who play a critical role in the delivery of health care can and should connect to OHN, as OHN will also be the broadband network foundation used to support the State HIE.

Additionally, the National Telecommunications and Information Administration (NTIA) and the U.S. Department of Agriculture’s Rural Utilities Service (RUS) grants awarded \$7.2 billion to projects across the country through the Broadband Technology Opportunities Program (BTOP), the Broadband Initiatives Program (BIP) and the State Broadband Data and Development Program (SBDD). BTOP, BIP and SBDD dollars were used to expand access to broadband services, build broadband infrastructure, map broadband service coverage and promote sustainable adoption of broadband in addition the expansion of public computer centers.

In Oregon, the Central Oregon Fiber Alliance and the Fiber Route Consortium project were successful recipients of BTOP funds. Understanding what each of these projects provide to the greater statewide community as it relates to fiber connectivity should

be central to regional and statewide broadband and HIT discussions so as not to duplicate efforts and deplete our limited resource base.

Collaboration opportunities don’t end with the list above. They expand to care coordination with the Education Services Districts (ESDs) and K-12, as well as the need to address the pressing physician/primary care workforce shortages, just to name a few.

Collaboration opportunities don’t end with the list above. They expand to care coordination with the Education Services Districts (ESDs) and K-12, as well as the need to address the pressing physician/primary care workforce shortages, just to name a few. Once your team reviews and applies the above collaboration steps to its HIT strategy and implementation efforts, the most important thing to do next is to share it with your existing and new health care community partners in the State. Collaboration has and will continue to expand far beyond our facility, community and state lines – and even our current definitions of the health care and collaboration landscape.

Coordinating and measuring the outcomes of quality health care delivery and best practices can only be achieved if everyone takes responsibility for ensuring that workflow and systems are built with the end in mind. To achieve true and seamless patient-centered care experiences, information must be accessible and integrated to travel with the patient from one provider or system to the next.



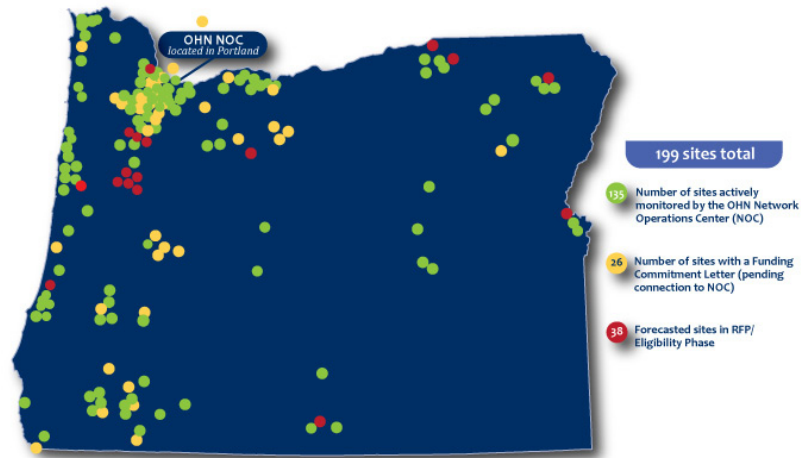
A child receiving individualized special education services often traverses both the educational and medical world that requires a collaborative, integrated delivery system.

Additional provider sites live on network

OHN continues to add to its participating site list. There are 199 sites that have received funding commitment and are awaiting turn-up to the Network Operations Center. Of those, 141 are already live on the NOC and being monitored 24/7/365.

The sites around the state represent hospitals, urban and rural clinics, FQHCs and tribal clinics in the RHCPP \$20.2 million subsidy awarded to OHN in 2007.

OHN Sites Featured: Live on the NOC, Funded, and within the RFP process



UPCOMING Industry Events

If you have an industry or community event to share, please email it to cfreitag@oregonhealthnet.org. We have an active calendar on our website's home page that is updated regularly with local and national meetings, educational opportunities, trainings and much more. Visit www.oregonhealthnet.org to see what's coming up.

Oregon Medical Association Passport to Health IT Webinar Series "Health IT: Quality Connection"

Begins October 21 with future workshops held on November 15 and December 6
OMA Portland headquarters
www.theoma.org
(see story on page 7)

Oregon Connections Telecommunications Conference

October 27-28, 2011
 Hood River, Oregon
www.oregonconnections.info

6th Annual TAO Meeting and Summit "Telesolutions for Health Care—Any Time, Anywhere"

February 2-3, 2012
 University Place Conference Center, 310 SW Lincoln Street, Portland
www.ortelehealth.org