



Subject: Regional Extension Center (REC) Vendor Selection	Policy Number: OCHIN-O-HITEC 007
Effective Date: 9/30/2010	Original Implementation Date: 9/30/2010
Revision Date: 12/8/2010	Approved by: Abigail Sears

Purpose: The purpose of this policy is to define OCHIN’s Electronic Health Record (EHR) Vendor Selection Policy under its cooperative agreement with the Office of the National Coordinator for Health Information Technology (ONC).

Scope: The Oregon Regional Extension Center (REC), also known as O-Health Information Technology Extension Center (O-HITEC), a division of OCHIN, which serves as the regional extension center for the entire state of Oregon. The policies apply to the vendor selection and support activities of both OCHIN and O-HITEC.

Policy: Recognizing the statutory requirements that all RECs to maintain “vendor neutrality” as well as the importance of leveraging existing systems and support infrastructure and aligning with the State of Oregon health information exchange (HIE) strategic and operational plans, this policy outlines a rational for vendor selection that supports Oregon’s efforts to facilitate HIE and long-term practice transformation and that is consistent with Federal Procurement requirements requiring a fair and open marketplace. O-HITEC supported EHR vendors and service providers will be selected on the basis of the following criteria:

1. All EHR products must be either:
 - Certified* for stage one Meaningful Use and, based on expert opinion, are expected to be certified to meet stage two and three criteria, or
 - Anticipated by OCHIN or other appropriate healthcare experts to achieve certification for stage one by the end of 2011 and, based on expert opinion, are capable of certification for stage two and three criteria;, and,

*Certification as defined by ONC-Authorized Testing and Certification Bodies (ONC-ATCBs). For more information on EHR certification, visit <http://onc-chpl.force.com/ehrcert>.

2. The EHR product is hosted and has significant existing market share in outpatient clinics within the State of Oregon as described in a 2009 survey conducted by Witter and Associates , which is the basis for Oregon’s REC and HIE strategic planning (see source reference below);



3. The EHR product meets criteria 1. and 2. and it is determined by OCHIN staff, outside experts, and/or physicians in the target communities that the EHR represents a competitive price and includes high quality of service for the target community providers and other relevant organizations;
4. The EHR vendor product is capable of aligning with provider requirements to meet Meaningful Use standards (all three stages) as well as the State's strategic and operational plan to for HIE connectivity and interoperability. Oregon's HIE plan is currently under review by the ONC and is the basis for a pending ONC award that facilitate rapid achievement of the prescribed goals; and,
5. The EHR product has a history of certification (in past methodologies) that would demonstrate a core competency in meeting certification standards and requirements.

Justification:

Approximately 70 percent of Oregon (non-federal) clinicians work in practices where EHRs are present, which is high when compared to the national average of 38 percent. The remaining 30 percent of Oregon's providers have made little or no progress toward the implementation of an EHR system. However, Oregon's "adopted" clinicians still face significant steps to achieve stage one of Meaningful Use. Fifty-three percent of Oregon's clinicians are in practices using an EHR with all "basic" functions compared to 13 percent nationally. Thirty-two percent of Oregon's clinicians are in practices with "fully functional" EHR compared to four percent nationally. A smaller percentage have fully implemented EHR technology or have selected non-certified EHR products or products that lack the functionality required to achieve and progress beyond stage one of Meaningful Use.

In addition to counting many providers without fully functional EHR capacity, the high EHR adoption numbers in Oregon mask the low adoption rates by health care providers in the priority rural and small practice, practice consortium, and other underserved settings. In these practices, adoption of EHR technology is limited by: major funding issues, concerns related to workflow changes, the inability to identify qualified information systems personnel, and fear that productivity will be reduced.

In Oregon, most targeted providers that have adopted EHR have largely done so by integrating with larger systems such as Independent Physician Associations (IPAs) and health center controlled networks (e.g., OCHIN). As a result, Oregon has the advantage of sophisticated institutional knowledge for EHR implementation in some parts of the state and O-HITEC is working to strategically capitalize on this valuable asset to accelerate the rate at which non-adopted providers come online and achieve stage one of Meaningful Use in rapid sequence. O-HITEC and its REC partners are working strategically to set the stage for meeting subsequent Meaningful Use requirements, coordinating our REC services with the State of Oregon HIE goals, and training the targeted providers and practices to engage in long-term quality improvement oriented toward the Triple Aim goals.



It is reasonable to believe that a group of no more than six EHRs will be selected based on the five criteria listed above and given the unique provider adoption patterns in Oregon. O-HITEC anticipates supporting those certified EHR vendor products with high market penetration and high quality local service providers already in place, the majority of whom are already hosted by O-HITEC's strategic partners (e.g., IPAs, Critical Access and Rural Hospitals, and Public Hospitals) that are instrumental to helping targeted primary care providers achieve REC milestones and participate in HIE – the preconditions for practice transformation.

Transparency: O-HITEC will publish all policies and strategies regarding vendor selection on its website at <http://www.o-hitec.org>. Whenever O-HITEC selects or contracts with a vendor or vendors meeting the conditions described herein, those vendors will also be published on the O-HITEC website and promoted to O-HITEC members and potential members.

Appeals Process: Vendors can submit appeals to the O-HITEC Advisory Council addressing each of the 5 criteria. On a quarterly basis, the Advisory Council will review all vendor appeals and determine if O-HITEC will advise on the consideration of appeals.

References:

1. Witter, David M. Jr., Oregon Electronic Health Record Survey Ambulatory Practices and Clinics Spring 2009, Prepared for Oregon Health Policy and Research
2. Vendor Selection & Management Observations from first three REC regional meetings, Carolyn P. Hartley, MLA.
3. ONC-Authorized Testing Certification Bodies referenced at <http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120>