Health Information Exchange in Oregon

Susan Otter, Director of Health IT, OHA

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How does Health IT support CCOs and the coordinated care model?

Selected characteristics of the coordinated care model:

- Care coordination, population management throughout the system
- Integration of physical, behavioral, oral health
- Accountability, quality improvement and metrics
- Alternative payment methodologies
- Patient engagement

Coordinated care model relies on access to patient information and the Health IT infrastructure to share and analyze data.
## Goals of HIT-Optimized Health Care

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<th>1. Sharing Patient Information Across the Care Team</th>
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<td>• Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.</td>
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<th>2. Using Aggregated Data for System Improvement</th>
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<td>• Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.</td>
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<th>3. Patient Access to Their Own Health Information</th>
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<td>• Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.</td>
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Opportunity in Oregon: Medicaid priorities

OLD SYSTEM
Health Care

PHYSICAL HEALTH
BEHAVIORAL HEALTH
DENTAL HEALTH
PUBLIC HEALTH

OREGON’S CURRENT WAIVER
Coordinated Care Model

PHYSICAL HEALTH
BEHAVIORAL HEALTH
DENTAL HEALTH
PUBLIC HEALTH

VISION FOR 2017-2022
Healthy Oregon Communities
Build upon successes and take health system transformation to the next level.

COORDINATED CARE MODEL
SEAMLESS CARE TRANSITIONS
HEALTH EQUITY
HOUSING SECURITY
EARLY CHILDHOOD EDUCATION
Oregon HIT highlights in 2015/2016

• High adoption of Electronic Health Records
• CCOs investing in HIT
• Widespread use of hospital notifications
• New initiatives supporting behavioral health information sharing, telehealth and consumer access
Health Information Exchange Exchange Options

- **State-supported**
  - Direct secure messaging (e.g., via EHRs, HIEs, CareAccord)
  - EDIE/PreManage
  - Public health reporting (e.g., Immunization registry, PDMP)
  - HIE-enabling (Provider Directory, Flat File Directory for Direct secure messaging addresses)

- **Regional HIEs (JHIE, RHIC)**

- **Vendor-driven solutions/National networks**
  - Epic Care Everywhere, CommonWell, Sequoia: Carequality

- **Federal Network (Sequoia: eHealth Exchange)**
  - Connection to federal agencies: SSA, CMS, VA, etc.

- **Organizational efforts**
  - By CCOs, health plans, health systems, IPAs, etc.
  - Private HIEs, point-to-point interfaces, HIT tools, hosted EHRs, etc.
Approaches to Statewide HIE Coverage

Local
- Community / Organizational HIEs and health systems provide HIE coverage
- No common services to provide baseline HIE capabilities to others
- No statewide enabling infrastructure ties these together

Central
- Community / Organizational HIEs and health systems provide HIE coverage
- No common services to provide baseline HIE capabilities to others
- Statewide enabling infrastructure ties these together

• State / designated HIE entity provides HIE coverage
• All statewide, regional, and local needs are served centrally

(HITOC-approved) • Task Force Recommended

• State partnership model with governance over “network of networks”
In development: HIE Onboarding Program

Support Medicaid members over the next 4-5 years, with support from federal 90/10 funds, by:

1) Accelerate HIE and fill HIE gaps for critical Medicaid providers’ ability to coordinate care
   - Behavioral health, long-term care, corrections, and other social services, to connect to HIE entities.

2) Incentive cross-organizational HIE by supporting Oregon’s critical HIE entities that make up its network of networks

3) Establishing and formalizing the Oregon HIE network of networks by setting criteria that entities would need to meet to be eligible for funding
In development: HIT “Commons”

• Public/private partnership – leveraging lessons from EDIE Utility

• Advance critical HIT objectives through strategies such as:
  – Spread access to health information exchange and a core set of patient data
  – Shared data use agreements, principles, and common rules of the road
  – Financial support and technical assistance for providers who lack resources
  – Accelerate and support a few high-value statewide technology services
  – Coordinate and support key initiatives
HIE Panel discussion

• Gina Bianco, Acting Executive Director, Jefferson HIE
• Klint Peterson, Project Manager, Regional Health Information Collaborative, IHN-CCO
• Liz Whitworth, PreManage Project Manager, CareOregon
Supporting Coordinated Care with Real-Time Insight

Gina E. Bianco, MPA
Acting Executive Director
Care Coordination & Population Health

- Community Health Record
  - Health & Social Determinants
  - Veterans Administration
  - Prescription Drug Monitoring Program
  - EDIE/PreManage Data Integration
- Behavioral Health Integration
- Clinical Quality Metrics
  - Member
  - Provider
  - Network
- Clinical Notifications
  - Events & Encounters
- eReferrals
  - Physical, Dental, Behavioral Health & Social Services
**COLLECT**

**GOAL 1:** Create a whole-person view of the patient

**SHARE**

**GOAL 2:** Support patient-centered, coordinated care

**ACT**

**GOAL 3:** Achieve The Triple Aim:
- Enhance the quality, reliability and availability of care
- Improve the health of our communities
- Lower or contain the cost of care
PreManage implementation at CareOregon

Liz Whitworth
PreManage Project Manager
CareOregon Goals for PreManage

• Meet CMS regulatory requirements
• Standardize and improve care coordination and planning—physical, behavioral, dental
• Improved operational ease & efficiency
• Real need for real-time notification
• Optimize member and provider engagement
• CCOs involved:
  – CareOregon/HealthShare
  – Columbia Pacific CCO
  – Jackson Care Connect CCO
  – Yamhill CCO (administrative data feeds only)
Implementation Phases & Timeline

1. IS set up & development work (fall 2015-ongoing)
2. Internal Teams (fall 2015-winter 2016, ongoing)
3. CCO Coordination (ongoing)
4. External Clinics/Partners (spring-fall 2016, ongoing)
5. Hourly/Daily Census Integration (ongoing)

Status as of Dec 2016:
• Over 100 CareOregon users of PreManage; majority log in daily
• 25% of key clinic partners (~60 sites) onboarded with PreManage
Learn more about Oregon’s HIT/HIE developments and Subscribe to our email list!
www.HealthIT.Oregon.gov

Health Information Technology Oversight Council (HITOC)
www.oregon.gov/oha/ohpr/hitoc/

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