December HITOC Education Session: HIT Programs

December 16, 2021

Oregon Health Authority

Agenda

- **Current Health Information Technology (HIT) Programs - HIT Commons**

- **Past/Closing Soon HIT Programs**

Oregon's HIT Programs and major efforts

Health IT Commons (Public/Private Partnership)*	2021 OHA Programs and Efforts	Past Programs
Emergency Department Information Exchange (EDIE) and Collective Platform**	Medicaid Collective Platform Subscription**	**Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)***
Prescription Drug Monitoring Program Integration Initiative*	**Medicaid EHR Incentive Program (ends 2021)***	**CareAccord and Flat file directory (Direct secure messaging)***
Other Joint Efforts	CCO HIT Roadmaps and Data Collection	**HIT Portfolio*:** • **Common Credentialing Program** • **Oregon Provider Directory** • **Clinical Quality Metrics Registry**
	In planning: Community Information Exchange	Health Information Exchange Onboarding Program (ended Sept. 2021)**

*Included in this presentation

**Included in 11/16/21 HITOC Education session: HIE Programs

Current Health Information Technology (HIT) Programs

HIT Commons Overview
December 2021

IN PARTNERSHIP WITH

OREGON HEALTH
LEADERSHIP COUNCIL

Oregon
Health
Authority

HIT Commons Origins

Public-private partnership to support and spread statewide HIT efforts in Oregon

- OHA and Oregon Health Leadership Council co-sponsored development of an HIT Commons Business Plan

- Building off the success of the Emergency Department Information Exchange (EDIE) Utility – a public/private partnership

- Jointly funded by assessments from all Oregon hospitals, CCOs, OHLC member health plans, and OHA

Key Objectives

- Establish neutral governing and decision-making process for investing in HIT efforts

- Leverage opportunities for shared funding of HIT with statewide impact

- Coordinate efforts for the adoption and spread of HIT initiatives

- Facilitate access to high-value data (e.g., Prescription Drug Monitoring Program)

- Support core infrastructure needed for care coordination and alternative payment models

Key Success Factors

- Initiatives have well-defined and targeted scope.

- Clearly articulated value propositions.

- Low cost to adopt due to OHA sponsorship to support CCO/Medicaid participation.

- Shared governance model.

- Early adopters share successes – educate the next generation.

- Focus on adoption and collaboration within regions and across the state – people not technology.

HIT Commons

A shared public/private governance partnership to accelerate and advance health information technology in Oregon
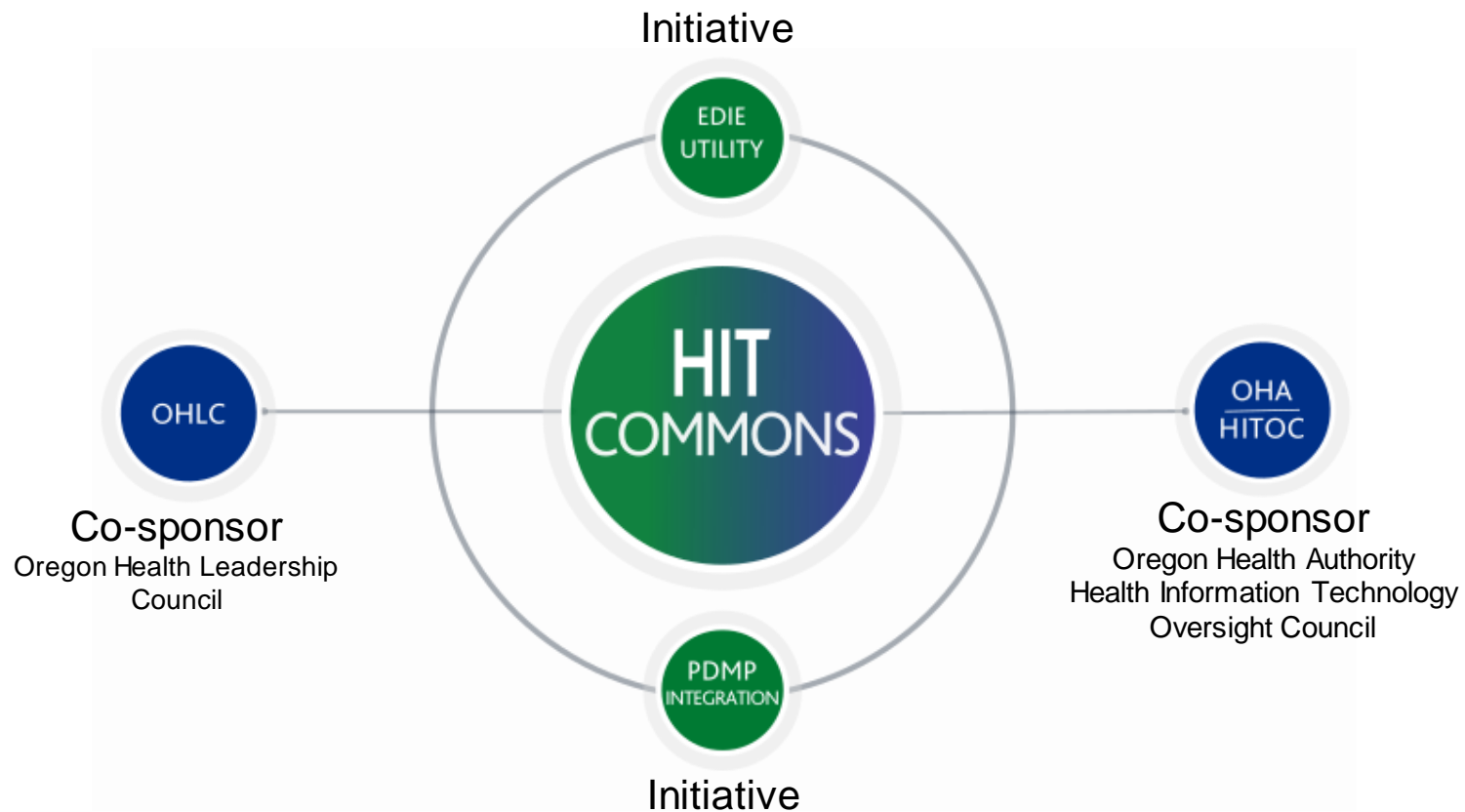
EDIE: Emergency Department Information Exchange
PDMP: Prescription Drug Monitoring Program

HIT Commons Governance - Board Composition

Represented Group	Number of voting board positions	Nominated by:
Hospitals/Health Systems	4	Oregon Association of Hospitals and Health Systems (OAHHS)
Health Plans	2	Oregon Health Leadership Council
CCOs	2	CCO CEOs
OHLC physician	1	Oregon Health Leadership Council
OCEP physician	1	Oregon Chapter of the American College of Emergency Physicians
CCO physician	1	CCO CEOs
OAHHS	1	OAHHS
OHA	1	OHA
Behavioral Health	1	HITC Nominating Committee
Dental	1	HITC Nominating Committee
County Services	1	HITC Nominating Committee
At-large	1	HITC Nominating Committee
TOTAL	18	

Core Governing Structures

- HIT Commons Single Member LLC with Oregon Health Leadership Council as the single member

- HIT Commons Operating Agreement defines powers delegated to Board of Managers and the powers retained by OHLC Board of Directors

- Agreement modified in 2021 to permit consulting services to members

- 3-year Memoranda of Understanding with members (CCOs, Health Plans, Hospitals) limits how Assessment funds may be spent and limits increases in Assessments

- Contract with OHA defines state funding, HIT Commons commitments and reporting requirements
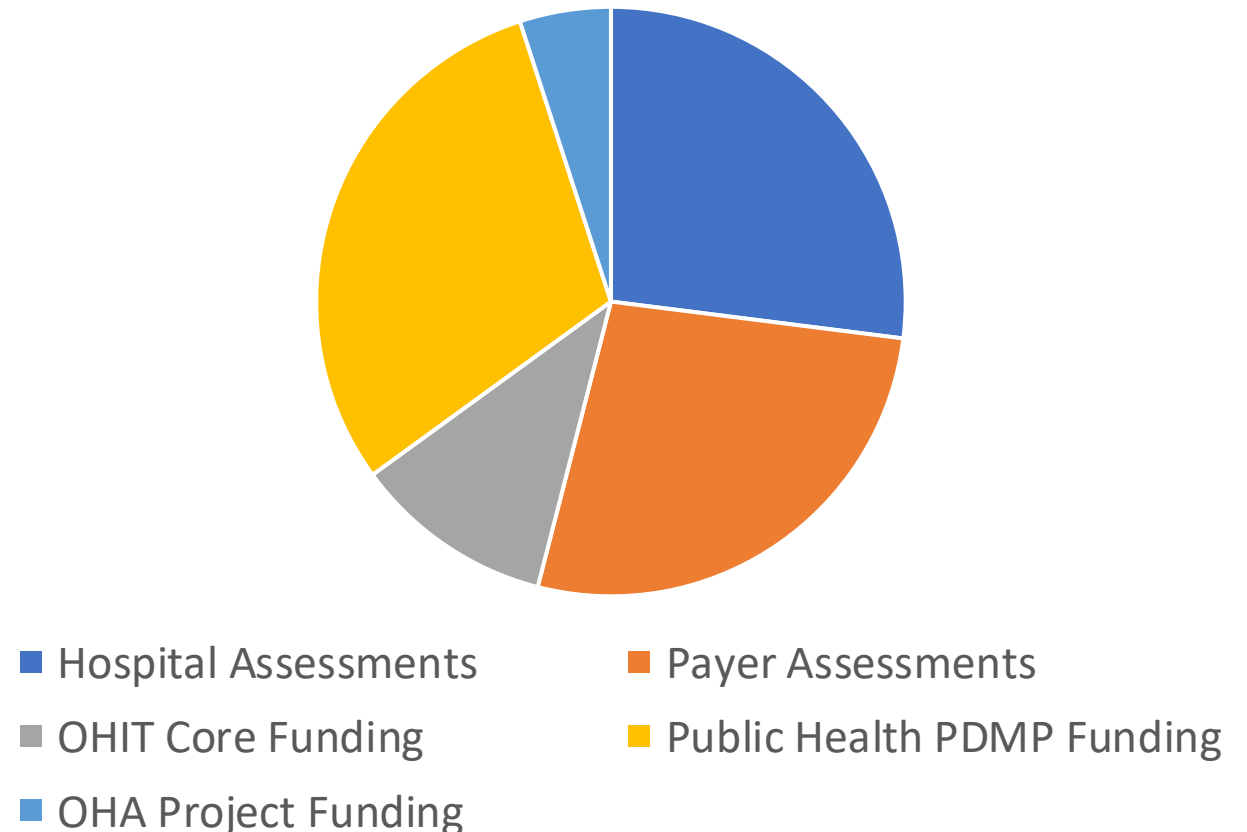
HIT Commons Leadership Priorities – for 2022+

- Demonstrate increased value to HITC member organizations

- Increase data and capabilities to support whole-person care

- Provide support to HIT Commons members in their transition to Value Based Care

- Identify elements of the HITOC strategic plan that clearly align with HIT Commons mission, principles and capabilities. Proceed where approved and supported by Governance

HIT Commons – Funding and Sustainability

- HIT Commons founded in 2018 with:
  - $300,000 loan from OHLC
  - Assessment structure previously used by EDIE
    - 50% from Hospitals and Health Systems (based on revenue)
    - 50% from payers/CCOs (based on membership)
  - OHA funding for Admin Costs and PDMP License funding
- 2022 Budget includes a $100,000 strategic reserve
- No increase in assessments for members in 2021 or 2022.

HIT Commons Budget Funding Sources

- ■ Hospital Assessments
- ■ Payer Assessments
- ■ OHIT Core Funding
- ■ Public Health PDMP Funding
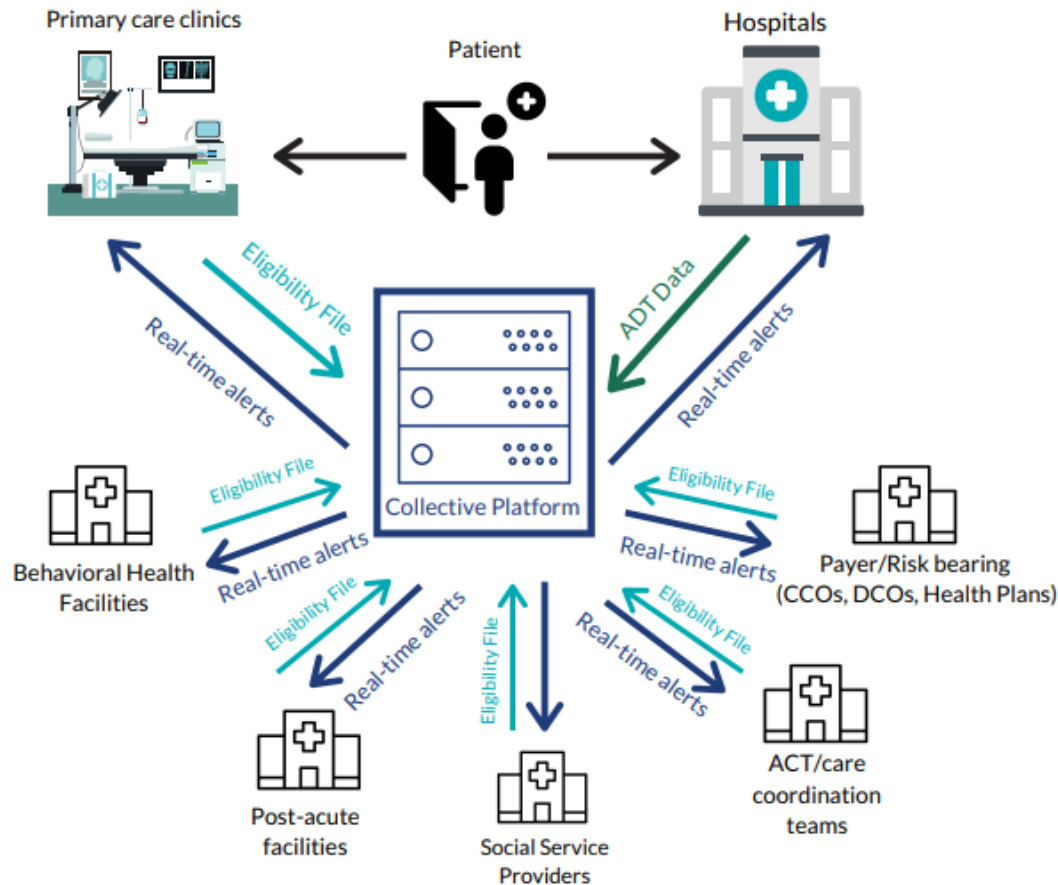- ■ OHA Project Funding

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HIT Commons Overview - Programs

Foundational programs

- EDIE/Collective Platform

- Prescription Drug Monitoring Program (PDMP) Integration

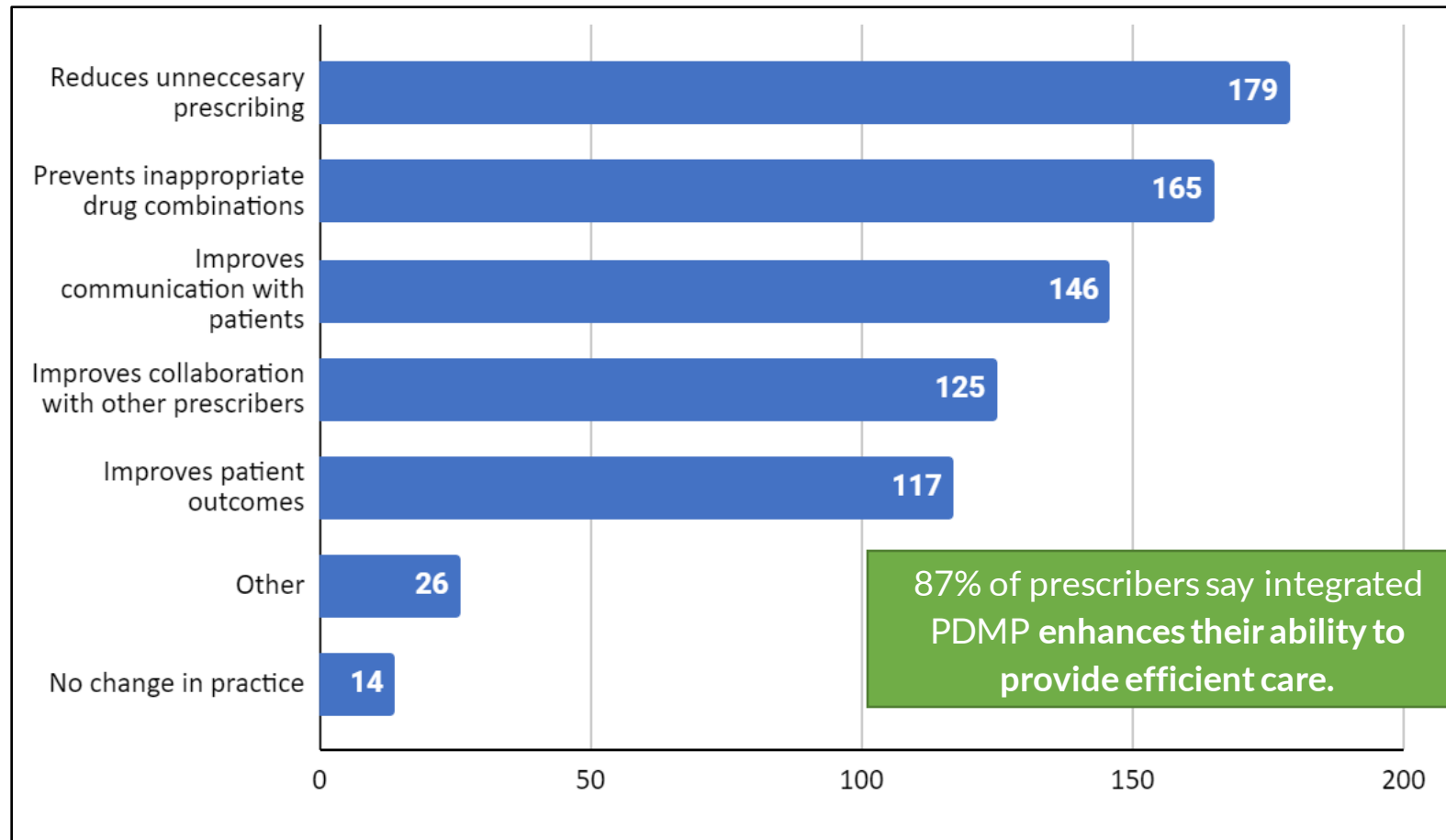# Overview of Collective Network in Oregon

- EDIE notification: real-time notifications within the ED workflow (EMR integration, etc.)
  - Common notification criteria:
    - 5+ ED visits in the past 12 months
    - 3+ visits in different EDs in 90 days
    - Active care insight on the patient
    - COVID-19 positive lab test
    - PDMP Criteria (for Epic hospitals)
- Collective Medical 'platform:' web-based portal accessible by all system users (clinics, payers, hospitals, etc.)

Oregon Prescription Drug Monitoring Program (PDMP) Integration

- The PDMP Registry
  - Operated by OHA's Public Health Division
  - Collects prescription fill data for controlled substances (schedule II-IV)
  - Used by authorized prescribers and their delegates, and pharmacists
  - Improves prescribing practices, patient safety, and health outcomes

- Access to the state PDMP database has been available via a web link for several years
  - PDMP Integration gives access to the same data, but within health IT (electronic health record, HIE, or pharmacy management system)

- July 2018, HIT Commons negotiated a statewide contract to provide PDMP integration to all health care organizations

Advantages of PDMP Integration

Horizontal bar chart:
- Reduces unneccesary prescribing: 179
- Prevents inappropriate drug combinations: 165
- Improves communication with patients: 146
- Improves collaboration with other prescribers: 125
- Improves patient outcomes: 117
- Other: 26
- No change in practice: 14

87% of prescribers say integrated PDMP **enhances their ability to provide efficient care.**

*2021 PDMP Integration Evaluation Results, n=258 prescribers

PDMP Integration Prescriber Usage – Nov 2021

① **OR** has had

41.04M ↓↑

Successful Requests over the past 18 months

⑤ Filtering those down to Practitioners with an active DEA gives us:

16,912

Prescribers in your state have succesfully searched in the past 18 months

⑥ Comparing that (5) to the

20,858

Prescribers prescribing controlled substances in OR

Prescriber Searching to Prescribing Ratio AKA Prescriber Usage (5) / (6):

Showing us that

81.08%

of OR prescribers who have prescribed have searched via Gateway

Other Joint Efforts

- Payer Interoperability Collaborative
  - Support CMS-regulated payer implementation of the Federal Interoperability and Patient Access Final Rules
  - Forum for CCOs, Dental Care Organizations (DCOs), and Medicare Advantage plans to share knowledge, challenges, opportunities for alignment
- Public Health Data Sharing Workgroup
  - Discuss/assess efforts to integrate public health data into HIT or Health Information Exchange (HIE) systems
  - Representation from OHA Public Health Division, payers/CCOs, health systems, and providers
  - Outcomes: policy and operational recommendations to HIT Commons and HITOC

HIT Commons and the HITOC Strategic Plan

- HIT Commons/EDIE/PDMP are **major strategies** in the 2017-2022 Strategic Plan

- HIT Commons and HITOC stakeholders overlap, but HITOC and HIT Commons have a different scope/scale
  - HITOC sets health IT strategies statewide
  - HIT Commons is focused in scope, can be **nimble**

- Under the updated strategic plan, there's a **potential for new strategies** with impact to HIT Commons
  - Potential opportunities to build off existing infrastructure for new use cases
  - Potential for new programs or priority work that could include proposals to HIT Commons

Questions?

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Past Health Information Technology (HIT) Programs

Medicaid Electronic Health Records (EHR) Incentive Program

Objective: Provide incentive payments to eligible providers and hospitals to adopt, implement, upgrade or demonstrate "meaningful use" of certified EHR technology. The program helped hospitals and providers make the switch to secure EHR systems and helped to facilitate better coordination of care.

Origin: 2009 HITECH Act

Implementation: 2011 – 2021 (ends 12/31/21)

What happened: More than $213 million in federal incentive payments to 3,864 eligible professionals and 60 eligible hospitals in Oregon

Important to know: States operated Medicaid EHR Incentive Programs, and CMS operated the Medicare EHR Incentive Program. Across both programs, Oregon hospitals and providers received more than $542 million

Medicaid EHR Incentive Program Key Takeaways

- Increased Certified EHR Technology adoption and use:

  - 2,113 Physicians
  - 1,050 Nurse Practitioners
  - 460 Dentists
  - 184 Certified Nurse Midwives
  - 57 Physician Assistants
  - 60 hospitals

- Provider burden related to meaningful use requirements was a barrier to participation for some

- Most Behavioral Health providers not eligible for the EHR incentive programs (except for Psychiatrists, Psychiatric Nurse Practitioners) – exacerbating digital divide between physical and behavioral health

Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)

Objective: Helped eligible providers maximize their investments in electronic health records (EHRs), meet federal Meaningful Use requirements, and assess and address EHR-related security risks to their practice.

Origin: CCO Transformation Funds

Contractor: OCHIN

Implementation: 2016 - 2019

What happened: $4.8 million spent providing technical assistance for 1,224 providers across 311 clinical sites

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OMMUTAP Key Takeaways

- Providers focused primarily on EHR optimization and meeting Meaningful Use. Of more than 1,500 Technical Assistance milestones:
  - 42% Risk and Security Training and Assessment
  - 31% Meaningful Use Education and Assistance
  - 27% Interoperability Consulting
  - 0.5% Certified EHR Technology Assessment, Implementation, and Upgrade

- CCO collaboration and outreach was key to provider participation

- Providers express continued interest and need for technical assistance with EHRs and use of health information technology

CareAccord

Objective: A nationally-accredited Health Information Service Provider (HISP) providing Direct secure messaging services at no cost for organizations facing barriers to health information exchange. CareAccord offered a secure email system that adhered to national standards that allowed users to send (push) encrypted health information directly to known, trusted recipients.

Origin: 2011 Office of the National Coordinator for HIT Cooperative Agreement

Vendor: Harris Healthcare Solutions

Implementation: 2012 - 2018

What happened: 1,500 users across 160 organizations participated. CareAccord was primarily web-based and not integrated into EHRs; over time, Certified EHRs offered Direct services within a provider's workflow, leading to lower utilization in final years.

Flat File Directory

Objective: A stop-gap directory solution to collect and distribute Direct secure messaging addresses and other contact information to health care organizations

Origin: Support Meaningful Use Transition of Care (Stage 2 objective 2014)

Vendors: Harris Corporation (until 2018) then run by OHA

Implementation: 2014 - 2021

What happened: Included more than 18,000 Direct addresses from 25 interoperable, participating entities who represent 900 unique health care organizations (primary care, hospital, behavioral health, dentistry, FQHC, regional HIE, etc.)

Program ended in 2021 when CMS required Direct addresses to be submitted to NPPES; keeping the FFD would be a duplicative effort

Health Information Exchange (HIE) Onboarding Program

Objective: Support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. The Program leveraged 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to a community-based HIE.

Origin: Funding from CMS for onboarding activities for priority Medicaid providers (behavioral health, oral health, critical physical health, and others).

Vendor: Reliance eHealth Collaborative

Implementation: 2019 - 2021

What happened: $2.4 million spent successfully onboarding 72 unique entities (109 clinical sites) in seven CCO service areas.

For more info: program closure summary; 11/16/21 HITOC Education Session

The HIT Portfolio: 2013 - 2021

- **Three solutions designed to promote efficiencies and reduce burden**
  - Oregon Provider Directory (OPD)
  - Oregon Common Credentialing Program (OCCP)
  - Clinical Quality Metrics Registry (CQMR)

- Each project involved design, development, and implementation of a technical solution plus program operations

- Peraton (formerly Harris Corporation) was the systems integrator for the portfolio who then contracted with vendors to provide the technical solution and ongoing maintenance and operations

Common Credentialing

Objective: A statewide credentialing system that creates one place for Oregon practitioners to manage their credentialing information, ensuring credentialing organizations have access to their updated, verified information

Benefits: Reduce administrative burden, increase efficiencies, data feed to the Provider Directory

Origin: SB 604 (2013) – Unfunded

Vendors: Medversant, Conduent (fka Xerox), and OneHealthPort

Audience: Practitioners and organizations who credential them (e.g., plans, hospitals)

What happened: Budget shortfall, lack of broad stakeholder support, and complexities/time-consuming development cycles

| **2013** SB 604 | → | **2014-18** Convene CC Advisory Group | → | **2015-16** Contracts & Procurement | → | **2017-18** Solution & Program Development | → | **2018** Program Suspended |

Clinical Quality Metrics Registry (CQMR)

Objective: A streamlined solution for reporting, the CQMR was designed to reduce reporting burdens by leveraging national standards. It was used to collect electronic clinical quality measures (eCQMs) for the Medicaid EHR Incentive Program and CCO quality incentive metrics program.
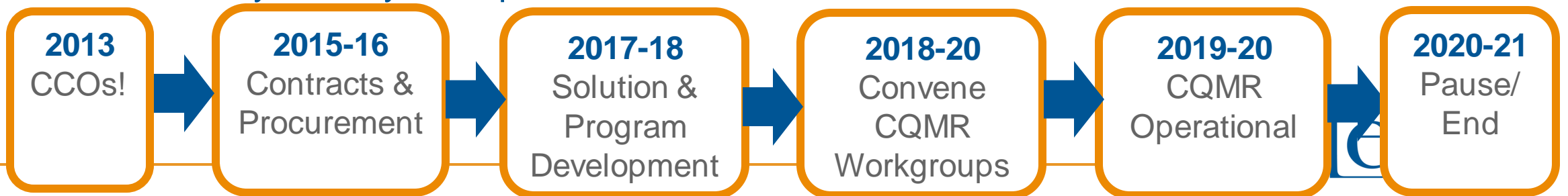
Origin: CCOs begin, CCO quality metrics program launched, CCO Transformation Funds (2013)

Audience: Medicaid EHR Incentive Program providers & CCO incentive metrics providers/CCOs

Vendors: MiHIN (Velatura) and OneHealthPort

Implementation: Used for 2018 and 2019 eCQMs (data submitted in 2019 and 2020)

What happened: Federal requirements changed for reporting patient-level data; a new required standard is not yet ready for implementation

| **2013** CCOs! | → | **2015-16** Contracts & Procurement | → | **2017-18** Solution & Program Development | → | **2018-20** Convene CQMR Workgroups | → | **2019-20** CQMR Operational | → | **2020-21** Pause/ End |

Oregon Provider Directory

Objective: A statewide provider directory to serve as a single trusted source of Oregon health care provider information to reduce administrative burdens in managing provider information and facilitating care coordination. Leveraging authoritative data from Common Credentialing.

Origin: CCO Transformation Funds and Infrastructure need (2013)

Audience: Healthcare entities (providers, hospitals, payers), state programs, care coordinators

Vendors: MiHIN (Velatura) and OneHealthPort

Implementation: No cost soft launch in central Oregon in late 2019

What happened: CC ended, Soft launch in 2019, paused for COVID, not funded in 2021

| **2013** CCOs! | → | **2014-20** Convene PD Advisory Groups | → | **2015-16** Contracts & Procurement | → | **2017-19** Solution & Program Development | → | **2019** Soft launch | → | **2020-21** Pause/ End |

HIT Portfolio Key Takeaways

The State was not well suited to develop and bring these new technologies to market to serve health care organizations

- State processes ensure time to market is slow and so HIT opportunities are missed

- State requirements for IT systems and contracting balance many factors and do not always result in technological solutions that serve health care organizations' needs

- Time and overhead often lead to expensive implementations - downstream costs can limit adoption

HIT Portfolio Key Takeaways

The State is more successful when expanding and supporting use of proven technologies (such as EDIE/Collective)

- Allow the private market to innovate and begin settling on a technology

- The State can support and expand adoption through:

    - Its own internal use
    - Contributing its own data
    - Promoting and subsidizing use through CCO network
    - Facilitating of incentivizing the adoption and spread of technologies
    - Technical assistance and education

Resources

HIT Commons

- https://orhealthleadershipcouncil.org/hit-commons/

- https://orhealthleadershipcouncil.org/edie/

- https://orhealthleadershipcouncil.org/pdmp-integration/

Medicaid EHR Incentive Program

- www.medicaidehrincentives.oregon.gov

Other OHA HIT Programs

- https://www.oregon.gov/oha/HPA/OHIT/Pages/Programs.aspx

- https://www.oregon.gov/oha/HPA/OHIT/Pages/Programs-Archive.aspx

Questions?