
Transforming Oregon's Health Care System Through Information Technology

Susan Otter
Director of Health IT, OHA

October 2, 2019



Coordinated care organizations (CCOs)

OHA created CCOs in 2012 to improve care delivery in the Oregon Health Plan



Improve health



Reduce waste and costs



Create local accountability



Align financial incentives



Pay for better quality and better health



Coordinate care



Maintain sustainable spending



Measure performance

Health System Transformation Results

1 Better health

CCO members who report better health:  **13** percentage points
(59% to 72%, 2011–2015)

2 Better care

Avoidable ER use in Oregon:  **50** percent
(2011–2016)

3 Lower costs

Taxpayers save: **\$2.2** billion
(2012–2017)

CCO 2.0 Focus Areas

CCO 2.0 policies build on Oregon's strong foundation of health care innovation and tackle our biggest health problems.



Improve the behavioral health system and address barriers to the integration of care



Increase value and pay for performance



Focus on the social determinants of health and health equity



Maintain sustainable cost growth and ensure financial transparency

CCO 2.0 Will Firmly Establish VBPs as the Primary Method of Payment

Value-Based Payments (VBP) link provider payments to **improved quality and performance** instead of to the volume of services

CCO provider payments must increasingly be in the form of a VBP

20%

2020



70%

2024

CCOs must also develop new or expanded VBPs in five areas:

- Hospital care
- Maternity health
- Children's health
- Behavioral health
- Oral health

Health Information Technology Oversight Council (HITOC)

2009: The Oregon legislature created HITOC to ensure health system transformation efforts are supported by HIT.

HITOC's responsibilities are:

- Explore HIT policy
- Plan Oregon's HIT strategy
- Oversee OHA's HIT efforts
- Assess Oregon's HIT landscape
- Report on Oregon's HIT progress
- Monitor Federal HIT law and policy

HITOC's Strategic Plan

- Scope of Plan:
 - Applies to all of Oregon (not just Medicaid)
 - Includes state role and roles for CCOs, health plans, hospitals, health systems, clinics, individual providers, technology partners, and consumers
 - Current plan runs from 2017-2020
 - Created following extensive engagement with CCOs and others; approved by Oregon Health Policy Board
- 2020 Update:
 - Following partner and stakeholder engagement, HITOC will update in 2020 and present to Oregon Health Policy Board

<https://www.oregon.gov/oha/HPA/OHIT/Documents/OHA%209920%20Health%20IT%20Final.pdf>

Vision/Goals for HIT-Optimized Health Care

Vision: A transformed health system where HIT efforts ensure that the care Oregonians receive is optimized by HIT.

Goal 1: Share Patient Information Across the Care Team

Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.

Goal 2: Use Data for System Improvement

Clinical and administrative data are efficiently collected and used to support quality improvement and population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.

Goal 3: Patients Can Access Their Own Health Information

Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers



Guiding Principles for Statewide HIT Efforts

- **Leverage current resources**; anticipate changes. Consider investments and resources already in place when making decisions
- **Protect** Oregonians' health information.
- **Democratize** the data.
- **Consider provider needs**. Focus on high-value use cases and incorporate solutions into workflows.
- **Be inclusive**.
- Address the need for **governance**

HITOC's Focus Areas for 2017-2020

1. **Spread health information exchange (HIE) and other HIT efforts to support the coordinated care model**
2. Spread patient access to data
3. Implement core HIT infrastructure
4. Support value-based payment efforts
5. Support high-value data sources, including information related to social determinants of health (SDOH)
6. Leverage HIT to promote health equity
7. Develop shared governance for long-term sustainability and alignment (HIT Commons)

HITOC's Statewide HIE Goals

- Oregonians have their core health information available wherever they receive care statewide.
- Health information sharing:
 - is meaningful to providers, considers usability and workflow, and prioritizes high-value use cases.
 - supports the coordinated care model, patient engagement, and value-based payment.



Oregon's Path to Statewide HIE

- ✓ Providers, payers, and other users connect to a variety of health information exchange tools and networks
 - ✓ Each organization chooses the tools that work best for them and their community
 - ✓ When possible, HIE tools and networks connect or coordinate so information moves seamlessly between the tools and networks
- ✓ HITOC sets Oregon's strategic path to support statewide exchange, and monitors progress
 - ✓ This path includes a few key statewide resources to help users share information.

Oregon will not:

- ✗ designate a single statewide HIE organization
- ✗ make any particular HIE approach mandatory

HITOC's Priority Use Cases, Stakeholders, and Types of Exchange/Efforts

| Use Cases (reason for exchange) | Main Stakeholders/Participants | Types of Exchange/Efforts |
|---|--|---|
| <ul style="list-style-type: none">• Care summary exchange• Referrals/closed loop e-referrals• Alert notifications• Data for alternative payment models• Complex care coordination | <ul style="list-style-type: none">• Hospitals• Physical health providers• Behavioral health organizations• Oral health providers• CCOs• Health plans• Long-term services and supports• Social services and supported housing agencies | <ul style="list-style-type: none">• Direct secure messaging• Regional HIEs• EDIE/PreManage• Expanded notifications• Vendor-led efforts (e.g., Care Everywhere)• National efforts (e.g., Carequality, Commonwell, eHealth Exchange) |

EDIE and PreManage

Emergency Department Information Exchange (EDIE):

- Provides real-time alerts and care guidelines to EDs for patients who have high utilization of hospital services

PreManage is complementary product to EDIE:

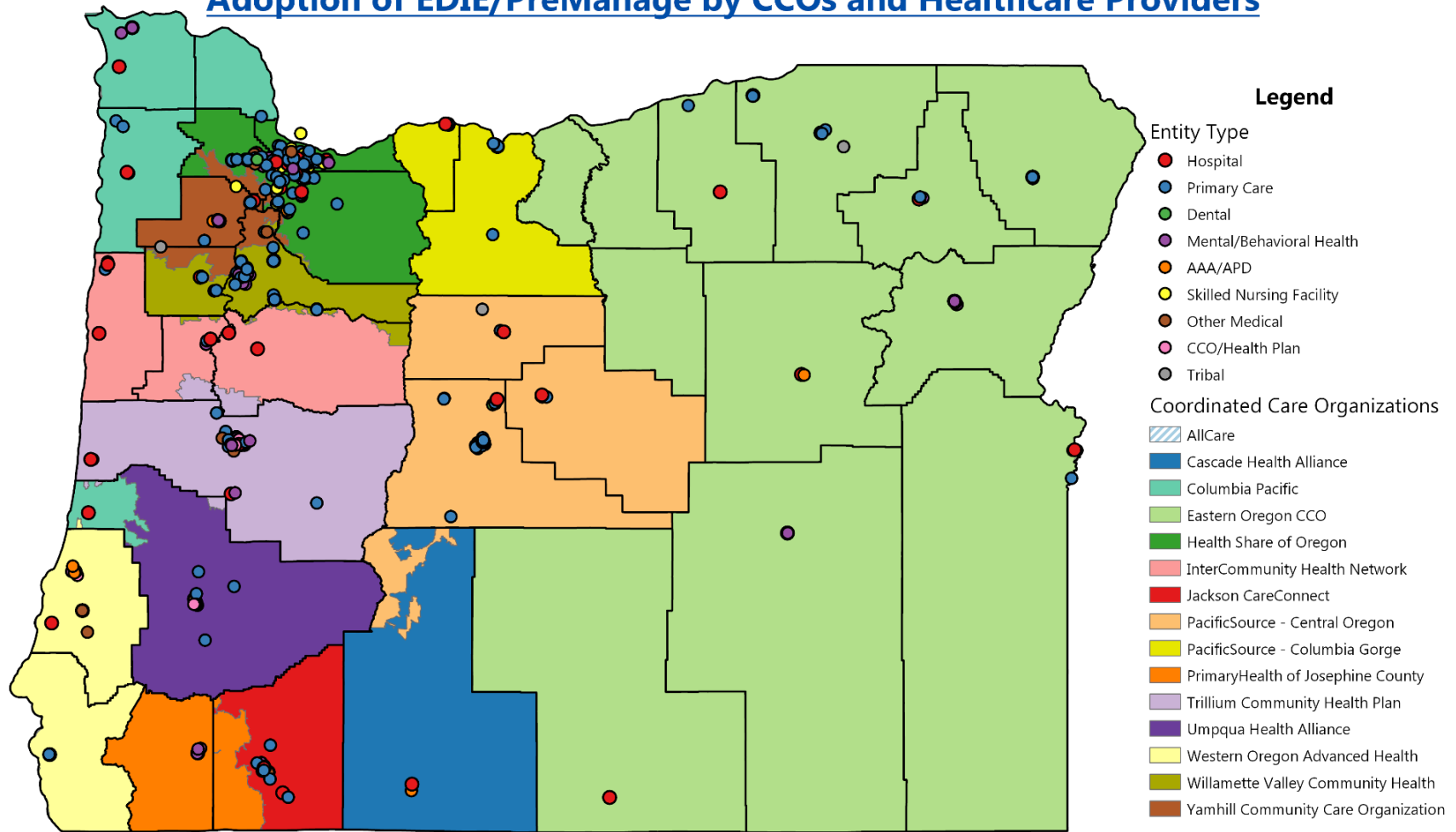
- Expands real-time notifications to health plans and providers etc. to better manage their members and coordinate care
- Capability to add brief patient specific information that can be viewed by all providers in the care continuum

Financing model:

- EDIE: HIT Commons utility model. Costs are shared by OHA, health plans, CCOs, and hospitals
- PreManage: health plan/CCO/OHA subscription. Can extend to provider network

EDIE/PreManage Spreading Statewide

Adoption of EDIE/PreManage by CCOs and Healthcare Providers



EDIE/PreManage Delivering Results

Q4 2017 – Q3 2018

- 28% decrease in emergency department (ED) visits in the initial 90 days after a care guideline was created
- Hospital EDs that actively use EDIE and have identified workflows for addressing high utilizers have seen a reduction in ED high utilizer* visits
 - 5% decrease in overall ED visits
 - 7% decrease in co-morbid mental health-related visits
 - 6% decrease in substance use disorder-related visits
 - 8% decrease in potentially avoidable visits

*High utilizer = 5+ ED visits within 12 months.

Other HIE Successes in Oregon

- High EHR adoption among hospitals, primary care providers
- Strong regional HIEs supported by their communities
 - **Reliance eHealth Collaborative** – Gorge, Central, Southern Oregon
 - **Regional Health Information Collaborative (RHIC)** – Linn, Benton, Lincoln counties
- Multiple national efforts active
 - **Carequality** – Epic, Athena, eClinicalWorks, GE, Nextgen, etc.
 - **Commonwell** – Cerner, Greenway, Meditech, etc.
 - **eHealthExchange** – federal agencies
- Some are connecting to one another

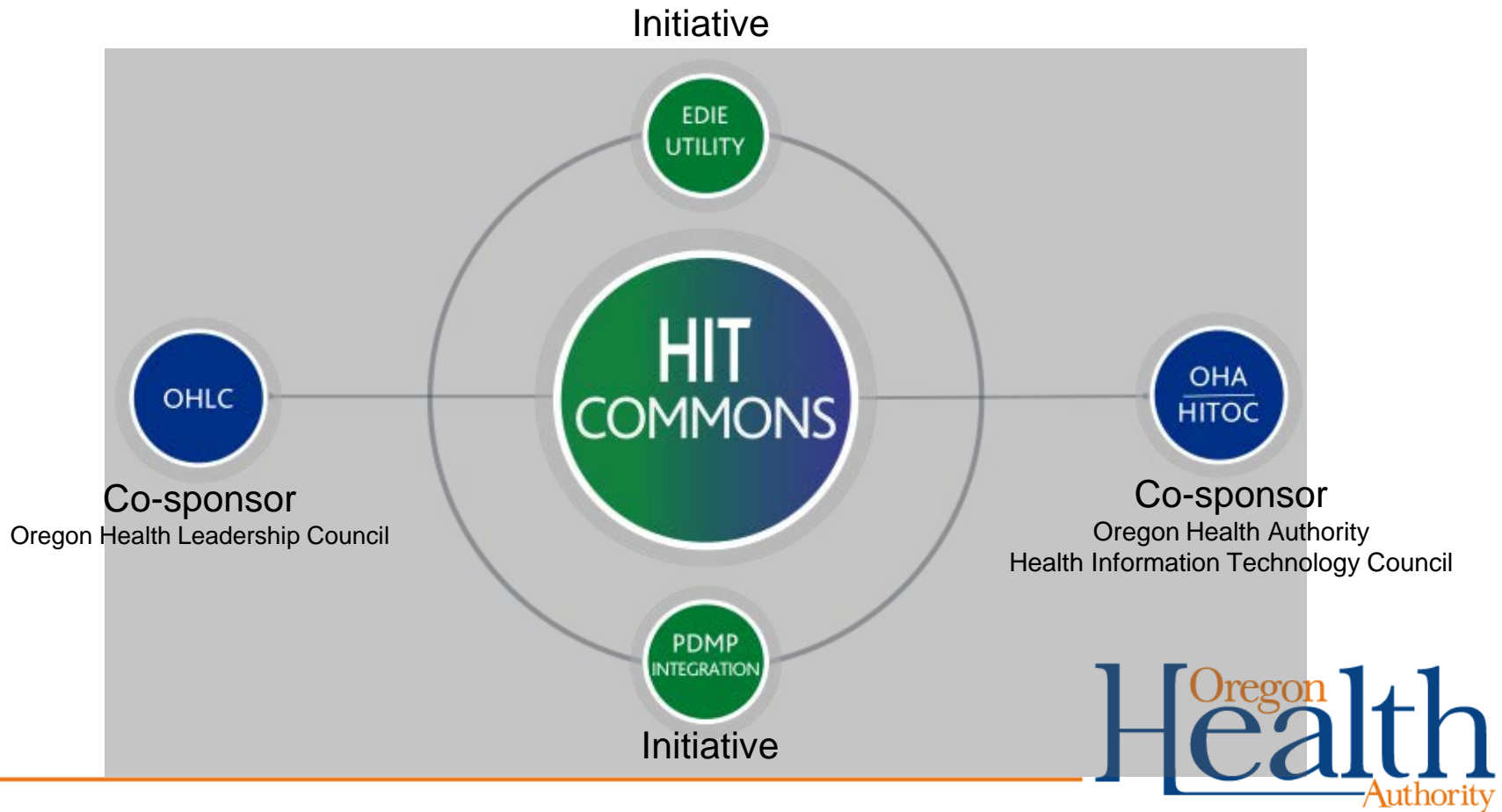
HIE Adoption in Oregon

| | # | % EDIE or PreManage 2017 to 2019 | % Regional HIE 2016 to 2018* | % Carequality 2017 to 2019 |
|---|-----|--|------------------------------------|-------------------------------|
| Hospitals | 60 | 100% → 100% | 37% → 37% | 35% ↗ 63% |
| Patient Centered Primary Care Homes | 623 | 48% ↗ 69% | 27% ↗ 29% | 38% ↗ 53% |
| <u>Other Key Clinic Types</u> | | | | |
| CCO Key Clinics | 403 | 65% ↗ 83% | 24% → 24% | 46% ↗ 64% |
| Community Mental Health Programs | 30 | 30% ↗ 77% | 20% ↗ 33% | 27% → 27% |
| Certified Community BH Clinics | 12 | 50% ↗ 83% | 25% ↗ 33% | 8% ↗ 25% |

*Regional HIE data from Reliance eHealth Collaborative and RHIC (Regional Health Information Collaborative)

HIT Commons

A public/private partnership designed to accelerate and advance HIT adoption and use across the state. It is co-sponsored by the Oregon Health Leadership Council and OHA

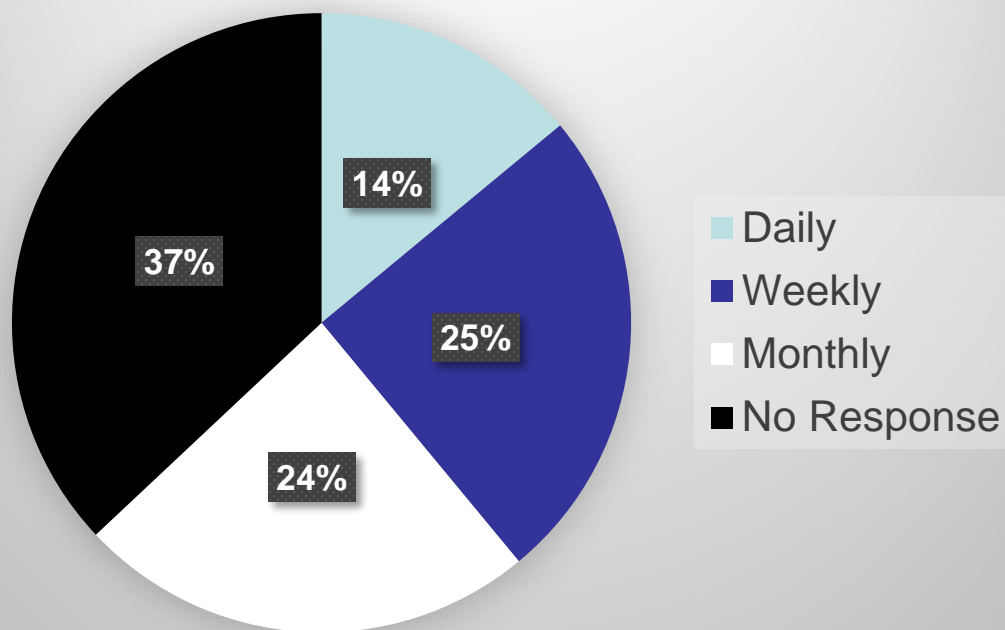


Oregon Prescription Drug Monitoring Program (PDMP) Integration

- **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
 - Improve prescribing practices, patient safety, health outcomes
- PDMP access
 - Available via a web link for several years
 - PDMP Integration gives access to the same data, but within the electronic health record
 - July 2018, HIT Commons launches effort to provide PDMP integration to all health care organizations

Why Integrated Access is Vital

How often do you check the PDMP?



Top barriers to using the PDMP:

- Time* (72%)
- Forgotten password (59%)
- Lack of delegates (51%)

*Time = Prescriber's must leave workflow to log-in and access web portal.

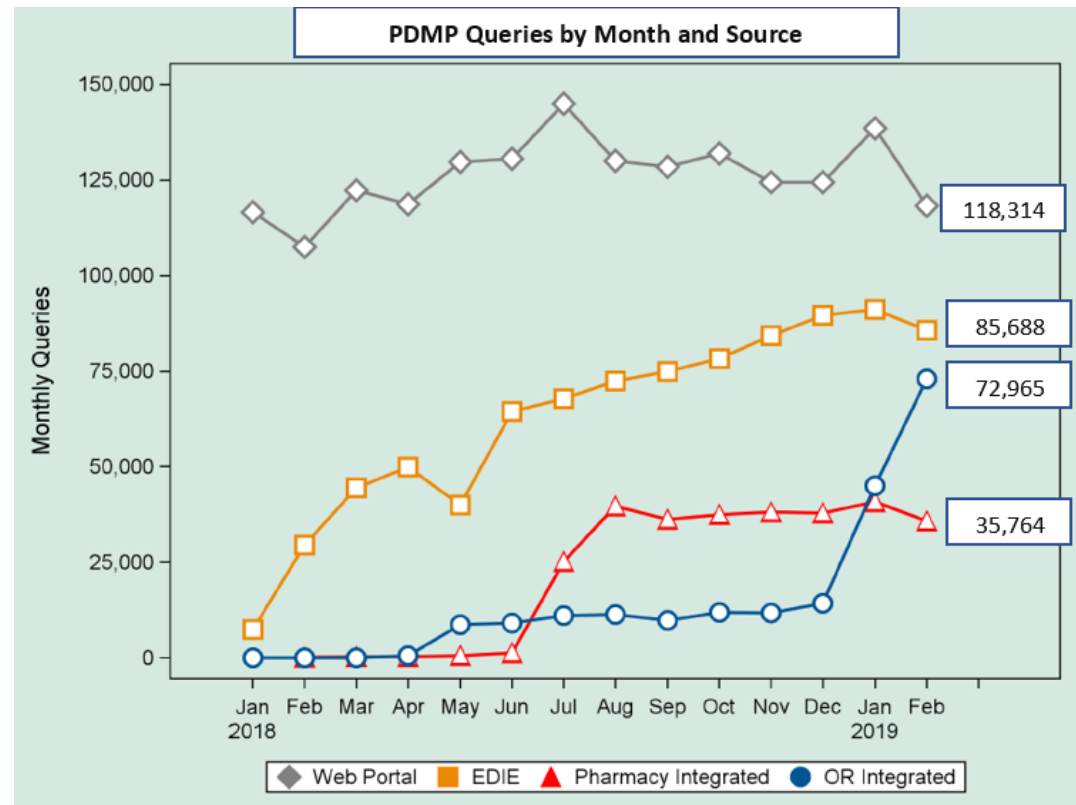
PDMP Integration Highlights

2018 HIT Commons Success Metrics

Increase PDMP use
✓ 30% increase

2019 HIT Commons Success Metrics

Increase PDMP use
✓ 25% increase



**Does not include out of state queries –
currently connected to ID, NV, ND, KS, TX*

Addressing Social Determinants of Health through HIT

Oregon Community Information Exchange – Purpose:

- Connect health care, human and social services partners in real-time to improve the health and well being of communities

Resource Directory

- Serves as a data repository of shared community resources

Integrated Technology Platform

- Supports closed loop referrals and bidirectional exchange of information

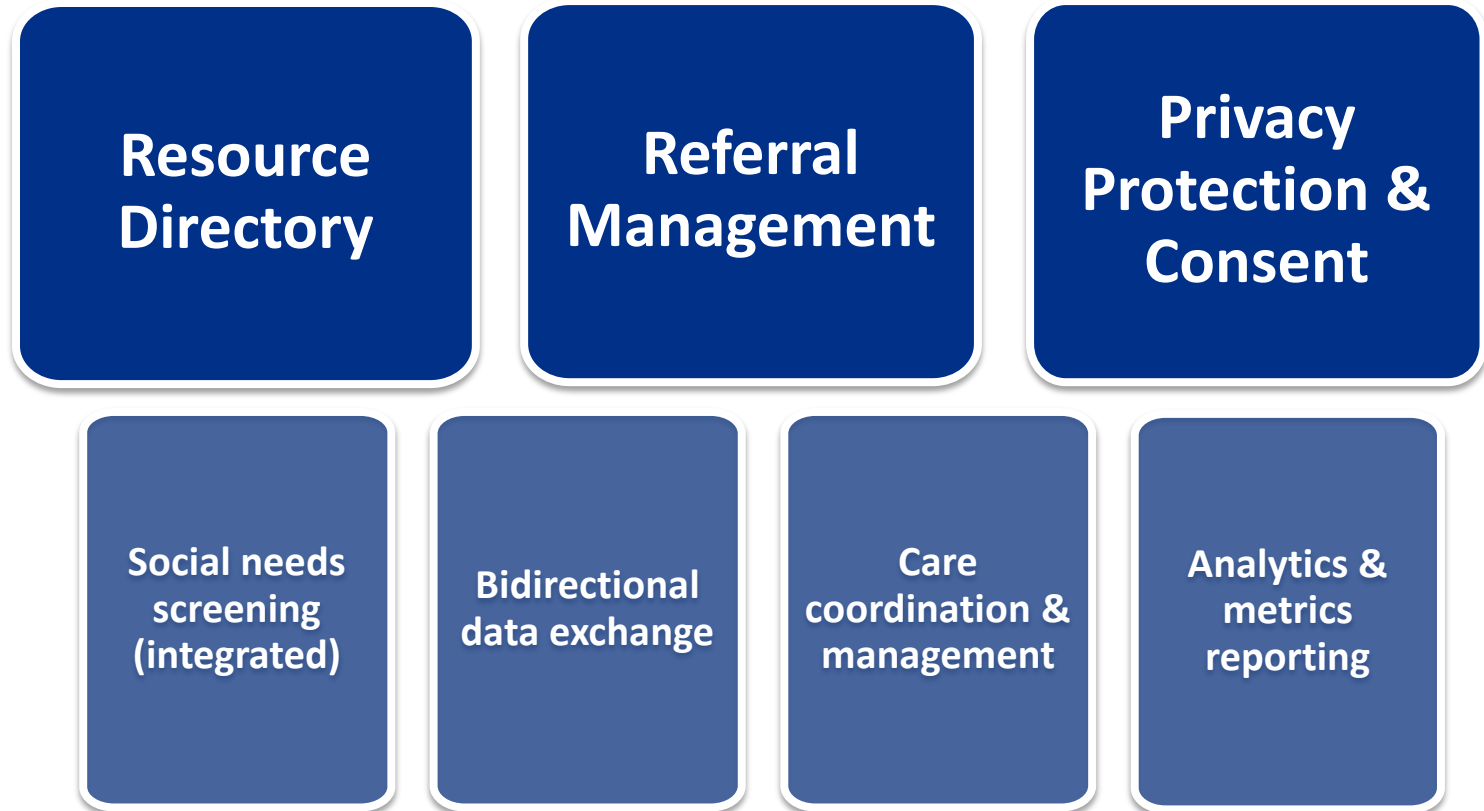
Oregon Community Information Exchange – efforts to date

- Spring 2019 – HIT Commons exploring opportunity for connecting health and social services sectors in a coordinated way
- Environmental scan included interviews, reviewing other states' efforts, assessing vendor market
- Recommendations presented to HITOC, OHLC, HIT Commons late summer 2019
- Note: Full link to Environmental Scan:

See OHLC website:

<http://www.orhealthleadershipcouncil.org/currently-in-development/>

Early Considerations: Build in features flexibility



Not every partner will want all the same features, or all features at once

Information Learned:

- Significant interest in HIT to address Social Determinants of Health
- Three vendors leading the way in Oregon
- Emerging stakeholder support for a coordinated statewide effort
- Recognition that efforts needs to be rooted in community
- Privacy/Security Concerns
- No interoperability standards across platforms
- Next steps: HIT Commons/OHA to work with stakeholders statewide to assess opportunities for alignment of efforts

Learn more about Oregon's HIT/HIE developments, get involved with HITOC, and Subscribe to our email list!

www.HealthIT.Oregon.gov

HIT Commons

<http://www.orhealthleadershipcouncil.org/hit-commons/>

CCO 2.0 Efforts:

<http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>

Susan Otter

Director of Health Information Technology

Susan.Otter@state.or.us