The Changing Health Care Environment and State Health Information Technology Efforts

Lynne Saxton, Director, OHA

Greg Van Pelt, President, Oregon Health Leadership Council

Susan Otter, Director of Health IT

HiMSS Oregon Chapter
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Lynne Saxton, OHA Director

CHANGING HEALTH CARE ENVIRONMENT AND OHA
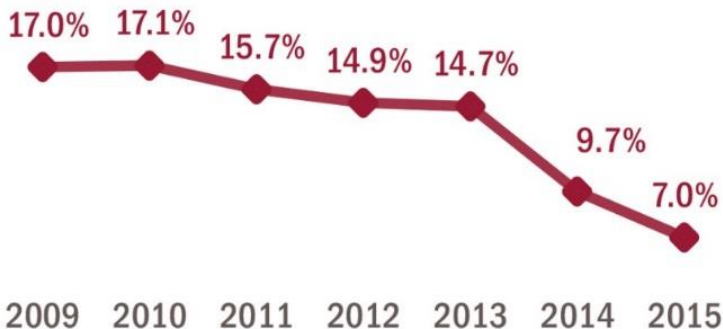
Oregon's Health Care Innovation: Better Access

OR — Rank 19th

93% Statewide Insurance Coverage Rate, 2015

Rank in 2014: 21st

Nearly 95% covered!

Uninsurance rate by year

17.0% 17.1% 15.7% 14.9% 14.7% 9.7% 7.0%

2009 2010 2011 2012 2013 2014 2015

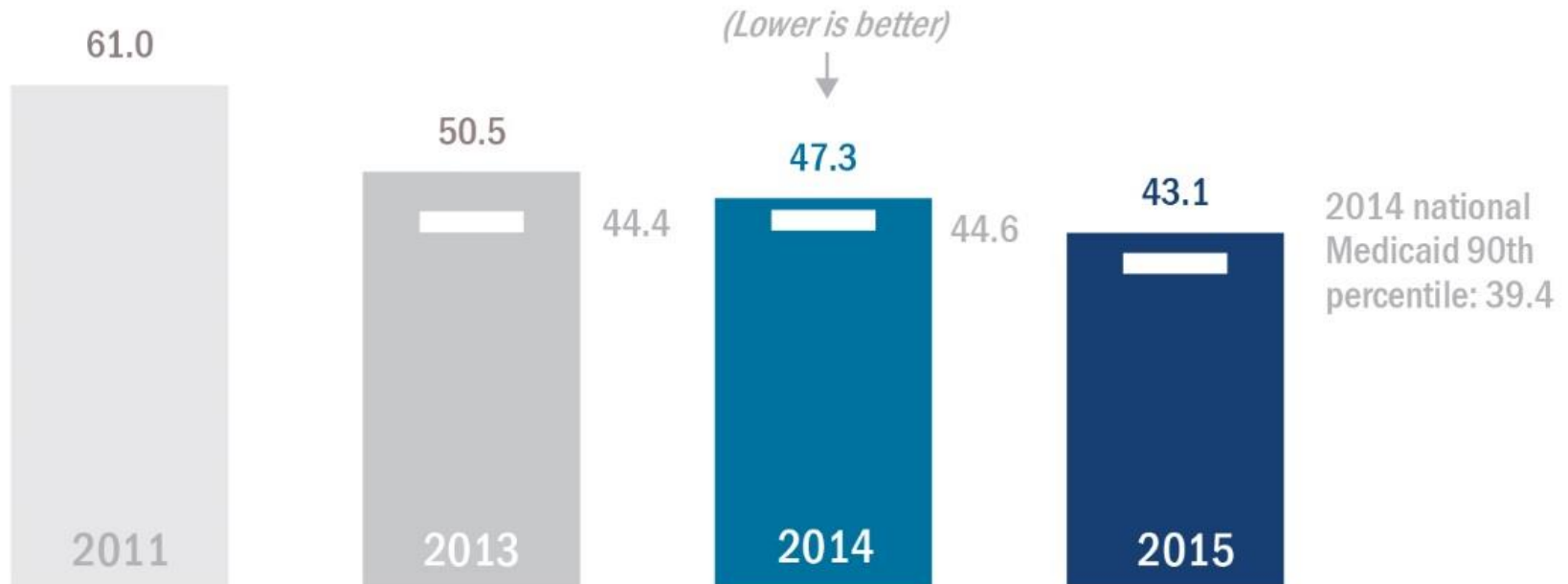Approximate number of people uninsured by year

2010 — 651,500
2015 — 280,000

The uninsured rate in Oregon has dropped 10 percentage points in the past five (5) years with the biggest gains occurring since Medicaid expansion.

lth Authority

Oregon's Health Care Innovation: Better Care

Better quality and outcomes!

Statewide, the rate of emergency department use continues to improve.

Data source: Administrative (billing) claims
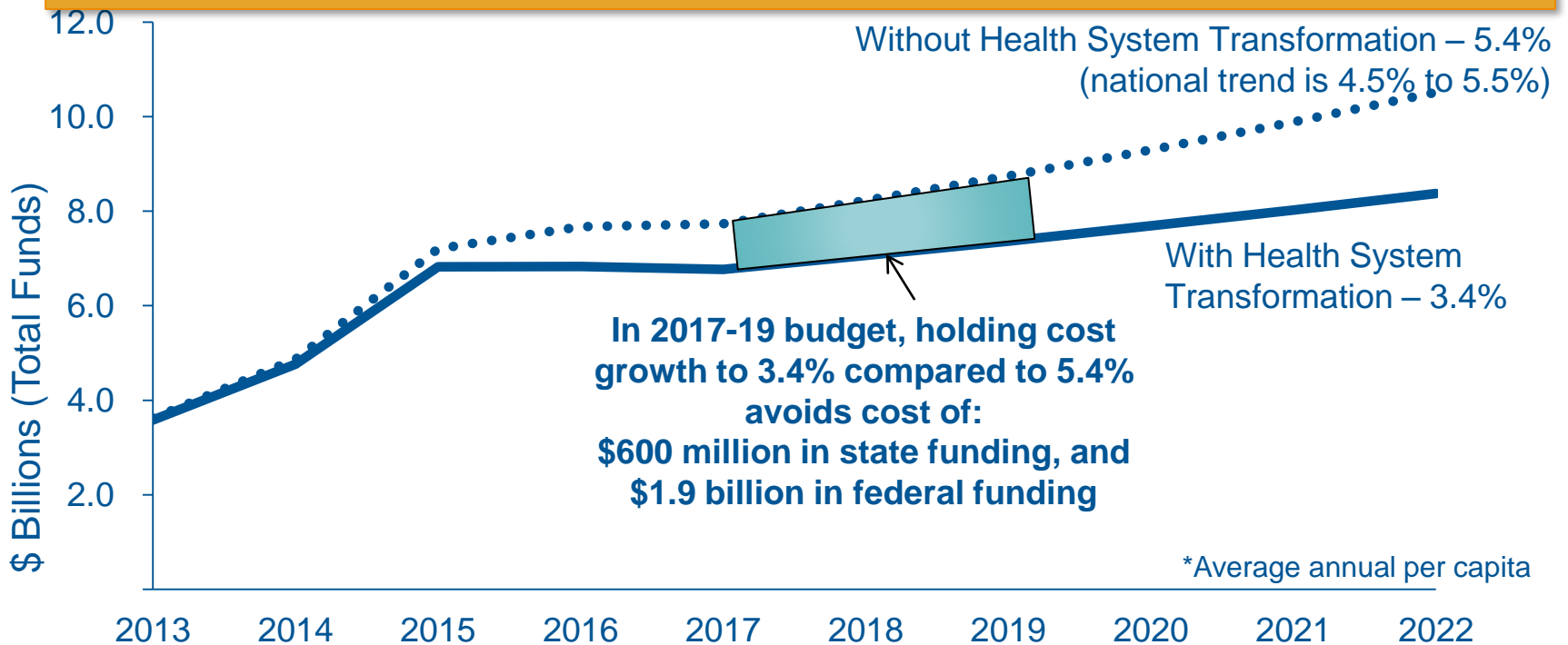Rates are reported per 1,000 member months

61.0

50.5

44.4

(Lower is better)

47.3

44.6

43.1

2014 national
Medicaid 90th
percentile: 39.4

2011

2013

2014

2015

Oregon's Health Care Innovation: Lower Costs

We're bending the cost curve!

2017-19 Medicaid/OHP Budget –

Oregon bends the cost curve and avoids billions in health care costs

Oregon met 3.4% average annual growth rate* through 2016 and commits to 3.4% through 2022

Without Health System Transformation – 5.4%
(national trend is 4.5% to 5.5%)

With Health System Transformation – 3.4%

In 2017-19 budget, holding cost growth to 3.4% compared to 5.4% avoids cost of:
$600 million in state funding, and
$1.9 billion in federal funding

*Average annual per capita

$ Billions (Total Funds)

12.0
10.0
8.0
6.0
4.0
2.0

2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

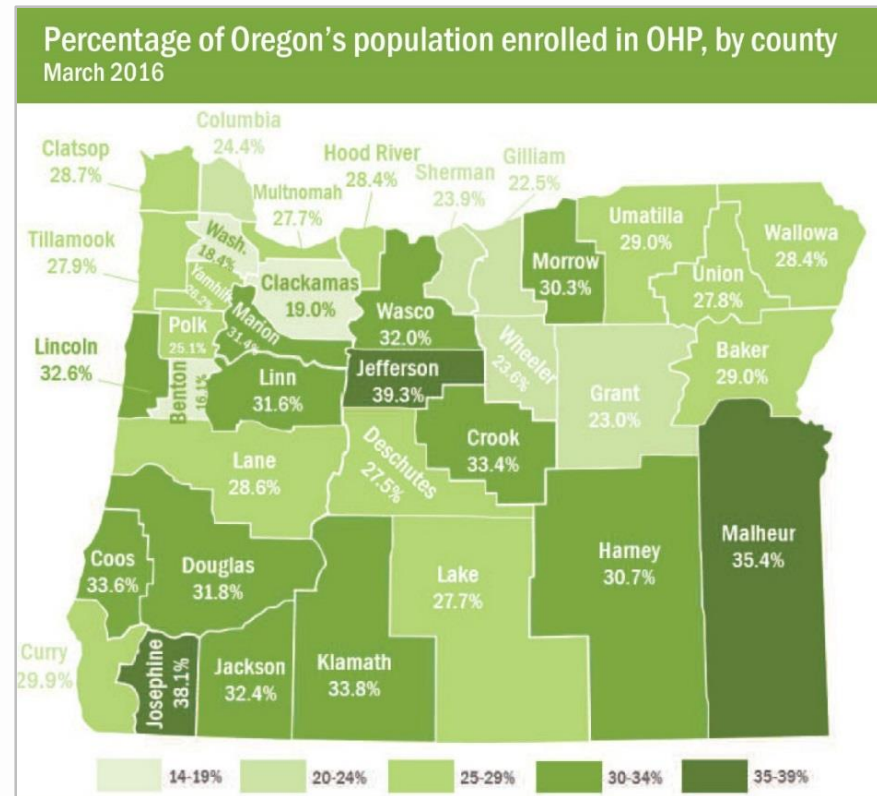# Health System Transformation 2.0 for Oregonians

Priorities

- Maintain health coverage
- Address causes of poor health
- Achieve sustainable funding

Challenges

- ACA uncertainty
- Federal funding, state budget

Strategies

- Pursue renewal of Medicaid waiver ✓
- Continue the coordinated care model
- Continue to pay for performance
- Address social determinants of health

Percentage of Oregon's population enrolled in OHP, by county
March 2016

Columbia 24.4%
Clatsop 28.7%
Hood River 28.4%
Sherman 23.9%
Gilliam 22.5%
Multnomah 27.7%
Umatilla 29.0%
Wallowa 28.4%
Tillamook 27.9%
Wash. 18.4%
Morrow 30.3%
Union 27.8%
Yamhill 26.3%
Clackamas 19.0%
Wasco 32.0%
Polk 25.1%
Marion 31.9%
Lincoln 32.6%
Benton 18.1%
Linn 31.6%
Jefferson 39.3%
Wheeler 23.6%
Grant 23.0%
Baker 29.0%
Lane 28.6%
Deschutes 27.5%
Crook 33.4%
Coos 33.6%
Douglas 31.8%
Lake 27.7%
Harney 30.7%
Malheur 35.4%
Curry 29.9%
Josephine 38.1%
Jackson 32.4%
Klamath 33.8%

14-19%   20-24%   25-29%   30-34%   35-39%

Oregon Health Authority

Oregon's Current Behavioral Health Status

36% of teenagers perceive no risk from smoking a pack of cigarettes a day

14.6% Of teenagers experienced a major depressive episode in the last year

Suicide is the **2nd** leading cause of death for young adults in Oregon

4.5% of adults had serious thoughts of suicide last year (NSDUH)

Illicit drug use among teenagers is **3.5 %** points higher than national average

Oregon ranks **4th** nationally in opioid use (2014 NSDUH)

Binge drinking among teenagers is **2.5 %** points higher than national average

35.8% of teenagers perceive no risk from smoking a pack of cigarettes a day

Only **46%** of adults who receive mental health help, say it helps

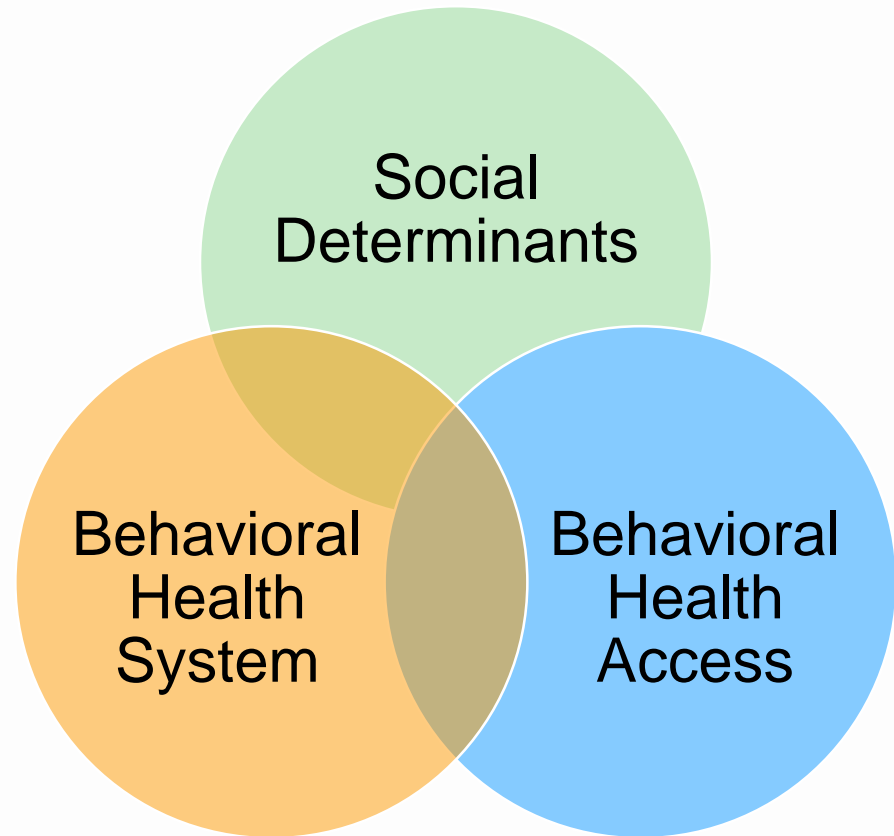**7%** Of Oregonians over 12 experience alcohol dependence or abuse

11% of Oregonians dependent on illicit drugs receive treatment

Only **45%** of youth who had a major depressive episode receive treatment

Oregon is ranked **14th** nationally in youth suicide

Better Way to Serve Oregonians

- Ensure financial sustainability
- Focus on the person and their support system
- Emphasize prevention, health promotion & early intervention
- Address trauma, stigma, cultural & language barriers
- Align funding with outcomes

Social Determinants

Behavioral Health System

Behavioral Health Access

Oregon Health Authority

Behavioral Health Collaborative Recommendations Overview

Recommendations will transform behavioral health system so that all Oregonians (both Medicaid and non-Medicaid) will be served by a coordinated care model for behavioral health needs.

1. Governance and Finance: Regional governance model for behavioral health

2. Standards of Care and Competencies

3. Workforce

4. Information Exchange and Coordination of Care

Incentivizing Primary Care: SB 231 Primary Care Payment Reform Collaborative Recommendations

- Collaborative developed recommendations to support sustainable primary care payment reform in six areas:
  - Measurement
  - Data Aggregation
  - Technical Assistance
  - Primary Care Behavioral Health Integration
  - Collaborative Governance
  - Payment Model

- Oregon Health Policy Board endorsed recommendations Dec. 2016

Susan Otter, Director of Health Information Technology, OHA

STATE HEALTH IT EFFORTS

Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across the Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver "whole person" care.

2. Using Aggregated Data for System Improvement

- 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.

3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

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Oregon HIT highlights in 2016/2017

- High adoption of Electronic Health Records
- Health information exchange spreading:
  - Widespread use of EDIE/PreManage
  - New Oregon footprint for national HIE efforts
  - Spread and investment in regional HIEs
- New "drivers" - value-based payment
  - Medicare Meaningful Use transitioning to MACRA MIPS
  - Oregon Alignments across payers and metrics planned
- Focus on population management, behavioral health and social determinants
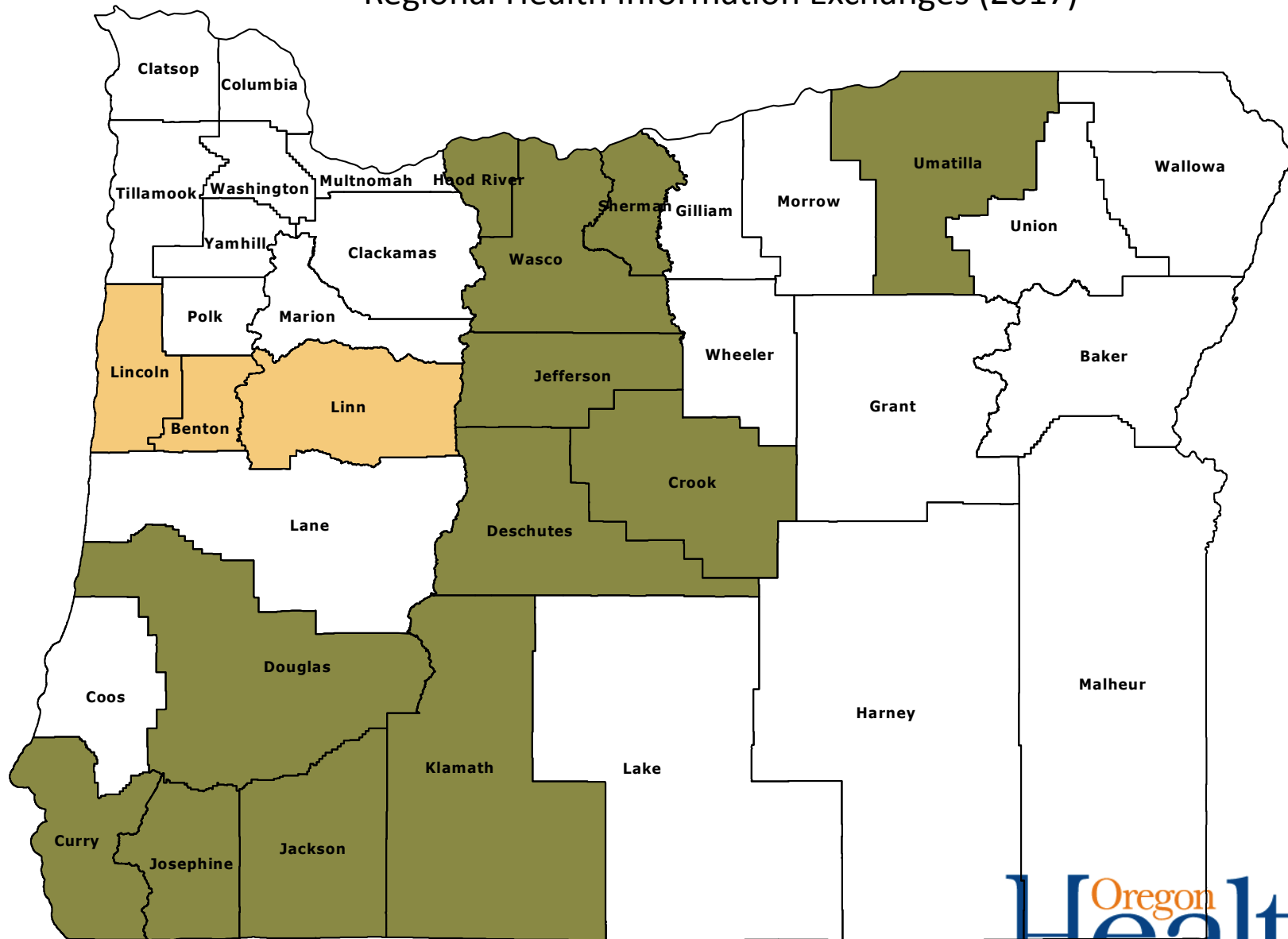
Spread of HIE: EDIE/PreManage

- The Emergency Department Information Exchange (EDIE) Utility
  - Collaborative effort led by the Oregon Health Leadership Council with OHA and other partners
  - Provides critical hospital event information for ED
- PreManage
  - Leverages EDIE data to provide real-time notifications to subscribers when their patient/member has a hospital event
  - Dashboards provide real-time population-level view
  - Subscribers add key care guidelines

Adoption of hospital notifications by CCOs, hospitals, and ACT teams
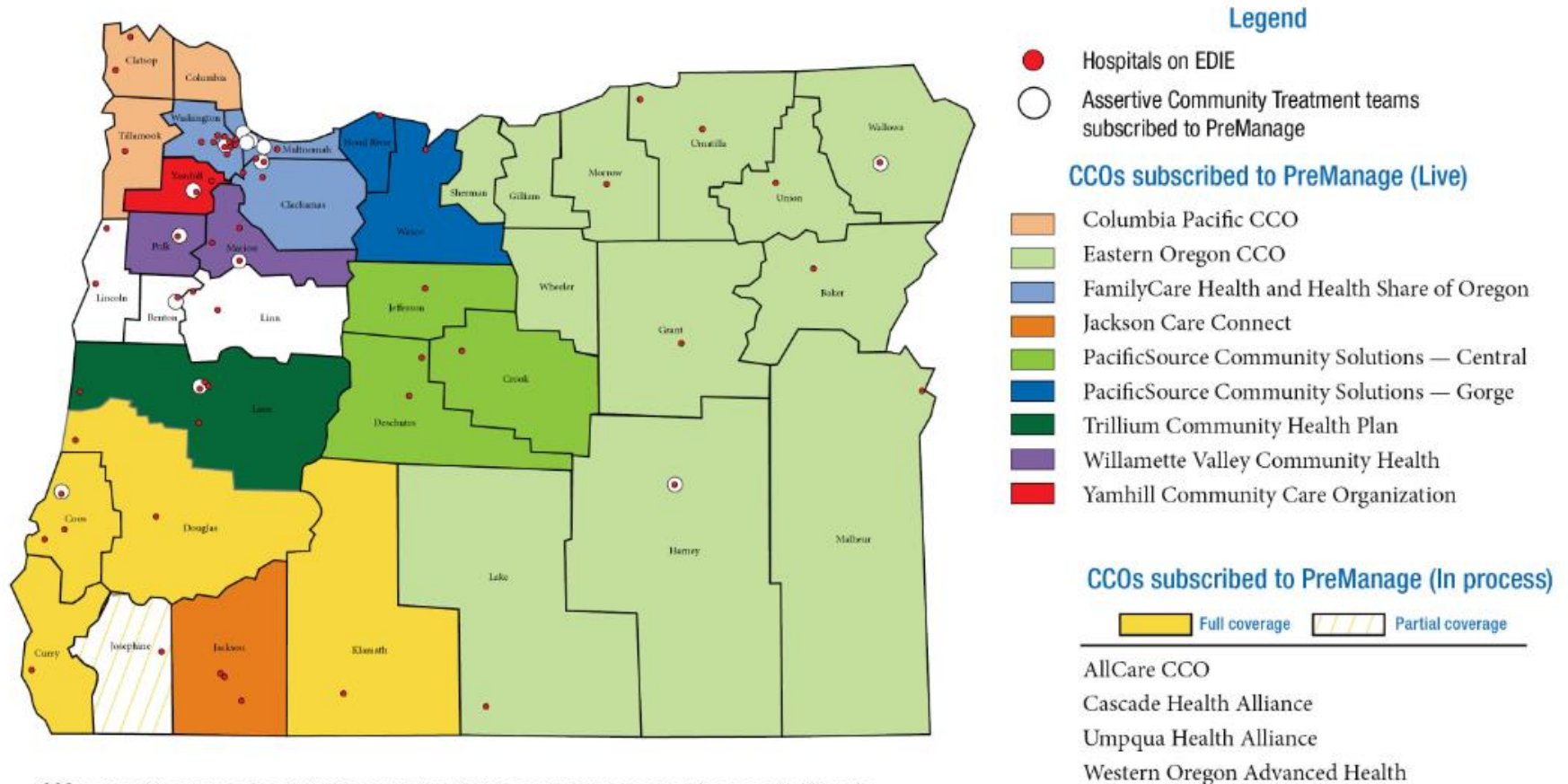
CCO geographic coverage is adjusted to county level but does not depict exact service areas by ZIP code.

Legend

● Hospitals on EDIE

○ Assertive Community Treatment teams subscribed to PreManage

CCOs subscribed to PreManage (Live)

- Columbia Pacific CCO
- Eastern Oregon CCO
- FamilyCare Health and Health Share of Oregon
- Jackson Care Connect
- PacificSource Community Solutions — Central
- PacificSource Community Solutions — Gorge
- Trillium Community Health Plan
- Willamette Valley Community Health
- Yamhill Community Care Organization

CCOs subscribed to PreManage (In process)

Full coverage   Partial coverage

AllCare CCO
Cascade Health Alliance
Umpqua Health Alliance
Western Oregon Advanced Health

OHA 2049 Map (02/17)

Regional Health Information Exchanges (2017)

12/21/2016, 6:15pm

National Efforts Gain HIE Footprint in Oregon

- Carequality
  - Common Rules of the Road (trust framework)
  - Standardized implementation (query/CCD exchange)
  - Driven by implementers– data sharing networks
  - No cost for utilization or implementation by many vendors at this time; mainly aligning with Surescripts National Record Locator Service
- CommonWell
  - An alliance of vendors with a central Master Patient Index and Record Locator Service to find and query records
  - Implementing Carequality
- eHealth Exchange
  - Federal agency query network (VA, SSA, DoD, Oregon entities)
- Care Everywhere (and soon Epic's Happy Together)
  - Allows for record sharing among Epic customers and also eHealth Exchange, Carequality and Direct secure messaging
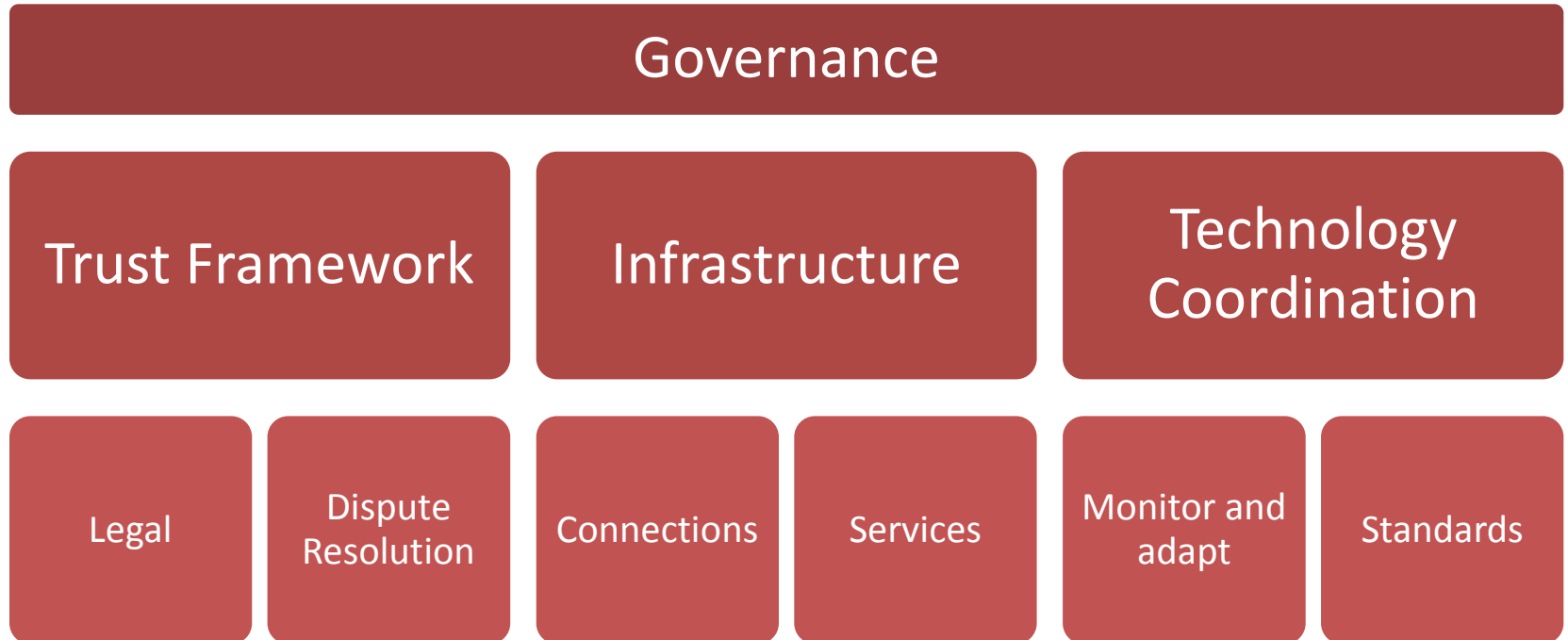 - Expanding to be inclusive of non-Epic data

Oregon Market share*	Provider	Hospital	Carequality	Common well
Epic	43%	51%	implementer	
GE Healthcare	11%		implementer	
NextGen	7%		implementer	
Allscripts	6%		implementer	Founder
Greenway	4%		member	Founder
eClinicalWorks	2%		implementer	member
athenahealth	2%		implementer	Founder
McKesson		11%		Founder
Cerner		15%	member	Founder
Healthland		8%		
Meditech		5%	supportive	member
Netsmart	BH, Post-acute		implementer	

Based on most recent payment data from the Medicare or Medicaid EHR Incentive programs 2011-June 2016 (n=7,832 providers, 61 hospitals) 144 total EHR vendors in use

Health
Authority

Statewide HIE and "Network of Networks"

- Goal to have minimum core data available wherever Oregonians receive care or services across the state

- Basic movement of health information is improving but
  - Significant gaps remain
  - Barriers to HIE: technology, organizational culture, trust
  - Ensuring HIE is meaningful is complex

- "Raising all boats" to connect providers across the state can best be accomplished together
  - Statewide efforts and shared governance can play a significant role

Network of Networks

Governance

Trust Framework	Infrastructure	Technology Coordination
Legal · Dispute Resolution	Connections · Services	Monitor and adapt · Standards

Updated HIT Strategies: Statewide efforts support a "network of networks"

- Ensure robust HIE is available to coordinated care settings

- Enable HIE and cross network sharing with lightweight infrastructure, coordination and shared standards

- Provide lightweight HIE services for providers who face barriers

- Support access to high-value data for providers statewide

- HIT supports payers and new payment models

HIT Programs/Services in Development

Supporting Robust HIEs

Medicaid HIE Onboarding Program	Fund onboarding costs for critical Medicaid physical, behavioral, oral health care providers to robust HIEs

Enabling services

Clinical Quality Metrics Registry	Collect meaningful clinical metrics data for transparency and improvement, without creating undue burdens
Oregon Common Credentialing Program	Mandated program for the centralized collection and verification of health care practitioner information
Provider Directory	A one stop shop for trusted, complete, and accurate provider and practice setting information

Access to high-value data

Prescription Drug Monitoring Prgm Gateway	Electronic access (via EHR, HIE, EDIE) to controlled substance prescriptions for authorized PDMP users

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Greg Van Pelt, President, Oregon Health Leadership Council

HIT PUBLIC/PRIVATE COLLABORATION

Background & History of Oregon HIT Collaboration

- Context of collaboration
  - Vision and commitment to coordinate care across settings
  - Alignment across payers and programs
    - of performance metrics, performance reporting and alternative payment methodologies
 - 2013 HIT Strategic plan called for public/private partnership

Background & History of Oregon HIT Collaboration

- Collaboration successes:
  - EDIE/PreManage
  - OneHealthPort Single Sign On
  - Open Notes
  - PDMP HIT Integration legislation and PDMP Gateway Services

HIT Commons: Opportunities

- 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

Roles for HIT Commons

Coordinate and Convene

Standardize and Offer

Centralize and Provide

Principles and Agreements
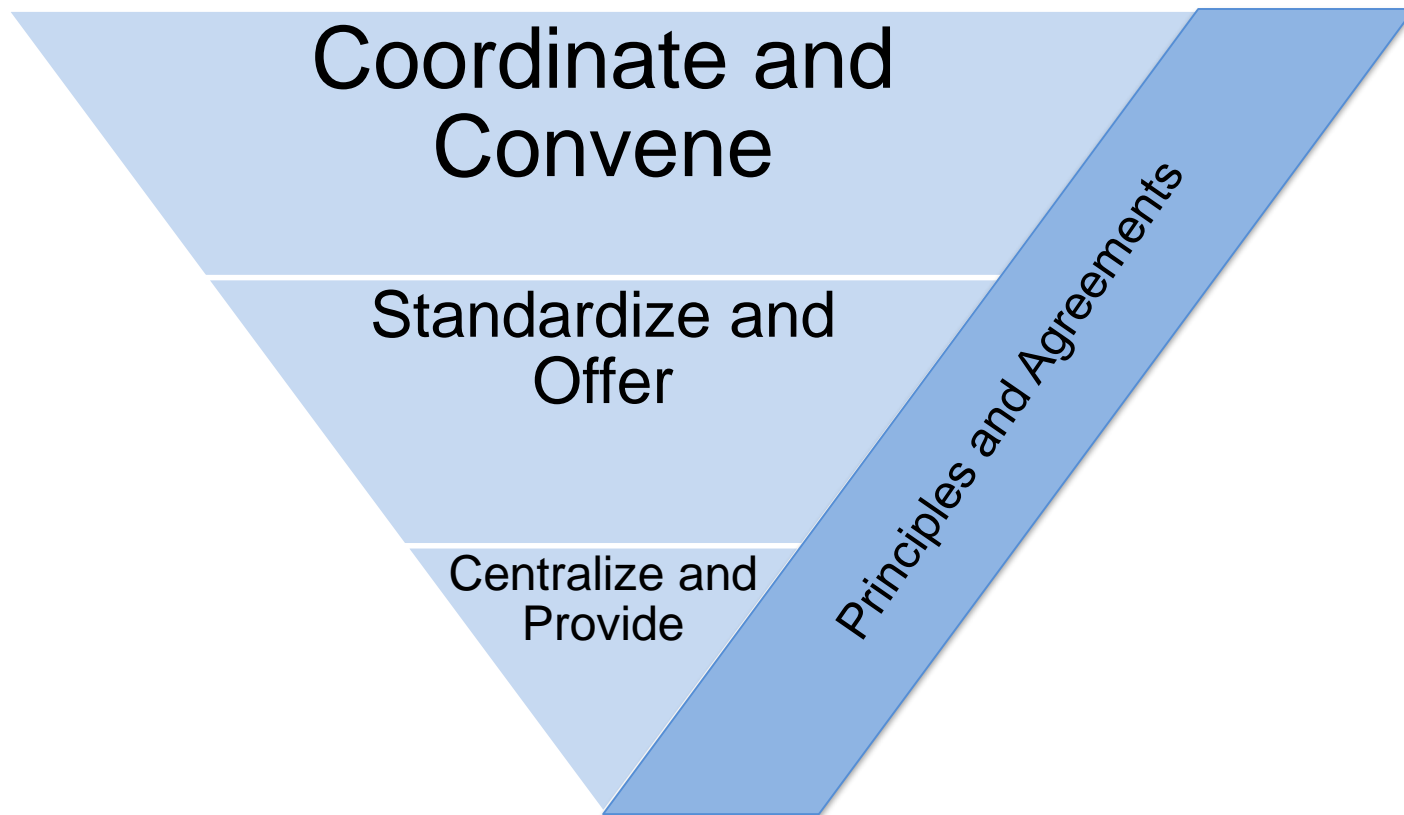
Using the EDIE Utility as an Example

Agreements and Principles	Charter Data sharing agreement Data stewardship Shared legal oversight
Coordinate	Best practices/ learning collaboratives Knowledge sharing Data reporting/ analytics
Standardize	PreManage
Centralize	EDIE Subsidies for critical access hospitals
Organization formality	State/OHLC co-sponsors OHLC serves as external fiscal agent

Opportunities and Next Steps

- Opportunities for collaboration:
  - Network of Networks for Health Information Exchange
  - HIT services such as EDIE, Provider Directory
  - Shared funding for Statewide PDMP Gateway service
  - CPC+/Multi-payer shared data aggregation solution

- Timeline:
  - 2016/2017: Listening sessions, evaluate other states
  - 2017: Business Plan development
  - 2018: Launch HIT Commons

Learn more about Oregon's HIT/HIE developments and Subscribe to our email list!
www.HealthIT.Oregon.gov

Oregon Health Leadership Council and EDIE Utility
www.orhealthleadershipcouncil.org

Susan Otter
Director of Health Information Technology
Susan.Otter@state.or.us