
The Changing Health Care Environment and State Health Information Technology Efforts

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HiMSS Oregon Chapter
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CHANGING HEALTH CARE ENVIRONMENT AND OHA

Oregon's Health Care Innovation: Better Access

Nearly 95% covered!



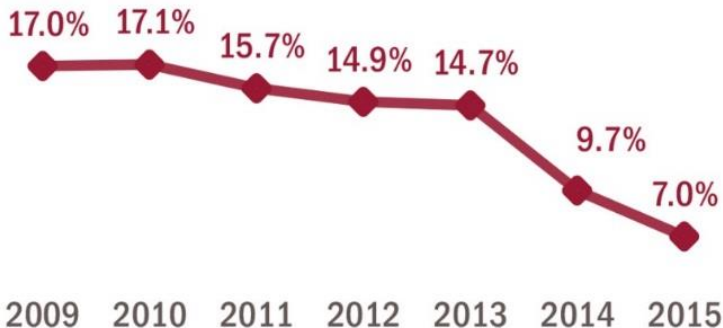
93%

Statewide
Insurance
Coverage
Rate, 2015

Rank 19th

Rank in 2014: 21st

Uninsurance rate by year



Approximate number of people uninsured by year



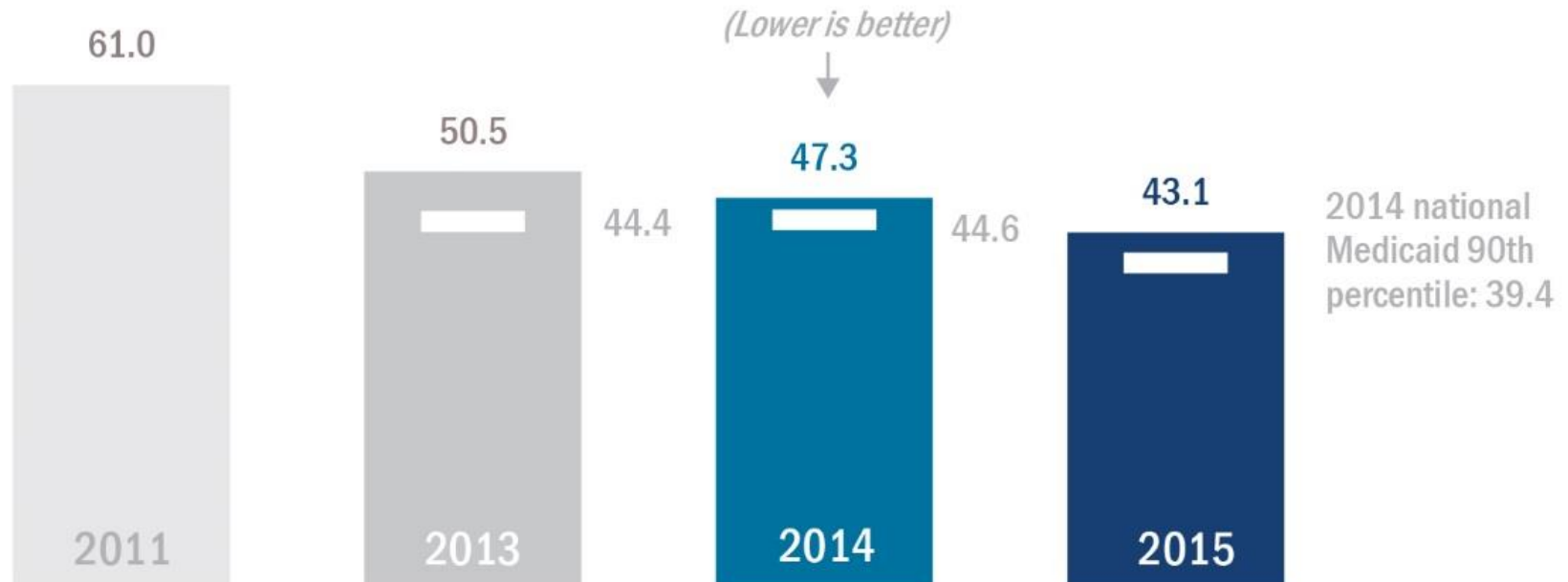
The uninsured rate in Oregon has dropped 10 percentage points in the past five (5) years with the biggest gains occurring since Medicaid expansion.

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



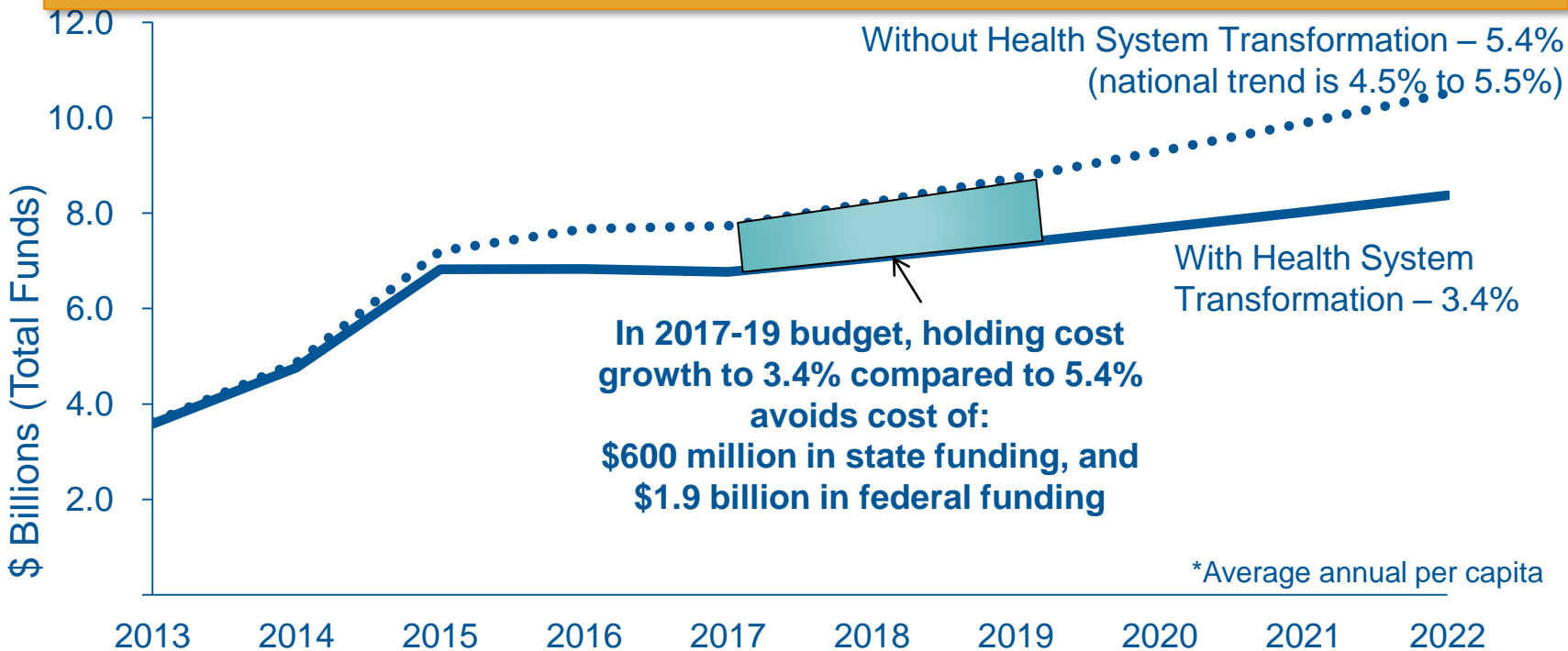
Oregon's Health Care Innovation: Lower Costs

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



Health System Transformation 2.0 for Oregonians

Priorities

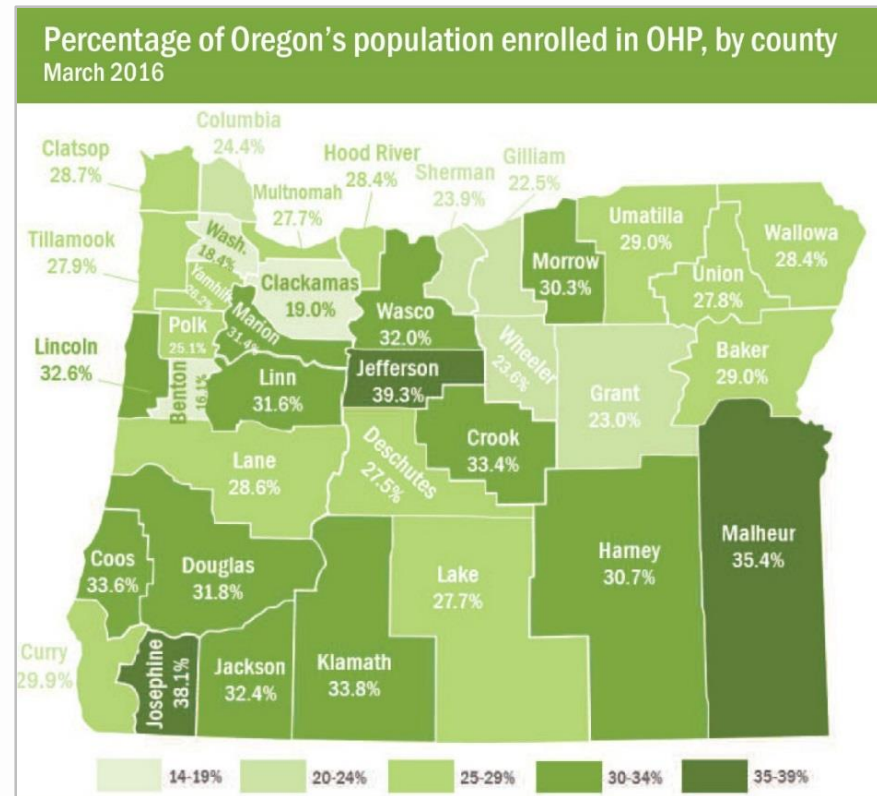
- Maintain health coverage
- Address causes of poor health
- Achieve sustainable funding

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



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

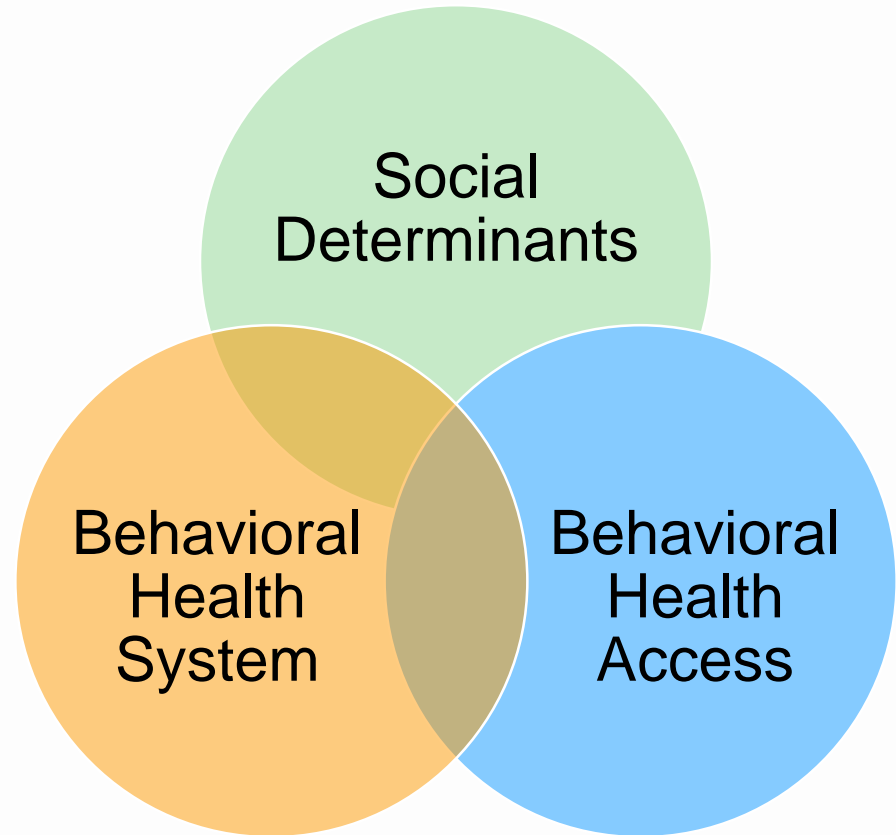
11% of Oregonians dependent on illicit drugs receive treatment

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



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.

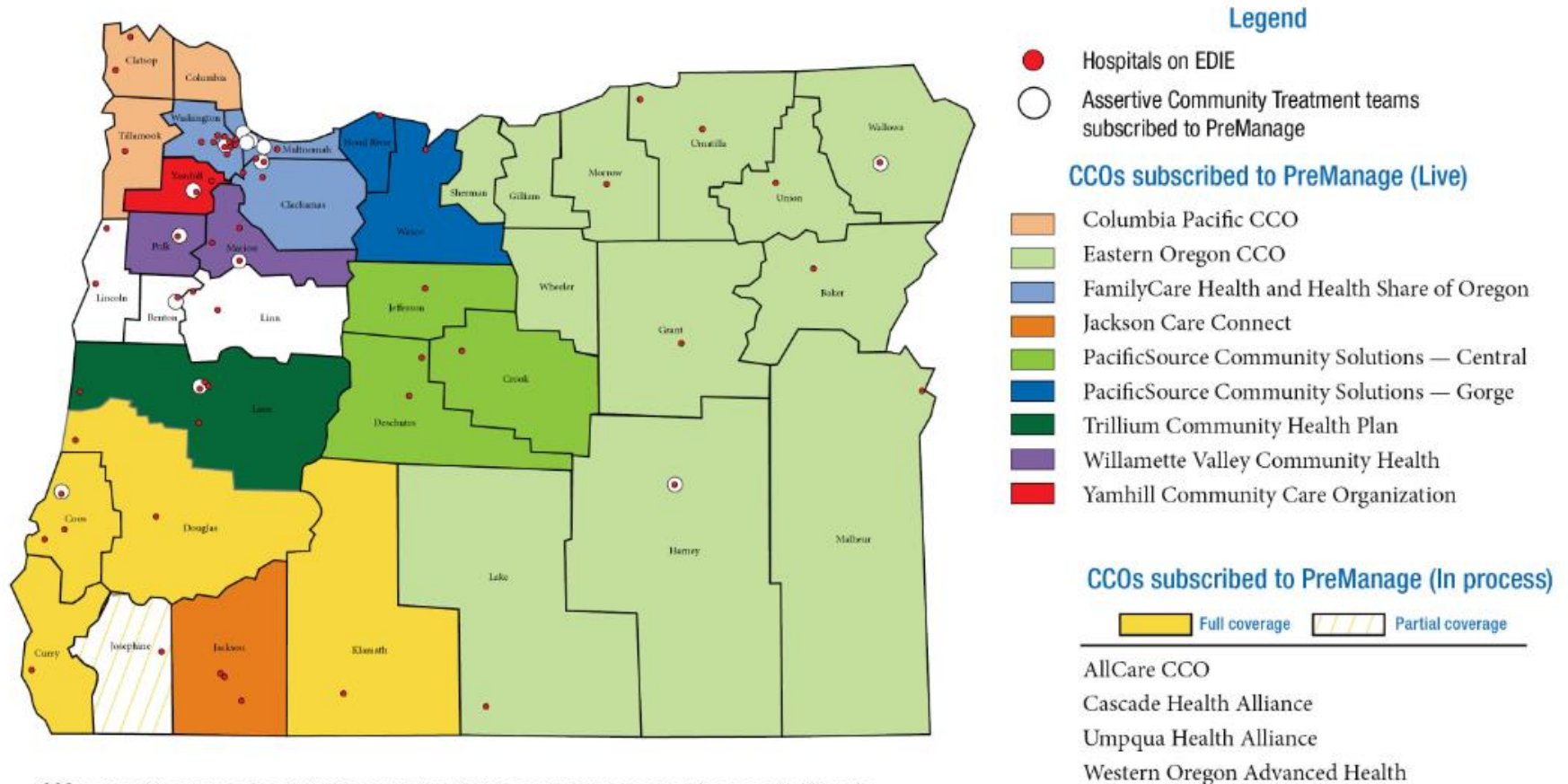
Oregon HIT highlights in 2016/2017

- 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

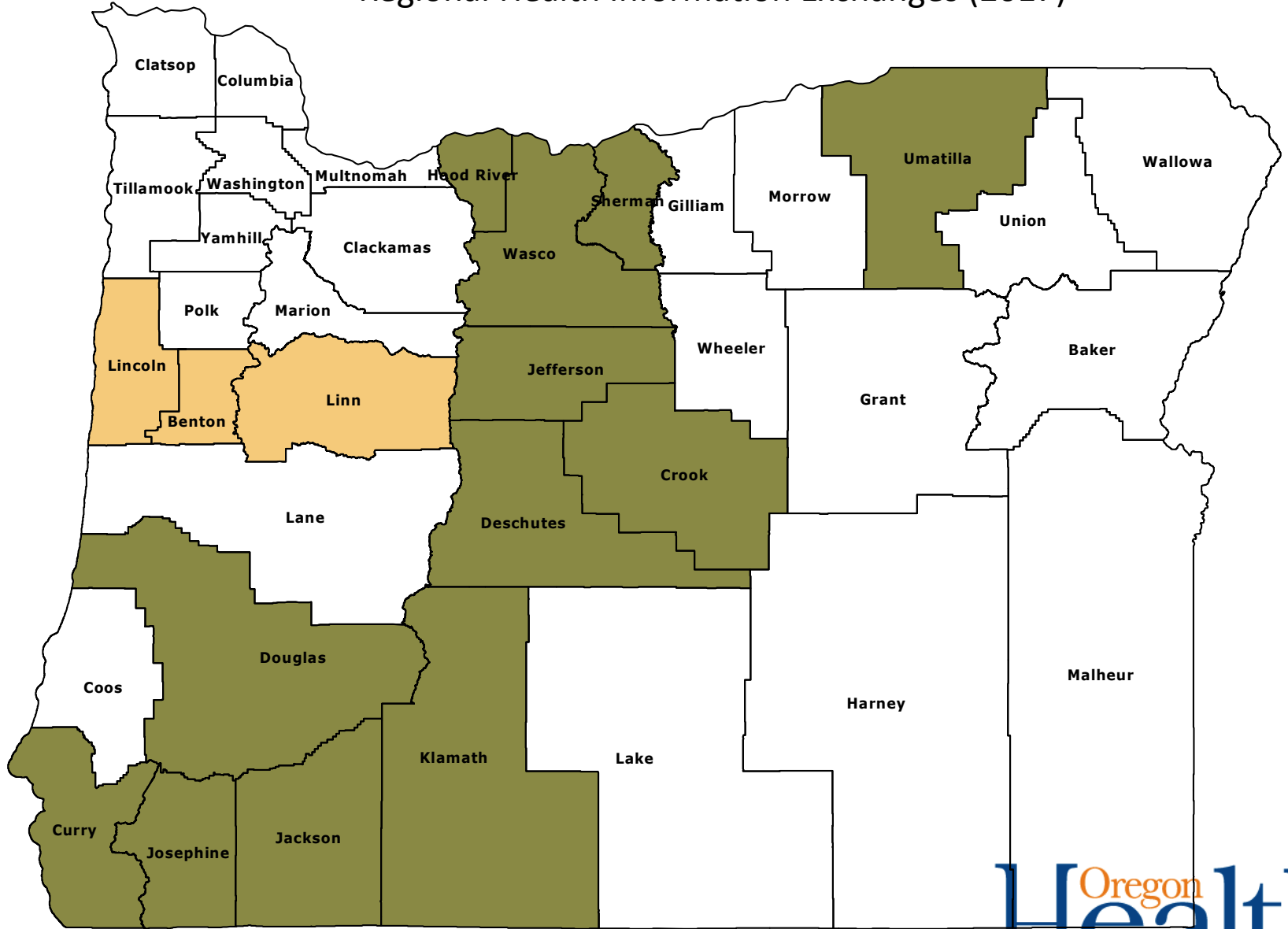
- The Emergency Department Information Exchange (EDIE) Utility
 - Collaborative effort led by the Oregon Health Leadership Council with OHA and other partners
 - Provides critical hospital event information for ED
- PreManage
 - Leverages EDIE data to provide real-time notifications to subscribers when 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.

Regional Health Information Exchanges (2017)



Regional Health Information Collaborative Reliance eHealth Collaborative

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	

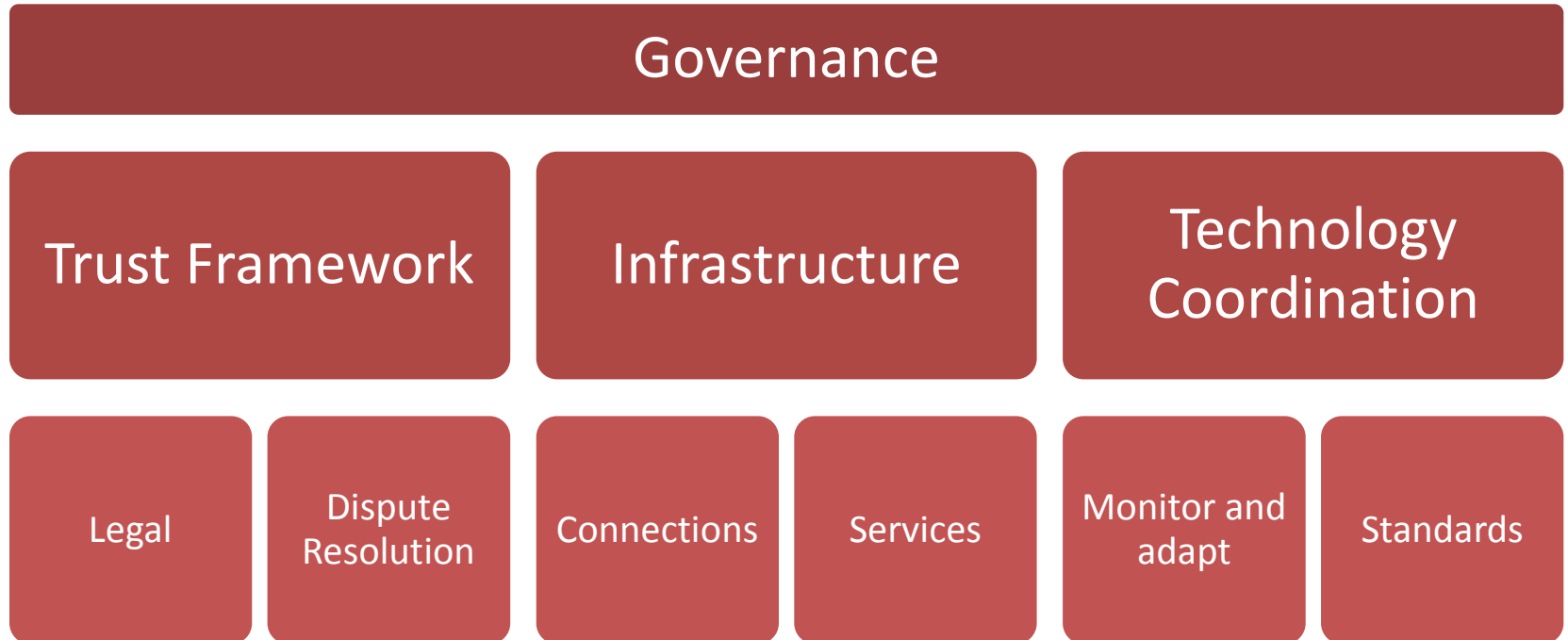
Based on most recent payment data from the Medicare or Medicaid EHR Incentive programs 2011-June 2016 (n=7,832 providers, 61 hospitals) 144 total EHR vendors in use



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



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

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



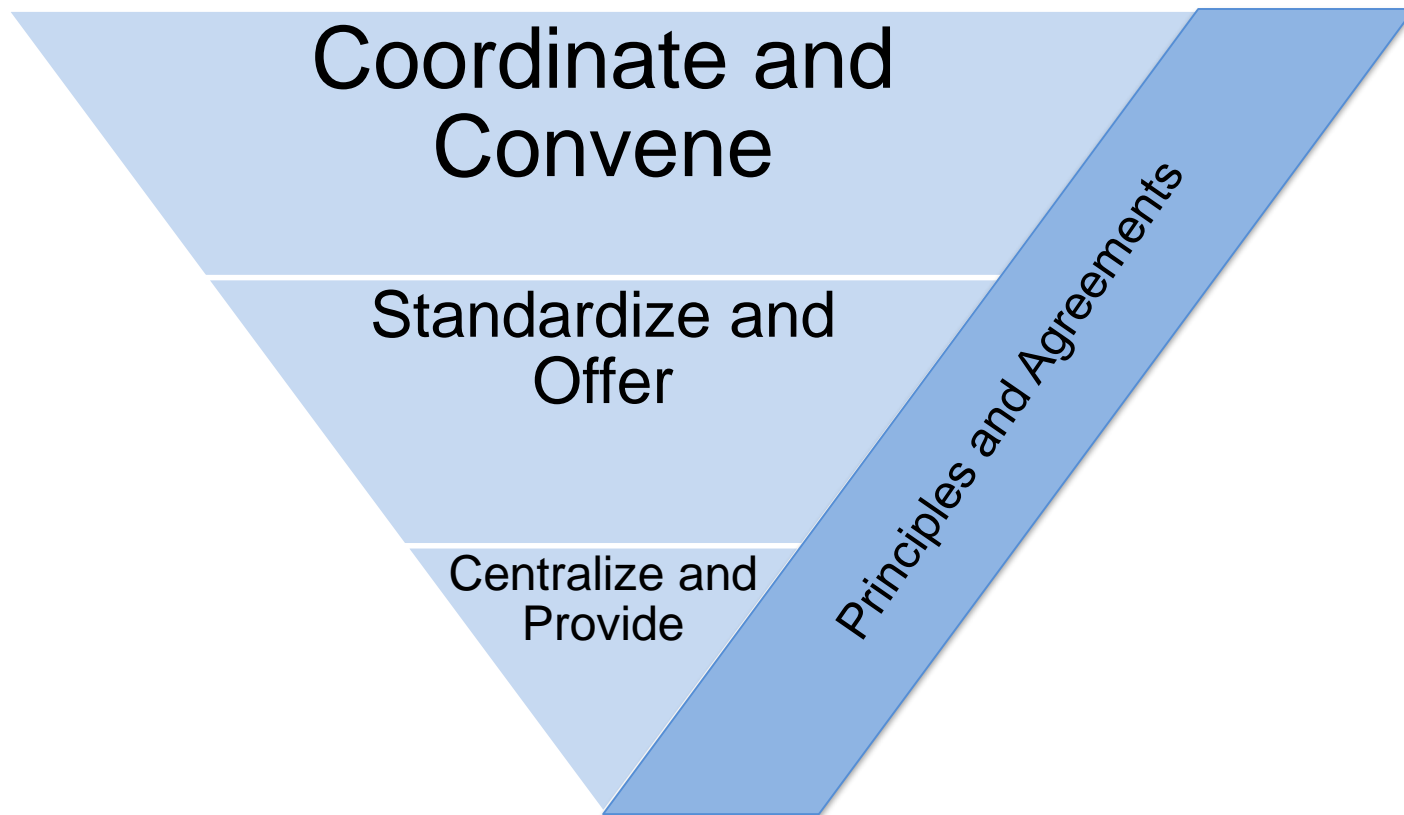
Background & History of Oregon HIT Collaboration

- 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



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

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