State of the State of HIT: Transformation 2.0 and Social Determinants of Health

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June 6, 2019

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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)

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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

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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

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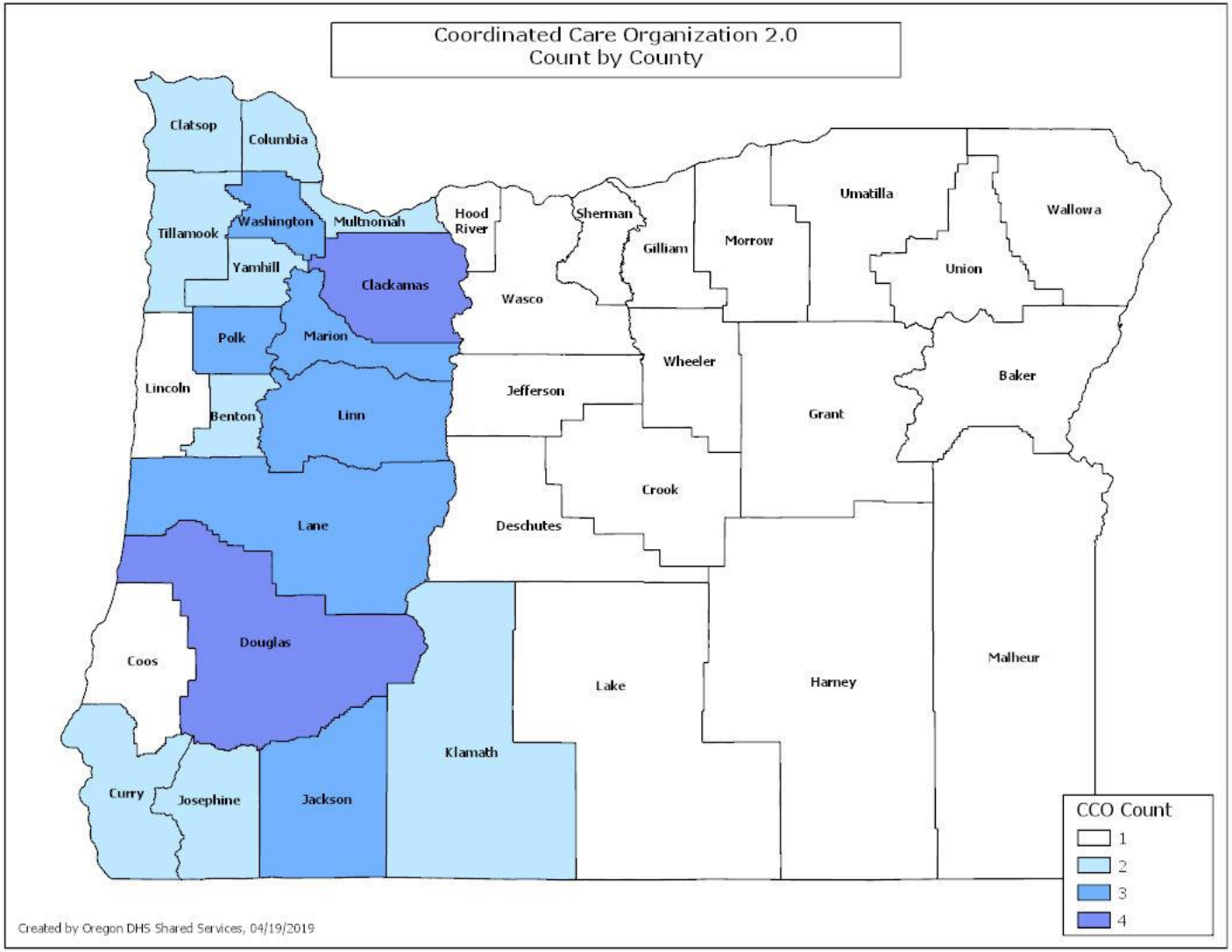
Social Determinants of Health and Health Equity Policies

Social determinants of health and health equity policy strategies target improved health, bending the cost curve through:

- **Addressing the root causes of health issues**
  - SDOH-HE Capacity Building Bonus Fund
- **Aligning community priorities and streamlining efforts**
  - Shared Community Health Assessments/ Community Health Improvement Plans
- **Increasing smart workforce strategies**
  - Traditional Health Workers, such as Community Health Workers

CCO 2.0 Applicants – count by county



See list of CCO 2.0 applicants and other maps:
https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-Contract-Selection.aspx

CCO 2.0 and HIT

New levers for accountability and new transparency into CCO HIT efforts

- HIT Roadmaps:
  - Participation in partnerships – HIT Commons
  - EHR support for physical, behavioral, oral providers
  - HIE support, including hospital event notifications
  - HIT for value based payment and population management

See Attachment 9 to CCO 2.0 RFA:
https://www.oregon.gov/oha/OHPB/Pages/CCO2-0-RFA.aspx

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Federal Changes to HIT

- 21st Century Cures Act
  - Defined information blocking, expanded applicability to providers, HIEs, networks, and defined monetary penalties
- CMS and ONC Improving Interoperability draft rules:
  - Changes to Certified EHR Technology: new core data set
  - Standards and requirements for APIs
  - Requirements for sharing provider information, event notifications, information blocking
- Trusted Exchange Framework and Common Agreement (TEFCA)

Proposed rules: https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health
TEFCA: https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement

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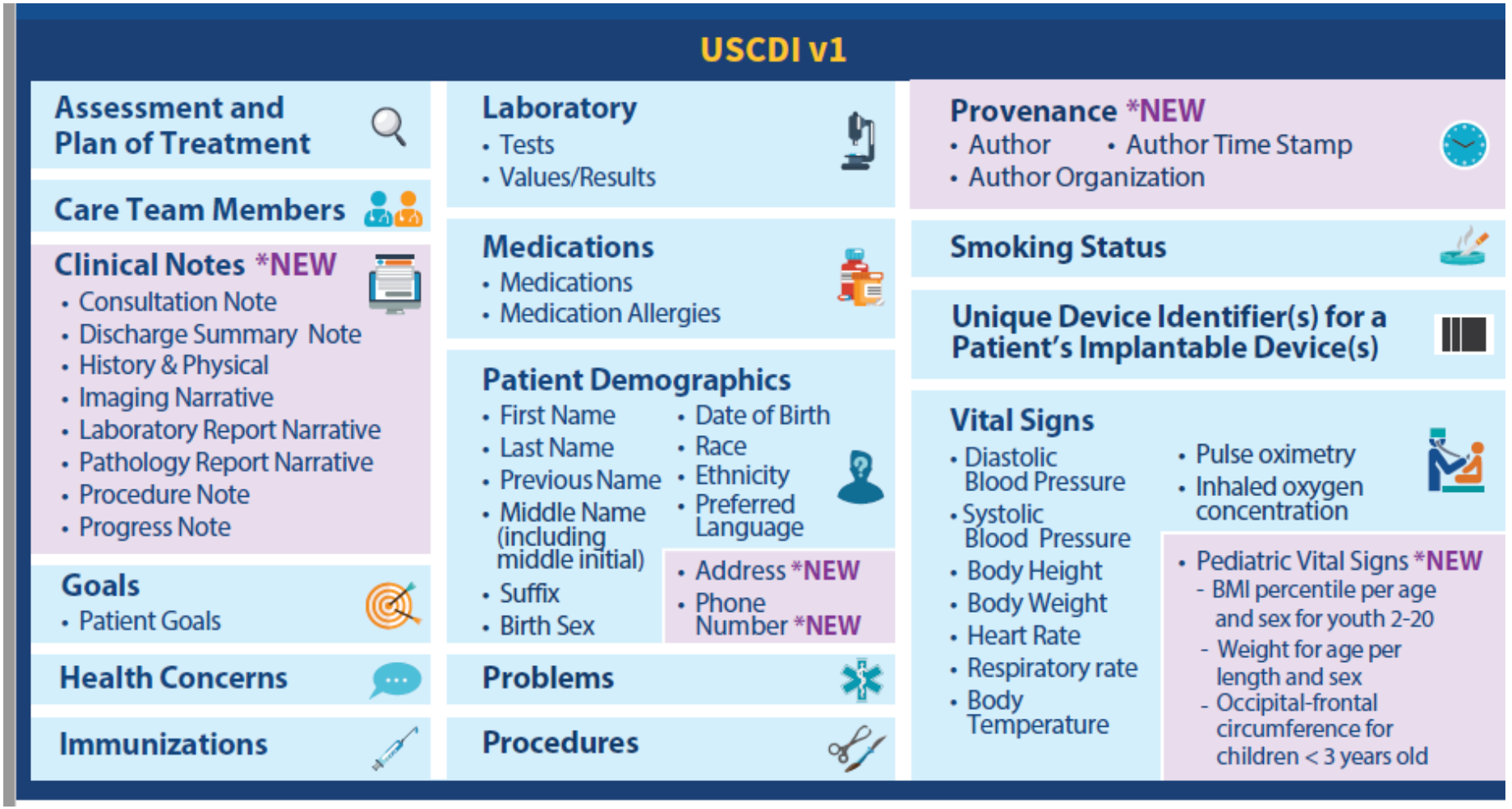
US Core Data for Interoperability (USCDI)



Nationally, Oregon is Ahead re: HIT Basics

Oregon ranks well above national averages for hospital and physician rates:

- EHR adoption
- Interoperability and data sharing
- Patient engagement through HIT

For more information see ONC's Health IT Dashboard for data briefs and interactive tools: https://dashboard.healthit.gov

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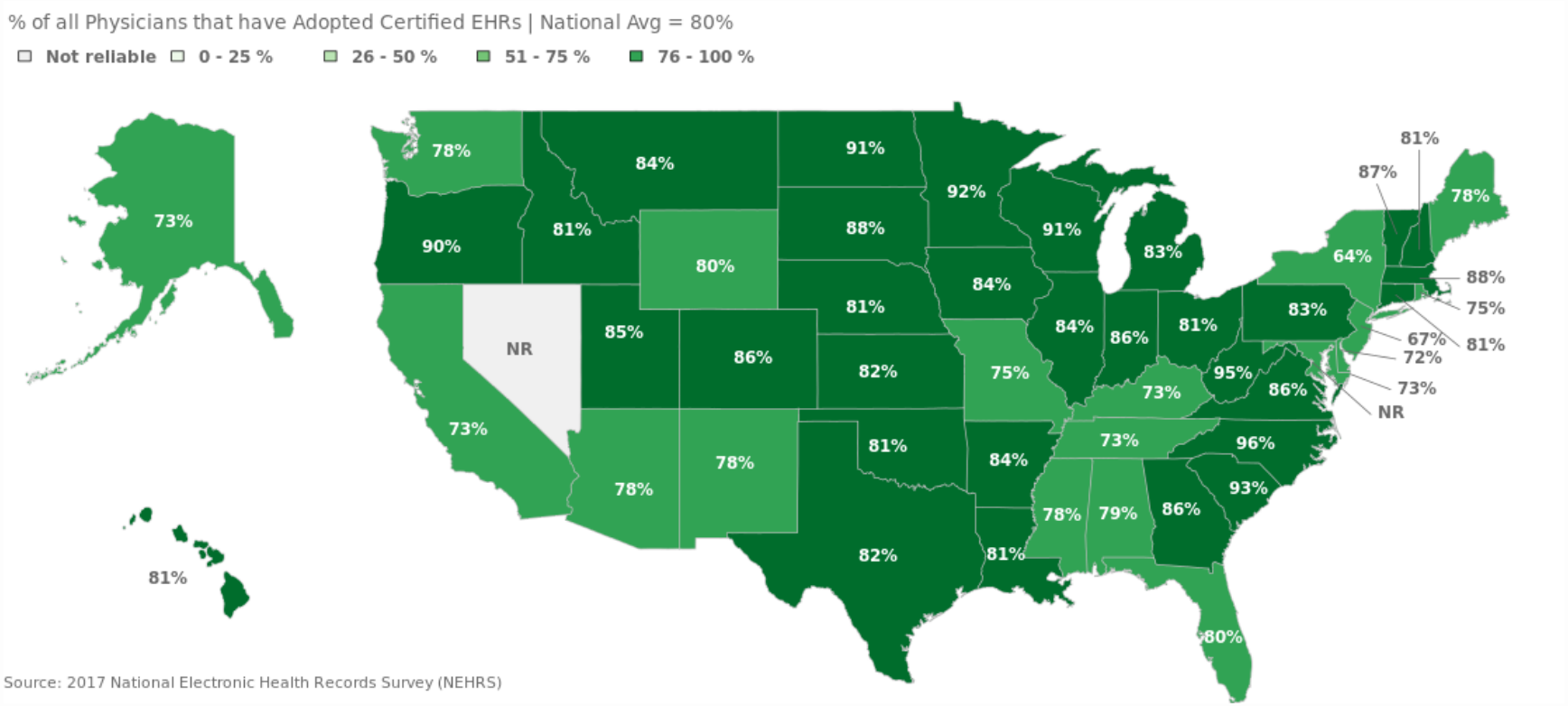
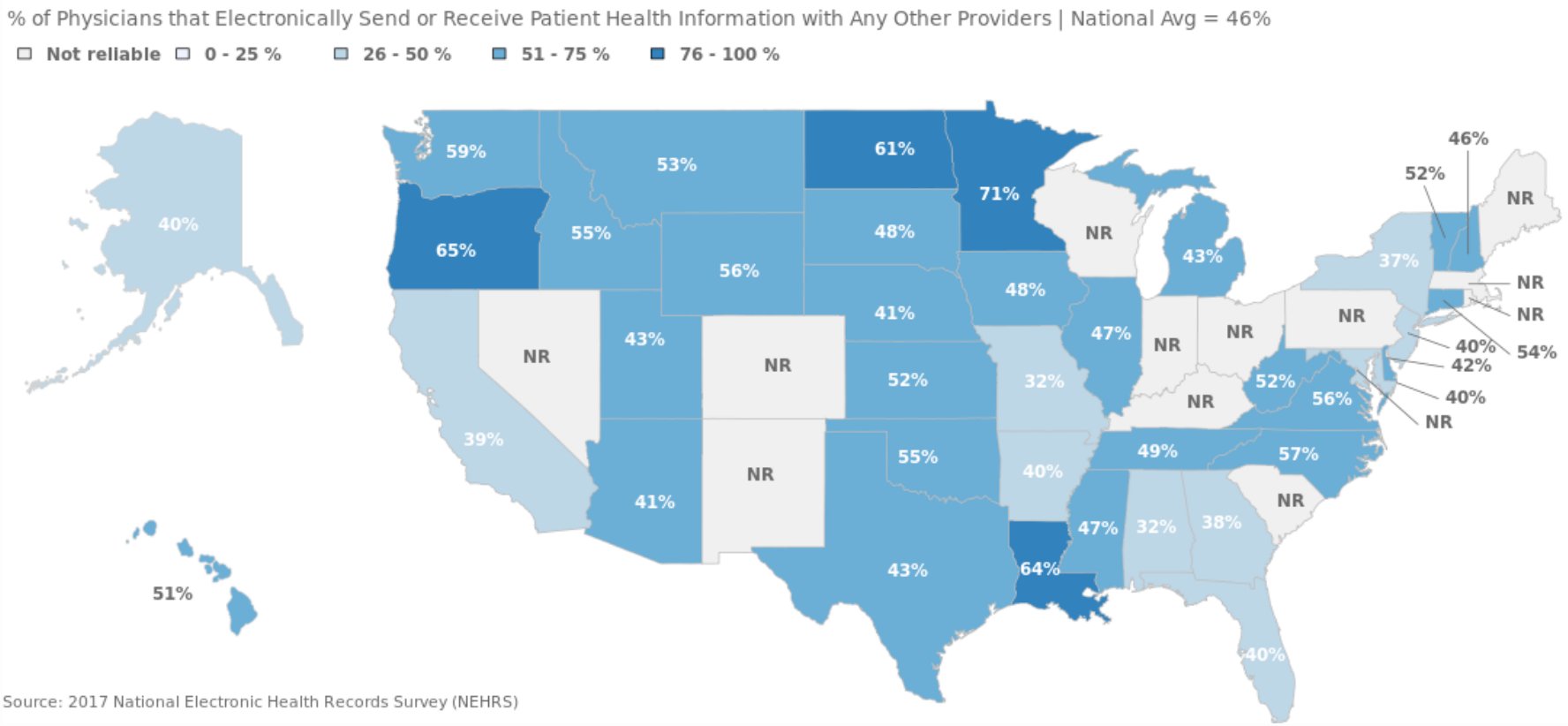
Physician Certified EHR Adoption: Oregon 90%



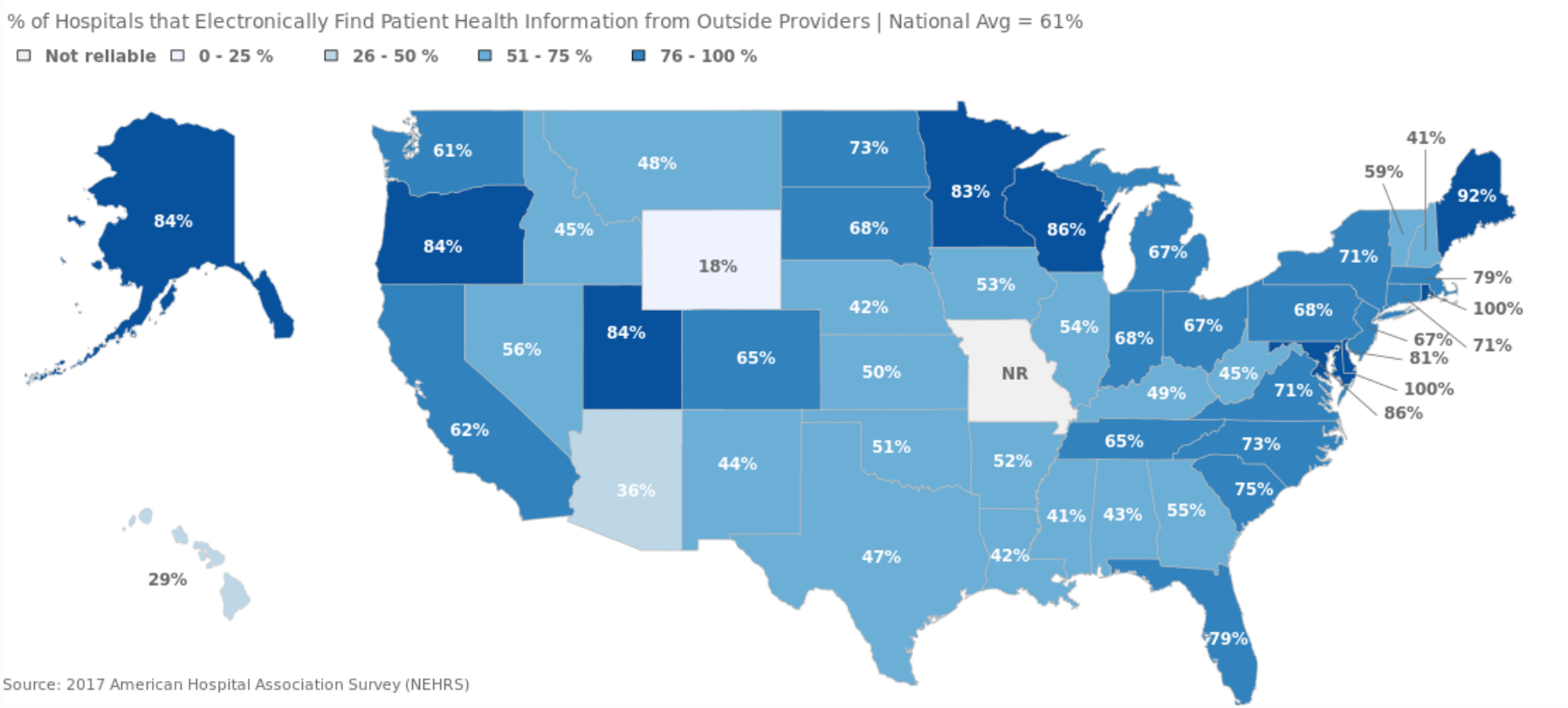
Source: 2017 National Electronic Health Records Survey (NEHRS)

Physician Interoperability: Send or Receive - Oregon 65%

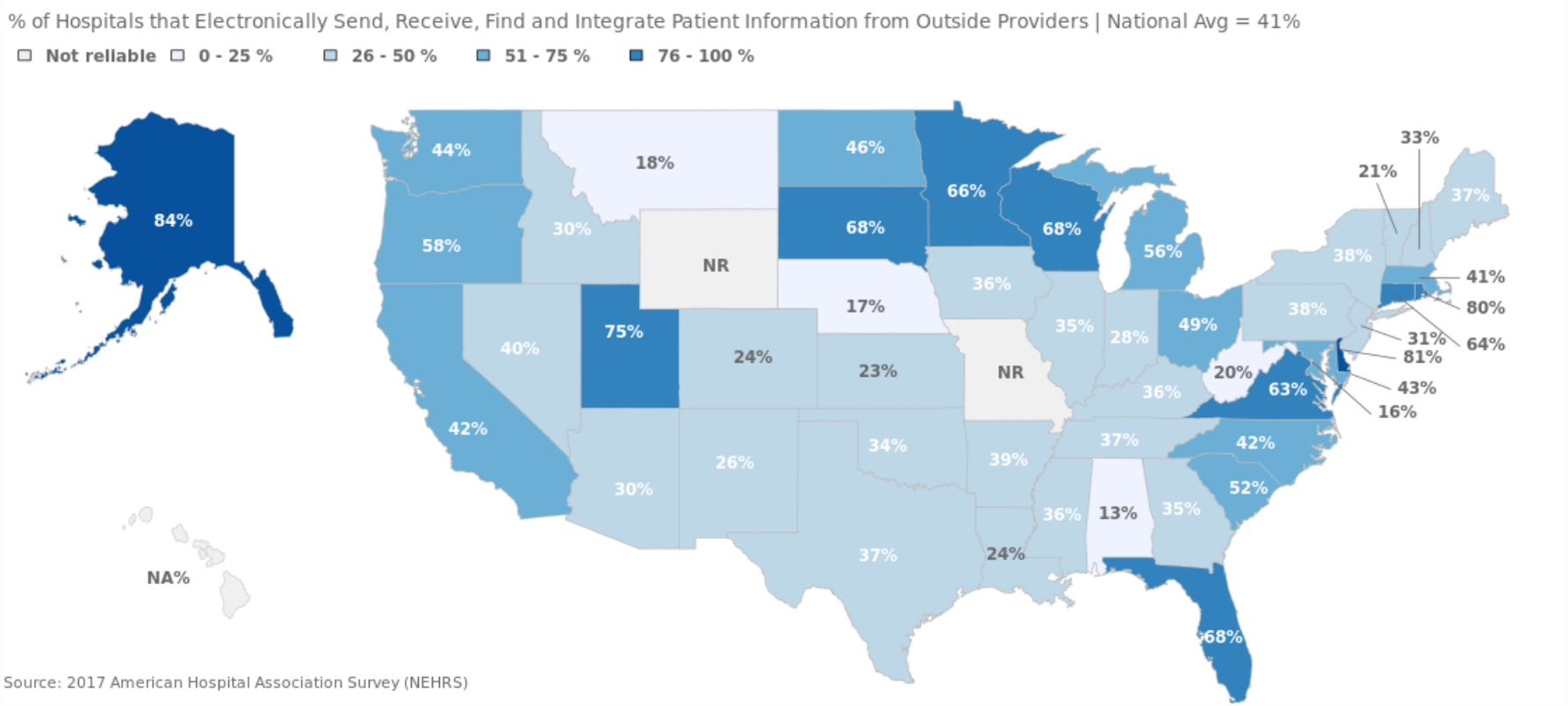


Source: 2017 National Electronic Health Records Survey (NEHRS)

Hospital Interoperability: Query Oregon 84%



Hospital Interoperability/Integration: Oregon 58%



Source: 2017 American Hospital Association Survey (NEHRS)

Hospitals participate in multiple networks

Nationally

- Most hospitals used multiple methods to send or receive summary of care records
- 71% of hospitals participate in a national network
- 69% participate in state/local/regional network

		Participate in National Network	
		Yes	No
Participate in State, Regional, and/or Local HIO	Yes	51%	18%
	No	19%	12%

National Network	% in 2017
Surescripts	61%
e-Health Exchange	25%
DirectTrust	24%
CommonWell	14%
Carequality	8%
Patient Centered Data Home	4%

SOURCE: 2017 AHA Annual Survey Information Technology Supplement

HIE Adoption in Oregon

	#	% EDie or PreManage 2017 to 2018	% Regional HIE 2016 to 2018*	% Carequality 2017 to 2019
Hospitals	60	100% → 100%	37% → 37%	35% ↗ 43%
Patient Centered Primary Care Homes	653	47% ↗ 68%	27% ↗ 29%	38% ↗ 41%
Other Key Clinic Types				
CCO Key Clinics	443	62% ↗ 79%	23% ↗ 25%	44% ↗ 48%
Community Mental Health Programs	30	20% ↗ 43%	17% ↗ 23%	10% → 10%
Certified Community BH Clinics	14	43% ↗ 71%	21% ↗ 29%	7% ↗ 14%

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

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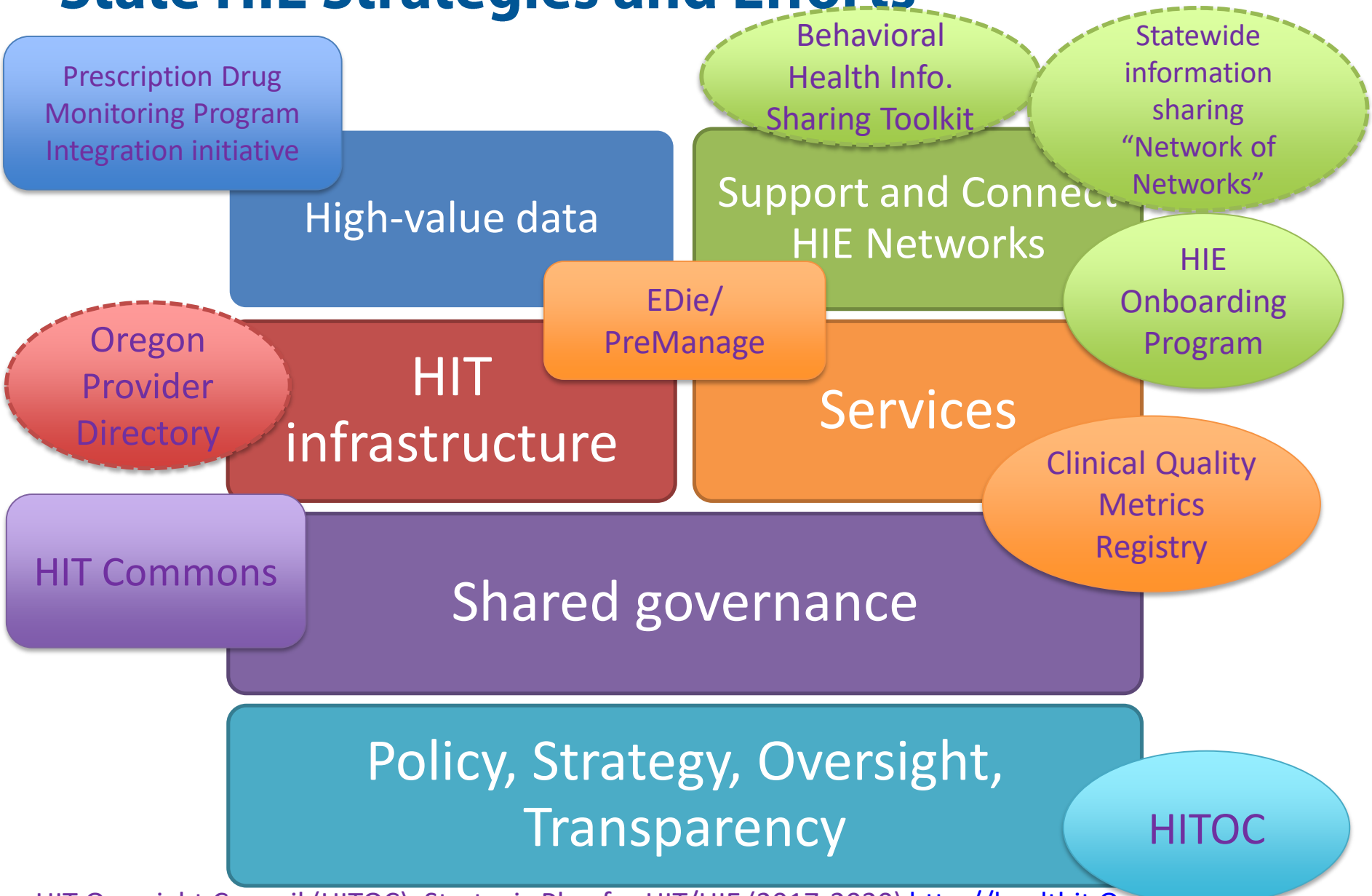
Changes in State Landscape

- **Health information exchange continues to spread**
  - Some HIE networks are connecting to each other, forming an organic “network of networks”
- **HITOC Strategic Plan update for 2021**
  - During 2020, HITOC will develop, update, and engage with folks across Oregon to hear needs
- **State HIT/HIE efforts are addressing HITOC direction**
  - Several programs have recently launched
  - HIT Commons (public/private partnership) maturing
- **Alignment of interests in social determinants of health**

State HIE Strategies and Efforts



 HIT Oversight Council (HITOC): Strategic Plan for HIT/HIE (2017-2020) http://healthit.Oregon.gov

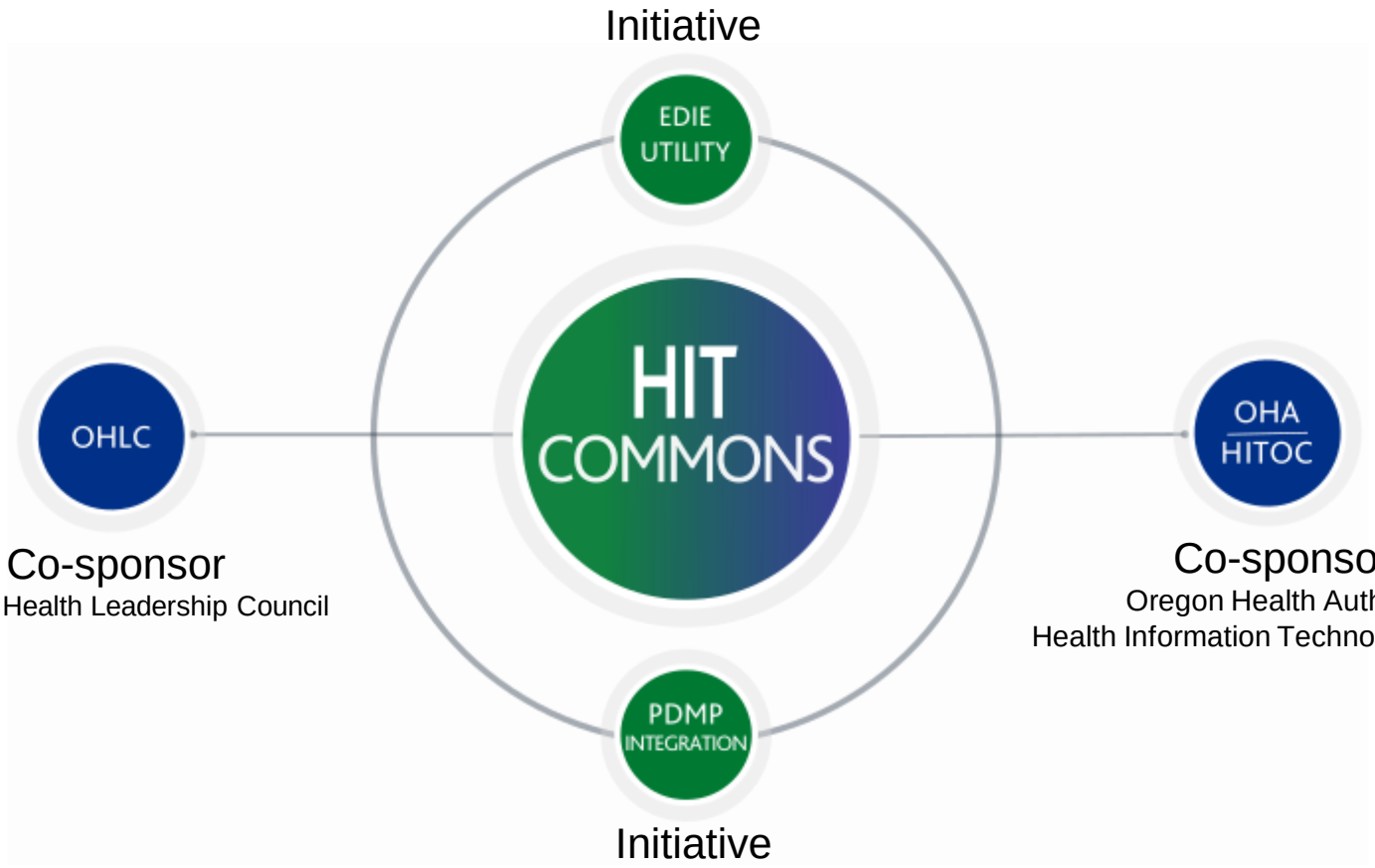
Greg Van Pelt, President, Oregon Health Leadership Council

IN PARTNERSHIP WITH

OREGON HEALTH LEADERSHIP COUNCIL | Oregon Health Authority

HIT Commons

A shared public/private governance partnership to accelerate and advance health information technology in Oregon



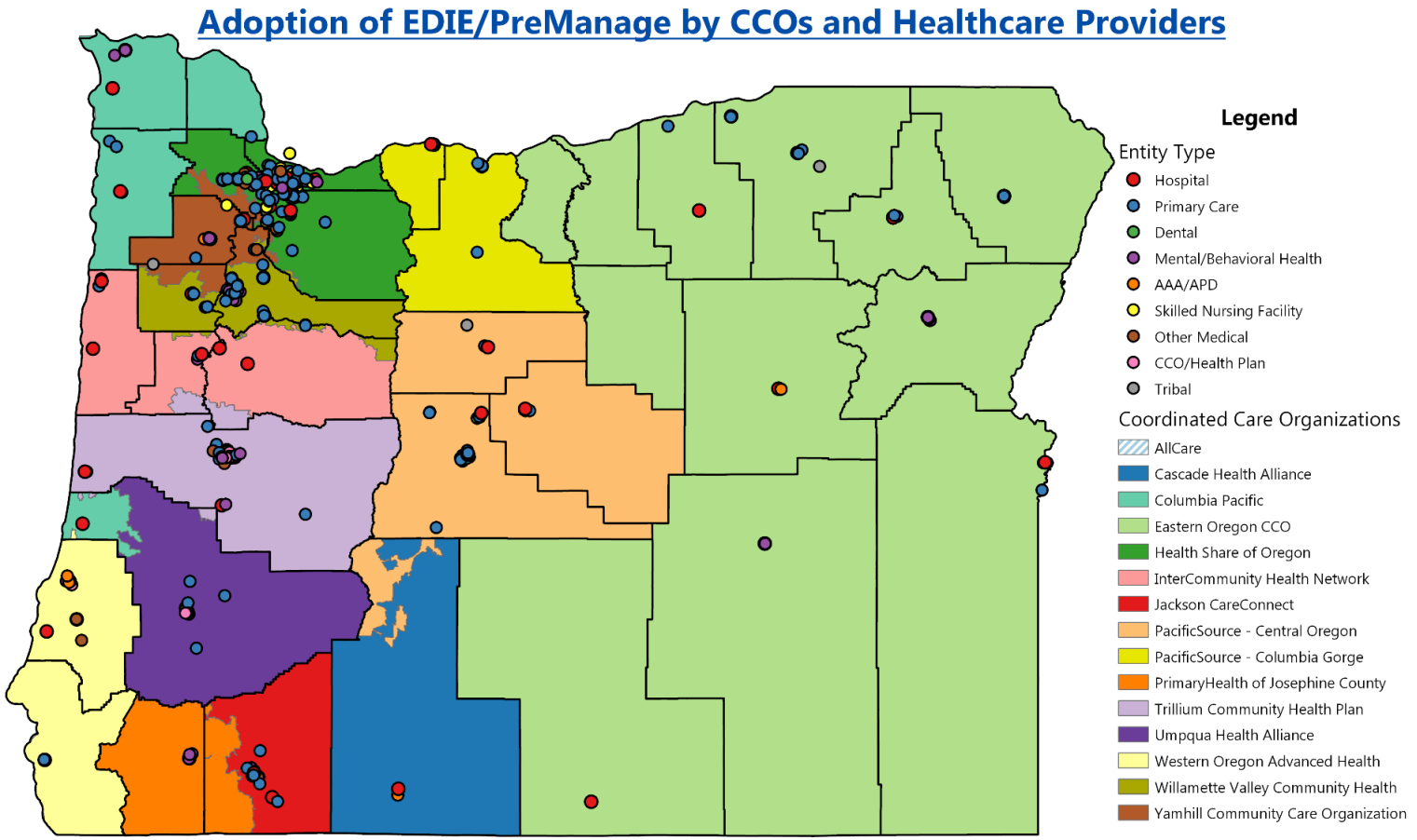
Co-sponsor
Oregon Health Leadership Council

Co-sponsor
Oregon Health Authority
Health Information Technology Council

Emergency Department Information Exchange 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/payer subscription. Can extend to provider network

Edie/PreManage Spreading Statewide



EDie/PreManage: Delivering Results: Q4 2017 – Q3 2018

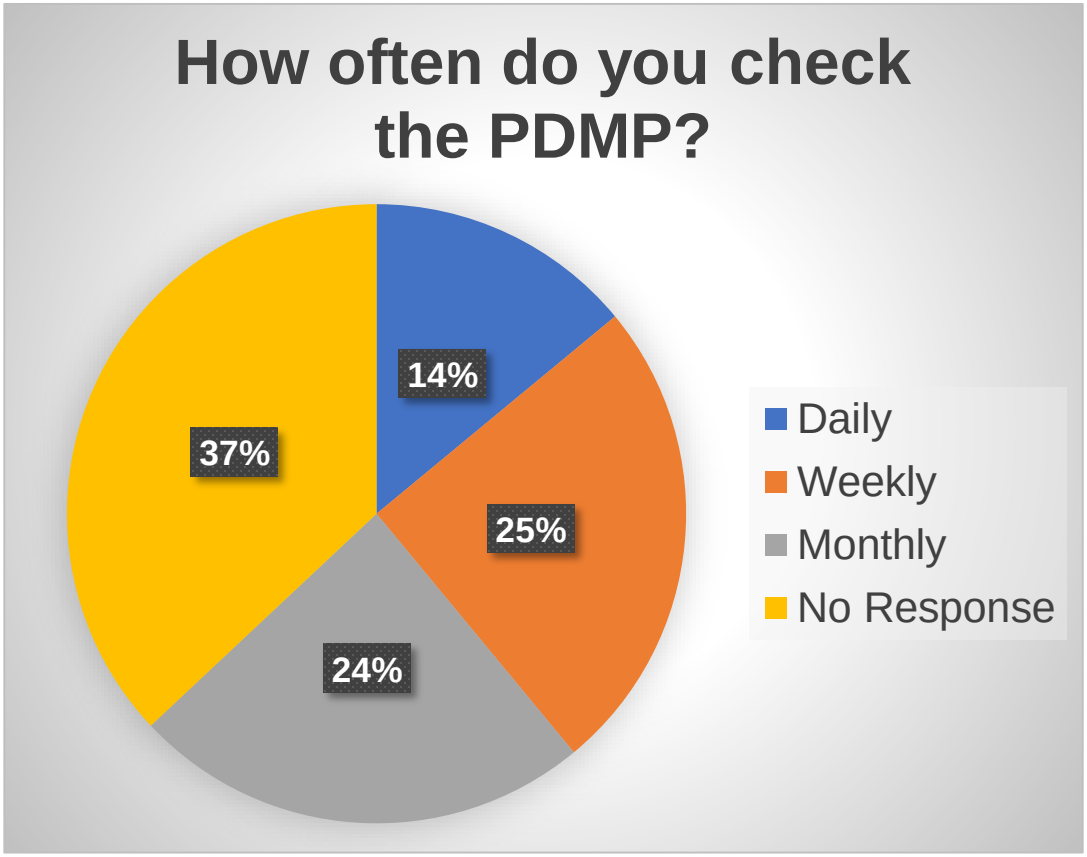
- 28% **decrease** in emergency department (ED) visits in the initial 90 days after a care guideline was created
- Hospital EDs that actively use EDIE and have identified workflows for addressing high utilizers have seen a reduction in ED high utilizer* visits
  - 5% decrease in overall ED visits
  - 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.

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
- 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 the electronic health record
- July 2018, OHLC negotiated a statewide contract to provide PDMP integration to all health care organizations

Why Integrated Access is Vital



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.

2018 Oregon Prescriber Survey

Benefits of PDMP Integration

- ✓ **Faster**: ‘One Click’ access from within your electronic workflow without needing to enter and search for your patient
- ✓ **Simpler**: Allows prescribers and pharmacists to retrieve PDMP data without the need to memorize passwords or log into a different system
- ✓ **On Demand**: Utilize PDMP data at the point of care, for help in prescription and clinical decision making

Up to **4 mins/patient**
time savings reported

PDMP Integration Funding

82%

of costs covered by federal & state funds

Remaining costs through shared funding model

HIT COMMONS
Accelerating Health Information Technology

Statewide subscription for PDMP integration included in HIT Commons annual membership fees*.

*Pharmacies pay $50 per pharmacy site.

PDMP Integration Highlights

2018 HIT Commons Success Metrics

Participation Goals

- ✔**3,500** prescribers
- ✔**2** pharmacy chains

2019 HIT Commons Success Metrics

Participation Goals

- **13,500** prescribers
- ✔**3** pharmacy chains

Live with integrated PDMP

- 6900+ Prescribers
  - 30 Emergency Departments
  - 74 Clinics/health care entities
- 570 Pharmacists
  - Walmart
  - Providence retail pharmacies (Oregon)
  - Albertsons

In process

- 18 entities are awaiting implementation
- 101 organizations are in process
  - Providence, Legacy, OHSU, St Charles
  - Rite Aid pharmacies

PDMP Integration Highlights

2018 HIT Commons Success Metrics

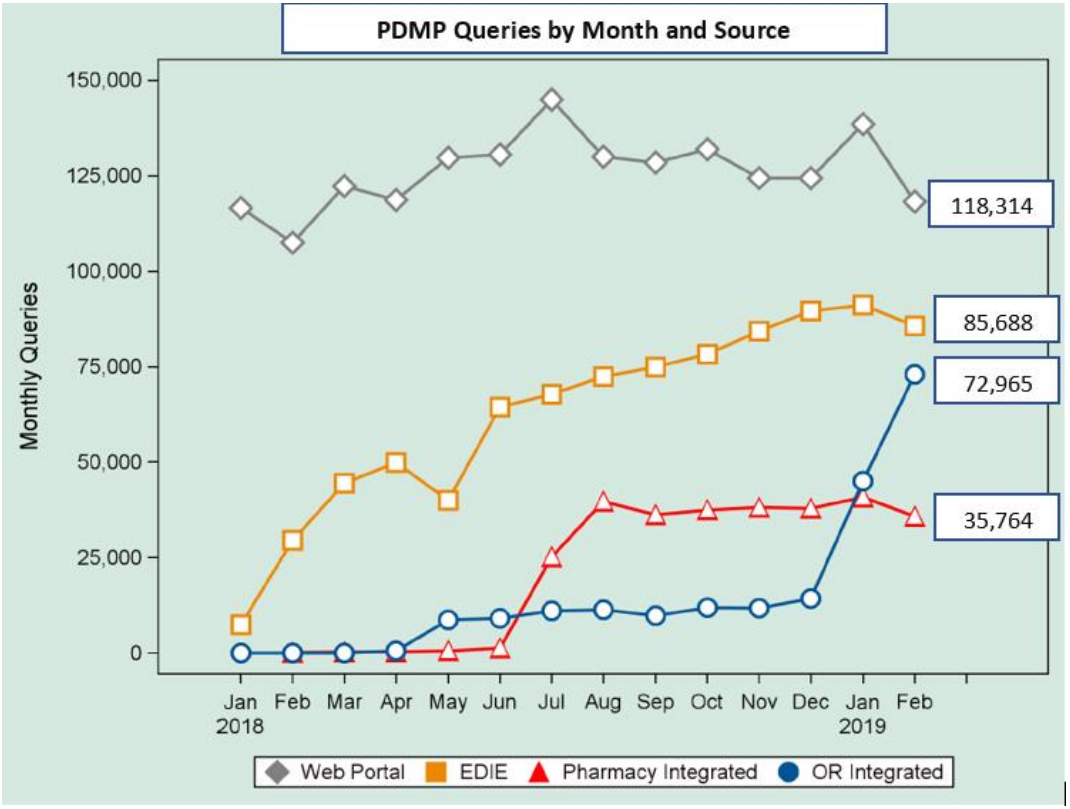
Increase PDMP use

✔**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*

Launching Thrive Local
Kaiser Permanente's Social Health Program

June 6th, 2019

Nicole Friedman, MS

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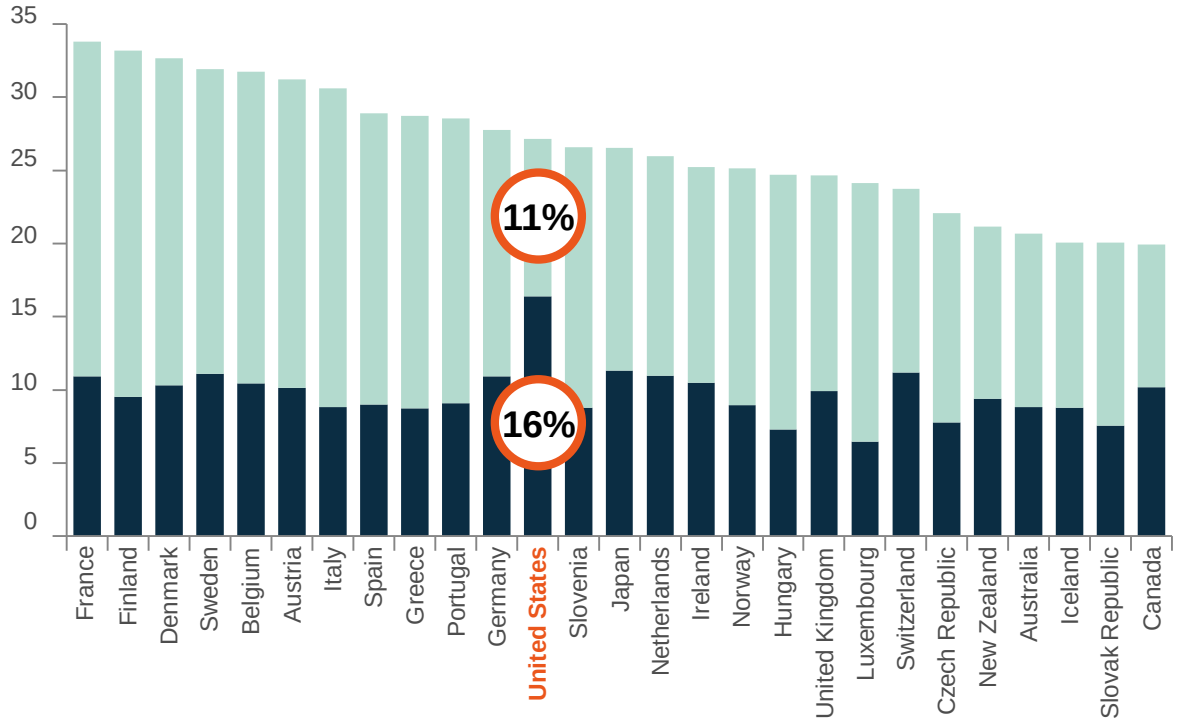
From *The American Healthcare Paradox*



Spending on Social and Health Programs by Country (2013)

Social service expenditure as % of GDP

Health expenditure as % of GDP

Source: OECD, CDC, CMS

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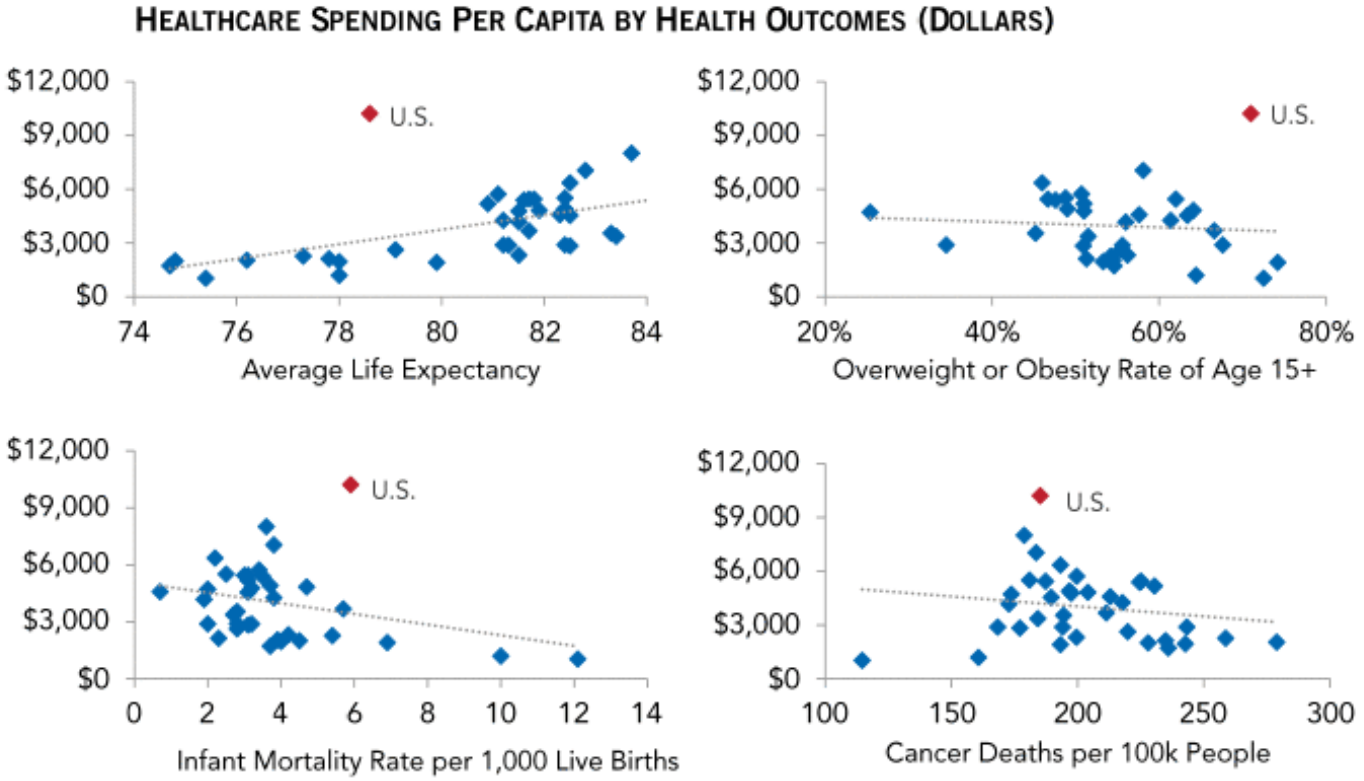
Higher Spending ≠ Better Outcomes



SOURCE: Organization for Economic Co-operation and Development, *OECD Health Statistics*, June 2018. Compiled by PGPF
NOTE: Data are for 2017 or latest available for all OECD countries.

PGPF.ORG

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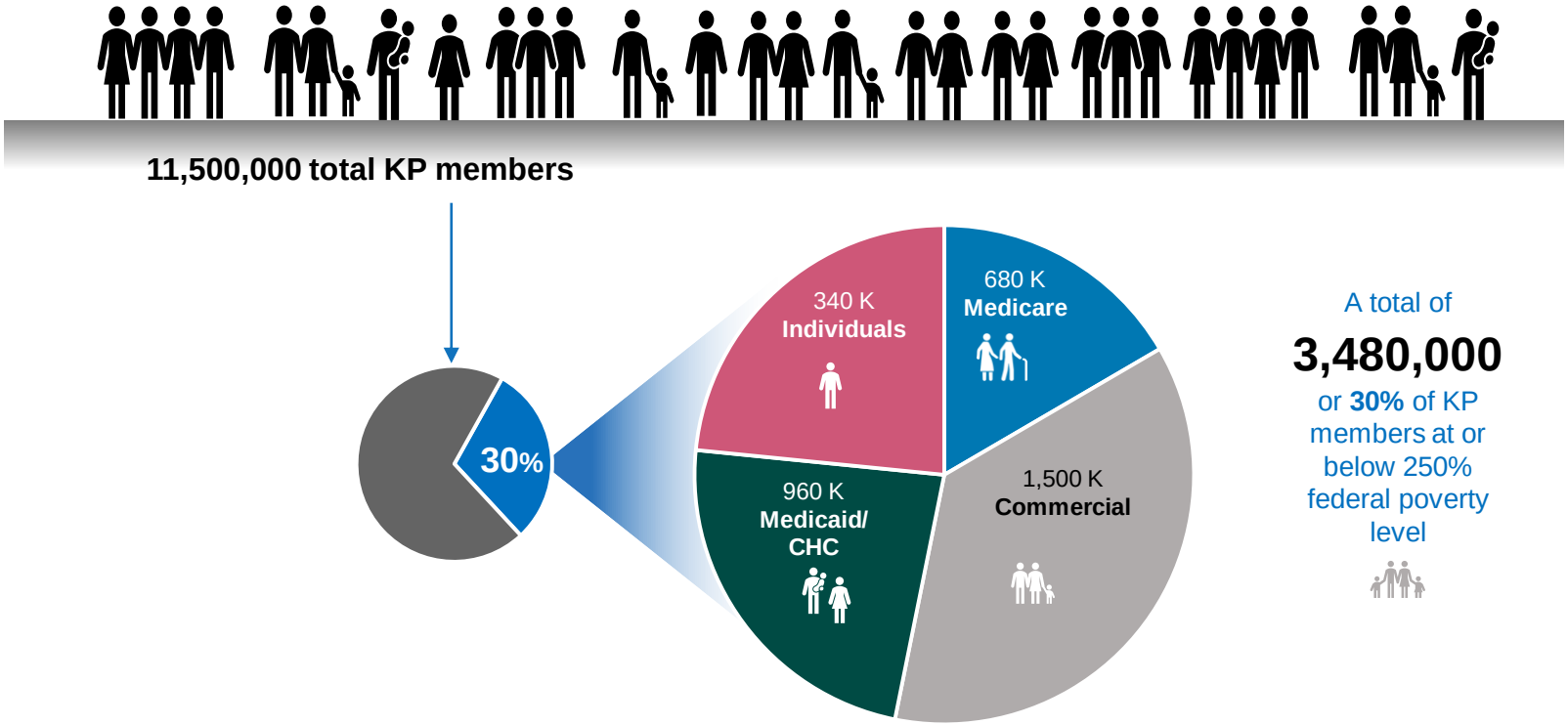
Many Members Struggle Financially



A total of

3,480,000

or **30%** of KP members at or below 250% federal poverty level

**Reflects a 2018 estimate; WA not included*

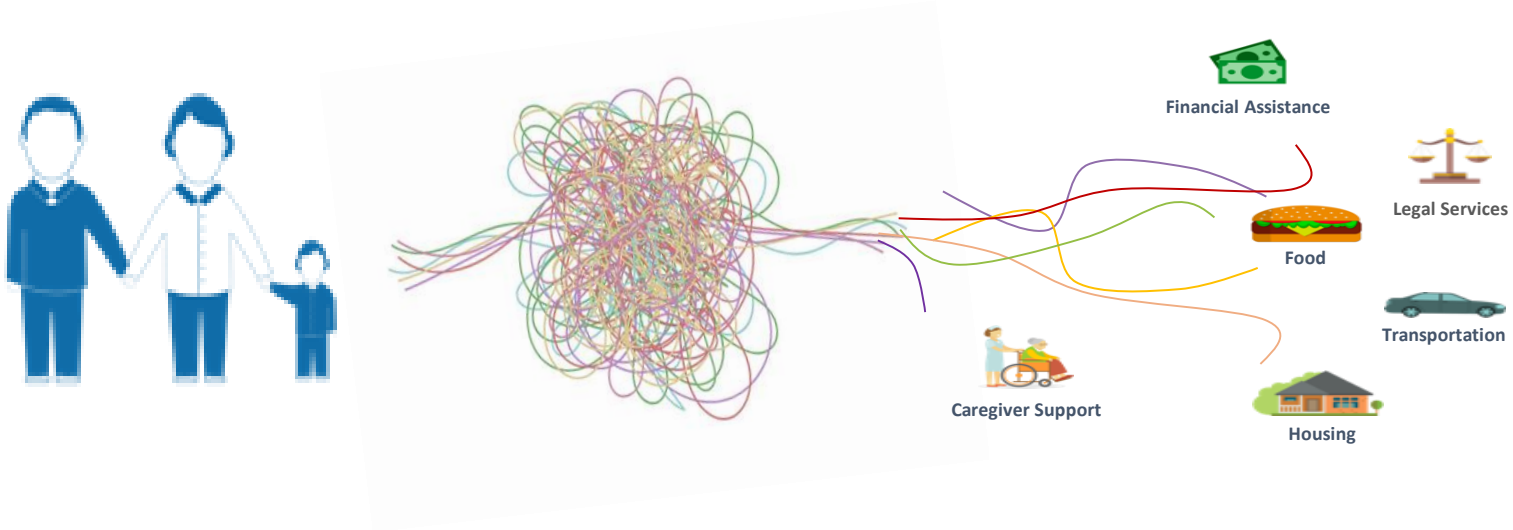
Current Factors Impacting the Social Determinant Landscape

Market Factors

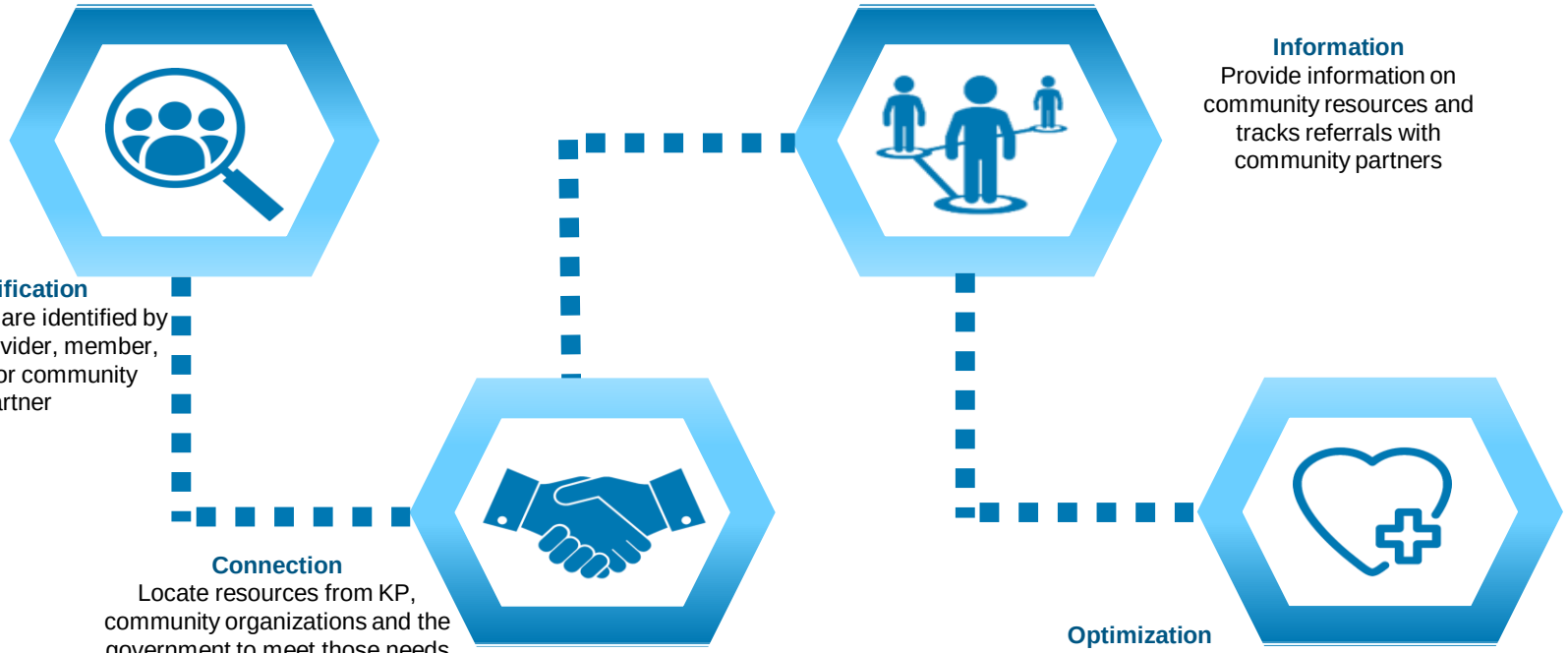
- Affordability
- Efforts by competitors
- CMS regulations
- Emerging evidence
- EPIC enhancements

Internal KP Factors

- No standardized approach
- Reactive
- Medicalize social needs
- KP staff not empowered
- Not leveraging community



Creating Social Care



Identification
Social needs are identified by KP staff, provider, member, caregiver or community partner

Connection
Locate resources from KP, community organizations and the government to meet those needs

Information
Provide information on community resources and tracks referrals with community partners

Optimization
Data used by KP and community partners to better understand social needs and provide programs, care and services that address community conditions for health

Introducing Kaiser Permanente's new Thrive Local

Resource Directory

Online platform allows users to search and filter for community resources.

Resources updated regularly by contracted vendor

Community Partner Networks

Community Based Organizations (CBOs) outside of KP use vendor platform

KP users send and track referral to Community Partner network

Technology Platform

Closed loop referrals

Bidirectional exchange of information between KP and Community Network

Integration of KP HealthConnect and kp.org

Integrated clinical and social care, supported by data integration and partnership with community

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Thrive Local will be used by multiple areas within Kaiser Permanente Operations

** Care Management is KP created programs to manage patient's who need specific chronic care i.e. Diabetes, Asthma, Heart, Cancer, Bariatrics, Chronic Pain, Complex Care, etc.*

Thrive Local Requirement Mapping

Capabilities/ Business Requirements	Unite Us	EpicCare	Epic Coordinated Care Mgmt Module	Epic Healthy Planet	Epic Healthy Planet Link
Licensed Already by Kaiser Permanente	**IN PROGRESS**	**YES**	**NO**	**YES**	**NO**
Social Determinants of Health Assessment	✔	Available for regional rollout late 2019	✖	✖	✖
Social Determinants of Health Tracking	✔	Available for regional rollout late 2019	✖	✖	✖
Resource Data Creation & Maintenance	✔	✖	✖	✖	✖
Community Partner Network* Creation & Maintenance	✔	✖	✖	✖	✖
Resource Directory	✔	✖	✖	**Provides a directory container which requires content from a 3rd party vendor**	✖
User Profile Administration	✔	✔	✔	✔	✔
Decision Support (i.e. eligibility)	✔	✖	✖	✖	✖
Resource Recommendations	✔	✖	✖	✖	✖
Resource rating and comment	✔	✖	✖	✖	✖
Taxonomy Coding	✔	✖	✖	✖	✖
Closed Loop referrals with Community Partner Network	✔	✖	Available for regional rollout late 2019	Available for regional rollout late 2019	Available for regional rollout late 2019
Inter-network referrals (i.e. from community partner to another**)	✔	✖	✖	✖	✖
Portal for Community Partner Network	✔	✖	✖	✔	✔
Public Access	✔	✖	✖	✖	✖
Secure Email/ Text Communication	✔	✖	Available for regional rollout late 2019	✖	✖
Reporting	✔	✖	Available for regional rollout late 2019	✔	✖
Data Management	✔	✖	Available for regional rollout late 2019	✔	✖
Integration with Epic	✔ Epic App Orchard	n/a	n/a	n/a	n/a

Legend: ✔ - Exists today, Yellow- future release, ✖ Unplanned

*Community Partner Networks are groups of **community-based organizations (CBOs) in a given geographic area

Items in green box are not included in this business case

Key Benefits

For Members




Reliable referrals to organizations that can address members' most pressing needs	Help navigating complex systems	Improved experience of care due to built-in capabilities for referral and feedback	Improved health and well-being

For Communities




More effective and efficient referrals among community-based organizations	More revenue from public and private sources through referral volume and proof of impact	Increased organizational capacity through more targeted referrals	Community-wide analysis to inform policy, investment decisions and community advocacy

For Kaiser Permanente




Improved satisfaction among frontline providers	Improved performance on health outcomes, member well-being, membership growth and retention	Reduced utilization and total cost of care	Expanded KP leadership in understanding and addressing social needs within our community

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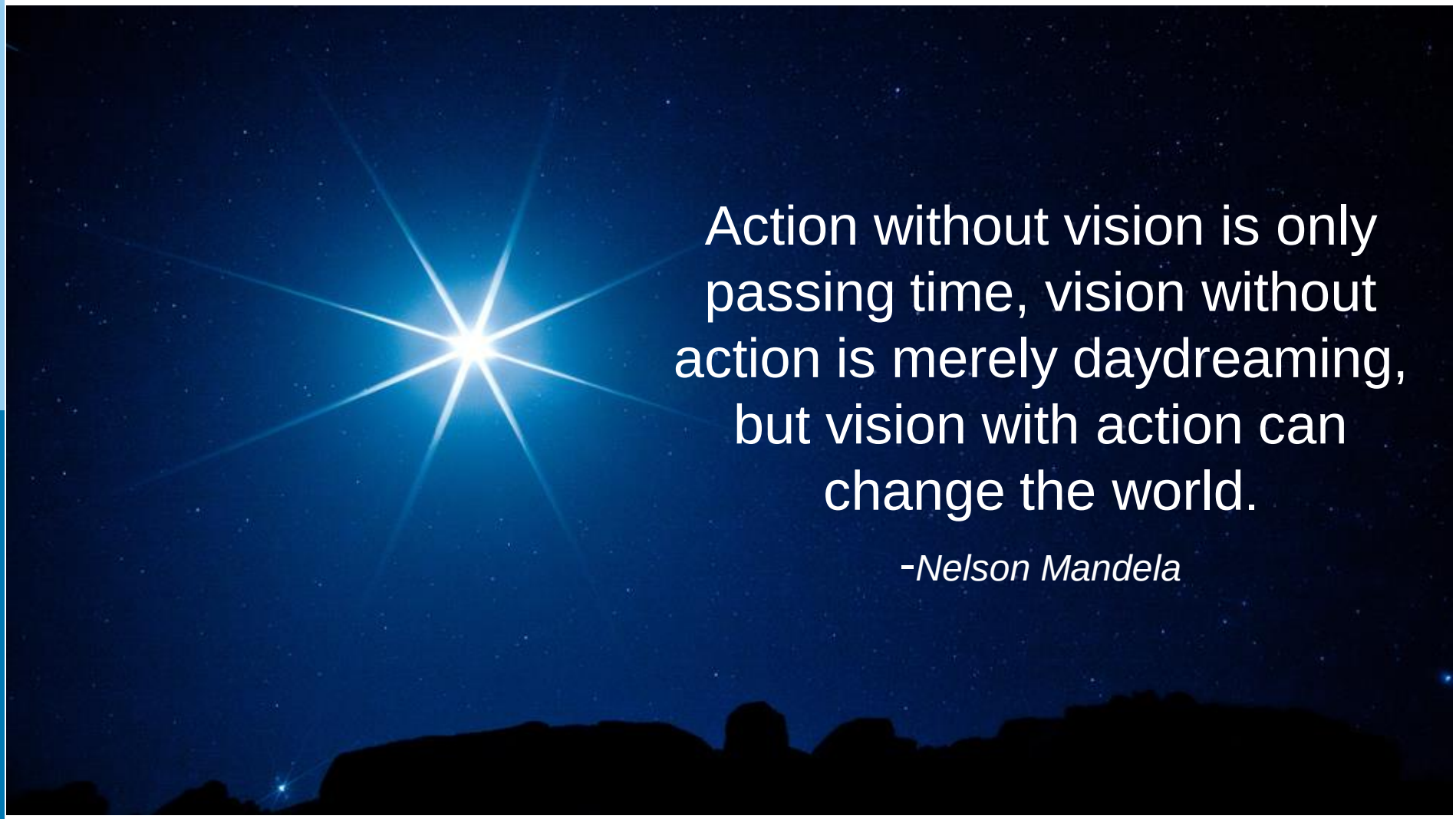
Moving from Person, to Population, to Policy


Action without vision is only passing time, vision without action is merely daydreaming, but vision with action can change the world.
-Nelson Mandela

HIT Commons Considering - What is Needed?

Oregon Community Information Exchange

Multidisciplinary Community Partners Network

- Resource Directory—
  - Serves as a data repository of shared community resources and
  - Connects health care, human and social services partners in real-time to improve the health and well being of communities
- Integrated Technology Platform—
  - Supports closed loop referrals and bidirectional exchange of information

Exploring the HIT Commons' Potential Role

- HIT Commons has a broad stakeholder base and history of leveraging needed technology platforms in a utility-type model, where all contribute and all benefit
- HIT Commons Governance Board has approved staff work to explore what role HIT Commons could play
- HIT Commons role(s) could include leading implementation of a statewide network platform and/or governance, convening and adoption, and supporting effective use of the network

Oregon Community Information Exchange: Next Steps

- Environmental Scan
  - Gather information and synthesize projects and experiences of other communities
  - Interview key stakeholders in Oregon
- Align with OHA work on SDoH
- Develop a proposal to present to HIT Commons Board later this year

Questions? Contact **HITinfo@hitcommons.org**

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

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