State of the State: Health IT Strategies in Action

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Council



State-level Policy Priorities

Health equity is the main priority for Oregon state health policy, and Oregon has set a goal to eliminate health inequities by 2030.

We at OHA are working to advance health equity through:

- 2022-2027 Medicaid 1115 Waiver and health-related social needs
- Addressing social determinants of health (SDOH)
- Improving behavioral health treatment and supports
- Better demographic data (REALD & SOGI)
- Reducing health care costs, improving quality and increasing access to care and health insurance/Medicaid coverage
- Improving health care workforce
- Value-based payment



Health IT supports health equity

Helps providers collect and manage health information electronically.

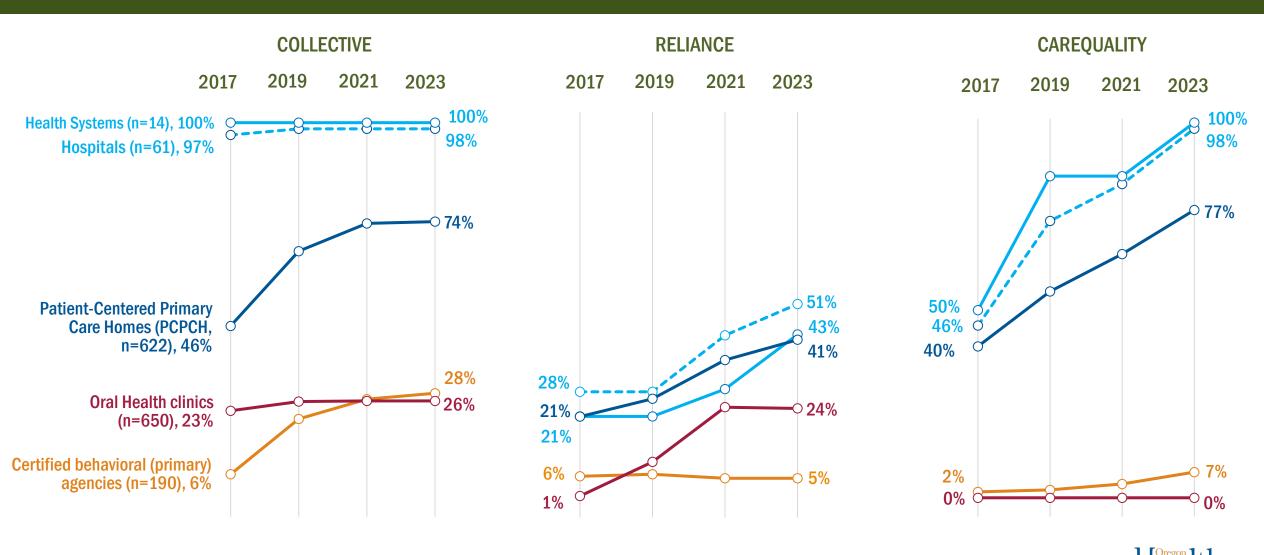
Makes it easier for providers and patients to access and exchange data.

Leads to faster, more informed care; more agency; and more access to care resources. Data is used in policy and analysis to address health inequities.

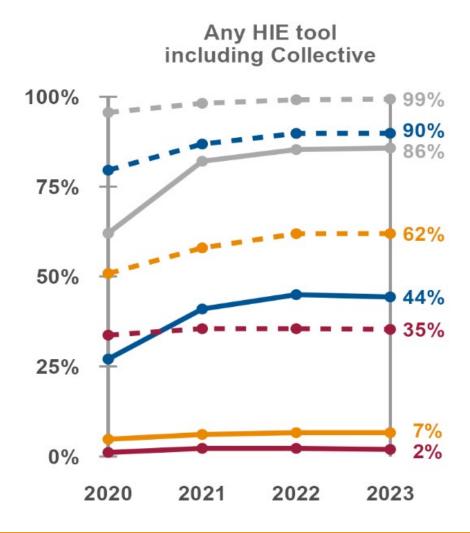
Improves health outcomes

ADOPTION OF VARIOUS HIE TOOLS IS INCREASING IN OREGON.





HIE adoption among CCO-contracted physical, behavioral, and oral health organizations



- When weighted by number of providers, HIE adoption rates are much higher than organizational-level rates across provider types
- Key clinic organizations (PCPCH, RHC, FQHC, health systems) have highest HIE adoption rates

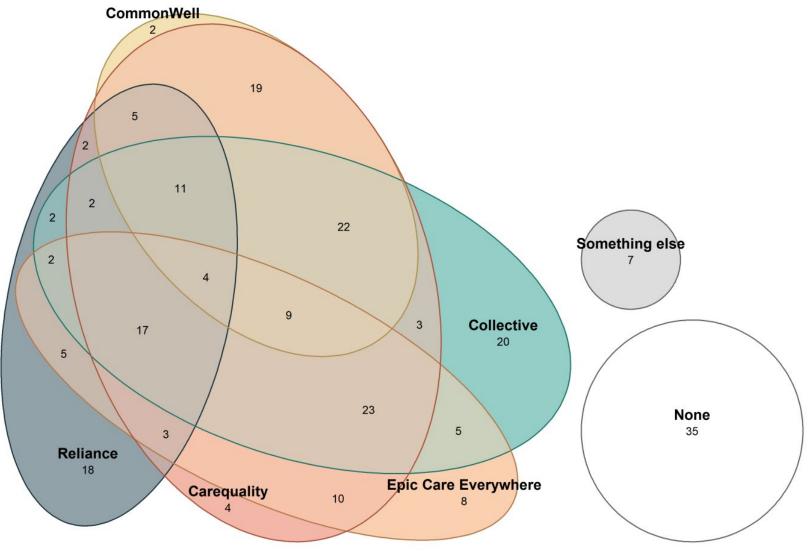
HIE tools: Arcadia, Carequality, CommonWell, Collective, eHealth Exchange, Epic Care Everywhere, Epic CareLink, Reliance

- Physical (n=956)
- Behavioral (n=1206)
- → Oral (n=352)

- Unweighted
- Key clinics (n=245)
- Weighted



Key clinic organization (n=245) adoption of HIE tools



- 86% of key clinics use HIE
- Of HIE users, 72% use more than one HIE
- Most key clinics without HIE are small PCPCHs

Totals

Carequality	136
Collective	125
Epic Care Everywhere	90
CommonWell	79
Reliance	76
Reliance	70





Health IT Oversight Council (HITOC)

The Oregon Legislature created HITOC in 2009 to ensure health system transformation efforts are supported by Health IT. HITOC is a committee of the Oregon Health Policy Board.

Advise health IT strategy and policy

Monitor health IT landscape

Develop state health IT strategic plan

Oregon Strategic Plan for Health IT 2024-2028



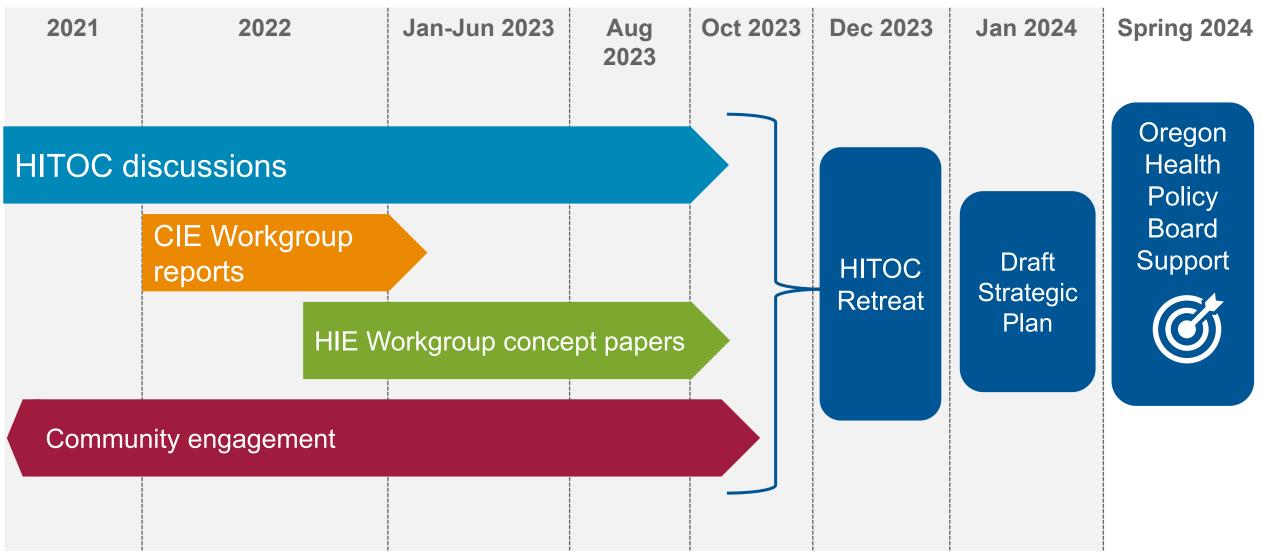
Provides high level health IT direction and strategies for partners across Oregon for the next five years.

The strategic plan is for everyone using or impacted by health IT, including:

- Individuals (consumers/patients)
- Providers and clinic staff
- The Nine Federally
 Recognized Tribes of Oregon
- Community-based organizations (CBOs)

- Hospitals
- Health systems
- Coordinated care organizations (CCOs) and health insurance plans
- Technology partners
- State agencies

Strategic Planning Process



Community engagement

Over 50 engagement opportunities with hundreds of people, including consumers, providers, health systems, 99 community-based organizations and more

Nothing about me without me. – Consumer listening session, 2020

What we need is not just financial support, but consulting help for smaller orgs. Also, technical assistance on what to do and how to use it. – Rural health listening session, 2023

Vision

Health IT empowers individuals and communities to reach their full health potential and well-being.

Goals



A. People can be actively involved in their care through access to health IT.



B. Individuals' information is electronically available, exchanged securely and seamlessly.



C. Health IT supports efficient and accurate data collection, sharing, and use.



D. Health IT design, implementation, and use must center health equity

Principles

- 1. Health IT must advance **health equity** and avoid reinforcing or worsening inequities.
- 2. Privacy and security of people's health information is expected.
- 3. Ensure individuals and communities understand how their data is stored, shared, and used to provide transparency and grow trust.
- 4. Leverage existing resources and align with national standards.
- 5. Improve efficiency and avoid adding burden.
- 6. Ensure efforts are sustainable with thoughtful intentional progress.

Strategies and Activity Highlights

1	Strengthen engagement, access, and rights of patients and consumers	Increase patient and consumer agency over their health information and strengthen accessibility of health IT
2	Close remaining EHR gaps	Prioritize resources for groups with lower EHR adoption rates and advocate for regulatory alignment
3	Spread HIE across the state	Encourage more participation in HIE networks, provide funding and support for adoption, and make more data available

Strategies and Activity Highlights

Provide support for CBOs and partners to Support, accelerate, and improve statewide CIE efforts participate; OHA and ODHS should support and participate Improve interoperability and Facilitate interoperability, identify useful encourage broad sharing of data and prioritize it for sharing valuable data Evolve governance of health Clarify and define governance and develop IT efforts governance principles

VISION

Health IT empowers individuals and communities to reach their full health potential and well-being.

PRINCIPLES

Health Equity

GOALS

В



C



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People can be actively involved in their care through access to health IT

Individuals' information is electronically available and exchanged securely and seamlessly

Health IT supports efficient data collection, sharing, and use

Health IT supports health equity and social determinants of health Privacy & Security

Transparency,
people
understand how
their data is used

STRATEGIES

- 1 Strengthen engagement, access, and rights of patients and consumers
- 2 Close remaining EHR gaps
- 3 Spread HIE across the state
- 4 Support, accelerate, and improve statewide CIE efforts
- 5 Improve interoperability and encourage broad sharing of valuable data
- 6 Evolve governance of health IT efforts

Leverage existing resources, national standards

Efficiency, avoid burden

Sustainability, thoughtful progress

Oregon 1115 Waiver Changes



CHANGES

- Extended Oregon Health Plan (OHP) eligibility for young children, youth, and adults
- Continuous OHP eligibility and enrollment for children up to age six*†
- Two years of continuous enrollment for OHP members ages six and older*†
- Health-related social needs (HRSNs) supports including housing,
 nutrition and climate supports*

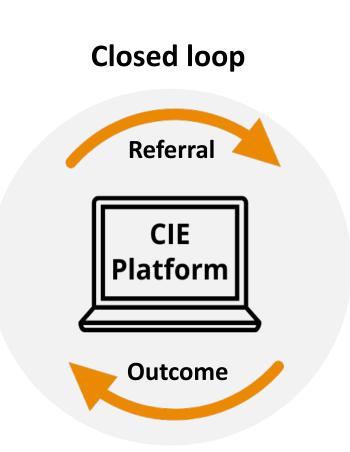
 Closed loop referrals are required
- Coverage for young adults with special health care needs up to age 26*

CIE can help with Closed Loop Referrals

Collaborative partners use CIE technology to exchange information to connect people to the services and supports they need.

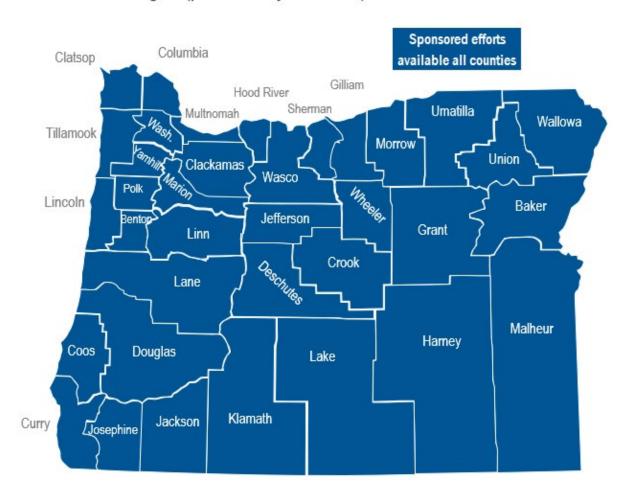
Functions must include:

- Closed Loop Referrals
- Shared resource directory
- Consent to the use of technology by the Member



Oregon CIE Vendors: Sponsored Efforts

Connect Oregon (powered by Unite Us)



findhelp (formerly Aunt Bertha)



¹⁹ Status as of March 2024. These maps do not reflect level of CIE adoption by organizations. At this time, OHA is not a participant in CIE.

Community organization needs related to CIE

- Funding and staff capacity
- Equity in decision making, accessibility and accountability
- Privacy and security, training
- Technical assistance (TA) and training
- Coordinating entity for alignment
- Relationships and communication

If you want it [to] be a successful system, we need increased capacity, like staff costs and all the other things associated with that, including infrastructure money.

CBO Interviewee

CCOs & OHA Supports for HRSN Service Providers

- Funding CIE for some partner use
- Grants: Community Capacity Building Funds (CCBF)
 - Includes several areas related to CIE
- Technical assistance
- Outreach, Education
- Feedback mechanisms

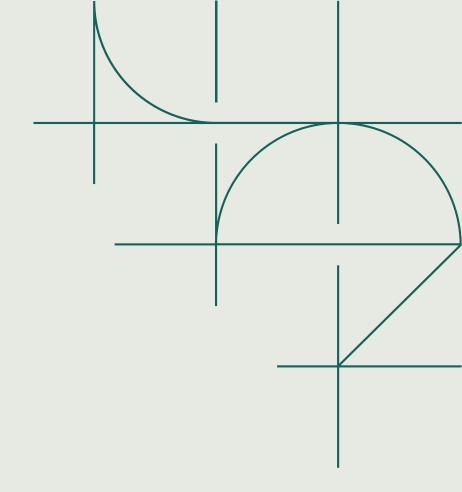
Thank You



Health IT Strategies in Action

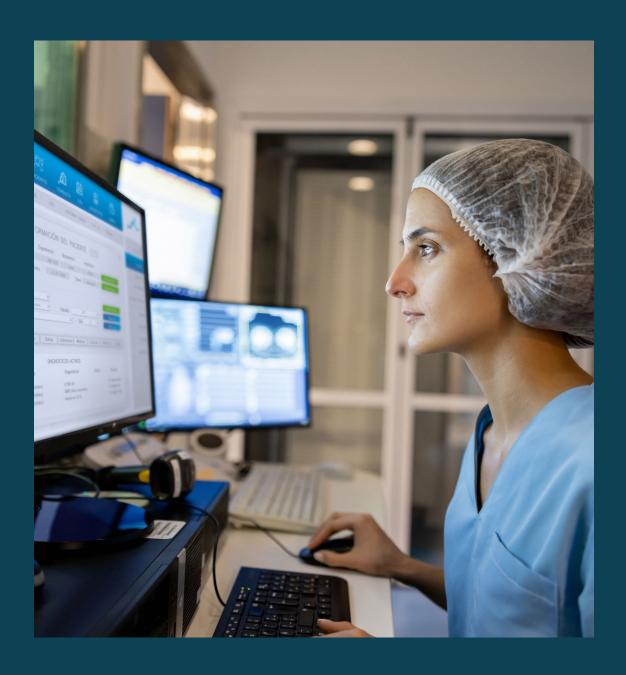
HIMSS Oregon Annual Meeting

May 30, 2024





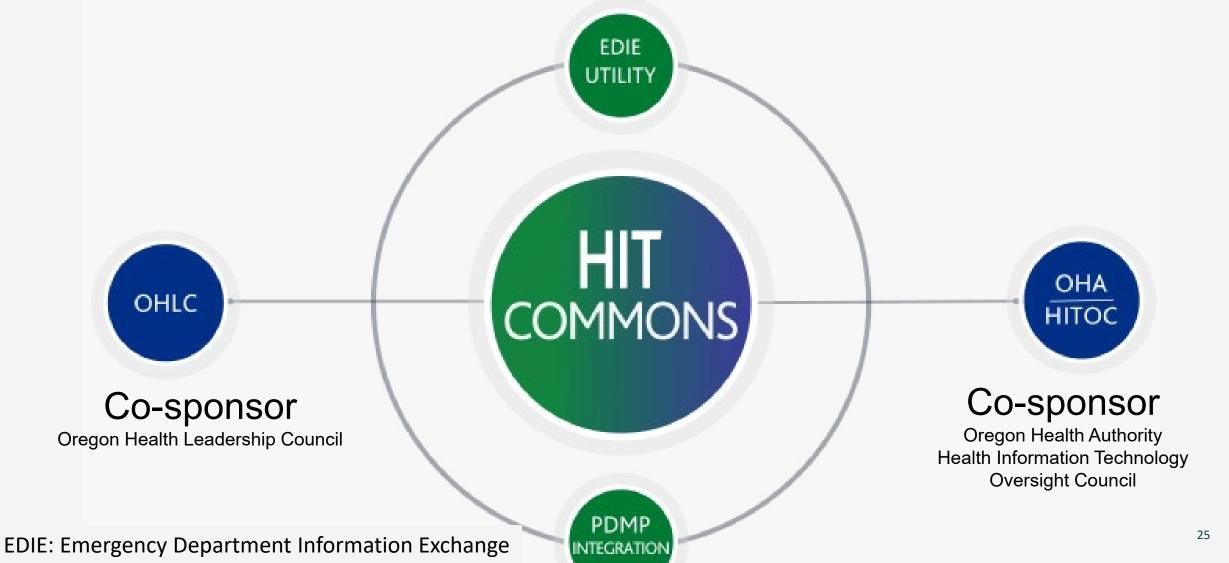




FIRST THING FIRST:

Thank you!

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



PDMP: Prescription Drug Monitoring Program

Why Does HIT Commons Exist?

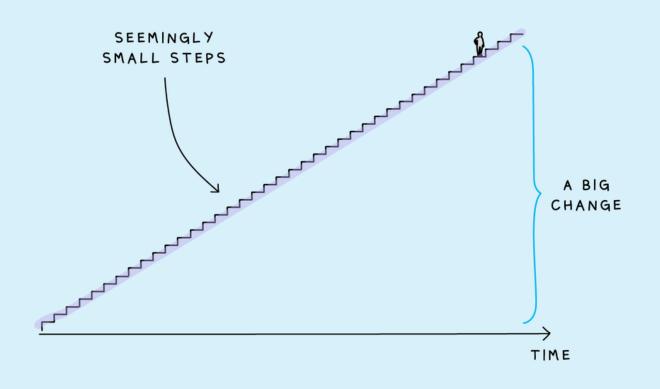
- Communally adopted tools and platforms require accountability at the micro and macro level
 - Community standards, rules of the road, trust
- Economies of scale on assessing impact, managing the vendor(s), and prioritizing new functionality
 - Identify community needs, due diligence, board decisionmaking
- Dedicated expertise for complex areas of data sharing
 - Bringing in social health data, combining complex data sets, last-mile integration

HIT Common's

Approach

- Community tools can have

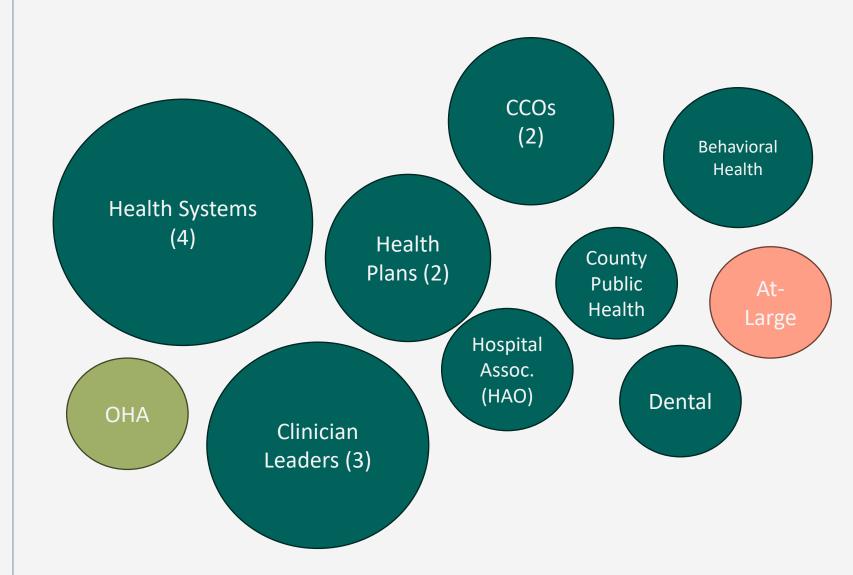
 a large impact on how we
 operate in healthcare
- Competing demands on our system require regular support and education of these tools
- Use case-driven strategy
- Regional support for



HIT Commons

Board

Representation evolves as the work does



Incremental Change in Action: Collective Medical



2014-2015: Hospitals establish real-time data network and notifications in the emergency department (ED)

Key Goal: Address avoidable ED Utilization statewide

2016-2022: CCOs and Health Plans implement Collective, sponsoring primary care and behavioral health clinics

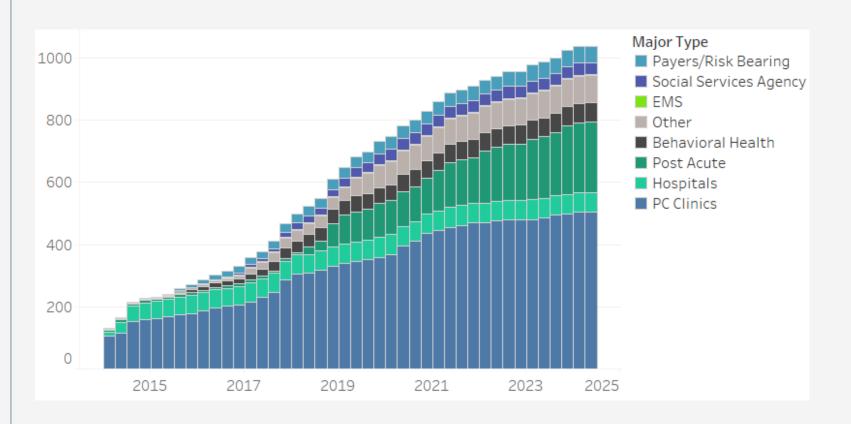
Key Goal: Risk stratification and patient care coordination to drive better health outcomes across health continuum

2022 and beyond: expanding data capabilities and collaboration opportunities with long-term post acute care and non-health care entities

Key Goals: 1) incorporation of social determinants of health; 2) addressing transitions of care and readmissions to assist with cost and affordability of care

Adoption of Collective

Increased adoption by primary care and post-acute care positions Collective Medical as the network in Oregon for "global" coordination in health care

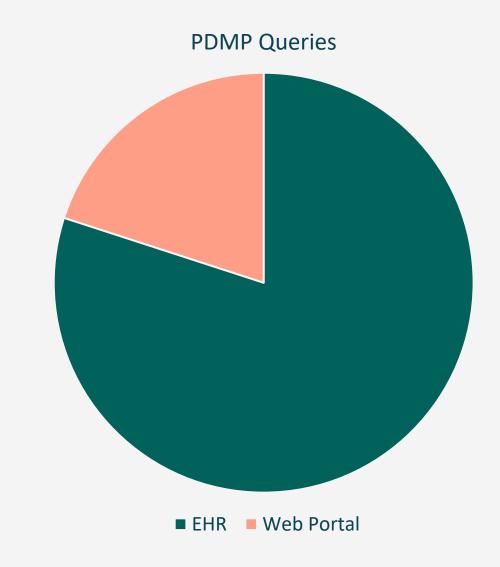


Looking ahead with Collective

- Collaborative Insights launched in October 2023.
 Care teams can now contribute to a shared care plan
- The Oregon State Hospital is close to going live with their encounter data
- New Functionality for clinics to support valuebased payment (managing patient assignments)
- School-based providers beginning to explore access
- Exploring use cases to support the 1115 Medicaid
 Waiver, post-acute care coordination, etc.

Bringing PDMP into the Workflow

- The PDMP has critical information about managing narcotics
- Over 80% of queries to the PDMP happen through EHR integrations
- Creating EHR-based links and hooks has an impact on provider engagement



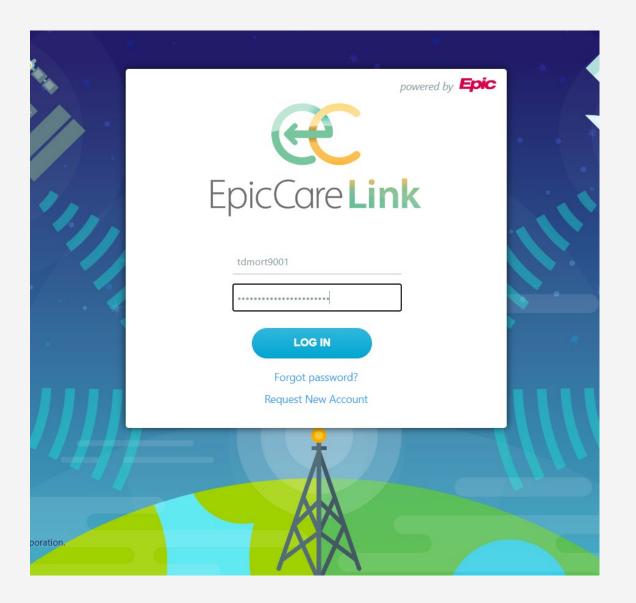
Learning from our successes

POLST = Portable Orders for Life-Sustaining Treatment

- If providers query the PDMP more through EHR integration, what about other data sources like our state's registry for Portable Orders for Life-Sustaining Treatment (POLST)?
- HIT Commons is looking to make the Oregon
 POLST Registry available through national
 networks like Carequality, as well as identifying
 ways that Epic EHR users can better integrate this
 data source into the provider workflow

Leveraging high EHR adoption

- 97% of Oregon hospital beds are covered by Epic EHR
- For behavioral health and small community providers, EpicCare Link is a great source of hospital information
- Regional focus on this has already had an impact



Education and resources are "lightweight" methods to continue driving progress

Common tools within the technology toolbox include:

Electronic Medical Record	Health Information Exchange	Event Notification System	Community Information Exchange	Case Management System	Analytics Platforms	Other?
EHR	HIE	HEN	CIE			
Acts as the legrecord of trut for patient ca	h aggregates	Aggregates information to drive targeted notifications to users to trigger workflow	Facilitates referrals and other information needs between health care and social service partners	Tracks patient care activities and outreach to assist with patient navigation and managing risk	Engines that drive business intelligence, quality improvement, strategy, and compliance	Sources of information, insights that could further illuminate the patient picture
Examples: Epic NetSmart eClinical Works	Examples: CareEverywhere (Epic) Reliance eHealth Collaborative	Examples: Collective Medical/PointClick Care	Examples: Unite Us findhelp (Aunt Bertha)	Examples: Zeomega Cognizant	Examples: Innovaccer HealthCatalyst	Examples: Web Portals Social Services (HMIS) Criminal Justice

Supporting social health and health equity

- HIT Commons has prioritized social health data sharing even prior to the 1115 Medicaid Waiver
 - Housing data (HMIS) is being used to flag housing risks in the ED (Lane County)
 - Integration between Unite Us and Collective Medical for recent housing and food referrals
 - Working to onboard carceral settings onto Collective and to contribute booking/release data for better coordination of adults in custody
- HIT Commons consults with health plans, counties, and others to help ensure that this data sharing happens in effective ways that protect privacy & security of the information

Reducing administrative burden

- Workforce gaps!
- Increasing regulatory requirements!
- Complex administrative processes!
- Constantly changing technology!
- How does one build success out of all of this? HIT
 Commons is committed to practical solutions that
 can lead to short-term impact on administrative
 burden

Thank you!

Where leaders meet to influence health care transformation in Oregon.

hitcommons.org

