Oklahoma Health Improvement Plan (OHIP) / Oklahoma State Innovation Model (OSIM) Health Information Technology Work Group Meeting July 29, 2015

July 29, 2015, 10:00 a.m. -12:00 p.m., Room 307
Oklahoma State Department of Health (OSDH)
1000 NE 10th Street, Oklahoma City OK 73117

Center for Health Innovation & Effectiveness (CHIE)
OSIM Project Director: Alex Miley
HIT Project Manager: Isaac Lutz

Minutes

1. Welcome / Introductions

- OSIM staff: Alex Miley, Project Director; Isaac Lutz, Health Planning Manager
- CHIE staff: Melissa Fenrick, David Bodimer, Jennifer Kellbach, Alisha Hemani, Spencer Kusi
- Attendees: Maureen Tressel Lewis (Milliman), Aaron Schneider (Milliman),), Troy Cupps (St. John), Cynthia Scheideman-Miller (Telehealth Alliance of Oklahoma), Tim Chrusciel (OFMQ), David Kendrick (OU), David Thompson (Global Health), Brian Yeaman (Coordinated Care Oklahoma), Patsy Liesering (OMES), Chad Sickler (OHCA), Lisa Gifford (OHCA), Adolph Maren (OHCA)

2. Final Deliverable Review: Electronic Health Record (EHR) Utilization Survey Results

- Reviewed Tableau file of data from the HER survey to illustrate its use and capabilities for workgroup members
- Discussed "unsupported providers" as a categorization; this category included critical access hospitals and those who did not respond to the question
  - Defining element for these providers was that they were not part of a larger health system
  - Work group members decided to remove the "unsupported providers" categorization and replace with "responded" or "did not respond"
  - Analysis to better understand how to encourage broader EHR adoption will start by segmenting respondents by the barriers cited by those who do not currently use them
- Work group members may request and use the survey data if desired

3. Final Deliverable Review: Health Information Exchange (HIE) Scan

Intended Use

- Point-of-care, clinical decision, and claims/clinical analytics support are three scenarios that build upon each other
- Point-of-care support is important for care coordination in between visits as well as during the patient visit; may want to change to "individual patient care"
- Claims/clinical analytics support is necessary for value-based purchasing
- Population-level analytics are necessary for value-based purchasing as well
- Public health was not explicitly included in the three uses but could be added within them
- Need to delineate goals and purpose of the data and how data will improve patient care

Minutes

Governance Model

- Stakeholders agreed that governance is an absolutely critical element to the success of this initiative
    - Interoperability will move at the "speed of trust." Governance engenders trust
- Suggested stakeholders include those individuals who receive, deliver, and pay for care
- HIE market is evolving and HIEs may serve different purposes
- A regimented approach is key to HIE development
- A disclaimer/weakness of the current approach is that it does not include virtual vendors/telemedicine
- Requirements for non-traditional providers are needed to ensure that the model takes into account not just the current state of care delivery but its future incarnations
- Governance needs to be structured but flexible to account for non-traditional providers

Database Design and Data Model

- Types of data and tools needed is dependent upon intended use(s)
- The need to delineate goals and use of data was reiterated to emphasize that data usage must be clearly defined and governed

Statewide Health Information Network Options

- Option 1: Network of Exchanges – Least robust, moderate response to market needs, moderate time to market, maximum stakeholder input, drives competition
- Option 2: Select and Existing HIE – Shortest time to market, moderate stakeholder input
- Option 3: State-Sponsored HIE – Ability to customize and standardize capabilities, slow response to market needs, longest time to market, governance challenges

4. Executive Summary of Delivery and Payment Model Presentation

Accountable Care Organizations (Medicare)

- Claims reconciliation represents a significant health IT need
- St. John ACO savings report soon to be available
- Providers and systems both inside and outside the ACO need to be integrated

Patient-Centered Medical Home

- Currently used in Medicaid, but the program lacks infrastructure for value-based payments
- Comprehensive Primary Care Initiative (CPCI) utilizes a Patient-Centered Medical Home model

Minutes

Episodes of Care

- Joins cost savings and quality benchmarks within the episodes
- One Principle Accountable Provider (PAP) is responsible for care
- PAPs are paid fee-for-service then average costs are evaluated for the performance period retrospectively
- Episodes can include acute care, chronic care, and behavioral health

Bundled Payment Care Initiative (Medicare)

- Four models include varying combinations of acute admission, in-patient stay, and post-discharge care
- Three models use retrospective payment; one uses prospective payment
- Models 2 and 3 are by far the most popular and the only models that exist in Oklahoma
- Center for Medicare and Medicaid Innovation (CMMI) has a map of sites where these models are active

Other Topics

- Basic considerations should include three questions:
  1. Is there risk?
  2. Who holds the risk?
  3. Is there upside risk, downside risk, or both?
- Evidence on the effectiveness of these models is needed

5. Additional Updates and Future OSIM Meetings

- Next Health IT meeting is **Thursday, August 27 at OSDH from 10 a.m.-12 p.m.**
- Health Workforce Redesign Strategy Session is Wednesday, September 2, 9 a.m.-3 p.m.
- Value-Based Analytics and Model Design Workshops are Wednesday, September 9 in Oklahoma City and Friday, September 11 in Tulsa

Action Items

Action Item Description	Responsible Party	Due Date
1. Share list of work group members and contact information for SharePoint site	OSDH	July 31

Action Items		
2. Create SharePoint Site	OHCA	August 14