



**Oklahoma Health Improvement Plan (OHIP) /
Oklahoma State Innovation Model (OSIM)
Health Information Technology Work Group Meeting
July 15, 2015**



July 15, 2015, 2:00-4:00 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: Joe Fairbanks, Melissa Fenrick, David Bodimer, Jennifer Kellbach
- Attendees: Maureen Tressel Lewis (Milliman), Aaron Schneider (Milliman), David Wharton (Choctaw Nation of Oklahoma), Troy Cupps (St. John), Tracy Leeper (ODMHSAS), Becki Moore (OSDH), Cynthia Scheideman-Miller (Telehealth Alliance of Oklahoma), Lindsey Wiley (OFMQ), Tim Chrusciel (OFMQ), Mario Cruz (OFMQ), David Kendrick (OU)

2. Overview of OSIM Goals and Health IT Deliverables

OSIM Goals

- Achieve the Triple Aim: improve care, improve population health, and decrease total per capita health spending
- Establish public and private collaboration with multi-payer and multi-stakeholder engagement
- Transform health care payment and delivery systems

Health IT Deliverables

- EHR Survey/Adoption Analysis (OFMQ): Final review on July 29
- HIE Environmental Scan (Milliman): Final review on July 29
- Value-Base Analytics Roadmap (Milliman): August 25
- Health Information Technology plan (Health IT work group): Internal review by October 30

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

Discussion points

- Centralized vs. federated models and how their capabilities to perform population health analytics compare
- Value-based analytics require that cost be tied to clinical outcomes, so claims data is a critical component of health information exchange. Input of payer claims data is voluntary in Oklahoma
- Behavioral health data within our health information systems is a distinguishing characteristic of Oklahoma
- Governance concerns are as important as technological considerations





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- Oklahoma has a relatively consolidated payer market, and payers in Oklahoma are interested in HIEs to support population health management.
- Milliman proposed three options to develop a statewide interoperable health information network:
 - Network of Exchanges
 - Select an Existing HIE
 - State-Sponsored HIE
- Key questions: What are the capabilities necessary for value-based analytics? Do we have those tools? How do the three options compare?

Suggested Changes

- HIE comparison
 - Clarify and ensure the definition of elements in the HIE comparison are the same (e.g., unique contracts vs. provider locations)
 - Correct number of provider locations for MyHealth.
 - Change “Consolidated Clinical Document Architecture” to “Consolidated Clinical View”
- OSDH Data Exchange
 - Add behavioral health data, birth records, and prescription drug monitoring as elements
 - Change from “shared-service database” to “state agency HIE”
 - Add in language about connecting with eHealth Exchange and identity management
- Statewide Interoperable Health Information Network Options
 - Include information about specific capabilities necessary for value-based analytics and which ones currently exist
 - Compare clinical decision support, point of care, and support for a value-based decision model among the three options
- Dr. Kendrick and Becki Moore will send wording and number clarification on their relevant sections of the report

4. Deliverable Review: Electronic Health Record (EHR) Survey Results

Discussion points

- Small independent practices are underrepresented
- Some lack of clarity among respondents about practice point categorization
- All but three counties included
- EHR Adoption
 - Overall, EHR adoption rate was 86%, which is high compared to other data sources. It is difficult to crosswalk clinic adoption with individual provider adoption
 - Most respondents without an EHR did not plan to implement or plans were far off



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- Proposed rule changes for Meaningful Use may reduce barriers
- EHR Adoption Barriers
 - Behavioral health and long-term care providers lack the same incentives as other providers, as they are not covered by Meaningful Use
- EHR Features Used
 - A second look could include variance among specific features
- HIE Participation and Barriers
 - Primary reasons were knowledge and cost
 - A second look could compare patient portal use between providers who use an EHR and providers who use a HIE
 - Unsupported facilities had a higher rate of financial and infrastructure-related barriers
 - Rural v. urban providers: no difference in adoption barriers but had different types of utilization barriers
- Recommendations
 - Ideas to reduce barriers include webinars, training, success story campaign, resource center, and project management support.
 - Training should focus on underutilized components
 - Utilizing and reporting data correctly could be a performance measure in a value-based model
 - Motivate each level of the practice
 - Promote transparency/peer transparency
- Other
 - How is interoperability promoted within a value-based payment model?
 - How do we assist unsupported providers?
 - Behavioral health homes align with HIE utilization (HIE checks count as “touches”)
 - Providers who are early adopters of technology will likely be early adopters of value-based models
 - How do we quantify overall EHR adoption rates in Oklahoma? Perhaps more relevant information is how many providers are unsupported and how EHR capabilities are actually being used. OFMQ will take out FQHCs as unsupported providers for second look
 - How do we show the benefits of EHR/HIE use?
 - How do virtual visits fit in to EHR/HIE use?
 - EHR/HIE use affects workforce issues. Practice facilitators should be HIT-minded



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5. Work Group Deliverable: Health Information Technology Plan

- Will need work group members' subject matter expertise to complete
- Center for Medicare and Medicaid Innovation (CMMI) has provided guidance documents that will be shared with the group
- Preliminary draft for internal review due October 30
- Finalized draft will be submitted to CMS on November 30

6. Additional Updates and Future OSIM Meetings

- Next meeting is **Wednesday, July 29 at OSDH from 10 a.m.-12 p.m.**
- Objectives for next meeting include a second look at the EHR survey and HIE scan, as well as discussing value-based care delivery/payment models
- Reviewing the value-based analytics roadmap will be a primary focus of the work group and OSIM for the next few months

Action Items

	Action Item Description	Responsible Party	Due Date
1.	EHR Survey Second Review	OFMQ	July 29
2.	HIE Scan Final Report Review	Milliman	July 29
3.	Share HIT plan guidance documents by email and through Sharepoint site.	OSDH	July 29

