# Oklahoma Health Improvement Plan (OHIP) / Oklahoma State Innovation Model (OSIM) Health Information Technology Work Group Meeting August 27, 2015

August 27, 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, Isaac Lutz, David J. Bodimer, Melissa Fenrick
- **Attendees:** Maureen Tressel Lewis (Milliman), Aaron Schneider (Milliman),), Lindsey Wiley (OFMQ), David Kendrick (OU), Brian Yeaman (Coordinated Care Oklahoma), Keianna Dixon (Deloitte), Tracy Leeper (ODMH), Chad Sickler (OHCA), Adolph Maren (OHCA)

### 2. OSIM Updates

- Brief review of progress and major milestones of other OSIM workgroups
  - Health Efficiency & Effectiveness
  - Health Workforce
  - Health Finance
- Some questions regarding the ability to review deliverables from other workgroups, specifically the financial model from Health Finance
  - OSIM workgroup members are permitted to attend any other meetings that they desire
  - A list of all OSIM workgroup meetings is available at the end of the presentation
- The group also discussed some of the complexities regarding data sources for Health Workforce and suggested beginning the process to secure access to Medicare data
  - This process has two primary paths, with the latter being the path of least resistance:
    - 1) Become a qualified entity
    - 2) Initiate a formal state request

### 3. Deliverable Discussion: Value-Based Analytics Roadmap

- Review and discussion of Milliman's Value-Based Anlaytics Roadmap deliverable
- During the review of other state efforts, the workgroup inquired as to which states had more developed systems and what they had done differently to achieve them
  - Maine and Wisconsin stand out with their progress
  - There may be some correlation between the number of payors within a state and the advancement of its system
  - Most states started with claims data only
  - Few states built their own technology

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- Regarding funding of HIT systems, the workgroup also clarified that there are one-time start up costs in addition to the annual recurring costs, to the tune of at least $500,000-$1,000,000, just for the technology aspect
  - A categorical breakout of ongoing costs would be helpful – e.g. what percentage of these costs are for technology licenses, staff, physical infrastructure and maintenance
- During the Data Collection discussion of the roadmap, the workgroup considered whether there were other more centralized sources of information that could simplify the process, such as data clearing houses
  - The consensus was that these would not be fruitful avenues to pursue, as opposed to just collecting the information itself, due to the need to secure contracts not just with the clearing houses, but also with all their suppliers
- The workgroup discussed the importance of governance related to managing privacy issues, including determining who is accountable for privacy
- It was stated that data quality is essential to building trust

**4. HIT Plan Outline Review**

- Brief review of the conceptual structure for the Health Information Network (HIN) and the Value-Based Analytics (VBA) tool, as well as the high-level outline for the HIT plan
- There was significant discussion regarding where patient clinical data would combine with claims data, and at what point patients would be de-identified
  - The current model combines patient clinical data first, in the HIN, and then adds in claims data, de-identifies patients, and incorporates the resulting database as the source for the VBA
  - The group discussed how combining claims data can impact point of care use
    - A lack of claims for filled prescriptions can indicate a lack of medication adherence
    - Incorporating claims can also compensate for any unknown gaps in the EHR, such as when a patient receives care in a geography not covered by the system
    - The increase in complexity to manage such a patient-identified database may not be with these incremental benefits, but it is worthy of further discussion
- The team also highlighted one of the critical success factors for the HIT in Oklahoma, EHR utilization, as especially critical. The need for improved EHR certification processes and enhanced provider training was discussed

## Minutes

**5. Additional Updates and Future OSIM Meetings**

- The full meeting inventory will now accompany every workgroup presentation, should attendees wish to participate in any other meetings
- The OSIM team is also hosting a major workshop on 9/9 and 9/11 to discuss the VBA and innovation model proposals. Attendance is encouraged!
  - Details are available at the end of the workgroup presentation

## Action Items

| Action Item Description | Responsible Party | Due Date |
|---|---|---|
| 1. Post workgroup slide decks to SharePoint | OSDH | 8/28/2015 |