

# Oklahoma State Innovation Model (OSIM) Workgroup Meeting

## MEETING NAME

Health Information Technology (HIT) Workgroup Meeting

<b>DATE &amp; TIME</b>	Friday, March 18, 2016; 9:00AM-11:00AM CST
<b>LOCATION</b>	Oklahoma State Department of Health (OSDH) 1000 NE 10 <sup>th</sup> Street Oklahoma City, OK
<b>HIT CHAIR AND CO-CHAIR</b>	<ul style="list-style-type: none"> <li>• <b>Bo Reese</b>, State of Oklahoma CIO,</li> <li>• <b>Rebecca Moore</b>, OSDH &amp; HIE Director</li> </ul>
<b>OKLAHOMA STATE DEPARTMENT OF HEALTH (OSDH) CENTER FOR HEALTH INNOVATION AND EFFECTIVENESS (CHIE) ATTENDEES</b>	<ul style="list-style-type: none"> <li>• <b>Joe Fairbanks</b>, CHIE Director</li> <li>• <b>Alex Miley</b>, OSIM Project Director</li> <li>• <b>Isaac Lutz</b>, OSDH Health Planning Manager, HIT and Health Finance Workgroup Project Manager</li> </ul>
<b>DELOITTE ATTENDEES</b>	<ul style="list-style-type: none"> <li>• <b>Keianna Dixon</b>, Consultant</li> </ul>
<b>WORKGROUP ATTENDEES</b>	<ul style="list-style-type: none"> <li>• <b>Adolph Maren</b>, Oklahoma Health Care Authority</li> <li>• <b>Annette Mays</b>, Oklahoma Association for Health Care and Hospice</li> <li>• <b>Brenden Hope</b>, Oklahoma City County Health Department</li> <li>• <b>Brian Yeaman</b>, Coordinated Care Oklahoma</li> <li>• <b>Cynthia Scheideman-Miller</b>, Health Resource Center</li> <li>• <b>Joe Walker</b>, MyHealth Access Network</li> <li>• <b>Lisa Gifford</b>, Oklahoma Health Care Authority</li> <li>• <b>Patsy Leisering</b>, Office of Management and Enterprise Services</li> <li>• <b>Tracy Leeper</b>, Oklahoma Department of Mental Health and Substance Abuse Services</li> </ul>
<b>STAKEHOLDER SESSION TYPE</b>	Presentation and Discussion
<b>STAKEHOLDER TYPE</b>	Workgroup Members
<b>STAKEHOLDER DESCRIPTION</b>	Workgroup Meeting

## KEY OUTCOMES

- OSDH and stakeholders agreed that there are many remaining governance questions; stakeholders were encouraged to review the HIT Model use cases and provide any recommendations.
- They will continue to work on the SHSIP HIT Plan as a standalone document to create a State HIT Plan for Oklahoma, for use in future funding applications.
- USDA has a grant opportunity called “RUS” (Rural Utility Services) for HIT supports.
- CMS put out a letter regarding funding to support non-eligible professionals for HIEs.

## ACTION ITEMS

- Meet with the health information exchange (HIE) organizations
- Continue to refine the HIT concept diagram to show how the health information network (HIN) supports the Regional Care Organizations (RCO) model
- Create a one pager that explains the HIT Plan architecture and concept
- Review HIT Objectives and Strategies against the OHIP 2020 to ensure that they are in OHIP 2020
- Update the HIT Workgroup vision document to capture the activities completed since Dec. 2014
- Continue to refine the HIT governance structure

## AGENDA

1. Welcome & Introductions
2. HIT Plan Updates
3. RCO Technology Supports
4. Review OHIP 2020 Goals
5. Timeline
6. Wrap-Up & Next Steps

## DISCUSSION NOTES

### **SECTION: HIT PLAN UPDATES**

- Reviewed a summary slide of the State Health System Innovation Plan (SHSIP) HIT Plan section
- Have posted the HIT Plan to the SharePoint site and the OSIM website
- Have updated the plan based on stakeholder feedback and added standard language for data sources
- Will hold a joint meeting with the two HIEs in the state

#### *Discussion*

- Stakeholder: What is the RCO model?
- Alex Miley: They have changed the name of the model from “Communities of Care” (CCO) to “RCO” as they received stakeholder feedback that the use of the acronym “CCO” was confusing.

### **SECTION: RCO TECHNOLOGY SUPPORTS**

- HIT Plan outlines two broad strategies for achieving the aims of OHIP 2020 and the RCO model:
  - Create a HIN that supports interoperability between the RCO and participating HIEs
  - Create a value-based analytics (VBA) tool that will evaluate the performance of the RCOs, manage population health outcomes for RCO attributed beneficiaries, and inform RCO value-based payment strategies
- Presented several new diagrams:

- VBA / HIN Conceptual Design
  - HIN is at the center of the diagram
  - Everything to the right of the HIEs pertains to the RCO model and model supports
- HIE Use Case
  - Note: The scope of this use case was taken from Milliman's report
  - Includes point of care support and clinical decision support
  - Reduces duplicate data entry
  - Streamlines data exchange and reporting
  - Exchanges CHD data with providers
- HIN Use Case
  - Note: HIN is not replacing the work of the HIEs but rather connecting them
  - Facilitates linkage between claims and clinical data for VBA
  - Facilitates comprehensive record for Clinical Decision Support
  - Facilitates comprehensive record for Claims/Clinical Analysis
  - Facilitates comprehensive record for Point of Care Support
- VBA Use Case
  - Facilitates evaluation of RCO performance using quality measures
  - Provides reports for setting RCO rates
  - Provides records for payment reform

### *Discussion Questions*

1. *Where should HIT governance occur to support the RCO model (e.g., the VBA level, the HIN level)?*
  2. *How do we ensure RCO supporting technology is developed in a comprehensive way and accounts for the multiple facets of system transformation using governance (e.g., avoid siloed decision making)?*
- Rebecca Moore: One of the things that they originally did was put two separate governing bodies around the VBA and HIN. They also do not want siloed decision-making. They want public and private partnerships and also want to ensure that stakeholders have a voice.
  - Stakeholder: At which point is the data de-identified in the VBA/HIN Conceptual Design diagram?
  - Isaac Lutz: The data is de-identified in both directions. There is a note at the bottom of the diagram with a red arrow pointing in both directions. (This answered the stakeholder's question.)
  - Stakeholder: Is the HIN a federated model?
  - Alex Miley: It can be both a federated and consolidated model. For the RCOs, it must be centralized. For the HIEs, it can be federated.
  - Stakeholder: He agrees and understands the vision and the point of the Master Patient Index (MPI). There are two transitions that occur around every piece of data exchange (MPI and clinical). The MPI puts the pieces together. What they have done with EPIC is to marry the ADT so that the federated success rate is 1-2% up to 100% on EPIC. Every time you match and marry

ADT, the success rate goes up. He agrees that the hybrid approach is where we ultimately want to land.

- Rebecca Moore: Claims data usually lags. This just makes the timelines of clinical data even more important for reaching savings. They have been thinking a lot about what happens to claims data as they move forward.
- Stakeholder: He is thinking a lot about the governance questions. He wants to ensure that everyone is conscious of the level of efforts that this initiative will entail. In My Health, the internal governance process for making the decision to use data for analytics purposes is to have this vetted by their board of directors. This further promotes the idea of the importance of governance.
- Rebecca Moore: Does My Health have one governing body?
- Stakeholder: My Health has one board of directors for all of their affairs but has autonomous governance around their different programs.
- Rebecca Moore: We will need to have multiple governing bodies but will have to see what that will look like.
- Isaac Lutz: They have been discussing governance a lot. They have taken a step back to see where the new governance should exist based on the main features of SIM and the RCOs. They need help determining what kind of governance should be included.
- Stakeholder: They have a similar structure at My Health. This is a chicken and egg problem with respect to governance. There are so many things that the HIEs must participate in and mandatory features that would need the appropriate services, as well as public health reporting.
- Isaac Lutz: As a recap, he is hearing that there are three levels of governance here.
- Stakeholder: No, only two levels of governance.
- Stakeholder: (Regarding claims data) Think you should start at the clinical level and work your way up.
- Stakeholder: Simplicity is our friend. No one wants to have 12 governance meetings. The ultimate governance model needs to help providers and providers need to be on board.
- Stakeholder: Agrees. The provider's voice needs to be heard. At the end of the day, how is this governance model different from what is already happening with Blue Cross Blue Shield connecting to My Health?
- Stakeholder: Disagrees. He thinks that there is a difference between the SIM model and what BCBS has (as BCBS is a private payer).
- Rebecca Moore: Agrees. She wants the HIEs to look at the use cases to review them in more detail. There will be more work to do beyond SIM. She requested that the HIEs send them any additional use cases that they may have (they pulled these use cases in this presentation from online and from Milliman's report so they may have missed something).
- Isaac Lutz: We will continue to refine this conceptual diagram and ensure the HIE scopes outlined in the diagram have input from the HIEs as to their scope. They will incorporate those changes for next time.

## **SECTION: REVIEW OHIP 2020 GOALS**

- Reviewed the five-year vision and goal for OHIP 2020
- Reviewed HIT objectives and strategies included in OHIP 2020, HIT strategies reviewed for OHIP 2020 but that were not included, and additional HIT objectives not included in OHIP 2020
- Refocusing the OHIP goals are SIM winds down

### *Discussion Questions*

1. *What strategies should be kept?*
2. *What are the next steps to achieving the selected HIT strategies (action steps)?*
3. *What is the role of the HIT workgroup in achieving the OHIP 2020 goals?*

- Stakeholder: Agrees with the objectives
- Stakeholder: They will have to continually address the consent topic. How do we go about receiving consent from patients when the data is used for multiple purposes afterward (e.g., quality metrics)? They have to continually analyze this.
- Stakeholder: Agrees.
- Rebecca Moore: Would it be helpful if we looked back at the strategies employed in OHIP 2020 to see what aligns to what else they are working on? They will crosswalk these objectives and strategies against the OHIP 2020 to ensure that they are actually in OHIP 2020. They also ask stakeholders to review the SHSIP HIT Plan.
- Isaac Lutz: Another thing we can do is update the HIT Workgroup vision document to capture the activities they have done since December 2014.
- Stakeholder: This will help a lot, but he thinks that there are some structures contained in this presentation deck that are duplicative of what My Health has already built or is building. For him, it is hard to see where one ends and one begins (between SIM and what the HIEs already have). This initiative reminds him of the Beacon program.
- Rebecca Moore: These are things that they will address. There are a myriad of initiatives across the state.
- Stakeholder: There is an opportunity to dive deeper into the topics that the Milliman report touched.
- Stakeholder: What is meant by HIT development? (mentioned a few topical areas)
- Rebecca Moore: All of the above that he mentioned: existing HIT, new HIT to support new initiatives, procurement funds for new initiatives. They do not know what this will look like but they are pursuing funding for whatever they need.
- Stakeholder: Shared grant opportunity – The USDA has a grant opportunity called “RUS” (Rural Utility Services). It is an annual grant for rural areas specifically.
- Rebecca Moore: (Thanked stakeholder for mentioning this grant opportunity.) There is a letter that CMS put out regarding funding to support non-eligible professionals for HIEs. As a next step, they will take a step back to review the model design that they have so far. They will discuss current initiatives in the state and what they still need to do.
- Stakeholder: They should add a bullet to the presentation that they are encouraging and supporting current and new initiatives.
- Rebecca Moore: They will go back and update their HIT Workgroup documents for these things.

- Alex Miley: As a note, OHIP was in place before SIM. The OHIP Coalition applied for the SIM grant with these same OHIP objectives to better the health of Oklahomans. They want to see how the workgroup can take what SIM has done and operationalize it.
- Rebecca Moore: As a note, we always have more work to do, e.g., addressing populations that we have not touched by SIM.
- Stakeholder: Agrees 100%. He mentioned behavioral health and the need to get that population aligned to services that they do not have. He knows that he is not alone with how providers feel.
- Isaac Lutz: To point out, there are no SIM test dollars, so we will have to piece together funding for each part of the HIT objectives and move forward in this piecemeal fashion.

## **SECTION: TIMELINE**

- Reviewed the timeline for the next steps in the SIM process
  - Submit the SHSIP to CMS
  - Continue stakeholder engagement
  - Operationalize SHSIP
    - Added an Administrative Burden Task Force to the State Governing Body
- Emphasized that after the plan is submitted, it still belongs to Oklahoma. They will be able to do with it however they feel id appropriate.

### *Discussion*

- Stakeholder: They have reviewed the steps for the submission. However, can they confirm what the submission actually is?
- Alex Miley: Yes. She reviewed the sections that are included in the SHSIP.
- Rebecca Moore: They still want to work on the SHSIP HIT Plan after the CMS submission and develop a State HIT Plan for Oklahoma. They want to take the critical components from the SHSIP HIT Plan, work out the governance components, and use this State HIT Plan for future grant funding applications. The HIT Workgroup will be a critical part of doing this.
- Stakeholder: How do we fund the additional work that we are doing?
- Alex Miley: Each of these components in the SHSIP will spin off to become its own work plan (e.g., HIT, workforce). One source of funding will be the Delivery System Reform Incentive Payment (DSRIP) program.
- Isaac Lutz: Additionally, our centers (e.g., CHIE) will still forge ahead.
- Alex Miley: The workgroups will also continue on. They will pull in any additional stakeholders.
- Rebecca Moore: They need to re-invigorate the HIT Workgroup. If there is a way to get people engaged, they invite workgroup members to do this.