Oregon's Health Information Exchange Programs

November 16th, 2021

Oregon Health Authority

Today's Presenters

- Erick Maddox, Executive Director, Reliance eHealth Collaborative
- Paula Weldon, Director of Operations, Reliance eHealth Collaborative
- Jessi Wilson, Meaningful Use Programs Manager, OHA
- Justin Keller, HIT Commons
- Luke Glowasky, Health Information Exchange Programs Manager, OHA

Agenda

- Reliance eHealth Collaborative & the HIE Onboarding Program
- Q&A
- Collective & EDie
- Q&A

Real-time Insight

Connecting Communities for Better Health Care

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Reliance Governance

- Non-Profit (501c3) Corporation
- All Volunteer Board of Directors
- Multi-Stakeholder Decision-Making
- Committees and Workgroups
  - Consumer
  - Provider
  - Governance
  - Finance
  - Technology
  - Policy
  - Behavioral Health
  - CCO

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About HIE

- 5.6M Unique Patients Represented
  - Patients' information contained in an average of 6 Different EHRs
- 589M Clinical Records
  - Event and Demographic Data (ADTs)
  - Lab & Radiology Results (ORUs) (excluding DICOMMs)
  - Transcribed Reports (MDMs, TRNs)
  - Adjudicated Claims (837s)
  - Encounter Notes and Care Summaries (CCDs)
- 337 Data Connections across 37 Unique EHRs

Reliance eHEALTH COLLABORATIVE

Reliance
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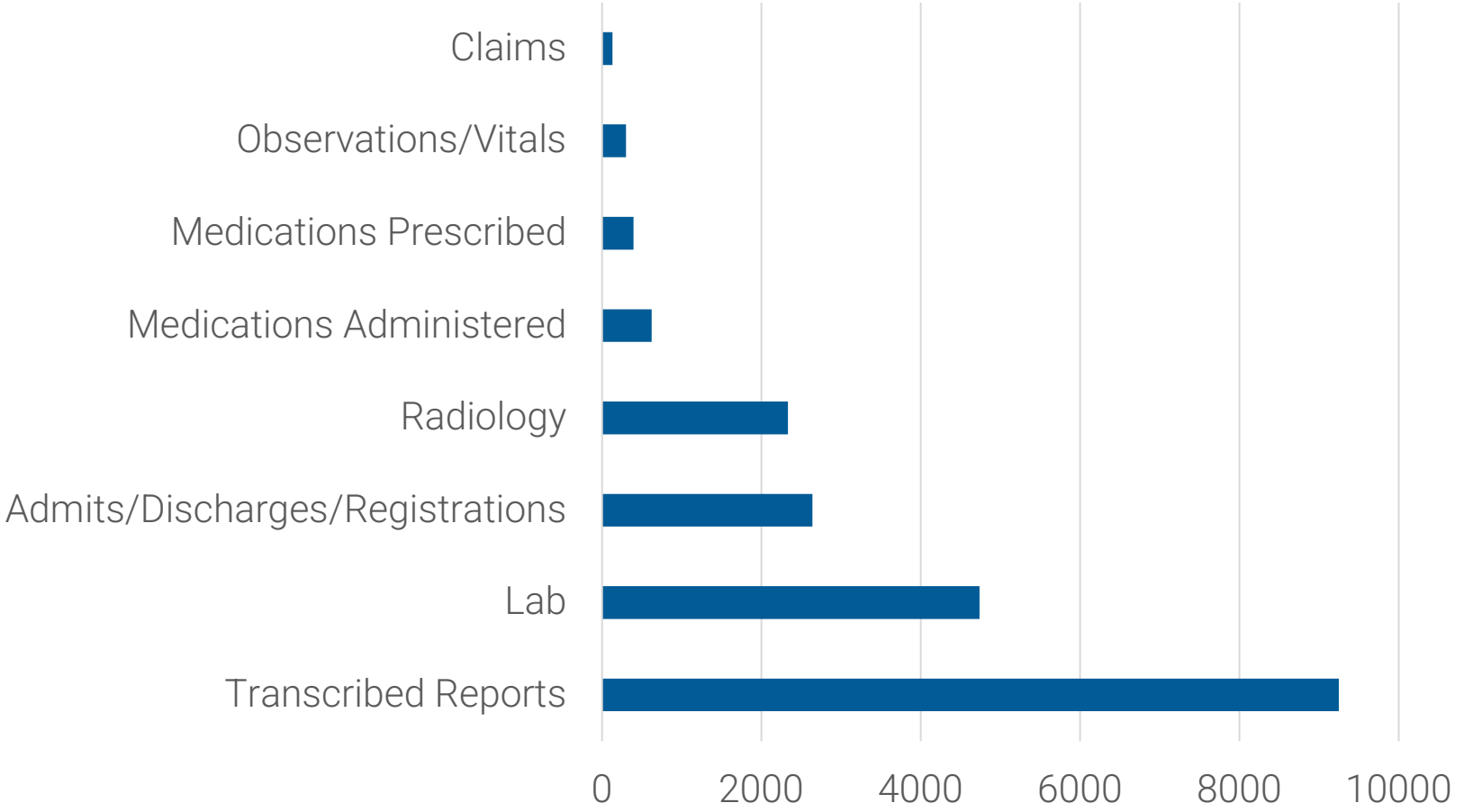
Data Viewed in Reliance Portal by Type
2nd Quarter 2021



Does not include:

- Direct queries to Reliance via provider EHRs
- Data and reports delivered directly to provider EHRs

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Participating Oregon Health Systems

- Asante Health System
- CommonSpirit Health
- Coquille Valley Hospital
- Harney Hospital
- Lake District Health
- Lower Umpqua Hospital
- Mid-Columbia Medical Center
- Providence Health and Services
- Sky Lakes Medical Center
- St. Charles Health System

See the full Participant List

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Participating Health Plans

- Advanced Health
- AllCare Health
- Cascade Comprehensive Care
- Jackson Care Connect
- Pacific Source Health Plans
- Regence Blue Cross
- Umpqua Health

See the full Participant List

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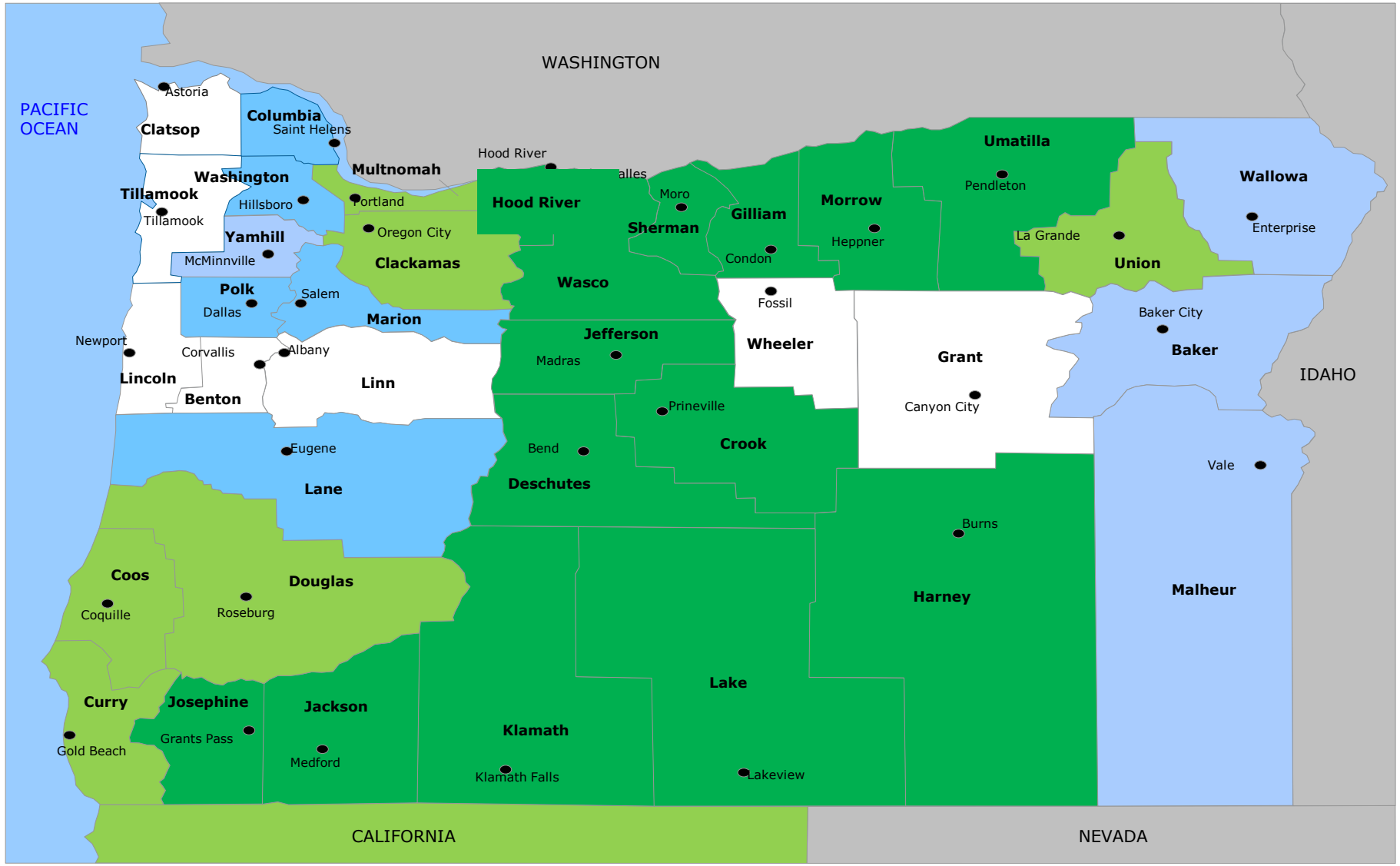
Oregon Coverage



- Enrolled hospitals & clinics
- Enrolled clinics
- Some interest in participating
- Currently no activity

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Washington Coverage

- Enrolled hospitals & clinics
- Enrolled clinics
- Some interest in participating
- Currently no activity

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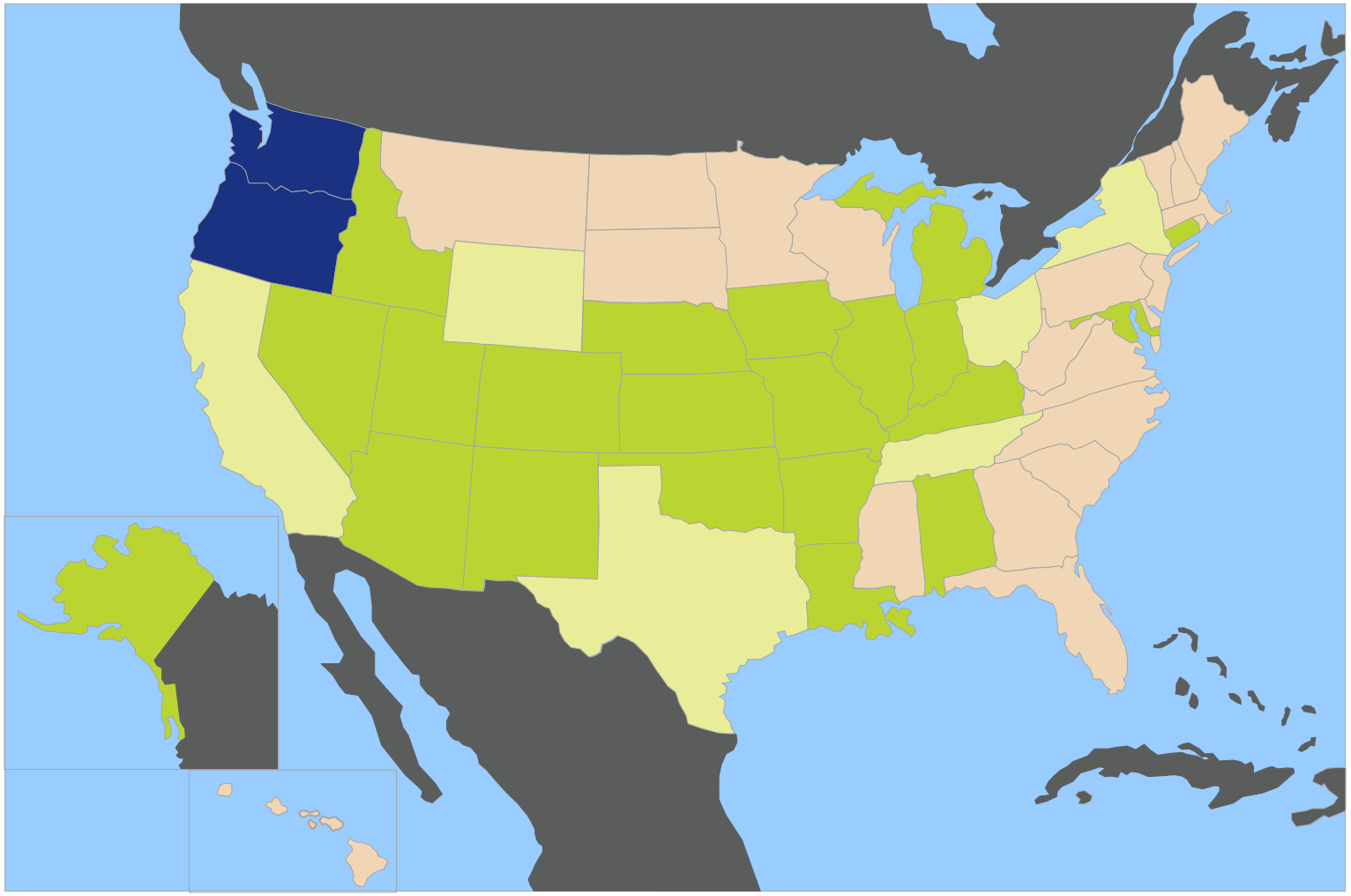
National Connectivity



HIE Onboarding Program

Jessi Wilson, Meaningful Use Programs Manager, OHA

Background

- February 2016: Funding approved under the Health Information Technology for Economic and Clinical Health (HITECH) Act for HIE onboarding of certain Medicaid providers.

- 2016 – 2018: Oregon HIE Onboarding Program development
  - Stakeholder input & study of other states administering similar programs
  - Request and approval of funding (90% CMS match, 10% state match)
  - Reliance e-Health Collaborative selected as the HIE vendor

- January 2019: Oregon launched HIE Onboarding Program

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Program Overview

- Purpose:
  - Support care coordination by advancing the exchange of information across Oregon's Medicaid provider network.
  - Support OHA's Office of Health IT's vision of health system transformation
- Goal:
  - Increase "priority" Medicaid providers' capability to exchange health information by supporting the initial costs of connecting (onboarding) to a community-based HIE
- Program Services:
  - Community Health Record portal connection (No electronic health record [EHR] required)
  - Interface connection (EHR)

Program Overview

- Priority Medicaid providers included:

Provider Type	Examples of Specific Entities Covered
Behavioral health	Community Mental Health Programs, Certified Community Behavioral Health Centers, Behavioral Health Homes, Assertive Community Treatment teams, mobile crisis teams, and other state-licensed behavioral health organizations
Oral health	Clinics and providers serving Medicaid members, including those contracted with managed care entities and those serving fee for service (i.e., open card) populations
Critical physical health	Medicaid providers who participate in: Patient-Centered Primary Care Homes, Federally Qualified Health Centers, Rural Health Centers, Comprehensive Primary Care Plus, tribal health, equity-focused/culturally specific clinics, and county corrections health
Major Trading Partners	Hospitals, health systems, multi-specialty clinics, laboratories and radiology, especially those that affect the value of HIE for smaller and rural/frontier providers

Program Participation

- Reliance conducted outreach and onboarding according to an OHA-approved work plan developed in consultation with participating CCOs.
- Approved work plans included seven regions and nine CCOs; however, program uptake exhibited across five regions and seven CCOs:

Participating Regions	Participating CCOs
Central Oregon	PacificSource - Central Oregon
Hood River/The Dalles	PacificSource - Columbia Gorge
Southern Coast	Advanced Health & AllCare
Roseburg	Umpqua Health Alliance
Southern Oregon	Jackson Care Connect, Cascade Health Alliance, & AllCare

Program Participation

- Program concluded 9/30/2021
- Over $2.4 million was spent successfully onboarding **72** unique entities (23 CHR connections and 49 interface connections) to the HIE, including:

7 major trading partners

  - 4 hospitals
  - 1 diagnostic laboratory system
  - 2,multispecialty groups

49 critical physical health organizations

  - 2 Tribal health clinics
  - 1 correctional organization

12 behavioral health organizations

4 oral health clinics

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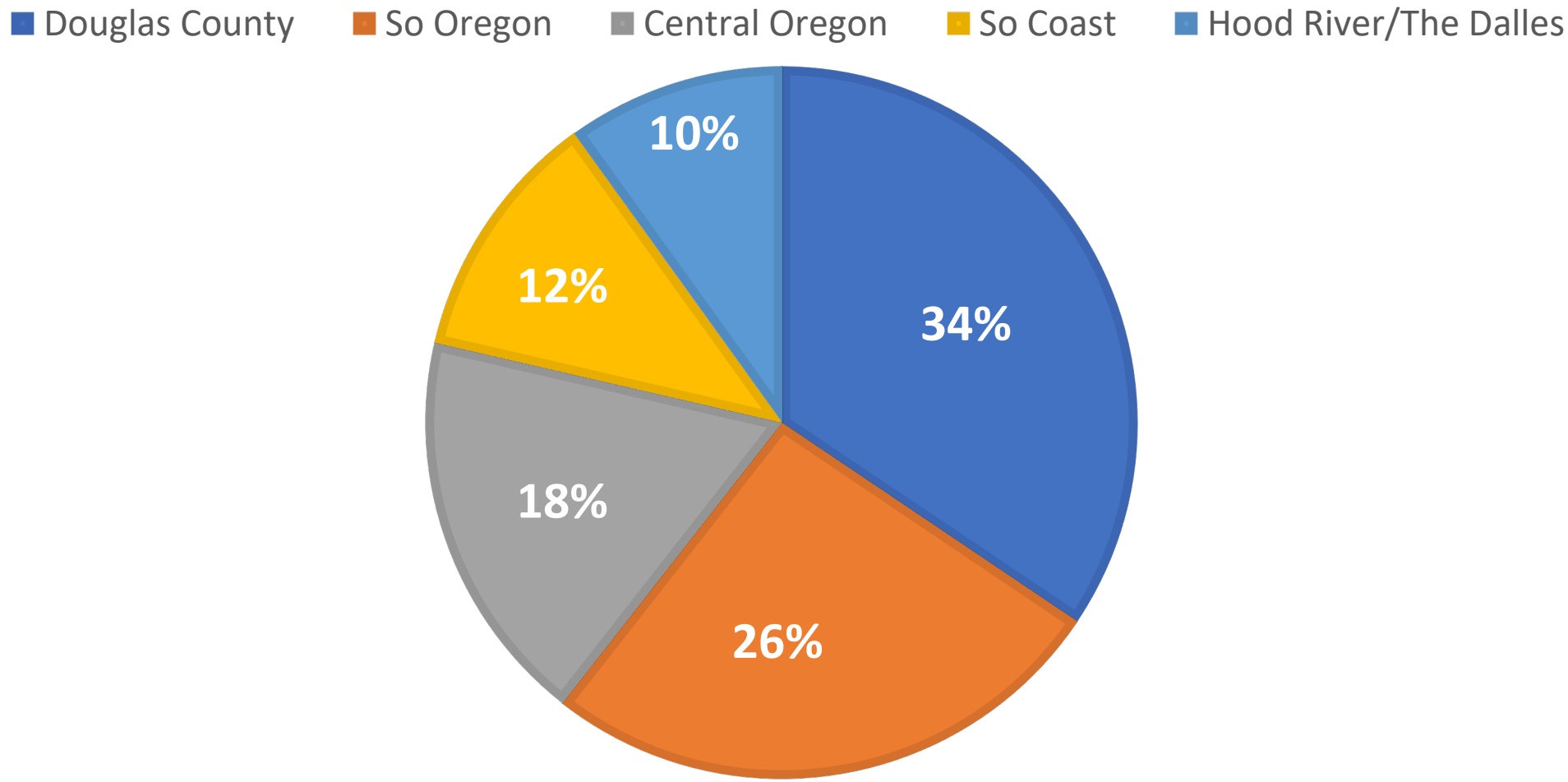
Participation Across Regions



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HIE Onboarding Program

- Program allowed for behavioral and dental health participants to join the HIE and inform patient care across providers & care team
  - EHR Vendor technology enhancements
- CCO involvement was influential as to how well onboarding was communicated and executed in the community
- Momentum picked up in 2021 for regions that were slow to start participation under the HIE Onboarding Program
  - CURES Act
- Weekly communication between Reliance and OHA was very helpful and allowed any issues or concerns to get addressed timely

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HIE Use Case: Douglas County

- Umpqua Health Alliance partnered with Reliance to facilitate a health information exchange solution within the community
- Reliance was able implement back-end HIE data sharing across disparate systems within the community
- Ability to create single sign-on (SSO) connections to keep providers in their workflow to access community patient information
- Current project projects also include SSO to Community Information Exchange (CIE) systems that serve SDOH information
- UHA offered additional incentives to providers to connect to Reliance

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HIE Use Case: Reporting, Alerts & Notifications

- Encounter Reporting: FQHCs utilizing Reliance reporting to manage “leakage” for value-based payment contracts
- Event Alerts: Six health systems now pushing provider groups to HIE for Event Alerts functionality to support CURES Act Requirements
- Pre-natal & Post-partem Reporting: Health Plans, Hospitals and OB practices utilizing HIE Notifications to support Pre-natal and Post-partem care and follow-up to impact HEDIS and CCO measurements
- Local Public Health using Reliance for communicable disease contact tracing, investigation and follow-up.
  - Was an existing public health use case prior to COVID-19 Pandemic. COVID-19 contact tracing activities caused local public health to become the care setting with highest HIE utilization rates.

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HIE Use Case: Reporting, Alerts & Notifications

- Cascade Health Alliance uses Reliance for most current and/or missing demographic data and key elements of REALD & SOGI data to help inform CCO contact information to reach members for vaccination outreach and information
- IET (Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment) report that helps inform the CCOs of potential substance use disorder that will help get patients into treatment earlier by using near real-time clinical data in addition to claims data for care coordination

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What's Next

- Regional HIE Collaboration will provided targeted funding for HIE Onboarding in late 2022
- NCQA Data Aggregator Validation (DAV) Certification in mid 2022 expected to deliver substantial value to Commercial and Medicare Plans
- Further deployment of provider alert and notification functionality to support hospitals in meeting CMS Conditions of Participation
- Integration with Care Coordination Platforms in 2022 for the aggregation and exchange of SDOH data across sectors
- Updated Behavioral Health and Substance Use Treatment data sharing functionality to comply with some of the most recent changes to 42CFR Part II in early 2022.

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Q & A

Collective Platform and EDIE

Justin Keller, HIT Commons
Luke Glowasky, OHA

EDIE Utility History & Context

- In 2012, Washington's "ER is for Emergencies: the 7 Best Practices for Emergency Medicine" included a requirement for a statewide real-time event notification system
- In 2013, clinical leaders on the Oregon Health Leadership Council (OHLC) Evidence-Based Best Practice Committee identified rampant overutilization of the emergency department as a key focus area
- In the 2013 HITOC Strategic Plan, statewide hospital event notifications was identified as a key "enabling infrastructure" component

History & Context cont.

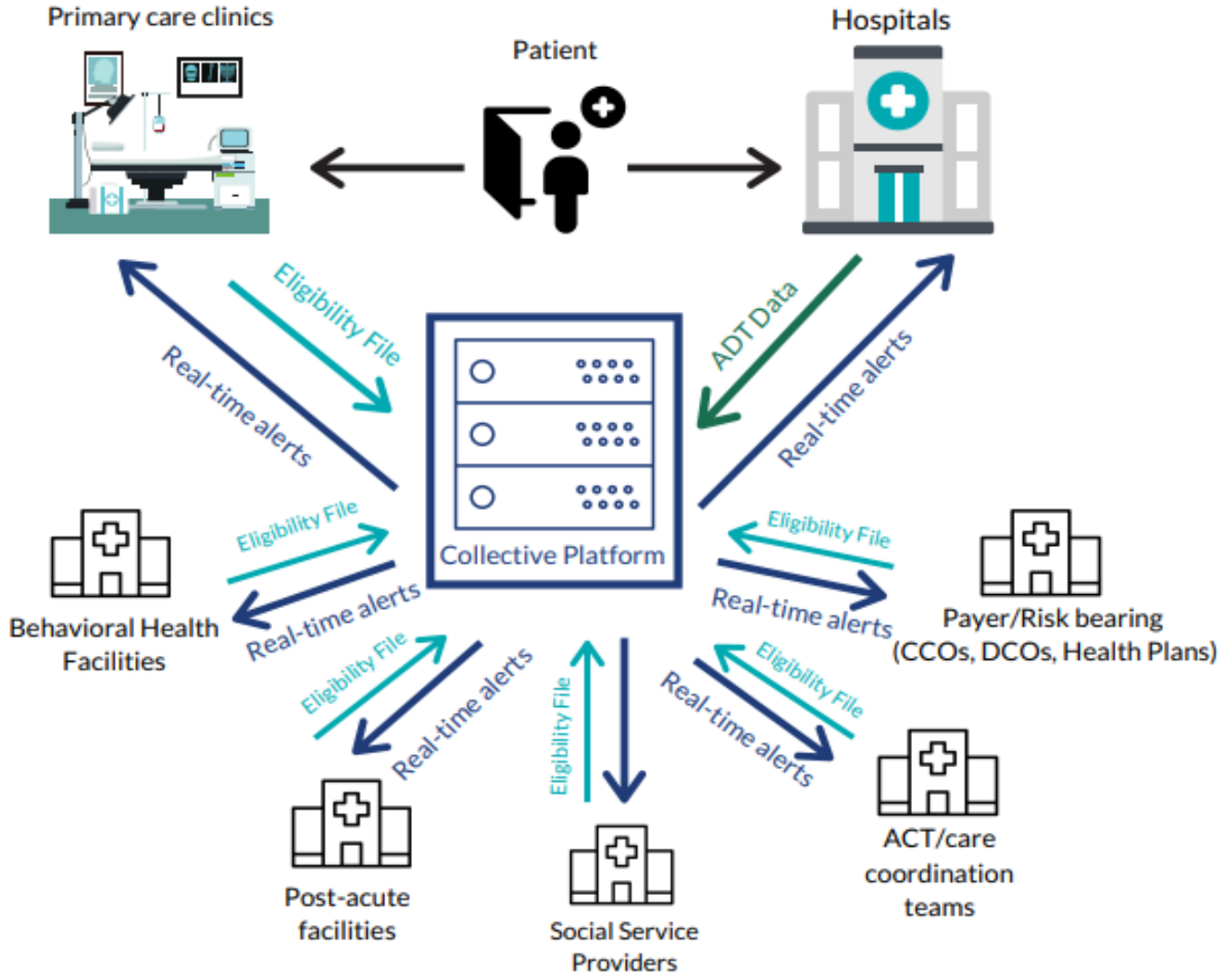
In partnership, OHA and OHLC formed a steering committee and developed the EDIE Utility model

- Funding for all hospital EDs would be covered by a proportional funding model:
  - 50% by the 61 covered hospitals, tiered by hospital revenue
  - 50% by OHLC-member health plans and CCOs, tiered by membership

To fully participate in this utility model, legislation was passed in 2015 (HB 2294) to allow OHA to sit on a governance board of this kind and participate in funding and decision-making

This utility paved the way for a more robust model for public-private governance of HIT…

Overview of Collective Medical Network in Oregon



EDIE notification: real-time notifications within the ED workflow (EMR integration, etc.)

- Common notification criteria:
  - 5+ ED visits in the past 12 months
  - 3+ visits in different EDs in 90 days
  - Active care insight on the patient
  - COVID-19 positive lab test
  - PDMP Criteria (for Epic hospitals)

Collective Medical 'platform:' web-based portal accessible by all system users (clinics, payers, hospitals, etc.)

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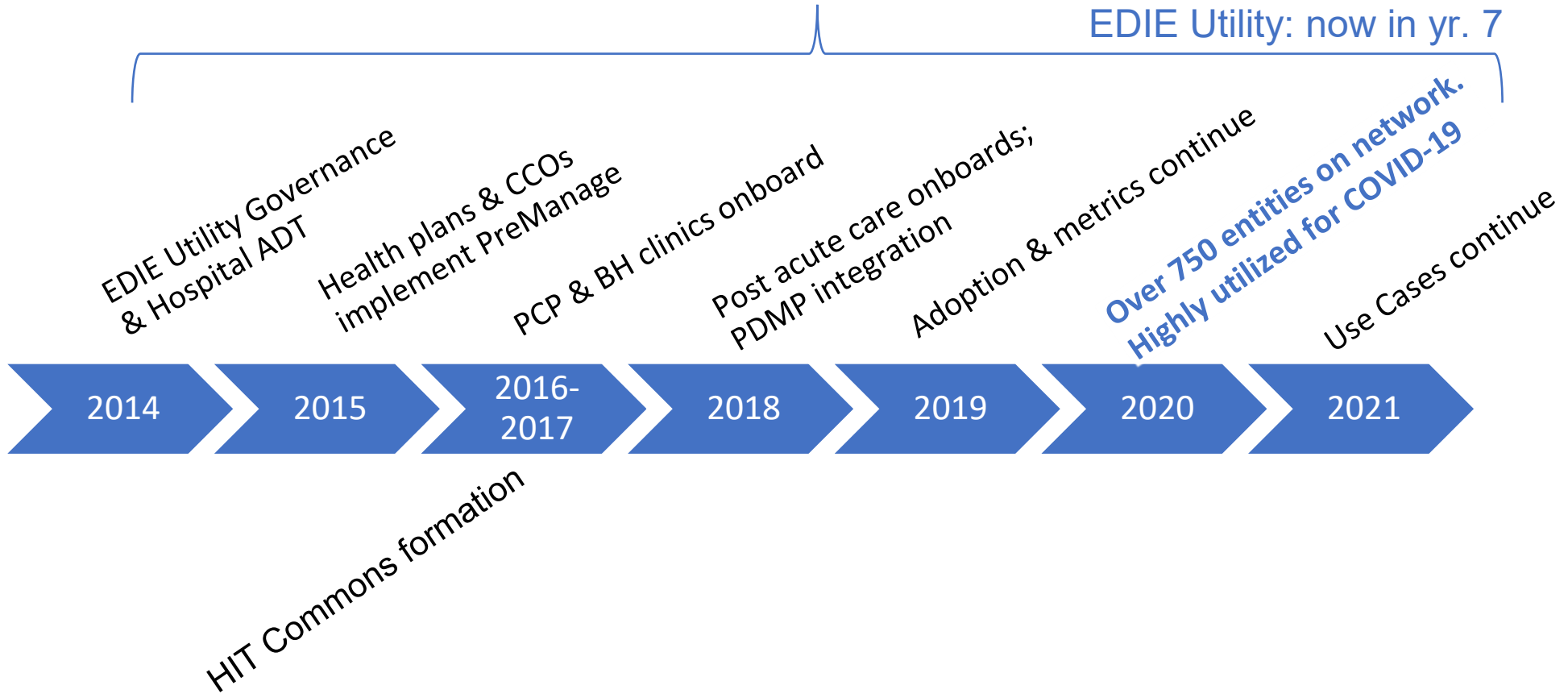
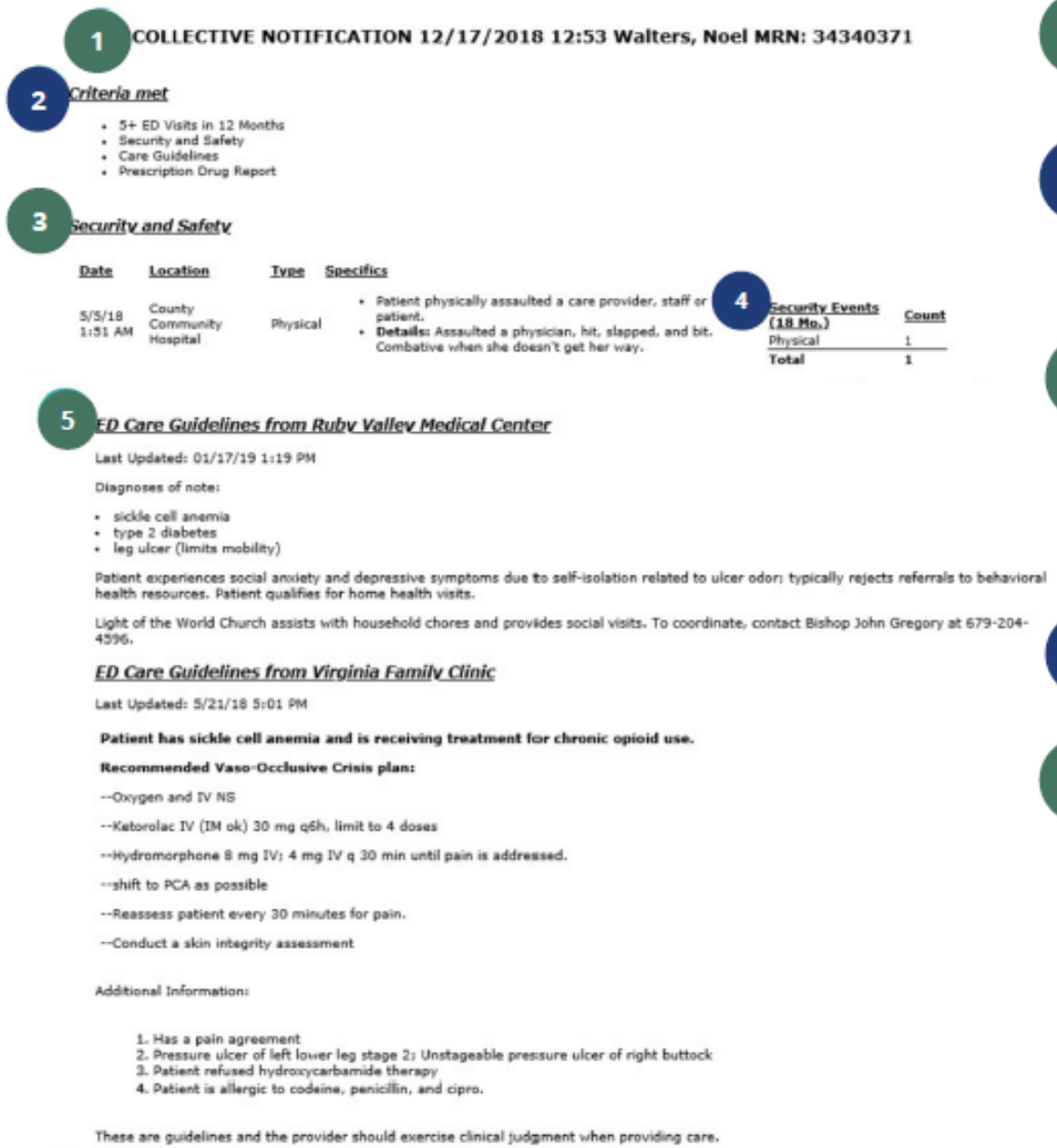
Timeline of Major Events



WHAT INFORMATION IS IN AN EDIE ALERT?



1 **COLLECTIVE NOTIFICATION 12/17/2018 12:53 Walters, Noel MRN: 34340371**

2 ***Criteria met***

- 5+ ED Visits in 12 Months
- Security and Safety
- Care Guidelines
- Prescription Drug Report

3 ***Security and Safety***

Date	Location	Type	Specifics
5/5/18 1:51 AM	County Community Hospital	Physical	• Patient physically assaulted a care provider, staff or patient. • **Details:** Assaulted a physician, hit, slapped, and bit. Combative when she doesn't get her way.

4

Security Events (18 Mo.)	Count
Physical	1
Total	**1**

5 ***ED Care Guidelines from Ruby Valley Medical Center***

Last Updated: 01/17/19 1:19 PM

Diagnoses of note:

- sickle cell anemia
- type 2 diabetes
- leg ulcer (limits mobility)

Patient experiences social anxiety and depressive symptoms due to self-isolation related to ulcer odor; typically rejects referrals to behavioral health resources. Patient qualifies for home health visits.

Light of the World Church assists with household chores and provides social visits. To coordinate, contact Bishop John Gregory at 679-204-4596.

ED Care Guidelines from Virginia Family Clinic

Last Updated: 5/21/18 5:01 PM

Patient has sickle cell anemia and is receiving treatment for chronic opioid use.

Recommended Vaso-Occlusive Crisis plan:

--Oxygen and IV NS

--Ketorolac IV (IM ok) 30 mg q6h, limit to 4 doses

--Hydromorphone 8 mg IV; 4 mg IV q 30 min until pain is addressed.

--shift to PCA as possible

--Reassess patient every 30 minutes for pain.

--Conduct a skin integrity assessment

Additional Information:

1. Has a pain agreement
2. Pressure ulcer of left lower leg stage 2; Unstageable pressure ulcer of right buttock
3. Patient refused hydroxycarbamide therapy
4. Patient is allergic to codeine, penicillin, and cipro.

These are guidelines and the provider should exercise clinical judgment when providing care.

1 **Patient Identifiers:** identifying information that includes the date and time of the EDIE notification, the patient name, and the patient MRN.

2 **Notification Criteria:** the criteria met by the patient that triggered the EDIE notification.

- Examples: 5+ ED Visits in 12 months, Care Guideline, etc.
- See page 6 for more information on why EDIE notifications are sent.

3 **Security and Safety:** used to alert ED providers about patients who may pose a threat to themselves or to providers and other patients in the ED setting.

- Information includes date, location, type of event, and specifics regarding each individual event.
  - Examples: Drug allergy interactions, life threatening safety/security, suicide risk

4 **Security Events:** total counts of security events from the past 18 months.

5 **Care Insights:** intended to deliver brief, critical information to ED providers at the point of care (i.e., information delivered in a hallway conversation).

- Can be related to care recommendations, care coordination, pain management, or helpful ED-based interventions to try.
- Care insights from the recipient facility are listed first (e.g. Ruby Valley Medical Center sees Ruby Valley Medical Center's insight first).
- If there are other care insights from the community, the most recent outside facility insight should be listed next.

WHAT INFORMATION IS IN AN EDIE ALERT?

6 Care History

Medical/Surgical

9/2/17 12:00 AM Ruby Valley Medical Center

- Pressure ulcer of left lower leg stage 2: Unstageable pressure ulcer of right buttock
- Patient refused hydroxycarbamide therapy
- Patient is allergic to codeine, penicillin, and cipro

Social

3/2/18 12:00 AM Virginia Family Clinic

Lives with parents, socially isolated, and is unable to work.

Infection/Chronic

2/20/18 12:00 AM Virginia Family Clinic

History of vaso-occlusive crises, Acute anaemia, Acute chest syndrome (ACS), chronic acute pain

Behavioral

2/15/18 12:00 AM Virginia Family Clinic

Prolonged history of depression and anxiety due to chronic pain and social isolation.

7 Notable Patient Groups

- High Risk Group
- High-Utilization
- Pain Agreement
- Security Risk

8 Prescription Drug Report (12 Mo.)

Rx Details

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2019-01-15	ACETAMINOPHEN-COD #3 TABLET	12	CHRISTOPHER TUNG	3	18
2018-09-23	HYDROCODONE-ACETAMIN 5-325 MG	10	MAXWELL WILLIAMS	2	16.667
2018-08-03	HYDROCODONE-ACETAMIN 5-325 MG	20	MELISSA SOUSLEY	2	20
2018-07-14	TRIAMADOL HCL 50 MG TABLET	10	ELIZABETH ABDCASSIS	4	25
2018-01-30	HYDROCODONE-ACETAMIN 7.5-325	10	TED HUGHES	2	75

Rx Summary

Metric	Count
CS II-V Rx	5
CS-II Rx	3
Quantity Dispensed	62
Unique Prescribers	5
Unique Pharmacies	4
Benzos	0
Opioids	3
Long Acting Opioids	0

Recent anticoagulant(s)

Fill Date	Drug Description	Qty.	Prescriber	CS	Days Supplied	Therapy Class
Jan 18, 2019	WARFARIN SODIUM ORAL 2.5 MG TABLET	90	CHRISTOPHER TUNG	0	30	Anticoagulant

9 E.D. Visit Count (12 mo.)

Facility	Visits
Covington ED	1
County Community Hospital	9
Ruby Valley Medical Center	2
Richmond Hospital	5
Total	**17**

Note: Visits indicate total known visits.

6 **Care History:** objective information related to patient's medical/surgical, social, infection/chronic, and behavioral care histories.

- Examples could include:
  - Substance Use: Hx of IVDU (heroin), per pt last use was 3 months ago.
  - Pain Management: Chronic pain, methodone prescribed by PCP.
  - Medical/Surgical: Hx of abdominal wall abscesses, chronic pain, Hep C, diabetes.

7 **Notable Patient Groups**: patient program enrollment, cohorts, or groups that providers should be aware of.

- Examples could include:
  - + COVID-19, High ED utilization, High Risk Group, Pain-Agreement, Security Risk.

8 **Prescription Drug Report (displays only in hospitals that have opted in)**

- **PDMP**: 6 month medication history, Medication name, dose, route, dispensed date, prescribing provider, and quantity dispensed.
- **Recent anticoagulant**: timeframe alert is 200% of days supplied, drug name, dose, route, dispense date, provider, and days supplied.

9 **ED Visit Count**: number of ED visits and their locations in the past 12 months.

10 **Recent ED Visit Summary**: most recent 10 ED visits in the last 12 months.

- Shows the admit date, facility, city, state, type, and diagnosis or chief complaint.

10 Recent Emergency Department Visit Summary

Showing 10 most recent visits out of 17 in the past 12 months

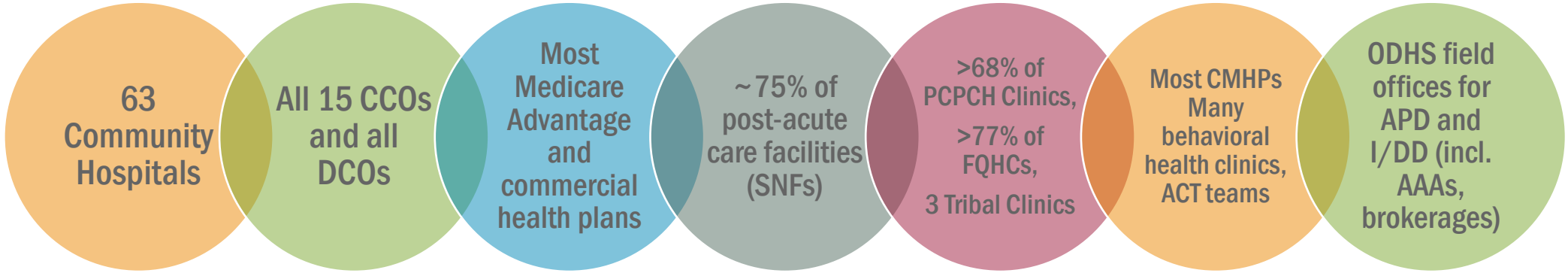
Admit Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Dec 17, 2018	Ruby Valley M.C.	Galax	VA	Emergency	Otitis media, unspecified, unspecified ear
Dec 14, 2018	County Community H.	Wythe	VA	Emergency	Other sickle-cell disorders with crisis, unspecified
Nov 24, 2018	County Community H.	Wythe	VA	Emergency	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
Oct 27, 2018	Covington ED	Covin.	VA	Emergency	Nicotine dependence, unspecified, uncomplicated
Jul 4, 2018	County Community	Wythe	VA	Emergency	Fever, unspecified

What is the Collective Platform
(aka EDIE and PreManage)?

The Collective Platform is Oregon's statewide infrastructure to share critical information across the healthcare system

- **Emergency Department Information Exchange (EDIE):** pulls in hospital admit/discharge data and notifies Emergency Departments (EDs) about high-utilizers
  - Connected to all Oregon hospitals (except VA), all Washington hospitals, and some other neighboring states' hospitals
- **Collective Platform/PreManage:** access to EDIE's real-time information for patients, clients or members, to coordinate care and share care recommendations for individuals at risk for high utilization

Who is on and using Collective in Oregon?



EDIE/Collective Funded as a Partnership

- EDIE is funded by all hospitals, CCOs, OHLC-member health plans and OHA (annual dues model)
- Collective Platform/PreManage use is sponsored by payers:
  - OHA sponsors CCOs, Medicaid Fee-For-Service, Tribal clinics and OHA/ODHS users
  - Clinics typically pay no cost – use is sponsored by CCOs/payers
  - CCOs and health plans pay to extend their subscriptions to their key clinics.
- Due to this funding partnership with CCOs, the Collective Platform engages over 450 clinics across Oregon.

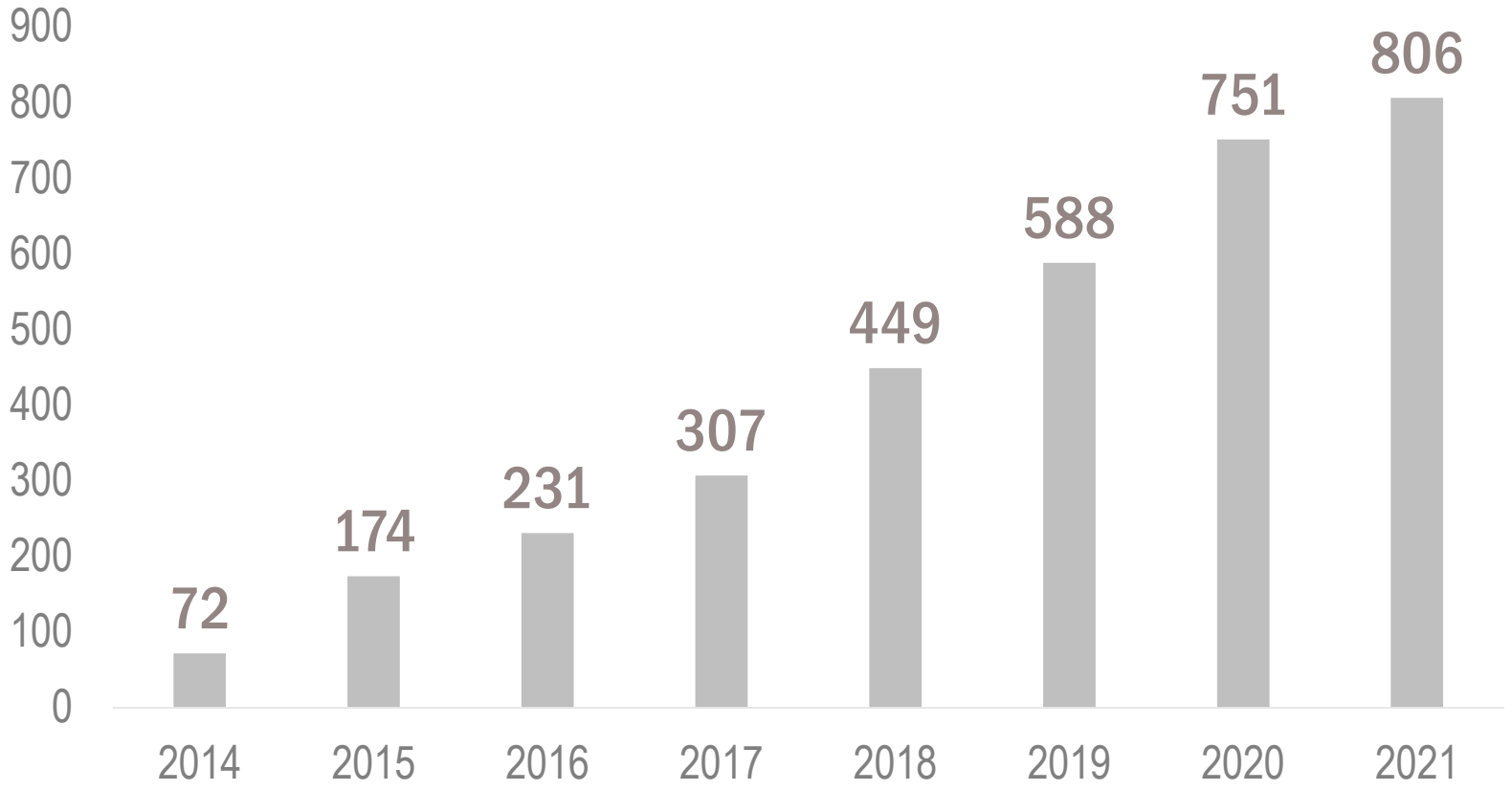
EDIE/Collective Platform is a core program of HIT Commons, a public-private partnership of OHLC and OHA

HIT COMMONS
Accelerating Health Information Technology

IN PARTNERSHIP WITH

OREGON HEALTH LEADERSHIP COUNCIL | Oregon Health Authority

Statewide, adoption of the Collective Platform has increased every year since 2014



Data for figure provided by Collective Medical Technologies

CCO 2.0 Requirements and Collective Platform

Coordinated Care Organization (CCO) 2.0 contract requires CCO use and support for clinic access to "hospital event notifications" tool, describe progress in annual HIT Roadmaps to OHA

Supports:

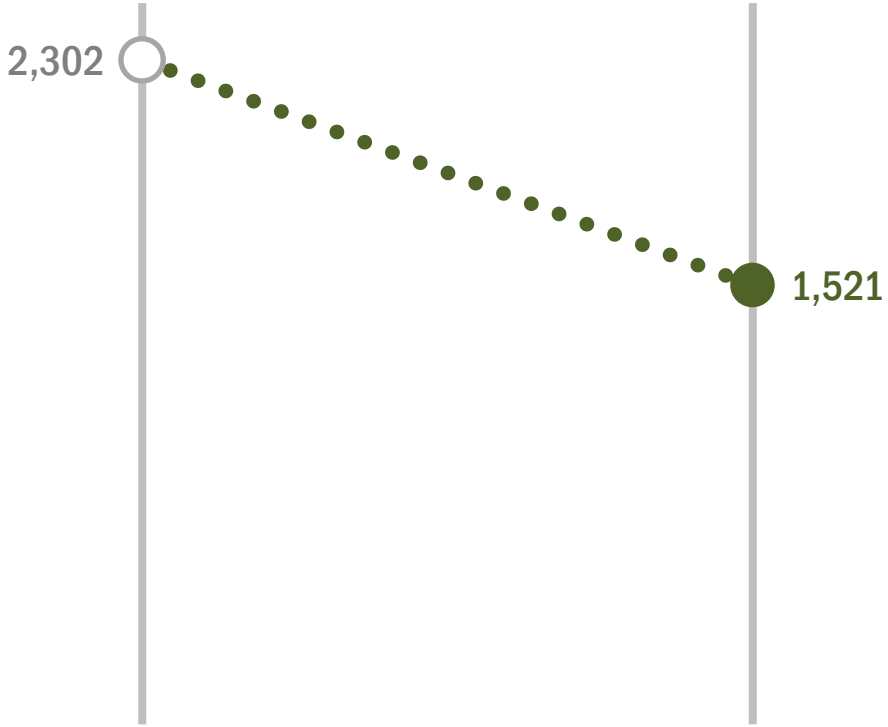
- Targeting high-risk populations, including many that face inequities due to racism and other social factors.
- Developing cohorts to track and notify CCO
- Follow up from ED/hospital events
- Proactive identification of high utilizers, population management and analytics
- Support value-based payment arrangements

Highlighted Use Cases from CCOs:

- Coordinating care plans across hospital, Patient-Centered Primary Care Home (PCPCH), Behavioral Health (BH) home, CCO
- BH ED Disparity metric
- Identifying homeless/at risk individuals
- Sharing public health data

Improve health outcomes

Connecting providers and CCOs through technology helps ensure patients don't fall through the cracks.



There has been a 34% reduction in emergency room use when providers share care guidelines with each other for patients who are high utilizers of the ED.

Ex. Use Case: Public Health Data Sharing

- Statewide COVID-19 positive test results shared with 61 hospital emergency departments via EDIE notifications – live since Jan 18, 2021
- HB 3057 to allow COVID-19 positive test results to flow to the entire Collective Platform, including CCOs and payers – passed in 2021; data live since Nov 1, 2021
- Statewide COVID-19 vaccine data from ALERT Immunization registry flowing into the Collective Platform. Population Reports allow CCOs, payers, and other users to easily see which populations have had 1st /2nd/nth dose or no doses to assist with vaccination outreach efforts – live since Apr 26, 2021

Ex. Use Case: HMIS-sourced “Unhoused-Housing Insecure” Data

- Flag clients from HMIS (Homeless Management Information System) to assist with appropriate discharge planning
- Data sharing permissible under HMIS Privacy Rules – COVID-19 serving as a catalyst

Emerging Use Case: Jails/Corrections

Douglas County IMPACTS* grant project:

- Pilot (using IMPACTS grant funds) with Douglas County Jail, Umpqua Health Alliance CCO, Adapt Behavioral Health, Mercy Medical Center, and Collective Medical
- Integrate county jail incarceration data for IMPACTS sub-population with the Collective Platform
- Daily reports made available to care managers when individual is released from jail, allowing for follow-up care coordination
- Cohorts for recently released individuals allow for real-time notification to care managers when individual has an ED or inpatient hospital encounter, providing opportunity to intervene in real-time

*"IMPACTS" stands for Improving People's Access to Community-based Treatment, Supports, and Services

Oregon Health Authority

Upcoming Behavioral Health Learning Collaborative

Behavioral Health – State Strategies and stakeholder efforts around care coordination

- Keynote speaker Steve Allen, OHA Director of Behavioral Health, will highlight state priorities for BH as a result of the 2021 Legislative session
- Breakout presentations which will highlight health information exchange (HIE) tools utilized in Oregon
- For payers, providers, policy-makers and other stakeholders interested in Behavioral Health care coordination efforts in Oregon

December 3, 2021 9:00 am - 12:00 pm (virtual meeting)

Register Here: https://www.surveymonkey.com/r/J9HMF8R

Agenda available here: https://orhealthleadershipcouncil.org/wp-content/uploads/2021/11/BH-Collaborative-Dec-3-2021-Agenda-and-Breakouts.pdf

Q & A

For more information

Oregon's EDIE/Collective Platform Collaborative at Health IT Commons:
http://www.orhealthleadershipcouncil.org/edie/

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