# HIT/HIE Community and Organizational Panel

Office of
Health Information Technology

May 19, 2016

Oregon Health Authority

# Welcome, Introductions, and Agenda Review

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# Agenda

- Roundtable: Brief updates, successes, and challenges
  - Approach or current thinking about your fee model
- HealthTech Solutions: Fee Model Approaches in Health Information Exchange
- OHA Fee Model Selection Process
- Interoperability Update
  - Interoperability Pledge
  - CMS State Medicaid Director's Letter
  - Measuring Interoperability RFI
- Behavioral Health HIT Scan
- OHA Behavioral Health Information Sharing Advisory Group Update

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# Roundtable

- Brief updates
- Successes
- Challenges
- Next Steps
- Approach or current thinking about your fee model

# FEE MODEL APPROACHES IN HEALTH INFORMATION EXCHANGE

May 19, 2016

HealthTech Solutions, LLC.

# Objectives

## Issues Addressed:

- ✓ HIE Business Models
- ✓ Evolving Factors
- ✓ Fee Model Structure
- ✓ Lessons Learned

# Market Structure

- The blurring of private and public HIEs
- Network of networks
- Private HIEs (partial list)
  - Integrated Delivery Networks (IDNs)
  - Vendor networks
  - Payers
- Public HIEs
  - Community HIEs/HIOs
  - State HIEs

# Historical Development: Locally Driven Solutions

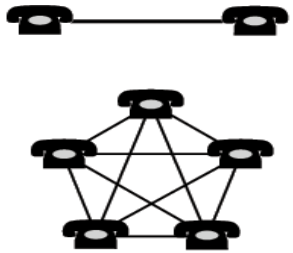
- 1990s: Clinical Health Information Network (CHINs)
- 2000s: Regional Health Information Organizations (RHIOs)

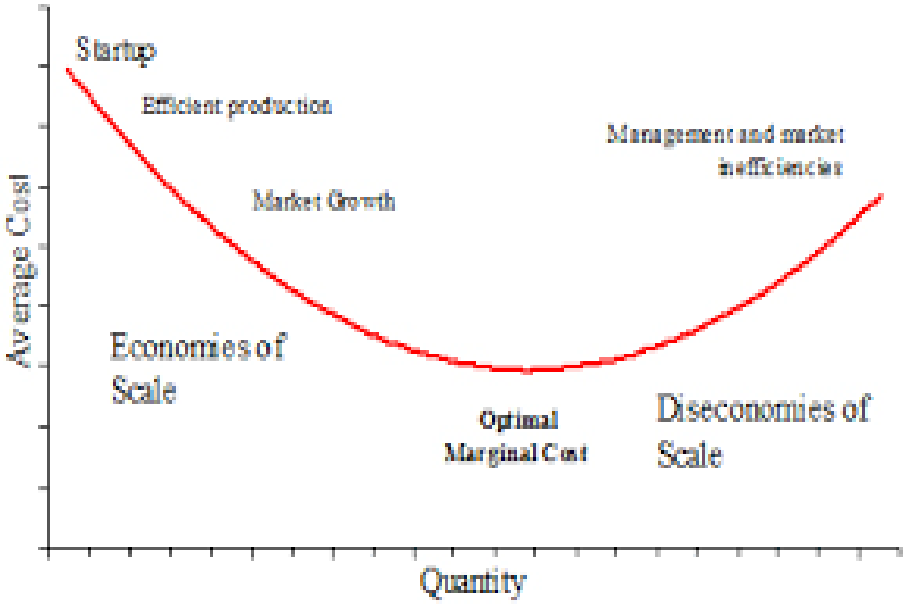
## Problems

| Governance | Sustainability | Absence of Standards | Economic Incentives for Exchange | De Facto Development of "Walled Gardens" |
|---|---|---|---|---|

# Structural Considerations

- Economies of Scale
- Network Effects
- Value Bundles & Scope of services



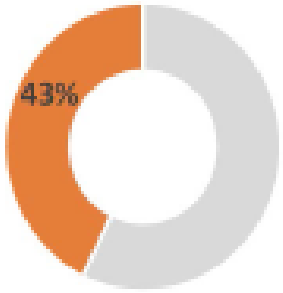


# Models of State Funding

- Cooperative Agreements
  - HITECH Seed Money for HIEs
  - State-level allocation with limited ONC guidance
- Three principal approaches

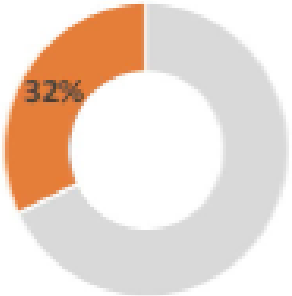
**State-led**

State received program funds and led implementation



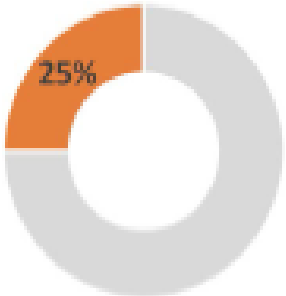

**SDE-like**

State received program funds and SDE led implementation




**True SDE**

SDE received program funds and led implementation




Source: NORC EVALUATION OF THE STATE HIE COOPERATIVE AGREEMENT PROGRAM, Office of National Coordinator HIT

# Third Party Funding

- State line budget support
- State mandated support by payers
- Strong partners
  - Payer (e.g., Michigan—MiHIN)
  - IDN (e.g., Pennsylvania—KeyHIE)

# Governance Considerations

- Varies by region
- Medical trade area
- Vast differences

# Technology Offerings Drive Value Propositions

- Increased focus on technology enabling use cases
  - ADTs
  - Provider Directories
- Shift to data element transmission from document transmission
  - Open API's, Fast Healthcare Interoperability Resources (FHIR)
- SMART on FHIR is leading in application development
  - Developed from Harvard initiative
  - Traction with HL-7 committees

FHIR®©

# HIE Service Offerings

- Agreement about the value of HIE as a whole is high however agreement about the value of each specific service is not
- HIE service offerings are being delivered by all types of organizations, throughout the healthcare ecosystem
- The following list of HIE services offered today is changing often

# HIE Service Offerings

**Direct Secure Messaging**

**C-CDA Document Exchange**

**Longitudinal Records**

- Consolidated sections
- More searchable

**Provider Directory Services**

- From basic to very advanced care routing

# HIE Service Offerings

**Patient Attribution Services**

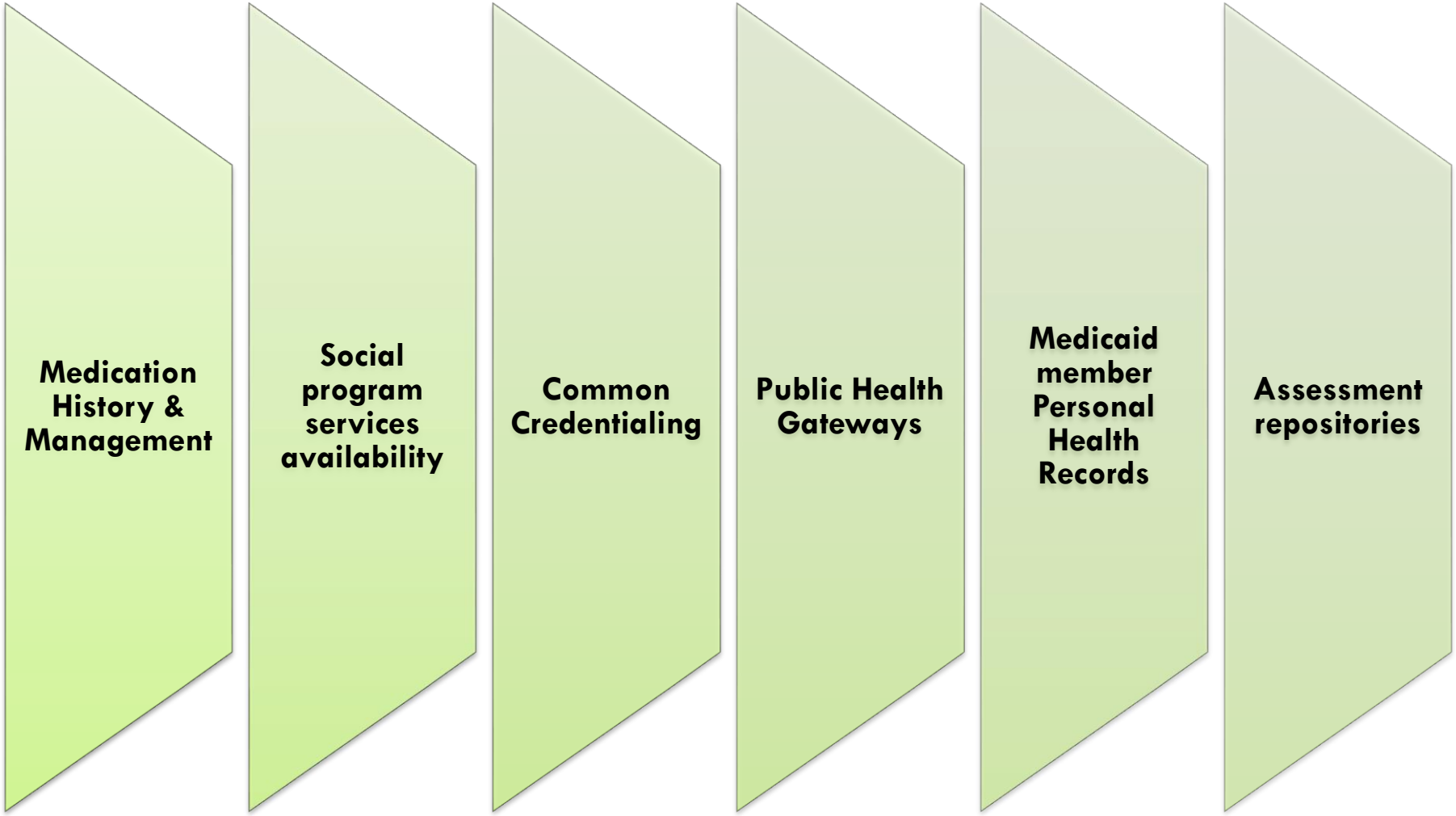
**eMPI and Master Data Management Systems**

**Event Notification Systems**

- Rules-based routing
- i.e. Admit Discharge Transfers
- Medical Home subscriptions

**eCQM Repositories**

# HIE Service Offerings

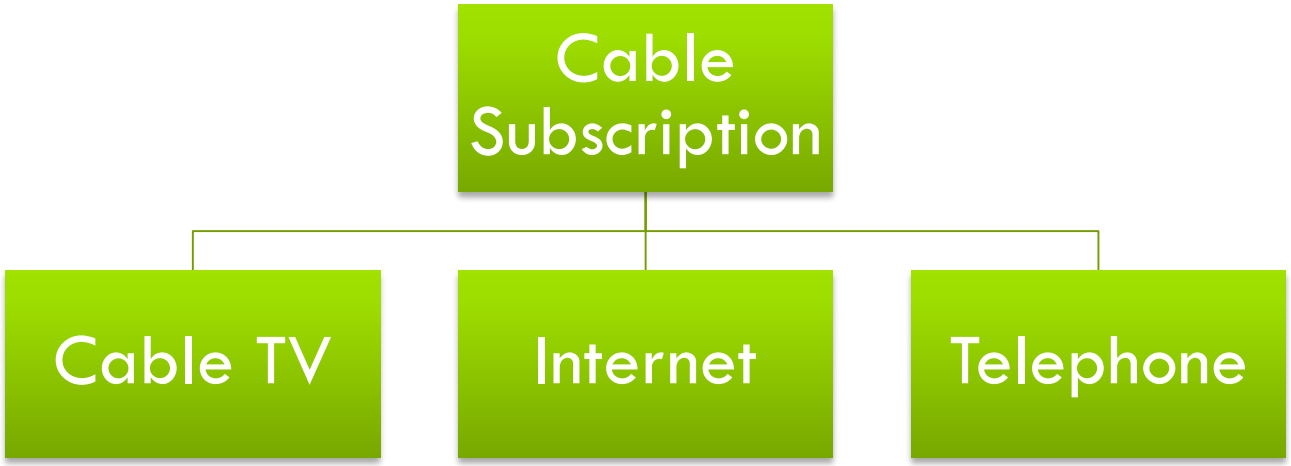


# Fee Model Approaches

- Subscription
- Membership
- Usage or Transaction Based
- Combinations
- Tiers in all

# Subscription Model Structures

- Multiple services to choose from
- Each service has its own fee
- Some of the services might be bundled
- Example:



# Membership Model Structures

**All or most of the services are bundled**

**Fee for being a part of or belonging to (similar to a golf membership)**

**Encourages usage of current and new function**

- New functionality that is added to existing bundles to add value can be tested without added fees
- No usage volume charge

**Membership models help blend pricing for services that are new or still evolving rapidly**

- Where there are a number of services who's value is still being tested
- Where there are services that may be challenged to stand on their own ability to be priced

**Very common due to where HIE is at in the maturity cycle**

# Usage or Transaction Model Structure

May be used for certain services or all

Suited for very mature services with a more concrete value proposition

Strictly by historical usage count times fee

Often has a base charge, even at zero activity

Seen in utility based environments (water, electric etc.)

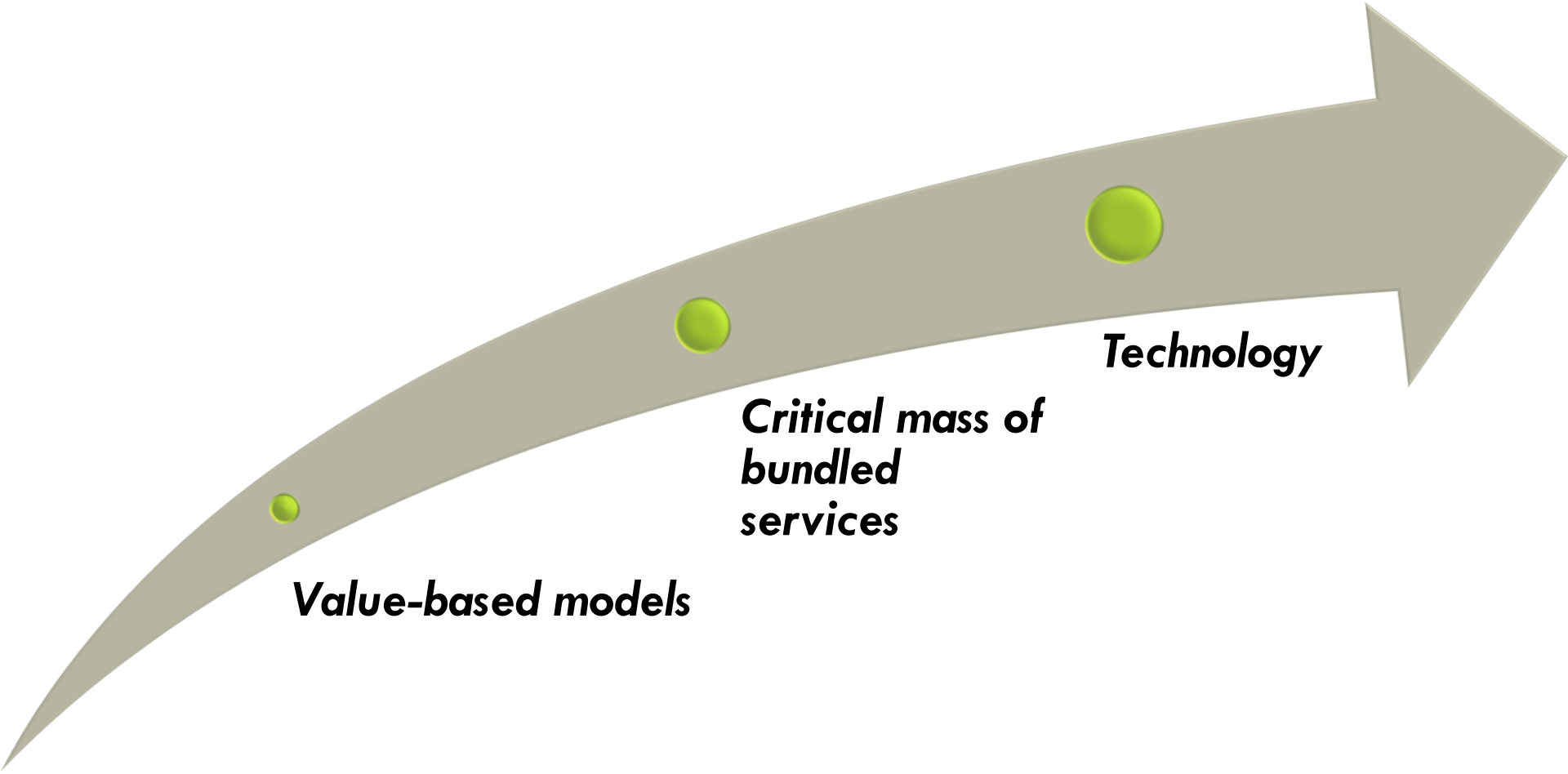
Typically seen as the fairest method by many participants

# Types of Tiers in Practice

- Tier by organizational attribute
  - Hospital Fees – hospital size
  - Provider Practice Fees – provider count
  - LTC, Nursing, Assisted, SNF, etc. – number of beds
- Tier by transaction
  - 0-10,000 message
  - 10k – 50k
  - 50k – 250k

Lessons Learned
Tiers unique to each organization type
Best guess at adoption and verify with health care organizations
Include their association organizations
Plan to continually add new participant group types along the way
Incentives work
Allow grouped pricing
Fees fair and transparent

# What is Changing: Value Drivers



# Questions??

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# Break

# Health Information Technology Project Fee Development

Melissa Isavoran, Common Credentialing Lead

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# Fee Enabling Legislation

- House Bill (HB) 2294 from the 2015 Regular Legislative Session gives OHA authority to set fees for users of CareAccord and Provider Directory services
- Senate Bill 604 from the 2013 Regular Legislative Session gives OHA authority to set fees for practitioners and credentialing organizations mandated to use common credentialing; not to exceed the cost of administering

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# Current Funding

Transformation Funds: The Legislature awarded $30 million to CCOs to support their health system transformation efforts for state-level HIT efforts. With support of CCOs, OHA retained $3 million of the Transformation Funds to leverage federal funds for investing in statewide HIT infrastructure such as:

- Statewide Provider Directory
- Clinical Quality Metrics Registry

CMS MMIS OAPD-U Funding: Federal Fiscal Participation (FFP) in Medicaid Management Information Systems (MMIS) enhanced match for ongoing support under operations and maintenance:

- CareAccord

*Common Credentialing will be a fee supported program.*

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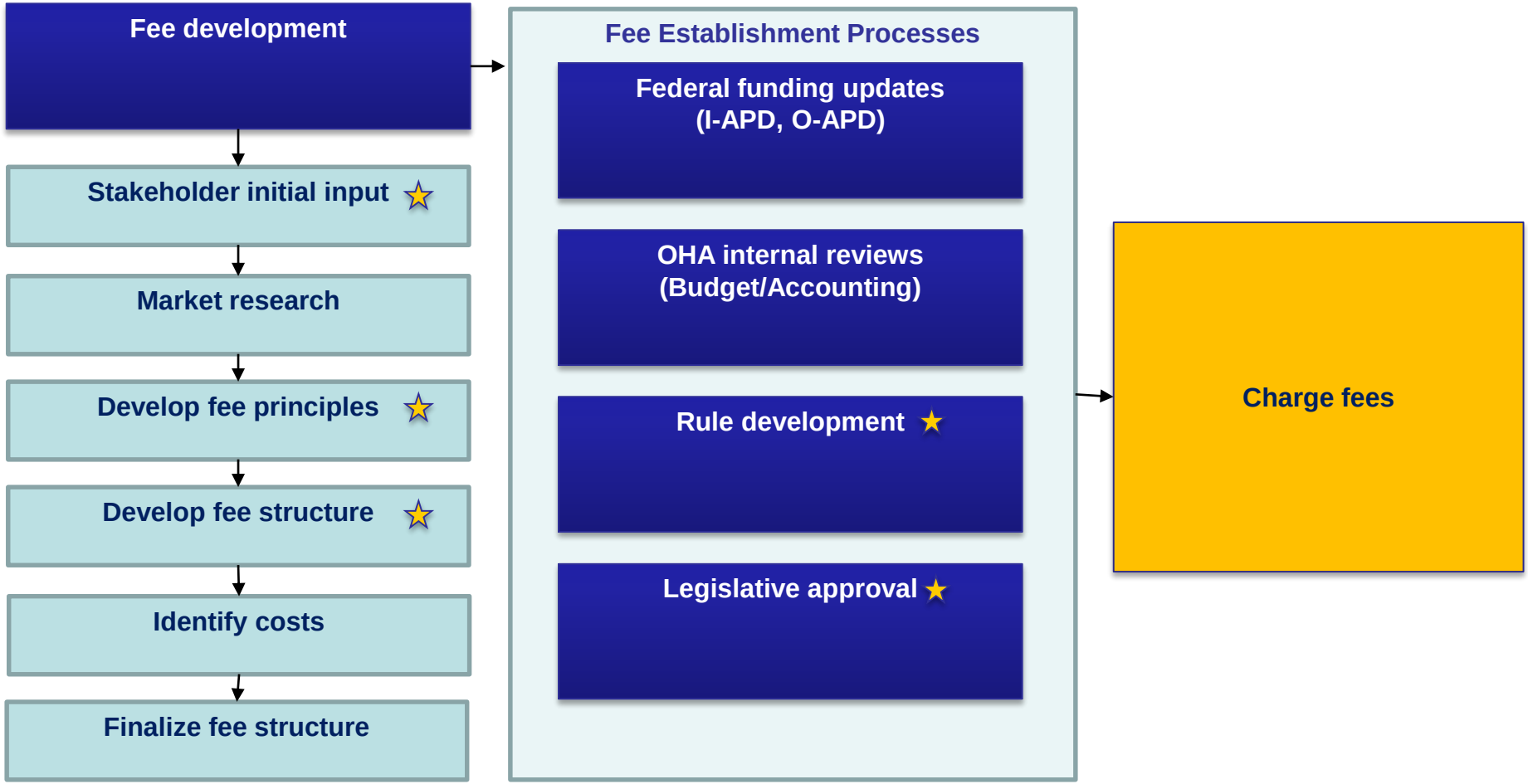
# Fee Establishment Process




*Signifies opportunity for stakeholder input*

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# Oregon Common Credentialing Program Fees

Melissa Isavoran, Lead

# Current Credentialing Fee Structure

- Credentialing organizations generally cover the costs of credentialing practitioners
- Practitioners generally do not pay for credentialing, BUT:
  - Privileging is supported by fees and includes credentialing
  - Some credentialing costs are built into provider payments
  - Practitioners pay for office staff hours to complete credentialing paperwork and required follow up

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# Common Credentialing Program: Fee Establishment Process

**Fee development**

- Stakeholder input **from Advisory Group and subject matter experts** ✓
- Market research **via Request for Information and vendor research** ✓
- Developed fee principles **based on input and research** ✓
- Develop fee structure **based on input and research; surveys**
- Identify costs **via proposals and final contract negotiations**
- Finalize fee structure **and establish fees via rules**

**Fee Establishment Processes**

- ~~**Federal funding updates (I-APD, O-APD)**~~
- **OHA internal reviews (Budget/Accounting)** *Continuous*
- **Rule development** *Second and third quarters of 2016*
- **Legislative approval** Slated for 2017 Regular Session

**Charge fees**

Fees to be charged once fully operational **Mid 2017**

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# OCCP Fee Structure Principles (at a high level)

Fees should be:

- Balanced considering benefits and resources
- Efficient and economical to administer
- Transparent and justifiable in development
- Stable and produce predictable income to support the costs of operating common credentialing which should include allocations for information technology and operational quality assurance activities and security

*Individually requested processes must be borne by those making requests*

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# OCCP Fee Structure Options

| FEE OPTIONS | STRUCTURE |
|---|---|
| **Credentialing Organizations** | |
| **One-Time Setup Fee** | ~~Flat Fee~~ |
| | Tiered fee |
| | ~~Flat Fee, + Amortization~~ |
| **Annual Subscription Fee** | Tiered fee (hospital revenue/practitioner panel size) |
| ~~**Transactional Fee (ongoing operations and maintenance costs)**~~ | ~~Flat Fee~~ |
| | ~~Tiered Fee; based on Practitioner Type~~ |
| **Expedited Credentialing Fee** | Flat fee per expedite request (each practitioner) |
| **Health Care Practitioners** | |
| **Initial Application Fee** | Flat fee (one-time) |
| | ~~Tiered Fee; based on Practitioner Type~~ |
| **Data Users** | |
| **Data Use Fee (Provider Directory)** | Undetermined |

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# Next Steps for OCCP Fees

- Development of Credentialing Organization fee structure tiers
- Rulemaking Advisory Committee (April 2016 – September 2016)
  - Develop rules
  - Submit Notice of Proposed Rules to Secretary of State
  - Public rules hearing
  - Publish final rules
- Legislative approval process (2017 Regular Session)
- Fees to be charged once fully operational (mid 2017)

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# Interoperability Update

Interoperability Pledge

CMS State Medicaid Director's Letter

Measuring Interoperability RFI

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# Interoperability Pledge

Susan Otter

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# Interoperability Pledge

90% of the companies that provide 90% of EHRs in use by hospitals nationwide, and the tope 5 largest health care systems have agreed to implement 3 core commitments (https://www.healthit.gov/commitment):

- **Consumer Access**: consumer can easily and securely access their information electronically, direct it to a desired location, learn how its shared and used, and be assured that it is used safely and effectively
- **No Blocking/Transparency**: not knowingly or unreasonably interfering with information sharing
- **Standards**: implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy & security

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# Pledge Entities with an Oregon Footprint

- Allscripts
- Athenahealth
- Cerner
- eClinicalWorks
- Epic
- GE Healthcare
- Greenway Health
- Intel
- McKesson
- Meditech
- NextGen
- SureScripts
- Wellcentive

- Healthcare Systems:
  - Catholic Health Initiatives
  - Kaiser Permanente
  - Trinity Health
- Associations
  - AAFP, ACP, AMGA, AMIA, AMA, AHIMA, AHA, CHIME, HIMSS, etc.
- Other organizations:
  - Commonwell
  - Sequoia Project

For a full list of entities that have taken the pledge, or to take the pledge, visit: https://www.healthit.gov/commitment

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# CMS State Medicaid Director Letter for HIE HITECH funds

Susan Otter

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# State Medicaid Directors Letter 16-003

CMS and ONC have partnered to update the guidance on how states may support HIE and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:

- Allows HITECH funds to support all Medicaid providers that EPs want to coordinate *with*
- Funds can support HIE on-boarding** of Medicaid providers not incentive-eligible including behavioral health, long-term care, home health, correctional health, substance use treatment providers, etc. as well as labs, pharmacy, and public health providers
- Possible activities include on-boarding to: a statewide provider directory, care plan exchange (unidirectional or bidirectional), query exchange, encounter alerting systems, public health systems

**On-boarding must connect the new Medicaid Provider to an EP and help that EP in meeting MU

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# State Medicaid Directors Letter 16-003

The basis for this update, per the HITECH statute, the 90/10 Federal/State matching funding for State Medicaid Agencies may be used for:

*"Pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange."**

*http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechact.pdf

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# State Medicaid Directors Letter 16-003

How it works:

- Funding goes directly to the state Medicaid agency (IAPD)
- Funding is in place until 2021
  - 90/10 Federal State match. State is responsible for providing 10%
- Funding is for HIE and interoperability only, **not** to provide EHRs
- Funding is for implementation only, **not** for operational costs
- All providers or systems supported by this funding must connect to Medicaid EPs
- Medicaid systems must adhere to Medicaid Information Technology Architecture (requires adherence to 7 conditions/standards, including Interoperability, Modularity, and Reporting)

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# OHA Approach to the SMD Letter

- Informal discussions have started internally and externally about possibilities of the HIE funding for HIE onboarding of a wider array of providers and care team members
- Presented to CMS a high-level approach focusing on onboarding
- "Draft HIE Onboarding Concept"
  - Support a network of networks; no one HIE solution
  - Pay the Medicaid portion of onboarding to an HIE of a provider's choosing
  - Set up criteria for HIEs to be eligible to receive onboarding support
  - Focus on specific provider types and data that have had barriers to onboarding and/or not eligible for EHR incentives:
    - behavioral health, dentists, labs, radiology, long-term care, social services, corrections

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# Health Information Exchange Efforts in Oregon

- Regional HIEs
- Emergency Department Information Exchange
- Direct secure messaging within EHRs, between HIEs
  - CareAccord, Oregon's statewide HIE
- Vendor-driven solutions:
  - Epic Care Everywhere, CommonWell
- Federal Network (the Sequoia Project)
  - Connection to federal agencies: SSA, CMS, VA, etc.
- Other organizational efforts:
  - by CCOs, health plans, health systems, independent physician associations, and others
  - Including private HIEs, point-to-point interfaces, HIT tools, hosted EHRs, etc. that support sharing information across users

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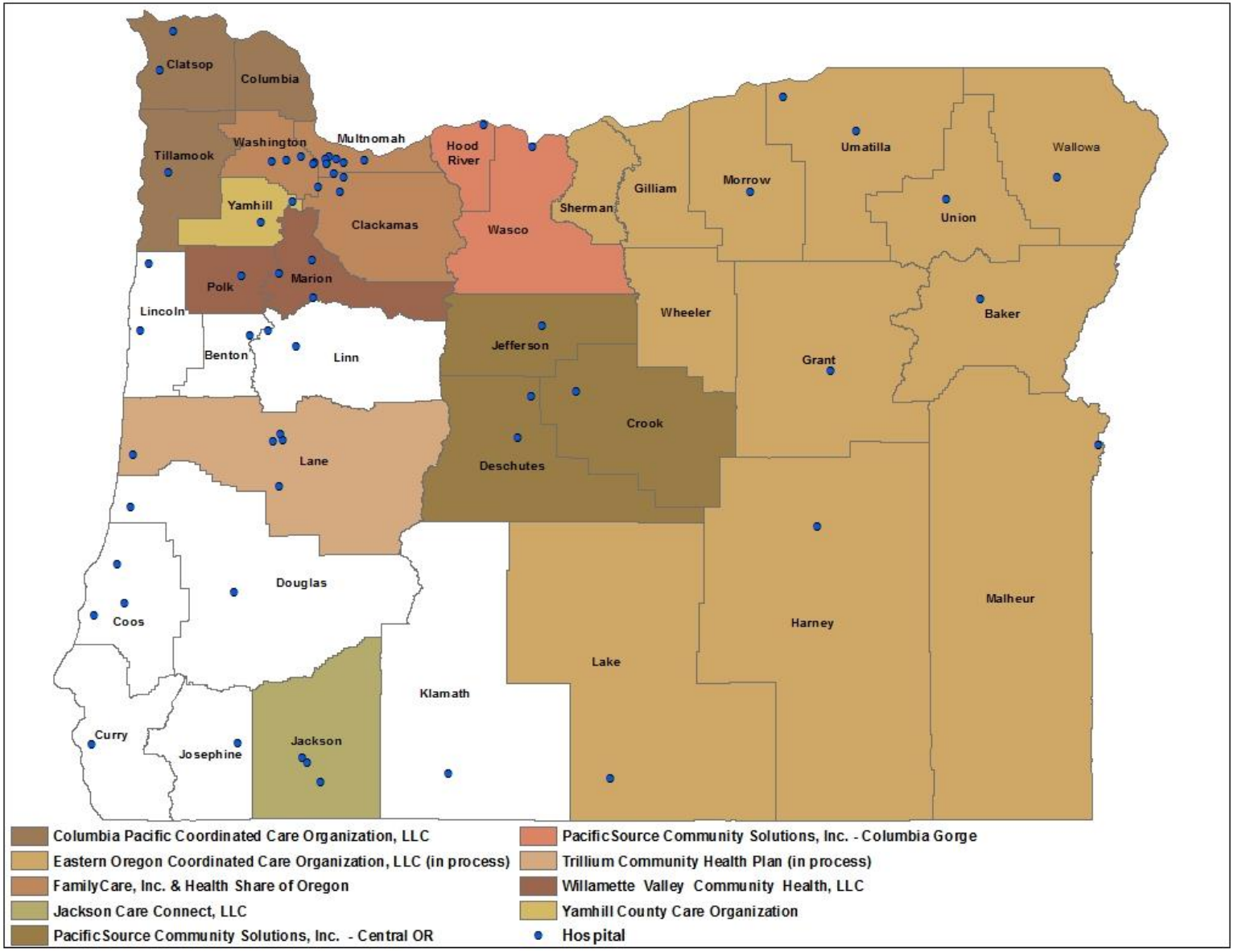
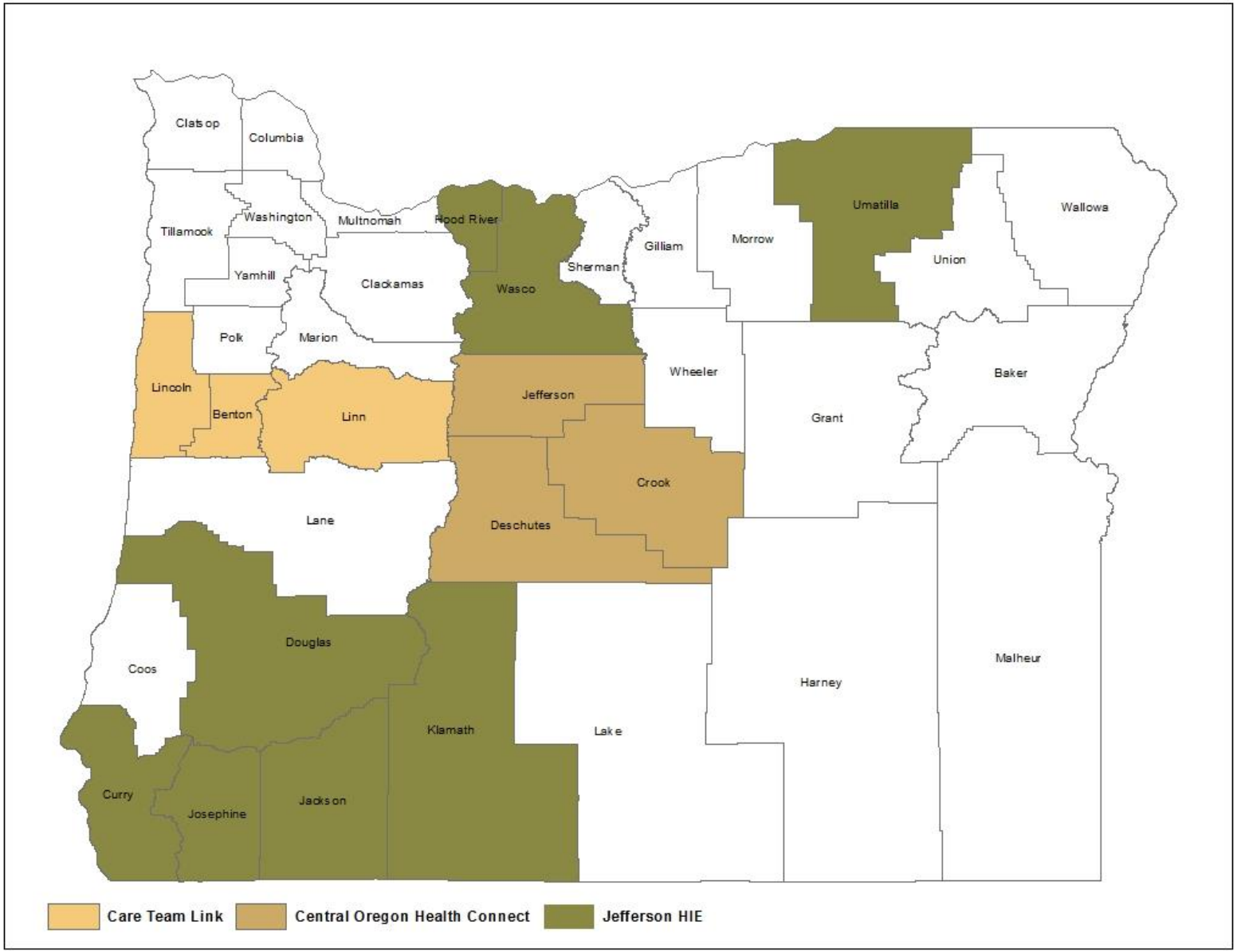
# Hospital Event Data – by County

## CCOs (PreManage), Hospitals (EDIE)



# Regional HIEs – by County



# OHA Approach to the SMD Letter

- OHA's next steps to build the concept:
  - Socialize the initial "Draft HIE Onboarding Concept"
  - Draft an initial straw model for formal conversations with stakeholders, including HITAG and HITOC
  - Continual conversations with CMS
  - Stakeholder input
  - HITOC strategic planning process
  - Develop a formal strategy with stakeholders
  - Formal CMS approval of concept to seek funding

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# ONC's Measuring Interoperability RFI

Marta Makarushka, Lead Analyst

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# Measuring Interoperability RFI

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires that HHS establishes metrics to assess the achievement of widespread interoperability

- To assist with defining the scope of measurement, ONC is soliciting feedback on the following:
  - What populations and key components of interoperability should be measured?
  - What current data sources and potential metrics should be used to measure interoperable exchange and the use of exchanged information?
  - What other data sources and metrics should HHS consider to measure interoperability more broadly?

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# Measuring Interoperability RFI

## Populations and Key Components

ONC intends to measure interoperable exchange and the use of information through four components

(1) sending (transmission)

(2) receiving

(3) finding (query)

(4) integrating received information into the patient record and

(5) subsequent use of that information.

- Should the focus of measurement be limited to Meaningful EHR Users (MUsers) and their exchange partners? Or include behavioral health, LTC, consumers per the Roadmap?
- Should measurement be limited to CEHRT?

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# Measuring Interoperability RFI

## Available Data Sources and Potential Measures

ONC is considering two different data perspectives

(1) measures of providers using EHRs, exchanging data, and re-using the data and

(2) transaction measures

Available data sources to ONC are (1) national survey data collected by stakeholders and federal agencies and (2) EHR Incentive Program Data

- Do survey data adequately address the exchange and use?
- Do national surveys provide the necessary information to determine why electronic health information may not be widely exchanged?

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# Measuring Interoperability RFI

## EHR Incentive Program Measures

CMS collects data for eligible professionals facilities under Medicare while the states collect data for those eligible under Medicaid. The methods and information are not the same. Also, the focus of the measures is on transmission of information and not on the consumption and use of the data.

- Do incentive program measures adequately address the exchange component of interoperability?
- Do reconciliation activities (medication reconciliation) serve as adequate proxies to measure subsequent use of exchanged information?
- If the data are limited to Medicare-only eligible providers would it be valuable to develop new measures evaluating exchange and subsequent use of information?

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# Measuring Interoperability RFI

## Other Data Sources

ONC is interested in other data sources including Medicare claims data, performance category measures for MIPS, electronically generated data such as server log audits, and surveys or data from entities that enable exchange such as HIEs..

- Should ONC use a single data source for consistency or data from a variety of sources?
- What are the highest priority measures to include?
- What other national-level data sources should ONC consider? Do technology developers, HIEs, HIOs, or other entities have suggestions for national level data
- How should “widespread” be measured?

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# Measuring Interoperability RFI

Your thoughts?

- What aspects/types of information exchange do you think represent interoperability?
- What data do you collect that could be used as a measure of interoperability?
- How would you define ‘widespread’ interoperability?

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# Behavioral Health Provider HIT/HIE Survey

Marta Makarushka, Lead Analyst

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# Behavioral Health Provider Survey

*Why conduct a behavioral health provider HIT/HIE survey?*

- Coordinated Care Model relies on HIT infrastructure to share data across provider types
- Limited types of behavioral health providers are eligible for the EHR Incentive Program
  - Lower rates of HIT adoption
  - Lack of data
- Survey will
  - Provide information about adoption, barriers, plans, and priorities
  - Highlight areas of needed support for OHA to consider
  - Potentially inform policies

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# Behavioral Health Provider Survey

Questions to cover the following topic areas:

- EHR use
- Barriers to EHR adoption and use
- HIE participation
- Use of Direct secure messaging
- Providers with whom they exchange data
- Value of HIT/care coordination
- Future plans for HIT

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# Behavioral Health Provider Survey - Timeline

- Spring: survey planning, key stakeholder interviews
- Summer: release survey, data collection, follow-up
- Fall: data analyses, draft report, visuals
  - October: HITOC to review draft report
- November: Final report released

*Next Steps: Distribute draft survey and obtain feedback.*

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# Behavioral Health Information Sharing Advisory Group Update

Veronica Guerra, Policy Lead

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# Overview of the Advisory Group

- **Need:** Lack of understanding of Part 2 and state laws impacted CCOs' care coordination ability
- **Goal:** To develop solutions to support integrated care and enable sharing of behavioral health information between behavioral and physical health providers
- **Members/Partners:** Internal staff from across the agency

Priorities:

- Outreach to stakeholders
- Education
- Leverage existing IT solutions
- Develop tools to facilitate information sharing

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# Advisory Group Update

- Subscribed to Actionline consultation services
- Conducted a third webinar on March 30th
- Submitted a response to SAMHSA's 42 CFR Pt 2 Notice of Proposed Rulemaking on April 11th
- Developed a webpage with resources for providers
- Began the development of a model Qualified Service Organization Agreement (QSOA)

# Webinars

- **Webinar #1: September 29, 2015**
  - Topic: Overview of state and federal privacy laws
  - Presenters: SAMSHA, the Legal Action Center, and the Oregon Department of Justice
  - Attendees: 300
- **Webinar #2: December 17, 2015**
  - Topic: Deeper dive into federal privacy laws with use case examples from providers
  - Presenters: Robert Belfort, from Manatt, Phelps & Phillips, LLP
  - Attendees: 275
- **Webinar #3: March 30, 2016**
  - Topic: Oregon Health Information Technology and the Intersection with Part 2
  - Presenters: Susan Otter, OHA Office of Health Information Technology, Gina Bianco, Jefferson HIE, and Lynne Shoemaker, OCHIN

# OHA's Next Steps

- Develop a model common consent form
- Revise Qualified Service Organization Agreement given proposed Part 2 rules
- Continue to collaborate on Jefferson HIE ONC grant
- Continue development of a provider toolkit covering privacy laws, case studies of allowable sharing, model forms, and FAQs
- Continue engaging federal partners in discussions about modifications to Part 2
- Continue consulting with other states

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# Resources

For more information about the Behavioral Health Information Sharing Advisory Group and access to webinar recordings, please visit:

http://www.oregon.gov/oha/amh/Pages/bh-information.aspx

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# Process Check

- Are you finding these meetings valuable?
  - Most valuable? Least valuable?
- What did you like about today's meeting?
  - Topics?
  - Format?
  - Discussion?
- What would you like to see us change?
  - What should we add?
  - What should we remove?

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# Conclusions, Next Meeting, and Action Items

- HCOP to continue meeting quarterly in 2016
  - July 12th 1-5 pm: Need to reschedule
  - October 14th 1-5 pm

**For more information on Oregon's HIT/HIE developments, please visit us at http://healthit.oregon.gov**

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