

CCO 2.0: Health Information Technology (HIT) Policy Options General Principles and Resource List

General Principles

OHA recommends CCOs:

- Leverage efforts already in place—may not need to create new initiatives if current initiatives meet proposed contractual requirements
- Scan the environment to identify needs and gaps* – how are a CCO's providers using technology
- Use standards for HIT whenever possible

*OHA invites public input on what data or information CCOs might need from OHA

Resources

Policy Options 1 and 2: Electronic Health Record (EHR)/HIT Incentives for Behavioral Health Agencies and CCO Support for EHR Adoption and Behavioral and Oral Providers

Medicare and Medicaid EHR Incentive Programs on which the Behavioral Health EHR Incentive Program could be based:

- Oregon's Medicaid EHR Incentive Program: [MedicaidEHRincentives.Oregon.gov](https://www.oregon.gov/oha/HSD/BHP/Documents/MedicaidEHRIncentivesOregon.gov)
- Federal Incentive Programs: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html>

OHA Behavioral Health Collaborative Report and Implementation– highlighting the need for improvement in HIT for Behavioral Health Agencies

- Implementation website with resources: <https://www.oregon.gov/oha/HSD/BHP/Pages/Behavioral-Health-Collaborative.aspx>
- Report: <https://www.oregon.gov/oha/HSD/BHP/Documents/Behavioral-Health-Collaborative-Report.pdf>

Policy Options 1, 2, 3 pertaining to Behavioral Health

- OHA Draft Report on HIT/HIE Among Oregon's Behavioral Health Agencies: <https://www.oregon.gov/oha/HPA/OHIT/Resources/BH%20HIT%20Draft%20Report%2012-1-2017%20for%20HITOC%20Review.pdf>
- OHA's Behavioral Health Information Sharing Advisory Group (Resources) *Also coming in future: Behavioral Health Toolkit on 42 CFR Part 2*): <https://www.oregon.gov/oha/HSD/BHP/Pages/Behavioral-Health-Info.aspx>

- 42 CFR Part 2 FAQ, Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>

Policy Option 3: Health Information Exchange and Hospital Event Notifications

Oregon's statewide hospital event notification system:

- Emergency Department Information Exchange (EDIE): <http://www.orhealthleadershipcouncil.org/edie/>
- Current HIE environment in Oregon (HITOC April 2018 meeting, see presentation starting on page 28 of the meeting materials packet): <https://www.oregon.gov/oha/HPA/OHIT-HITOC/HITOC%20Meeting%20Docs/April%20HITOC%20Meeting%20Materials%20Public%20Post%20Meeting.pdf>

Policy Option 4: CCOs participate in Statewide HIT Public/Private Partnership

Oregon's Statewide HIT Public/Private Partnership:

- HIT Commons, including Business Plan: <http://www.orhealthleadershipcouncil.org/hit-commons/>

Policy Option 5: Patient Engagement and Link to Health Equity

Health Equity

- Oregon's Health Equity Committee of the Oregon Health Policy Board: <https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

OpenNotes Movement for patient access to full clinician notes:

- Northwest OpenNotes Consortium: <https://www.wecandobetter.org/what-we-do/northwest-opennotes-consortium/>
- OpenNotes Mental Health Toolkit (provided by Amy Fellows, We Can Do Better): <https://www.opennotes.org/tools-resources/for-health-care-providers/mental-health/>

Policy Option 6: Standardize CCO Coverage for Telehealth Services

Oregon telehealth statute and regulation

- ORS 743A.058 Oregon law on telemedical services requirements for health benefit plans, PEBB, and OEBB: https://www.oregonlegislature.gov/bills_laws/ors/ors743a.html
- Current rule regarding Telemedicine and Medicaid: <https://www.oregon.gov/oha/HSD/OHP/Policies/130rb052517.pdf>

Other telehealth resources

- The Telehealth Alliance of Oregon (TAO)'s Mission is to advance telehealth knowledge, practice and policy in Oregon: <http://www.ortelehealth.org/>
- The Northwest Regional Telehealth Resource Center (NRTRC) provides technical assistance in developing Telehealth networks and applications to serve rural and underserved communities: <https://www.nrtrc.org/>
- The Center for Connected Health Policy (CCHP)'s mission is to advance state and national telehealth policies that promote better systems of care, improved health outcomes, and provide greater health equity of access to quality, affordable care and services: <http://www.cchpca.org/jurisdiction/oregon>

Policy Option 7: Use HIT for Value Based Payment and Population Health Management

- OHA's Transformation Center:
 - Value-based Payment Roadmap: <https://www.oregon.gov/oha/HPA/CSI-TC/Pages/Value-Based-Payment.aspx>

CCO 2.0 HIT Policy Option 1: EHR/HIT Incentives for Behavioral Health Agencies

Overview of Proposed Policy Change

OHA proposes that CCOs prioritize providers for this proposed, OHA-led incentive program designed to support licensed behavioral health agencies' investments in electronic health records (EHRs) and health information technology (HIT). Incentives are contingent upon Oregon legislative approval.

Definitions

Electronic health record: A system for collection and storage of relevant patient health information electronically. EHRs can help improve the quality and coordination of care across settings and provide patients with immediate access to their complete and secure health records. They are foundational to other critical HIT functions like electronic health information exchange, data analytics for population health, and value-based payment.

Licensed behavioral health agency: An organization licensed by the State to provide treatment of mental and/or substance use disorders.

Current State of CCO Contracts

Current contracts direct CCOs to facilitate providers' adoption and meaningful use of EHRs but do not specify behavioral health agencies in particular. This proposal relates to a new incentive program that will require legislative approval. While most CCOs have met or exceeded EHR adoption targets for primary care, EHR adoption is also critical for behavioral and oral health providers. Behavioral health providers face a "digital divide" in EHR adoption and use and have been mostly ineligible for federal incentives for EHR adoption and use.

Proposed Change and Expected Effects

If the Oregon legislature approves the proposed incentive program, OHA would provide incentive payments to licensed behavioral health agencies that adopt or upgrade an EHR and/or implement related HIT. CCOs would provide critical information about how best to prioritize use of the available funds.

Relevancy to Governor's Letter on Health Priorities

This strategy addresses the Behavioral Health priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO 2.0 HIT Policy Option 2: EHR Adoption and Behavioral and Oral Providers

Overview of Proposed Policy Change

OHA proposes that CCOs build upon their success with primary care clinics by supporting electronic health record (EHR) adoption among behavioral and oral health clinics. CCOs would establish targets for EHR adoption specific to each type of provider (physical, behavioral, and oral) and work toward those targets. CCOs would also establish strategies for encouraging EHR adoption, such as providing technical assistance.

Important Definition

Electronic health record: A system for collection and storage of relevant patient health information electronically. EHRs can help improve the quality and coordination of care across settings and provide patients with immediate access to their complete and secure health records. They are foundational to other critical HIT functions like electronic health information exchange, data analytics for population health, and value-based payment.

Current State of CCO Contracts

Current contracts direct CCOs to facilitate providers' adoption and meaningful use of EHRs. While most CCOs have met or exceeded EHR adoption targets for primary care, EHR adoption is also critical for behavioral and oral health providers. Behavioral health providers face a "digital divide" in EHR adoption and use and have been mostly ineligible for federal incentives for EHR adoption and use.

Proposed Change and Expected Effects

Requiring CCOs to support electronic health record (EHR) adoption across physical, behavioral, and oral health contracted providers will contribute to:

- better integration between physical, oral, and behavioral health;
- improved participation in Value-Based Payment arrangements, and data analytics;
- increased patient access to their health information; and
- increased capacity for health information exchange for care coordination

Connection to Governor's Letter on Health Priorities

This strategy addresses the Behavioral Health priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO 2.0 Policy Option 3: Health Information Exchange and Hospital Event Notifications

Overview of Proposed Policy Change

OHA proposes that CCOs ensure contracted physical, behavioral, and oral providers have access to technology that enables exchanging patients' health information. Health information exchange is critical to support care coordination, population management, and value-based payment arrangements. CCOs will ensure contracted clinics have access to timely hospital event notifications. CCOs will also use those notifications within the CCO.

Important Definitions

Health information exchange: Secure electronic exchange of patient health information between providers or other health care organizations, protected under HIPAA.

Hospital event notification: An electronic notification that a patient has a hospital or Emergency Department (ED) event (such as an admission or discharge) sent to the patient's treating provider and/or health plan/CCO. Hospital event notifications help CCOs, primary care, behavioral health, and oral health providers provide the right care at the right time by supporting real-time hospital interventions, discharge planning, and follow-up after hospital events. Hospital event notifications also help organizations understand and manage populations at risk for hospital and ED use. Oregon has statewide hospital event data available through the Emergency Department Information Exchange.

Current State of CCO Contracts

Current contracts require CCOs to facilitate health information exchange but do not specifically prioritize behavioral and oral health providers. The contracts also do not specifically call out hospital event notifications as a critical function. CCOs are currently expected to self-identify one initiative related to using health information exchange in their Transformation and Quality Strategies.

Proposed Change and Expected Effects

Requiring CCOs to ensure that all provider types have access to health information exchange will improve patient care and care coordination. Using hospital event notifications, both for contracted providers and the CCO itself, will improve care coordination and help reduce unnecessary use of costly emergency department and hospital resources.

Relevancy to Governor's Letter on Health Priorities

This strategy addresses the Behavioral Health priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO 2.0 HIT Policy Option 4: CCOs Participate in Statewide HIT Public/Private Partnership

Overview of Proposed Policy Change

OHA proposes that CCOs be required to participate in the Health Information Technology (HIT) Commons. This includes paying assessments for two initiatives under the HIT Commons: the Emergency Department Information Exchange (EDIE) and Oregon's Prescription Drug Monitoring Program (PDMP) Integration Initiative. This is a new contract requirement.

Important Definitions

HIT Commons: A public/private governance model developed to coordinate investments in HIT, leverage funding opportunities, and advance health information exchange across the State.

EDIE: A technological solution that provides real-time hospital event notifications, allowing emergency department clinicians to identify patients who frequently use the emergency room for their care or who have complex care needs.

Oregon's PDMP Integration Initiative: A project being implemented by the HIT Commons to allow authorized prescribers and pharmacists access to Oregon PDMP data within their existing electronic workflow. Oregon's PDMP provides controlled substances prescriptions data to healthcare providers and pharmacists which is critical to providing patients better care in managing their prescriptions.

Current State of CCO Contracts

All CCOs currently participate in the HIT Commons voluntarily. CCOs fill three seats on the HIT Commons Governance Board, and their membership assessments are currently paid in full by OHA.

Proposed Change and Expected Effects

Requiring CCOs to participate in and cover their fair-share membership assessments in HIT Commons will ensure that all members of HIT Commons are equal partners in governing statewide HIT initiatives. OHA will continue to co-sponsor the HIT Commons and will cover the membership assessment for Medicaid fee-for-service member fair-share of costs. This strategy has been explicitly discussed with all current CCOs.

Relevancy to Governor's Letter on Health Priorities

This strategy addresses the Behavioral Health and Cost priorities.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO Assessments Under HIT Commons

OHA currently covers the CCO share of HIT Commons assessments. The 2018 HIT Commons Assessment Table for Health Plans and CCOs below can give you a sense of the assessments CCOs can anticipate for 2020.

Health Plan and CCO Tiers	Annual Membership	EDIE Assessment	PDMP Integration Assessment	Total 2018 HIT Commons Assessment*
1	>300k	\$58,400	\$10,500	\$68,900
2	>250k	\$45,600	\$8,200	\$53,800
3	>150k	\$32,900	\$5,900	\$38,800
4	>100k	\$20,200	\$3,600	\$23,800
5	>75k	\$14,900	\$2,700	\$17,600
6	Self-insured	\$11,700	\$2,100	\$13,800
7	>30k	\$8,800	\$1,500	\$10,300
8	>15k	\$3,200	\$500	\$3,700
9	Under 15k	\$1,100	\$180	\$1,280

*Organizations that pay both Hospital and Health Plan/CCO dues receive a 25% discount on both.

CCO 2.0 HIT Policy Option 5: Patient Engagement and Link to Health Equity

Overview of Proposed Policy Change

OHA proposes that CCOs be required to describe how they use health information technology (HIT) to engage patients as a component of their health equity plan.

Important Definitions

HIT for patient engagement: Patients use HIT such as accessing their health records electronically, using patient portals to email with their providers, and using health applications or texting programs that help them manage health conditions.

Health equity plan: As part of CCO 2.0, OHA is proposing that CCOs develop a plan for eliminating health disparities and improving the health and well-being of all CCO members. A CCO health equity plan might include policies and processes that demonstrate how the CCOs are ensuring all their members receive the care they need, when they need it, and how they need it. OHA also proposes to require CCOs to dedicate staff and resources to improve health equity. The Health Equity Committee would take the lead on developing the process to determine the components/template for what would be included in a health equity plan.

Current State of CCO Contracts

Current CCO contracts require CCOs to identify current capacity, then develop and implement a plan for improvement related to several areas of HIT, including patient engagement. CCOs are expected to self-identify one initiative related to HIT for patient engagement in their Transformation and Quality Strategies. For health equity, contract requirements include tracking and reporting any quality performance improvement and outcome measures by multiple demographic factors and developing, implementing, and evaluating strategies to improve health equity and address health disparities.

Proposed Change and Effects

Requiring CCOs to have an HIT-based patient engagement component in their health equity plan could result in patients having better access to their health information, improving patient care by ensuring HIT tools are culturally and linguistically appropriate, facilitating communication between patients and their providers, and reducing barriers to equitable healthcare.

Relevancy to Governor's Letter on Health Priorities

This strategy addresses the Social Determinants of Health and Equity priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO 2.0 HIT Policy Option 6: Standardize CCO Coverage for Telehealth Services

Overview of Proposed Policy Change

OHA proposes that CCOs be required to standardize telehealth coverage requirements to reduce barriers to access for health services.

Important Definitions

Telehealth: Telehealth and telemedicine are often used interchangeably. Telemedicine is defined in Oregon statute and rule (see [ORS 442.15](#), [OAR 410-130-0610](#), and [ORS 743A.058](#) for specific definitions). Generally, telemedicine means patients and health care practitioners providing health services from a distance, using electronic two-way synchronous communications. (For example, a primary care provider visit with a patient that includes a video conference with a specialist.) In some cases, other electronic methods are allowed if there is limited videoconferencing equipment and/or access to videoconferencing services. (For example, viewing of emailed x-ray films and telephone consultations.)

Current State of CCO Contracts

CCOs are not currently required to cover telehealth services, although many do. Providers who contract with multiple CCOs have different access to coverage for telehealth services for their Medicaid patients.

Proposed Change and Expected Effects

OHA proposes that all CCOs be required to cover telehealth services if those same services are covered when delivered in-person, as is required of other payers. This proposal does not address the availability of telehealth services, but focuses on coverage. OHA also proposes that CCOs cover telehealth regardless of the patient's geographic setting. This will include asynchronous communications if there is limited ability to use videoconferencing. Telehealth coverage will reduce barriers to accessing health services for patients in urban settings, as well as rural and frontier communities. Telehealth is often considered in rural and frontier settings, but it has value to patients who live in urban settings and have transportation or mobility concerns and/or need to access expertise from providers who practice in other urban areas.

Relevancy to Governor's Letter on Health Priorities

This strategy addresses the Social Determinants of Health and Equity priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).

CCO 2.0 HIT Policy Option 7: Use HIT for Value Based Payment and Population Health Management

Overview of Proposed Policy Change

OHA proposes that CCOs demonstrate they can use health information technology (HIT) to risk stratify populations and manage population health efforts, manage Value Based Payment (VBP) arrangements with contracted providers, and manage VBP data. This would include a demonstration that the CCO can work with electronic clinical quality measure (eCQM) data.

CCOs would be encouraged to take advantage of collaborative efforts related to data aggregation, eCQMs, and other VBP data needs. In their RFA response, CCOs would show they meet an initial minimum and explain how, during the first year of the contract, they will ensure they have sufficient HIT capabilities for VBP and population health management.

Important Definitions

electronic Clinical Quality Measure (eCQM): Measures of the quality of patient care and health outcomes that use data from electronic health records and other health IT systems

Risk stratification: Identifying patient populations that are low-risk, high-risk, and rising-risk

Value Based Payment: Payment system based on health outcomes for patients rather than volume and type of health care services rendered

Current State of CCO Contracts

The current contract includes expectations around using HIT for analytics and quality improvement but doesn't require using HIT for risk stratification and population health management. This creates difficulties in assessing whether CCOs have the capabilities needed to support meeting OHA's increased expectations around VBP.

Proposed Change and Expected Effects

Requiring CCOs to use HIT to risk stratify and manage population health as part of their VBP and analytics strategies will help:

- target interventions to improve health outcomes and health equity for all;
- move the health care system towards VBP and away from fee-for-service; and
- use better data to create more accurate and fair VBP arrangements.

Connection to Governor's Letter on Health Priorities

This strategy addresses the Value Based Payment priority.

Stakeholder Input

What do you think about this proposal? Please send thoughts, concerns, and questions to CCO2.0@state.or.us by August 1, 2018. Your feedback will help OHA and the Oregon Health Policy Board evaluate each proposal's feasibility and impact, as we review proposals to include in the CCO 2.0 procurement and contract language. Please help us ensure we pick proposals that help make a difference. To get the latest information about CCO 2.0, please visit our website at (www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx).