
CCO 2.0 and Health IT Ad-Hoc Webinar

Sponsored by Oregon's Health Information Technology
Oversight Council (HITOC)

Presented by
Office of Health IT, Oregon Health Authority
July 19, 2018

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left side of the "H" to the right side of the "y".

Oregon
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Presenters (Office of Health IT, OHA)

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Agenda

- CCO 2.0 and Governor's Priorities Overview
- Health IT (HIT) and Health System Transformation
- HIT Policy Options and Discussion
- Additional Input Opportunity (if time)
- Next Steps

Webinar Logistics

- We will introduce each policy option briefly
- We welcome your questions and comments at any time during the presentation
 - If you are on the webinar, please use the chat function to type your question or comment
 - We will also open the lines for the last 10 minutes for verbal comments from those on the phone
- There will be one more opportunity to provide verbal input on the HIT policy options, plus an ongoing opportunity for written comments

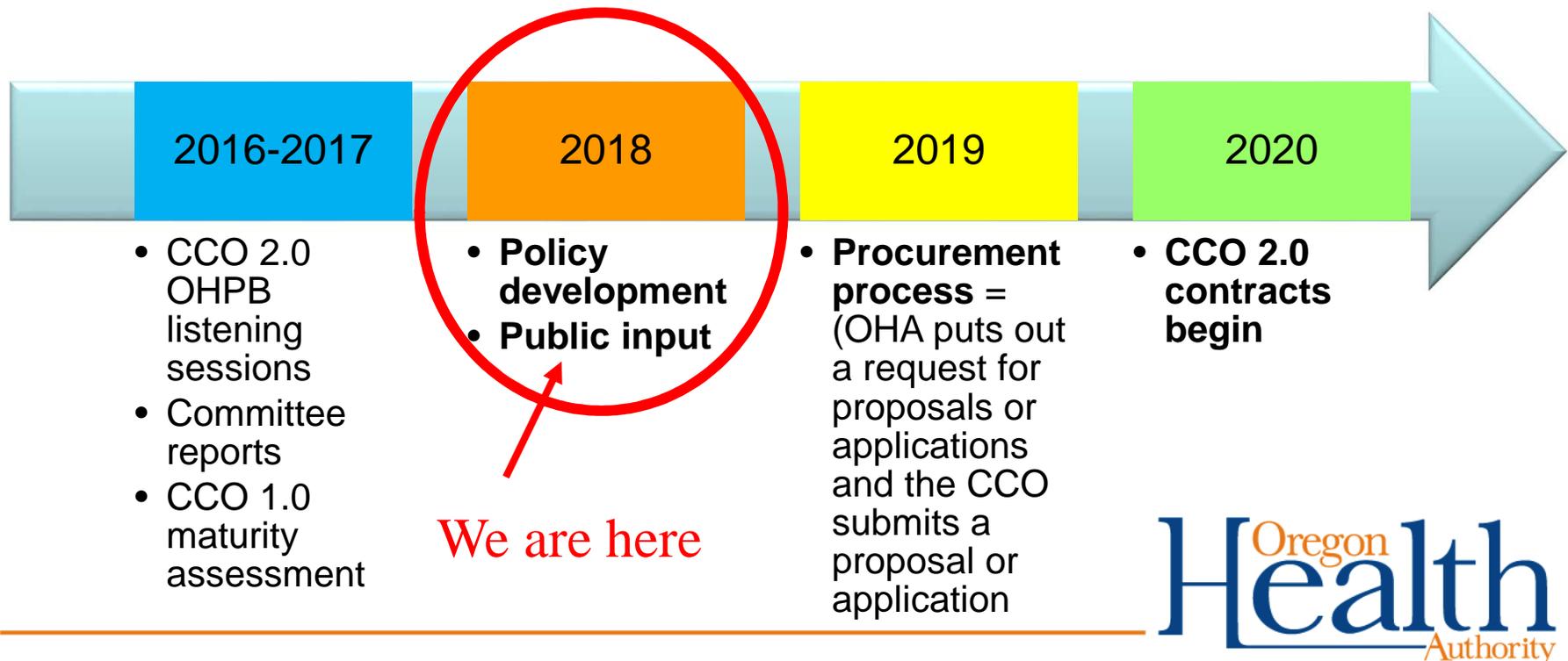
What is CCO 2.0?

- Coordinated Care Organizations (CCOs) coordinate care for members on the Oregon Health Plan. They started in 2012 with the goal of achieving the Triple Aim:
 - Better care
 - Better health
 - Lower health care costs
- Lots of data have been collected over the past five years (CCO 1.0) on:
 - What CCOs are doing well
 - What CCOs need to improve on
 - What gaps we still have in data
- CCO 2.0 = in the next 5 year contract we have the chance to change requirements, reward CCOs in new ways, and test out new ideas.



High-Level Timeline for CCO 2.0

- The first contract cycle for CCOs is ending December 31, 2019
- OHA and the Oregon Health Policy Board (OHPB) are launching the “CCO 2.0” process to explore and develop new ideas and policy recommendations to improve CCOs in the future (next contract)





Governor Brown's Vision

The Governor has asked the Oregon Health Policy Board to provide recommendations in four areas:

- Maintain sustainable cost growth
- Increase value-based payments and pay for performance
- Focus on social determinants of health and equity
- Improve the behavioral health system

Transformation Opportunities and HIT



Goals of HIT-Optimized Health Care

1. Share Patient Information Across the Care Team

- **Providers** have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.

2. Use Aggregated Data for System Improvement

- **Systems** (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.
- **Policymakers** use aggregated data and metrics to provide transparency into the health and quality of care in the state and to inform policy development.

3. Provide Patients Access to Their Own Health Information

- **Individuals** and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

HIT Supports for Transformation

Organizations and Individuals:

- Organizations invest in EHRs and HIT
- Patients engage thru HIT
- Local and national HIE efforts spread

Statewide Efforts (in progress):

- Statewide HIE via coordinated networks
- Centralized core HIT
- Aligned payer expectations
- Shared HIT governance for long term sustainability

HITOC:

- Strategic planning
- Monitor and adapt to changing environment
- Oversee progress
- Explore emerging areas

General Principles for HIT Policy Options

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

Public Input Overview

- July 27 HITOC-sponsored Webinar
 - 44 participants; highly engaged with questions and comments
 - Broad range of participants: CCOs, behavioral health, HIT/HIE organizations, social determinants of health, primary care, health systems, corrections, independent provider associations, consumer advocates, community health workers, and more
- OHA provided additional resources and materials to address questions
- Overview of public comments to date and resources/materials available as webinar attachments or online: <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HITOC.aspx>

1: EHR Incentives for Behavioral Health

Big idea: CCOs help prioritize behavioral health providers so that EHR incentive dollars go to the providers who need them most. Legislative approval of incentive program is needed.

What it might look like:

- CCOs consult with communities and advise OHA about how to prioritize use of limited funds
- Critical behavioral health providers are able to adopt or upgrade their EHRs or other related HIT

Possible upside: OHA understands local community needs when making decisions about priority providers; incentive dollars make a bigger impact.

Possible downside: Providers may lack staff capacity to implement workflow changes needed for effective use of EHRs.

2: Support EHR Adoption

Big idea: CCOs support EHR adoption among behavioral and oral health providers, helping to close the “digital divide” in health IT.

What it might look like:

- CCOs would establish targets for EHR adoption, focusing on each provider type (physical, behavioral, and oral health)
- CCOs would work with their key contracted providers to remove barriers to EHR adoption and use
- Patients would have better access to their health information electronically through an EHR’s patient portal

Possible upside: Behavioral and oral health providers would adopt and use EHRs at higher rates, allowing them to better participate in care coordination, and contribute clinical data for population health efforts, and better engage in value-based payment arrangements.

Possible downside: Providers may lack resources to invest in EHRs or lack staff capacity to implement workflow changes needed for effective use of EHRs

3: Support Health Information Exchange

Big idea: CCOs ensure that their contracted physical, behavioral and oral health providers have access to electronic health information exchange (HIE) options which include sharing patient information for care coordination and timely hospital event notifications.

What it might look like:

- CCOs could support physical, behavioral, and oral health providers' participation in regional, statewide or national HIE efforts to connect providers electronically for care coordination
- CCOs would use Oregon's statewide hospital event notifications system or other mechanisms to ensure providers have timely information that can help manage populations and target interventions and follow up

Possible upside: Providers have the information needed to deliver better care, patients get the right care at the right time, and costly hospital use is reduced.

Possible downside: Providers may lack resources to participate in HIE or lack staff capacity to implement workflow changes needed for effective use of HIE.

4. Support Public/Private Partnership

Big idea: CCOs participate in the HIT Commons, a public-private partnership that promotes HIT for statewide health system transformation, and pay their fair share of HIT Commons dues (currently being paid by OHA).

Current HIT Commons initiatives include the Emergency Department Information Exchange (Oregon's statewide hospital event notification system), and the Oregon Prescription Drug Monitoring Program Integration Initiative.

What it might look like:

- CCO involvement ensures that HIT Commons initiatives are successful and support Medicaid objectives.
- CCO members and providers benefit from statewide HIT including EDIE and PDMP integration, ensuring better coordination for high-risk populations

Possible upside: HIT Commons continues to support CCO and Medicaid objectives and is informed about the needs of Oregonians across the state.

Possible downside: Some CCOs may prefer to focus on local HIT initiatives in the future.

5. Use HIT to Engage Patients

Big idea: CCOs would use HIT to engage patients, including participation in their own care and access to their own health information. This would be linked to health equity plans.

What it might look like:

- CCOs could ensure members can access their health records electronically and work with contracted providers to improve education to patients, taking into consideration language and alternate formats.
- CCOs could offer evidence-based mobile health programs like Text4Baby

Possible upside: Patients better understand their health issues and treatment plans. Health disparities are addressed through targeted HIT-based programs that take into consideration member demographics, language, accessibility, and literacy.

Possible downside: Some providers lack the systems to engage with their patients electronically. Some systems may lack the ability to support needed language and accessibility modifications.

6. Standardize Telehealth Coverage

Big idea: All CCOs would be required to cover telehealth services if they cover those same services when delivered in person, regardless of if the patient is in an urban, rural, or frontier area.

What it might look like:

- CCOs would cover a “virtual” visit to a provider when the patient faces barriers to traveling to an office
- Providers could have consistency across CCOs for how telehealth services are covered, increasing the availability of care for patients throughout Oregon, including urban areas

Possible upside: Reduced barriers to telehealth services, better access to specialty and behavioral health care in frontier/rural areas, and reduced health disparities based on geographic location.

Possible downside: Some providers and patients lack the systems to engage in telemedicine consults through video. Some remote areas of Oregon lack high-speed broadband capabilities that would enable telehealth.

7. Use HIT for VBP/Population Health

Big idea: CCOs would demonstrate they have sufficient HIT capabilities to manage value-based payment arrangements and population health.

What it might look like:

- CCOs would use HIT to risk stratify populations and target interventions to ensure patients and communities receive the care they need to stay healthy
- CCOs would use HIT to manage value-based payment (VBP) arrangements, including sharing with providers data on patient attribution, patient risk scoring, CCO claims or cost data, and provider performance
- CCOs would show they can use HIT to analyze and manage electronic clinical quality metric data (as a component of VBP arrangements)

Possible upside: CCOs are better able to achieve population health outcomes at lower costs. Providers engaging in VBP contracts have the information and support needed from the CCO to manage financial risk and improve care.

Possible downside: Some providers may lack the capability to use CCO data effectively. Possible proliferation of systems across CCOs and payers.

Additional Questions or Input?

CCO 2.0 HIT Policy Options Input Opportunities

- April 2018 HITOC Meeting – Introduction to Policy Concepts (public meeting)
- June 2018 HITOC Meeting – HIT Cross Map, Engagement Plan (public meeting)
- June 27, 2018 – HITOC Ad-Hoc Public Webinar
- July 10, 2018 – Oregon Health Policy Board (public meeting)
- **July 19, 2018 – HITOC Public Meeting**
- August 2, 2018 HITOC Meeting – Final opportunity for input (public meeting)

You may send written comments to CCO2.0@state.or.us.

CCO 2.0 Helpful Links

- CCO 2.0 Home
 - <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>
- Oregon Health Policy Board
 - <http://health.oregon.gov>
- Office of Health IT
 - www.HealthIT.Oregon.gov
 - Overview of upcoming meetings re CCO 2.0 HIT policy options, plus summary of public comments and resources/materials on HIT policy options: <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HITOC.aspx>

Thank you!



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