

Health Information Exchange Onboarding Program: Closure Summary

Overview

The Health Information Exchange (HIE) Onboarding Program launched in January 2019 and concluded September 30, 2021 with the sunset of federal funding. The Program leveraged significant federal funding to increase Medicaid providers' capability to exchange health information by supporting the initial costs of connecting (onboarding) priority Medicaid providers to a community-based HIE. Provider participation in the program was voluntary and required CCO involvement. By the end of the Program, over \$2.4 million had been spent successfully connecting 72 unique entities (109 individual sites), including: 11 behavioral health practices, four oral health clinics, 50 critical physical health entities, and seven major trading partners (hospital/health system/major referral center). This summary provides additional information on the Program's impact.

Background

The opportunity to develop an HIE Onboarding Program originated in February 2016 when funding under the Health Information Technology for Economic and Clinical Health (HITECH)¹ Act was approved to support HIE onboarding of certain Medicaid providers.² Oregon's program development began shortly after and included external partner engagement, including input from CCOs, organizations operating HIE services in Oregon, the Health Information Technology Oversight Council (HITOC), and others; as well as learnings from states administering similar programs. The Oregon Health Authority (OHA) leveraged 90% matching funds provided by the Centers for Medicare & Medicaid Services (CMS) for program development and operations. State funds comprised the remaining 10 percent of costs. Reliance eHealth Collaborative (Reliance) was selected as the HIE vendor through a Request for Proposal (RFP) process and the program launched January 2019.

Purpose

Developed to support care coordination across Oregon's Medicaid provider network, the primary goal of the HIE Onboarding Program was to enhance opportunities for priority Medicaid providers to exchange health information, regardless of affiliation or electronic health

Reliance eHealth Collaborative

A non-profit (501c3) corporation founded in Southern Oregon in 2011, Reliance serves as a community-based HIE and provides HIE services to health care providers, hospitals, health plans, public health agencies, clinics, and others interested in using technology to exchange health information and coordinate care. Its HIE services extend to entities throughout Oregon, Washington, Northern California, and other HIEs across the country. For more information visit Reliance's [website](#).

¹ The HITECH Act was part of the American Recovery and Reinvestment Act (ARRA) of 2009; it established the federal Medicaid and Medicare Electronic Health Records (EHR) Incentive Programs (aka Promoting Interoperability Programs), which provided payment to eligible professionals and hospitals for the adoption and meaningful use of EHRs.

² Providers who are eligible for the Medicaid EHR Incentive Program, as well as Medicaid providers who are not eligible, but whose onboarding would assist EHR Incentive Program participants to meet meaningful use health information exchange requirements.

record (EHR). “Priority” Medicaid providers were designated as those most salient to integrated care: behavioral, oral, and physical health providers, as well as hospitals, health systems, or multispecialty clinics (major trading partners). See *Table 1* for additional details on those designated as priority Medicaid providers. In an effort to enhance the success of the Oregon coordinated care model, participating providers were onboarded according to an OHA-approved work plan Reliance developed in consultation with coordinated care organizations (CCOs). For providers to participate in the Program, CCOs must have established a data, funding, or governance relationship with Reliance. Provider participation was voluntary.

By providing an opportunity to Medicaid providers who, in the past, may have been unable to connect to an HIE due to financial barriers, the HIE Onboarding Program has been integral in helping move the needle forward on the OHA’s Office of Health IT’s vision of a transformed health system where all Oregonians have access to health IT-optimized health care that results in better health, better care, and lower costs. Details supporting the progress to increase priority Medicaid providers’ ability to exchange health information are included in the section below on *Program Participation*.

Table 1: Priority Medicaid Provider Types

Provider Type	Specific Provider Types Included
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 (FQHC), Rural Health Centers, Comprehensive Primary Care Plus, tribal health, equity-focused/culturally specific clinics, and county corrections health
Major Trading Partners	Major trading Partners include hospitals, health systems, multi-specialty clinics, laboratories, and radiology, especially those that affect the value of HIE for smaller and rural/frontier providers

Services Delivered

Two types of HIE onboarding connections were available to participating providers:

- a portal (view only) connection, which allows providers to view a patient’s community health record (CHR), and can support providers who do not have an EHR; and
- an integrated connection, which connects a provider’s EHR to the HIE to allow for seamless exchange of information.

Providers who participated in the HIE received financial support from the HIE, as well as financial support from OHA to offset their administrative onboarding costs. OHA paid Reliance milestone-based payments to support new connections to the HIE.

Program Participation

To encourage participation, Reliance conducted outreach across 12 identified regions in Oregon (established in collaboration with OHA and based off CCO service areas). Of these 12 regions, seven regions yielded OHA-approved work plans, and included participation from 9 CCOs with a data, funding, or governance relationship with Reliance. Although seven regions had approved work plans, HIE onboarding occurred in five regions. Competing priorities created challenges for entities in the Eugene/Springfield and Salem regions to participate by the program deadline. See *Table 2* below for the regions with OHA-approved work plans.

Table 2: HIE Onboarding Program Approved Work Plans

Region # & Location	CCOs
1: Central Oregon	PacificSource Central Oregon
2. Hood River/The Dalles	PacificSource Columbia Gorge
4. Eugene/Springfield*	PacificSource Lane County
8. Salem*	PacificSource Marion & Polk County
9. Southern Coast	Advanced Health & AllCare
10. Roseburg	Umpqua Health Alliance
11. Southern Oregon	AllCare, Cascade Health Alliance, & Jackson Care Connect

*No onboarding completed

The HIE Onboarding Program concluded September 30, 2021 with the sunset of HITECH Act funding. By the end, over \$2.4 million had been spent successfully completing 73 connections across 72 unique entities³ (one entity received both onboarding services). Included in the total are 109 clinical sites, as well as a hospital in California and a hospital in Washington state that serve Oregon Medicaid beneficiaries. Of the 73 connections, 24 were portal connections and 49 were EHR connections. The 72 unique entities represent:

- 11 behavioral health organizations
- 4 oral health clinics
- 50 critical physical health entities
- 7 major trading partners (hospital, health system, or major referral center)

The most entities onboarded were in Region 11: Southern Oregon, with a total of 24 unique entities (25 including the California hospital) successfully connected, followed closely by Region 10: Roseburg, with a total of 21 unique entities. Reliance attributes the success in these regions to strong partnerships and collaborative efforts with CCOs. See *Table 3* below for a breakdown of entities by provider type onboarded for each region. See *Figures 1* and *2* for a geographical representation of HIE Onboarding Program participation across Oregon for priority Medicaid provider types.

³ An **entity** is a hospital, clinic, health system, organization, solo practice, or other similar group that shares an EHR or other system of managing health and health-related information. Connecting the entity to the HIE will connect all of its Medicaid Providers to the HIE.

Table 3: Onboarded Entities by Provider Type per Region

Region		CCOs	Provider Type				Total
			Behavioral Health	Oral Health	Critical Physical Health	Major Trading Partner	
1	Central Oregon	PacificSource Central Oregon	4	1	10	0	15
2	Hood River/ The Dalles	PacificSource Columbia Gorge	4	0	2	1	7
9	Southern Coast	Advanced Health & AllCare	0	0	3	1	4
10	Roseburg	Umpqua Health Alliance	1	0	19	1	21
11	Southern Oregon	AllCare, Cascade Health Alliance, & Jackson Care Connect	2	3	16	4	25
			11	4	50	7	72

Figure 1: Onboarded Entities across Oregon: Critical Physical Health and Major Trading Partners

Note: Two out-of-state (CA and WA) major trading partners are not included in this map.

50 physical health entities and 5 major trading partners onboarded

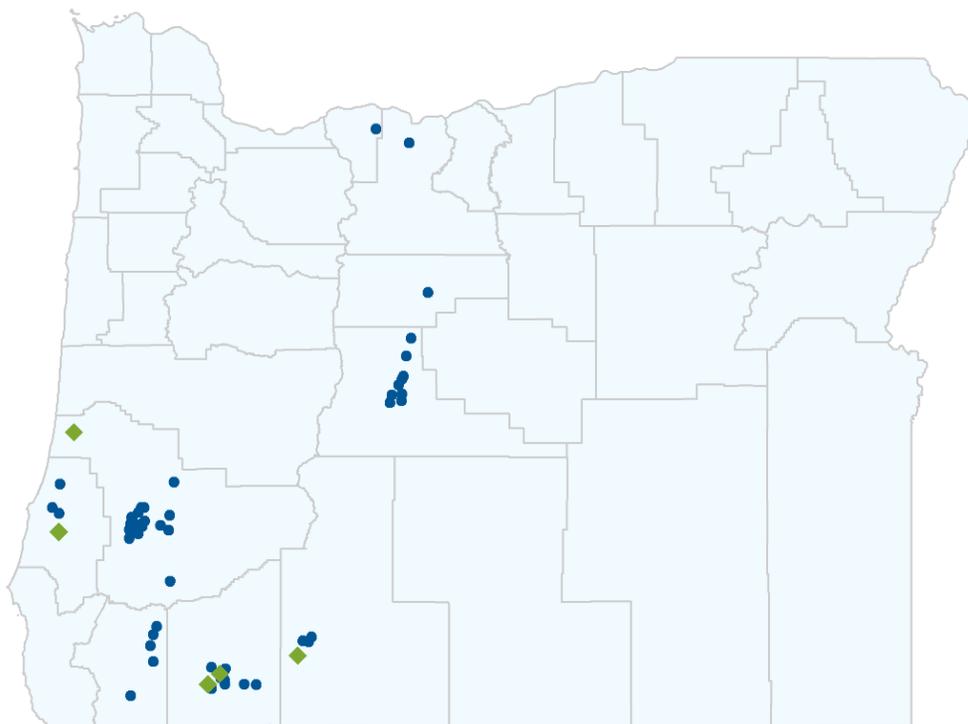
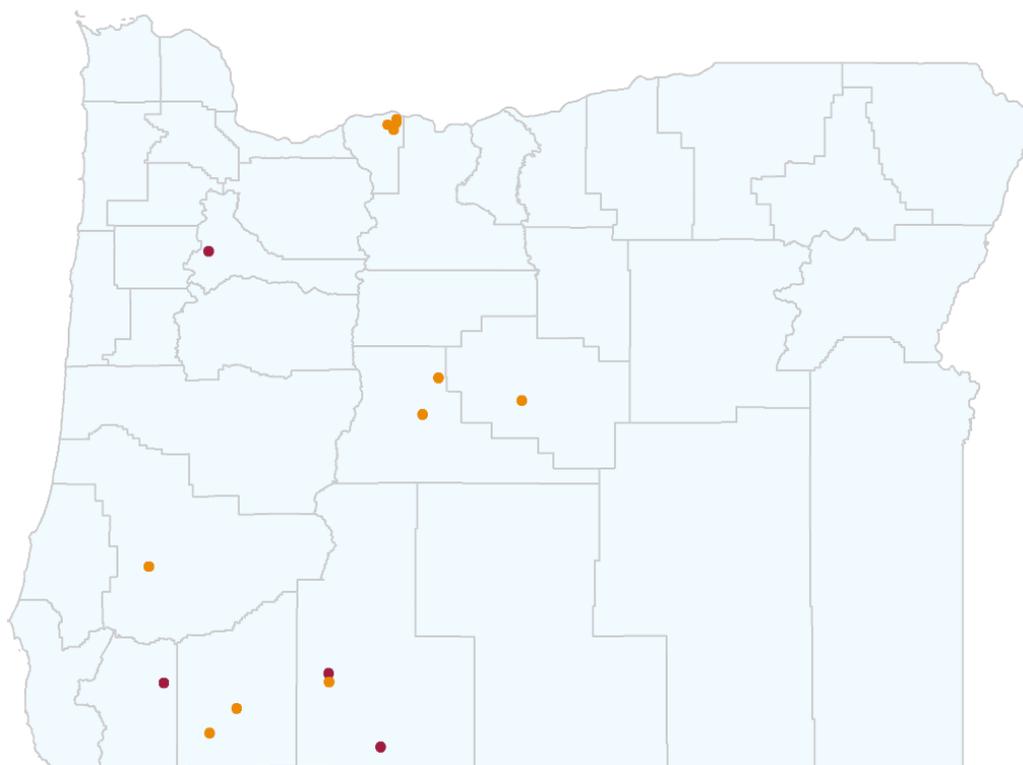


Figure 2: Onboarded Entities across Oregon: Oral Health and Behavioral Health

4 oral health and 11 behavioral health entities onboarded



Successes

OHA and Reliance identified several successes as a result of the HIE Onboarding Program, including:

The Program significantly expanded HIE connections in five Oregon regions

At the beginning of the HIE Onboarding Program, Reliance was supporting 191 connections to 673 clinical sites across Oregon, including 17 hospitals in five unique health systems and five CCOs. By the end of the Program, Reliance was maintaining 327 connections to 1,282 clinical sites across Oregon, Washington, and in parts of California, including 25 hospitals across 11 unique health systems, and nine CCOs.

- The HIE Onboarding Program contributed 72 unique entities (109 clinical sites) to Reliance's growth. This includes four hospital systems (two out of state) which are major data contributors and bring significant value to HIE for the connected clinics and CCOs.

- The final year of the HIE Onboarding Program, requirements of the 21st Century Cures Act⁴ promulgated support of the adoption of community-based information exchange, particularly among hospitals and health plans. This encouraged additional interest and participation in the Program.

The Program supported communities in helping manage patient care during a public health crisis

Reliance has noted renewed interest in HIE across the spectrum of healthcare providers during the pandemic; in particular, the pandemic has prompted the interest of dental and mental health providers to share information.

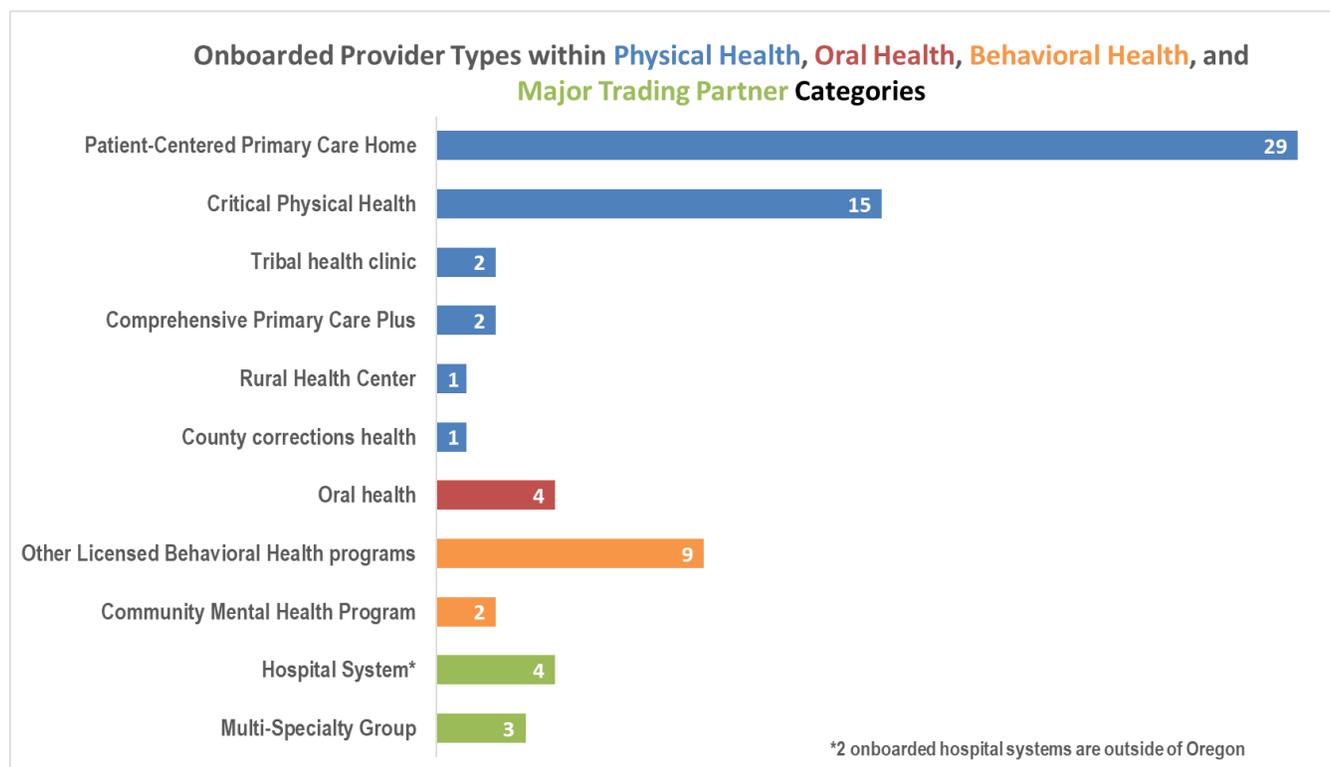
The Program advanced Health System Transformation goals of coordinated/integrated care, value-based payment, and supporting populations that face health inequities

- The Program connected 11 behavioral health and 4 oral health entities, where HIT adoption and use falls significantly behind that of physical health providers. One behavioral health clinic reported that it depends on the Reliance portal to look up its patients' prescribed medications and labs from several other health care entities in the region, which are vital to patient safety and overall care.
- The Program connected primary care and behavioral health organizations engaged in value-based payment.
- The Reliance Master Patient Index increased 64% during the years the HIE Onboarding Program was operational (2019 – 2021)
- The Program connected large and small organizations, including critical health care organizations for communities and populations that are likely to face health inequities:
 - 29 Patient Centered Primary Care Homes (two also qualify as Federally Qualified Health Centers)
 - Two Comprehensive Primary Care Plus clinics
 - Two tribal health clinics
 - Two Community Mental Health Programs
 - One Rural Health Clinic
 - One county correctional organization: This is particularly significant because incarceration often leads to gaps in the exchange of health information, coordination of care, and worse health outcomes. By onboarding to Reliance, providers at the correctional facility will be able to view health information from participating entities (within the community health record), for individuals incarcerated at their facility. This will result in more informed care and support better health outcomes for the individual.

See *Figure 3* below for a comparison of specific provider types onboarded under the HIE Onboarding Program.

⁴ [The 21st Century CURES Act Final Rule](#) implements interoperability requirements that prohibit health care providers from information blocking and empower patients to have more access to their health information.

Figure 3: Onboarded Provider Types within Priority Categories



The Program made a major impact on CCO HIE strategies and supplemented significant HIE investments from CCOs

- The Program served to incentivize CCOs considering whether to participate in Reliance as part of their regions' HIE strategy. Two CCOs in new regions (Roseburg and Southern Coast) joined Reliance during the Program and leveraged it to onboard clinics and hospitals.
- CCOs have found the Program to be very useful in supporting care coordination in their service areas. As a result, three CCOs requested the state seek funding to continue the Program beyond September 30, 2021. Examples of the impact of the HIE Onboarding Program for CCOs include:
 - One CCO included requirements in oral health provider agreements to meaningfully engage in the HIE Onboarding Program.
 - One CCO is working on integrating Reliance HIE with a tool to enhance the sharing of care plans and aims to have 50% of its network providers live on Reliance by 2023.
 - One CCO helped providers in one county move from a shared clinical patient record to a variety of electronic medical records and leveraged the HIE Onboarding Program information exchange between 20 entities in the area. This CCO also provided financial incentives to providers who completed onboarding.

Challenges and Lessons Learned

In the nearly three years of its operation, the HIE Onboarding Program gave rise to several successes; however, there were also challenges that surfaced, giving way to lessons learned on HIE in Oregon and valuable insight for potential future programs.

Timing issues created participation barriers for providers and CCOs

- HITECH Act funding for HIE onboarding ended September 30, 2021. The limited funding period created a short timeline to maximize Program potential.
- OHA re-procured CCO contracts in 2019, and CCO new contracts came into effect January 1, 2020, meaning many CCOs were focused on contracting and had a smaller window to take advantage of the HIE Onboarding Program. Most CCOs were not able to participate until later in the program, which inhibited the number of priority Medicaid Providers that could be onboarded.
- The COVID-19 pandemic shifted resources and priorities for providers and CCOs. Program outreach and education efforts were halted or reduced to relieve burden on providers as they focused on patient care needs.
- In early 2021, the HIE Onboarding Program was scheduled to end June 30 due to a funding shortfall as a result of state budget reductions. During the 2021-23 legislative session, OHA was able to secure additional funding to continue the Program through its original end date, September 30. Although the final quarter of operations saw more connections, the risk of an early conclusion paused outreach to potential participants.

These timing issues contributed somewhat to lower rates of participation. Prior to the deadline, five hospitals began participating; however, these entities were unable to complete onboarding by the deadline due to competing priorities and timeline delays. Fortunately, the value of the Program and the recent federal legislation around interoperability has motivated providers to continue onboarding, even without the benefit of federal and state funding.

OHA should consider future opportunities to provide incentives

Even though there is not a current funding opportunity to leverage, OHA will continue to look for any opportunities that may arise. OHA staff found that incentivizing onboarding provides an opportunity to support providers serving Oregon's most vulnerable populations who would prefer to participate in HIE but face financial barriers. Moreover, state involvement can help ensure EHR vendor neutrality and a focus on providers whose HIE onboarding would have the most impact on improving care coordination.

Contact

For questions about the HIE Onboarding Program, please contact Jessi Wilson at Jessica.L.Wilson@dhsosha.state.or.us