
Health Information Exchange (HIE) Onboarding Program Informational Webinar

Office of Health IT, Oregon Health Authority

June 6, 2017



Presenters

- **Susan Otter**, Director of Health IT, Office of Health IT, Oregon Health Authority (OHA)
- **Kristin Bork**, Lead Policy Analyst, Office of Health IT, OHA
- **Francie Nevill**, Policy Analyst, Office of Health IT, OHA

Agenda

- Webinar introduction, objective, procurement notes
- HIE landscape, challenges, and this opportunity
- HIE Onboarding Program background
- HIE Onboarding Program details
 - Program Summary and Budget
 - HIE Criteria, priority providers, community-centered onboarding, and connection types
 - Payments to HIEs and provider-side costs
 - Monitoring, reporting, and meetings for HIEs
- Q&A
- Next steps

Webinar logistics

- (will be announced during webinar)

Disclaimers

- One of the purposes of this webinar is to explain some of the requirements/needs of the upcoming Request For Proposals (RFP). We also anticipate obtaining additional information and answering general questions prospective proposers may have. Statements made at the webinar are not binding upon OHA. Prospective proposers are cautioned that the official RFP, when released, may vary, and after released will change only by written addenda issued by OHA.
- This session is being recorded and will be posted on our website. All questions and answers will also be transcribed and posted on our website.

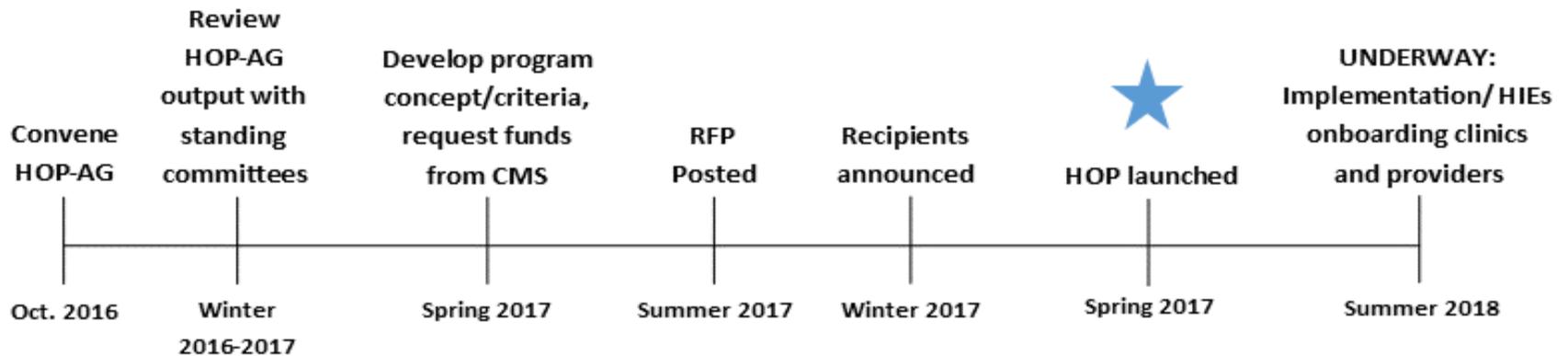
Webinar Introduction

- Procurement update
 - Currently drafting Request for Proposals (RFP) and gathering feedback from a wide variety of sources including this webinar
 - We will consider your feedback as we revise the RFP
 - **June 9** is last opportunity for feedback before RFP goes to CMS for review and approval (will likely take 60 days for approval)
 - Anticipate RFP release summer 2017
 - We want to hear all of your feedback, even though we may not be able to answer all questions due to procurement restrictions

Webinar Introduction (cont.)

- Your input
 - There will be 30-45 minutes to gather your input following the presentation
 - Can submit additional input in writing through **June 9**
- Feedback requested
 - What are your thoughts on the program?
 - Is there anything in the program design that impacts the feasibility of the program?
 - What are your major concerns about the program design?
 - What sounds like it will work well?
 - What else would you like to share?

Program Schedule (draft)



HIE in Oregon and the HIE Onboarding Program Opportunity

Susan Otter, Director of Health IT



Goals of HIT-Optimized Health Care

1. Sharing 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. Using 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.
- In turn, 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. Patient 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.

HIE is Critical to Healthcare Transformation

Oregon's HIT Strategic Plan

- Goal 1: Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.
 - Electronic health record (EHR) adoption is foundational
 - Rates in Oregon are high for physicians, nurse practitioners, physician assistants, and hospitals
 - Rates are much lower for behavioral health, oral health, long term services and support, and many other critical Medicaid providers
 - Next step is to make the electronic patient health information available to care team via health information exchange (HIE)

HIE Options in Oregon (a brief summary)

State-supported: HIE, HIE-enabling infrastructure, and statewide services	Other HIE
<ul style="list-style-type: none">• Direct secure messaging (e.g., via EHRs, HIEs, CareAccord)• EDIE/PreManage• Public health reporting (e.g., Immunization registry, PDMP)• FlatFile Directory for Direct secure messaging addresses• Provider Directory*• Clinical Quality Metrics Registry* <p>*In development</p>	<ul style="list-style-type: none">• Regional HIEs• Vendor-driven solutions/National networks• Federal initiatives (Sequoia: eHealth Exchange, CareEquality)• Organizational efforts by CCOs, health plans, health systems, IPAs, etc.<ul style="list-style-type: none">▪ Including private HIEs, point-to-point interfaces, HIT tools, hosted EHRs, etc., that support sharing information across users

Challenge: HIE Gaps Impact Medicaid

- Geographical gaps
- Different needs for rural, frontier, and urban providers
- Provider type gaps
 - Different providers have different EHR and HIE needs
 - Less investment in non-physical provider types
- Vendor-driven or single-EHR solution systems do not work for those who lack the right EHR or affiliation
- Need to create critical mass of major trading partners
- Providers need help with costs

Opportunity: HIE Onboarding Program

- Leverage 90 percent federal matching funds to
 - Support the costs of onboarding (connecting)
 - Priority Medicaid providers to
 - Community-based HIEs that
 - offer meaningful HIE opportunities and
 - play a vital role for Medicaid in communities

Opportunity: HIE Onboarding Program (cont.)

- Community-based HIEs offer
 - Services regardless of ownership affiliation
 - Services regardless of EHR product
 - Services to those that lack an EHR
 - HIE services that help providers manage transitions of care and care coordination among providers in different health systems/clinics with a variety of EHRs

Opportunity: HIE Onboarding Program (cont.)

- The program will also
 - Require HIEs to provide some meaningful support for providers' costs (in-kind or other support)
 - Require HIEs to coordinate efforts with Medicaid partners
 - Incentivize the geographical spread of community-based HIE
 - Prioritize in Phase I: behavioral health, oral health, and critical physical health, and major trading partners (to create value for all communities), others in later phases

One strategy of many

- Community-based HIEs offer many opportunities to fill gaps, and is one facet of OHA's commitment to many strategies to support HIE
- Work is underway with
 - Statewide HIT/HIE strategy update
 - An HIT Commons, a public/private governance effort
 - A network of networks, including connections to HIE-enabling infrastructure and other statewide services, connections among HIEs and other nodes, and connections to state data sources
- In the future, may help contracted HIEs connect to the planned network of networks

HIE Onboarding Program Background

Kristin Bork, Lead Policy Analyst



CMS State Medicaid Director Letter 16-003

- HITECH 90% federal funding now available to support the onboarding of a broader range of Medicaid providers to an HIE entity or interoperable system
- Onboarding includes:
 - Legal activities, including establishment of user agreements
 - Technical development activities (interfaces)
 - Configuration
 - Testing
 - Workflow integration
 - Training
 - Post onboarding support (less than one year)

CMS State Medicaid Director Letter 16-003 (cont.)

Providers now included are:

1. Medicaid providers who are eligible for Medicaid EHR Incentive Program (Physicians, Dentists, NPs, and PAs in certain settings)
2. And those providers they need to communicate with to meet Meaningful Use, such as:
 - Behavioral health, including substance use treatment
 - Long-term services & supports
 - Home health
 - Correctional health
 - Laboratory
 - Pharmacy
 - Emergency medical services
 - Public health providers

Program Development Overview

- Convened short-term advisory group Oct-Dec 2016
- Met with wide array of stakeholders, statewide oversight and health-related groups, and Centers for Medicare & Medicaid Services
- Released Request for Information asking for information from entities operating an active HIE in Oregon
- Studied similar programs in eight other states
- Open invitation to all CCOs at HIT Advisory Group (represents CCOs)

Stakeholders Engaged

Engaged To Date

- Behavioral health
- Oral health
- Physical health
- Long term services and support
- Corrections health
- HIE entities
- Supported housing
- Social services
- Frontier health
- OHA Leadership
- HIT Oversight Council
- HIT/HIE Communities of Practice Subcommittee (represents many HIEs)
- HIT Advisory Group (represents CCOs)
- Quality Health and Outcomes Committee
- Centers for Medicare & Medicaid Services
- Government to government: tribes
- Regional Health Equity Councils

Plan to do ongoing stakeholder engagement throughout Program

Research on other states

- Interviewed eight other states with HITECH-funded onboarding programs (AK, AZ, CO, MD, MI, NJ, NY, PA)
- Detailed interviews with lessons learned
- Lots of variation overall, but some common themes
 - Connect major trading partners early in the program
 - Most are now prioritizing behavioral health
 - Large variability in funding actual costs versus incentives
 - Long term care is important but challenging technically
 - HIEs must be skilled at communicating value to providers
 - Expect to spend more time and effort than predicted

Stakeholder Input Themes

- Wide range of technological/HIE readiness
- Different needs in urban, rural, and frontier areas
- Need to share information statewide/across state lines
- Need critical mass of trading partners
- Tension between need to connect major trading partners to create value and need to make sure behavioral health, oral health, smaller providers, and others are included
- Need tools that fit in workflow and provide high value—the right information at the right time
- Providers need help with HIT/HIE costs

HIE Onboarding Program Description

Kristin Bork, Lead Policy Analyst
Francie Nevill, Policy Analyst



Program Summary

The Program will support the costs of connecting priority Medicaid providers to a community-based HIE that provides meaningful HIE opportunities and plays a vital role for Medicaid in that community

What the HIE Onboarding Program will do

- Support Community-Based HIEs
 - At a minimum, core HIE services: community health record plus referrals and/or results delivery
 - Open to priority Medicaid providers regardless of ownership affiliation or EHR used
- Support HIE-side costs for onboarding priority Medicaid providers
- Require HIEs to make a meaningful financial contribution to provider-side costs (in-kind or otherwise)
- Support a variety of Medicaid provider types (phased)
- Leverage existing infrastructure
- Support a network of networks

What the HIE Onboarding Program will not do

- Support entities that are not Community-Based HIEs
 - Will not support HIEs that do not provide core services
 - Will not support HIEs that require a particular ownership affiliation to qualify for participation
 - Will not support EHR-based solutions that require providers to use a single EHR vendor in order to participate in exchange
- Provide funding directly to providers, clinics, hospitals, or health systems
- Establish a state-run HIE
- Establish new HIEs
- Support the ongoing costs of HIE entities after onboarding is complete, operational costs, or purchase EHRs

Budget

- 90 percent federal funding, 10 percent state match
- Available through 2021
- Funding will vary based on state and federal budgets
 - Federal funding for next biennium approved May 2017
 - Initial state match for the next biennium (2017-19) is already allocated
- If more than one contract, awards to each entity may vary based on capacity and work to be done

HIE Criteria

- Must be a community-based HIE
 - At a minimum, core services: community health record plus referrals and/or results delivery
 - Open to new priority Medicaid provider participants regardless of ownership affiliation
 - Does not require participants to use a particular EHR
 - Not an single EHR-based solution
- Key criteria include
 - Established and sustainable
 - Strong Oregon relationships and footprint
 - Robust privacy and security practices

5 Minute Question Opportunity

- Any clarification needed?

Priority Providers (Phase I)

Provider type	Specific Providers
Behavioral health	Community Mental Health Programs, Certified Community Behavioral Health Centers, behavioral health homes, ACT teams, mobile crisis teams
Oral health	Clinics contracted with Medicaid DCOs serving CCO members and Fee for Service population
Critical physical health	Medicaid providers who participate in: PCPCH, FQHCs, RHCs, CPC+, tribal health, equity-focused clinics, county corrections health
Major trading partners in behavioral, oral, and critical physical health	Major trading partners (hospitals, health systems, and other large organizations that priority Medicaid providers need to communicate with) that create value for priority Medicaid providers

Priority Providers (later phases)

- Likely to include
 - Long term services and supports
 - Social services
 - Supported housing
 - Other organizations whose work focuses on the social determinants of health
- Provider types from earlier phases may be included in later phases

Community-Centered Onboarding

- Local Medicaid partners (such as CCOs) will have the opportunity to consult on HIEs' annual work plans for the program (the aspects that affect their communities)
 - OHA must approve HIEs' annual work plans for the program
 - Only priority Medicaid providers will be included in work plans
- Want to ensure that the right local clinics and hospitals are connected at the right time
- Early onboarding of major trading partners helps ensure onboarding value, especially for rural/frontier providers with statewide/interstate trading partners

5 Minute Question Opportunity

- Any clarification needed?

Community-Centered Onboarding (cont.)

- Will only support one HIE per region (see exceptions)
- In order to get support for onboarding in a region, contracted HIE must show:
 - A relationship with the* CCO in terms of data, funding, or governance
 - The CCO supports the HIE for onboarding in that region, in writing
- HIE will submit proof the first time it asks for approval for onboarding in that region (via work plan)

*Will address multiple CCO region issue in later slide

Community-centered onboarding: Exceptions

- Tribal clinics may choose to onboard to the contracted HIE of their choice
- OHA may also support onboarding by a contracted HIE that serves a narrow range of providers if it is connected to an HIE that serves a broad range of providers. Clinics can decide which HIE to join.
- OHA retains the right to adjust to ensure the success of the program

Regional Onboarding Summary*

	One HIE	Multiple HIEs
Region with one CCO	<p>CCO must agree</p> <p>CCO must have a relationship with the HIE in terms of data, funding, or governance</p>	<p>CCO must choose a single HIE</p> <p>CCO must have a relationship with the HIE in terms of data, funding, or governance</p>
Region with multiple CCOs	<p>Ideally:</p> <p>All CCOs will agree on a single HIE</p> <p>All CCOs will have a relationship with the HIE in terms of data, funding, or governance.</p> <p>If CCOs disagree, OHA will determine if onboarding should be supported and which HIE should receive support</p> <p>OHA is less likely to support onboarding for regions in which CCOs do not agree on whether/how onboarding should take place.</p>	

*See exceptions on prior slide

5 Minute Question Opportunity

- Any clarification needed?

Connection types

- Clinics, hospitals, etc. can connect to the HIE via the HIE's portal or through EHR integration
- HIEs can receive support for upgrading priority Medicaid providers from portals to EHR integration connections
- Clinics can use their own EHRs (no particular EHR required)
- Clinics do not need to have an EHR (portal access)

Payments to HIEs

- HIE will receive milestone-based, flat payments for each entity onboarded
 - 3 milestones: signed agreements, go-live, post connection support for less than one year
 - Intended to be a proxy for average connection cost
 - Payments for portal access will be lower than EHR integration
 - Payments will likely be higher for entities with a large number of different connections required (like hospital or large clinic that does labs, etc., in house)
 - Milestone amounts will be determined during negotiation

Provider-side costs

- OHA acknowledges that provider-side costs for onboarding can be a major barrier
- Will require HIEs to provide meaningful financial support for provider-side costs
 - Could be reducing/not charging subscription fees, supporting provider's vendor costs, etc.

Monitoring, Reporting, Meetings

- Onboarding will be based on annual work plan approved by OHA (can be revised)
- HIEs will provide reports quarterly and annually, and at the end of the program
 - In some cases, additional data may be required
- HIEs will participate in program evaluation
- HIEs will participate in regular meetings with OHA
- HIEs may also be expected to present to or participate in statewide HIT/HIE workgroups, committees, and governance as needed

Your Input

Kristin Bork, Lead Policy Analyst



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Your feedback

- What are your thoughts on the program?
- Is there anything in the program design that impacts the feasibility of the program?
- What are your major concerns about the program design?
- What sounds like it will work well?
- What else would you like to share?

Reminder: Please send further feedback to Kristin Bork (OHA) by June 9.

Next steps

- Will accept feedback prior to submission to CMS today **and through June 9**
 - Please share any additional thoughts after today by contacting Kristin Bork (kristin.m.bork@state.or.us)
- Stay updated at <https://www.oregon.gov/oha/OHIT/Pages/HIE-onboarding.aspx>
- CMS must approve RFP
- Will likely release RFP in summer 2017
- CMS must approve contracts after negotiation
- Program will launch following contract execution

Thank you!

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Authority