OREGON HEALTH AUTHORITY HIT

Stakeholder Interviews

March 2018

Research Objectives

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- Test messages
- Assess awareness
- Understand messengers and methods

Who We Talked To

13 individuals across settings

- Executive level
- Decision makers or influencers
- Rural representation

- Coordinated care organizations
- Health plans
- Providers and clinics
- Hospitals and health systems

Interview Findings

Leaders are generally cautious and realistic about HIT.

"Paperless, more efficient, cumbersome"

"Enabling, efficiency, complications"

"Complex, expensive, needs vision and steady leadership to overcome"

"Driving efficiency, better care, standards"

"Disruptive, iterative, frustrating"

"Antiquated, expensive, frustrating"

Information sources for keeping up to date on evolving technology vary widely.

Sources mentioned more than once:

- OHA state meetings and forums
- HIMSS events and communications
- EHR vendors
- CPC+ online portal
- AMIA Journal
- Health Leaders news
- Gartner

"The forums that OHA enables and facilitates provide a good venue for learning. I'm very thankful for these forums."

Trusted advisors and influencers within organizations are not consistent.

- Decision makers are looking to:
    - Innovations Department
    - Regulatory Compliance and Government Affairs
    - C-Suite Executives
    - Informatics Team
    - IT Team
    - Business Intelligence Team
    - Vendors
    - Clinical Support Department
    - Outside Consultants

"It depends on what it is. There are more managers than I can count on my two hands."

"You'd get a totally different answer from each facility that you talk to."

It's difficult to keep up with OHA programs, even when stakeholders are informed.

Most familiar initiatives:

- Common Credentialing
- Provider Directory
- EDI
- PreManage
- CQMR

"I'm sure there are a bunch of things that I'm not privy to."

"I think I'm losing track."

"OCHIN? Are they an OHA program? Not really sure otherwise."

The benefits of OHA's HIT programs largely resonate, but are seen as aspirational.

Reduces administrative and reporting burden.

- "Technology is supposed to do that, but we know that the learning curve and regulations also contribute to a loss of productivity." –Providers & Clinics
- "I want to say yes but I haven't always seen it play out." –Hospitals & Systems

Centralizes health information to reduce duplication of efforts.

- "Well, I wish it did. We are on the journey but we are not there yet." –CCOs & Plans
- "Any time you don't have to do something again and again, that simplification will eventually help." – Providers & Clinics

Ensures health information is accessible, timely an accurate.

- "Except that a lot of data is still in silos, so it isn't completely true." –CCOs & Plans
- "That's the goal. Are we there yet? No." –Providers & Clinics

Most leaders are familiar with the Provider Directory and understand the benefits.

"It is a centralized, validated, up to date directory of who are the providers in our state, where they are working, and how they might be contacted. Up until now, there has been no centralized source of truth." –CCOs & Plans

"A gold source of information based on credentialing data that allows easy access to provider info outside of your organization. It's designed to resolve getting clear sources of information that are trusted." –Hospitals & Systems

"The benefit is to figure out if it can eliminate activities that people are already doing either manually or because of redundant requests. Like people keeping multiple lists of providers that they refer to and are always trying to keep updated. It's continuously updated information from a single source of truth." –Hospitals & Systems

The Provider Directory name has equity.

“What else would you call it? A rolodex?” –Providers & Clinics

“I think it’s the right name. I think initially people were a little hung up on it, but there have been enough advancements that, yeah, it makes sense.” –Hospitals & Systems

“I actually don’t. We’ve had that name since the initiative started. I think it’s ‘Provider Data Repository’ or something like that. A directory is a lookup table and the system is going to provide more than that.” –CCOs & Plans

“It’s the name that we use in our organization as well, so it resonates well.” –Providers & Clinics

Common questions:

- How will this work with existing lists that organizations already maintain?
- How will it work with HIE?
- How much will it cost?
- How will OHA ensure it is accurate?
- How much support will we get to implement?

Rural leaders have a harder time seeing the value in the Provider Directory.

"I don't know that it's a huge need for us out here, but I'm not boots on the ground, so maybe. We're in a small town, so we know everybody. Our doctors already have relationships. It's pretty clear who they should call. We also refer to Idaho, so that won't be helpful." –Hospitals & Systems

"Rather than being 'authoritative,' be helpful. Be very specific about your sources of information. There is a lot of anti-oversight and anti-government feeling. If it can be pitched as something helpful rather than required, that's always better." –Providers & Clinics

"Take a better look and understand what's going on at the more local and regional level and try to help us build on what we have invested in rather than taking the idea that we don't have anything and need to start statewide creating something from whole cloth. That is pretty maddening for those of us that are trying to get ahead of this beast." –Providers & Clinics

Leaders are neutral to cautiously optimistic about the Provider Directory rollout.

"As an IPA, if that were a resource available to use, I think we'd use it. I'm much more optimistic about this [than Common Credentialing]. The irony is that you have to have one to do the other. If that's a benefit of doing Common Credentialing, then that's a pretty good one." -Providers & Clinics

"We don't want to be early adopters. We're taking a more, 'Let's see how beneficial it can be and what are the kinks that need to be worked out?' approach." -Hospitals & Systems

"I think people are kind of waiting to see if it works. The state is going to have a source of truth... we'll see how that goes. Providers are skeptical by nature. " -Providers & Clinics

Leaders naturally connect the Provider Directory with Common Credentialing.

"We're already using our credentialing system to drive our online directory so that's a huge benefit that you're leveraging data that way." –Providers & Clinics

"Integration of Common Credentialing with the Provider Directory is a huge benefit." –Providers & Clinics

"It is totally logical to link it with the common credentialing system. It will be exraordinaily helpful in maintaining the currency and accuracy." –CCOs & Plans

Most leaders feel well-enough informed.

“We refer our members to OHA resources. I know you’ve been doing a lot of outreach. I don’t know how much more you can actually do.” –Providers & Clinics

“We feel like we have a good enough relationship with OHA. If we need to get in front of our members, we will connect with Melissa. OHA has reached out to us when needed. We feel like we’re plugged in.” –Providers & Clinics

“If I were a provider, I’m so buried in other sources that this might not be on my radar. The outreach and call for participation that they already do is very much appreciated. I can’t complain at all.” –Providers & Clinics

“I might not agree with certain aspects, but I do see that there’s been a huge effort to communicate with us.” – Providers & Clinics

Preferred communication methods:

- Support network (trainings, events, particularly for rural IT leaders)
- Webinars
- Early adoption process
- Conferences/association events (Oregon HIMSS, Oregon Hospitals Association)
- Social media (for sharing broadly across networks)
- Email (for reference)
- OHA Website (as a reference, not primary source)
- Print materials

“The OHA HIT team is pretty great. They’re personable, cool people. Mass emails are not going to work, but if they can figure out a way to personalize and regionalize it a little bit, it will make it more approachable.” –Providers & Clinics

“I think this early adoption thing is a great idea because it’s going to give all of us a chance to test and know what works and what doesn’t.” –Providers & Clinics

Leaders want continued opportunities to give feedback and help shape the future.

“Communication goes both ways.” –Providers & Clinics

“This is not the end game. Communicate that this is an iterative process and not just all at once. People respect that—if you can get them quick wins and get back to people. And tell them how you’ve incorporated their feedback into the product.” –Providers & Clinics

“It’s not lack of familiarity that’s the problem. It’s around seeing themselves as a convener for community level decision makers. These are products that the intention of them is to be collaborative, and they aren’t facilitating these collaborative processes.” –CCOs & Plans

Next Steps

- Develop key messages based on findings
- Message grids for specific audiences
- Update materials based on findings
- Communications and outreach strategies