Adoption planning and phasing discussion

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January 2018 PDAC highlights
MiHIN Demo & Return on investments exercise

Benefits	Ways to measure
• Access to data not available today • Cost avoidance to maintain • Better data quality • Validation of all providers • Using a trusted source • Reduced # interfaces • Optimize provider search	• # times this data was needed • FTE • Lower licensing and interface costs • Less errors • Increased number of summary of care transfers • See more patients
Costs	Ways to measure
• User training • Subscription costs • Vetting data • Parallel testing • Integration into existing software	• FTE • Actual costs to integrate • Staff costs to do parallel testing and adopt
Other concerns to address	Ways to mitigate
• Change management • How well will it meet its purpose • Lack of provider awareness • More complex use cases won't happen right away • Bandwidth to adopt (time) • Sensitivity around the data	• Early communication • Marketing and outreach • Training • Incorporate into the workflow • Demos • Clear rules and policies on data

Medicaid criteria for no-cost Provider Directory use

1. Oregon Health Authority and Department of Human Services

2. Currently enrolled or contracted with OHA to provide Medicaid services. This includes but is not limited to Coordinated Care Organizations (CCOs) and their affiliated entities, individual practitioners, facilities, and hospitals.

3. Organization supports eligible providers by providing meaningful HIE opportunities and play a vital role for CCOs and other regional Medicaid stakeholders in Oregon.

* Verification will be part of the registration process

- Non-Medicaid use will be supported by fees and requires CMS approval
- Market analysis is needed to determine interest in non-Medicaid use
- Work is underway to determine parameters around #3

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Provider Directory phased implementation

Phase 1 – August 2018	Phase 2 and beyond ?
• Soft launch • Medicaid enterprise • HIE use case/analytics	

Refer to "Phasing Approaches Document"

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Input on future phases

- Review "Phase 1"
- What stands out to you?
- What seems challenging?
- What might we be missing?
- What are your recommendations moving forward?

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Input on future phases

- Review "Phase 2"
- How would you describe the status of the provider directory?
- What kinks may be worked out in phase one?
- What gaps might still exist?
- Thinking about the status of the directory after soft launch, who should be targeted to adopt after the initial go-live?
- How many organizations/users should be targeted in the next phase?
  - Should we focus on a specific type of organization (e.g., CCOs or hospitals)? Should we diversify?
- How much time should we allow between phases and give enough time for adoption and use?
- What is the best way to plan for phases while remaining nimble and responsive?

Communications phasing discussion

Communication strategy documents

High level strategy (last updated September 2017)

- Objectives and high level strategies
- Channels and tools
- Key information and Market analysis

Communications plan matrix (working document)

- Implementation status, priorities, targeted audiences
- What needs to be communicated, channels and Strategies, Success outcomes and targets
- Strengths, Challenges, How to address challenges

Communications workplan (working documents)

- Timeline: Planned dates for high level activities
- Engagement profile: details on how to reach target audiences/who is engaged and who isn't
- Tasks with due dates and resources

Communications Matrix feedback: Phase 1

- Review "Phase 1: HIE and Analytics"

- Thoughts?

- What categories did we miss?

- What risks, barriers, or gaps need to be identified?

- What needs to be clarified or added?

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Communications Matrix feedback: Phase 2

- Review "Phase 2" and group's feedback on phase 2 target audiences

- Thoughts?

- What strengths and challenges may be faced in this stage?

- How can we address challenges

- What other thoughts and input do you have?

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