

Oregon Coordinated Care Organizations' Health Information Technology Efforts Oregon Health Authority, Office of Health Information Technology Executive Summary

This Executive Summary provides an overview of the June 30, 2015 report on the health information technology (HIT) initiatives underway in Oregon's 16 Medicaid coordinated care organizations (CCOs).

Health Information Technology (HIT) and the Coordinated Care Model

Oregon's coordinated care model is designed to improve health, improve care, and lower costs (the "Triple Aim"). HIT plays a critical role in realizing each of these goals of transforming Oregon's health care delivery system. The collection, sharing, and use of health information can facilitate improved:

- Care coordination and population management
- Integration of physical, behavioral, and oral health
- Accountability, quality improvement, and metrics
- Alternative payment methodologies
- Patient engagement

The coordinated care model relies on access to patient information and the HIT infrastructure to share and analyze data. Each of Oregon's 16 Medicaid CCOs has committed to a variety of HIT initiatives to assist them in pursuing the Triple Aim.

Overview of CCO HIT Efforts

All 16 CCOs have made an investment in HIT in order to facilitate healthcare transformation in their community. Nearly all CCOs are pursuing and/or implementing both:

- Health information exchange/care coordination tools as well as
- Population management/data analytics tool.

Even with those similarities, each of the 16 CCOs chose to invest in a different set of HIT tools.

Through their implementation and use of HIT, CCOs reported early successes in achieving goals such as:

- Increased information exchange across providers to support care coordination
- Making new data available to assist providers with identifying patients most in need of support/services and to help providers target their care effectively
- Improved CCO population management and quality improvement activities, through better use of available claims data, while pursuing access to and use of clinical data

CCO Approaches to Developing and Implementing HIT Efforts

In general, CCOs sought to understand which HIT and EHR resources were in place in their community and provider environments, identify which HIT capabilities were needed to support the CCO's efforts, and identify strategies to meet those needs including leveraging existing resources or bringing in new HIT tools to fill priority needs. Ultimately, the combination of different CCO community, organizational, geographic and provider contexts as well as the variation in EHR and existing HIT resources led to a number of differing approaches to HIT. Some examples of the diverse HIT approaches CCOs have taken include:

- Implementing a coordinated care management system for CCO staff including utilization, disease, and case management which integrates data from disparate sources.
- Providing a community-wide EHR operating as a community health record, which includes data on over 85% of the CCO's members and is available to both physical and behavioral health providers.
- Leading the collaborative development of a regional health information exchange tool, which will collect patient data from various sources and make it accessible to providers at the point of care.
- Pursuing a Community Data Warehouse pilot project to develop and implement a population health management, data aggregation, and analytics tool.
- Investing in a tool that allows for gathering/aggregating/sharing of clinic-level EHR data to identify gaps in care and specific health data points in the population.

Changing Approaches and Next Phases for CCO’s HIT Efforts

Many CCOs are in the process of building upon their progress to date and are pursuing additional and/or improved HIT tools to add to (or replace) what they initially implemented:

- Connecting providers to HIT/HIE through integration with their EHR workflows
- Moving from administrative/claims-based case management and analytics to incorporating and extracting clinical data from provider’s EHRs
- Incorporating behavioral health information, long-term care and social services in order to increase care coordination across different provider types
- Working with providers and providing technical assistance to establish clinical data reporting
- Supporting providers in new ways with providing data and performance metrics/dashboards back to them
- Investing in new tools for patient engagement and telehealth

CCOs’ various investments in telehealth include:

- Teledermatology
- Genetic counseling via telehealth
- Behavioral health telemedicine/telemental health
- Virtual Provider Triage (supports delivery of care in the most appropriate setting)
- Gladstone by Kannact (providing high-risk individuals with tablets to facilitate remote patient monitoring)
- Tablet/laptop-based needs and health risk assessments
- Provision of post-hospital discharge tablet/laptop by which member can contact care support
- Telementoring
- Text 4 Baby
- Tablet-based patient satisfaction (CAHPS) survey

New Relationship to Data

CCOs are committed to increasing the efficacy of available data. They are using data to support their healthcare transformation efforts as well as to support their providers, by furnishing them with data. Many CCOs are distributing regular reports to their providers which might include a variety of information on the provider’s patient panel, such as:

- Risk scores
- Quality metrics measures
- Top utilizing members
- Patients in need of screenings
- Basic ED and inpatient utilization
- Top 10% members at risk for poor outcomes
- Diagnoses
- Prescription drug use

Barriers to HIT Effectiveness

CCOs discussed various barriers encountered in the CCOs’ implementation of their HIT initiatives (see table for a summary of the top barriers). Examples of specific barriers reported include: the use of disparate EHRs and challenges with EHR interoperability; limitations of time, resources, and capacity; change fatigue; clinic reluctance to make workflow changes; lack of access to clinical data; providers reliance on their EHR vendors; pressure to meet diverging regulatory and reporting requirements; and challenges with obtaining accurate and complete data.

Top Barriers to HIT Effectiveness	CCOs Who Reported Barrier (n=16)
Technology, Interoperability, and EHRs	88%
Workflows/ Staffing/Training	81%
Clinical Data Collection/ Reporting	75%
Data Analysis, Processing, Reporting	44%
HIPAA, Privacy, Security	31%
Metrics	31%

Barriers to Behavioral Health Information Sharing

Most CCOs also reported significant concerns regarding behavioral health information sharing including: confusion over compliance with state or federal laws, concerns over privacy and confidentiality protection for the patient, technology systems that do not have the technical interfaces and applications needed to exchange sensitive data (e.g., EHRs do not segment or separate data), and concerns over liability if information shared is later improperly shared. Ensuring the exchange of information with behavioral health providers is a priority for the CCOs, many of whom are exploring ways to increase the sharing of this data.