THE OFFICE OF THE STATE COORDINATOR FOR HEALTH INFORMATION EXCHANGE

Steve Miller, CHCIO State Coordinator for Health Information Exchange



Improving Care Coordination, Delivery, & Quality Utilizing the Health Information Exchange

WHY A HEALTH INFORMATION EXCHANGE? Health Information Exchanges help...

70% of Oklahomans have records in more than one health care delivery system

- Reduce health care costs associated with redundant testing, hospital readmissions, and emergency department visits.
- Improve care coordination during transitions between health care settings, reduce adverse drug events and missed preventative care
- Improve patient experience and performance on quality measures
- Comply with State and Federal programs such as CMS interoperability rules.

Reduce the clinical impact of care fragmentation!

OKLAHOMA HIE HISTORY

Single Unified HIE EFFORT

2006	2008	2010	2012	2014	2016	2018	2020	2	022
	1	Oklahoma Trust Tue 6/1/10 - T		rmation Exchange					
IET- achieved 20 9 05 - Mon 5/20/13			Merged						
		lyHealth- 85% ma ue 9/8/09 - Thu 3/							OKSHINE/ MyHealth Fri 3/11/22 -
		State of Oklahor HIE Effo Fri 10/1/1 Sun 7/1/	ma vrt #1 0 -				State of Oklahon begins Statewide HIE Effort OKSH Wed 10/30/19 - T 3/10/22	e NE	Sat 7/1/23
			<u>. </u>	Coordinated Care Okla Mon 4/1/13 - Thu 6/1/17		(CCHN)	nated Care Health Netw) 10-15% /18 - Mon 4/11/22	orks	5

Single Unified Effort to provide a Medical Records Sharing and Aggregation Solution

3 | OKLAHOMA HEALTH CARE AUTHORITY

LEGISLATION

SB 574 (May 2021)

- Created the Oklahoma State Health Information Network Exchange, (OKSHINE)
- SB 1369 (May 2022)
 - Created the Office of the State Coordinator for Health Information Exchange
 - Created concept of a **State Designated Entity for HIE Operations** overseen by the office.
 - Defined the Health Information Exchange Organization as one governed by it's stake holders.
 - Declared a Mandate that "all providers" participate in the statewide HIE by July 1, 2023
 - Establish a direct secure connection to the SDE and transmit active patient data.
 - Actively Utilize HIE services to securely access records during and/or in support of patient care.
 - Coordinator may grant **exemptions** (financial hardship or technological capability)
 - Hardship exemption does not exclude provider from requirements
 - Requires submission of detailed justification as to the hardship and a plan with timeline for remediation.

SB 1337

Provides for managed care entities and providers to submit data to the HIE

HIE FRAMEWORK

Program Oversight Mandate Management

Office of the State Coordinator State Agencies Use Coordination

State Agencies Use Coordinatio Define/Accept Functionality Reporting/Analytics Resources

Portal / EMR SSO Integration

Technology Layer

eMPI / eCQM Services

State Designated Entity for HIE Operations Layer

Member Governance Execute Agreements / Establish Fees Test and Validate Solution Releases



Facilitate On-Boarding & Outreach Manage Day-to-Day HIE Operations Provides Value-Add Services

Data Gateway Layer



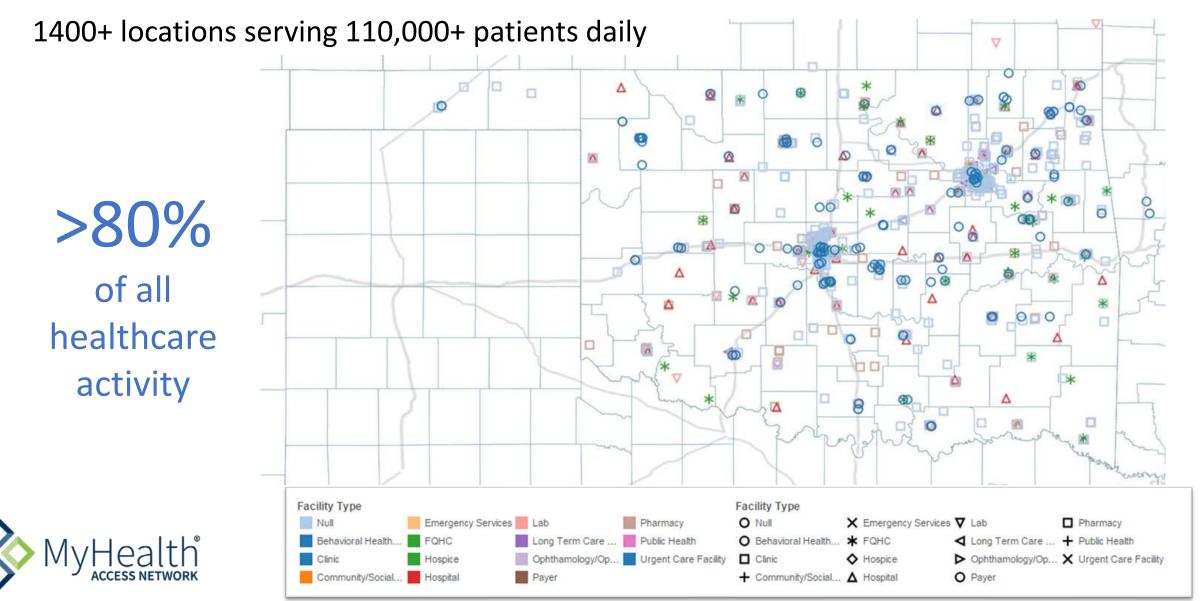
MYHEALTH

In choosing MyHealth, an Oklahoma-based 501c3:

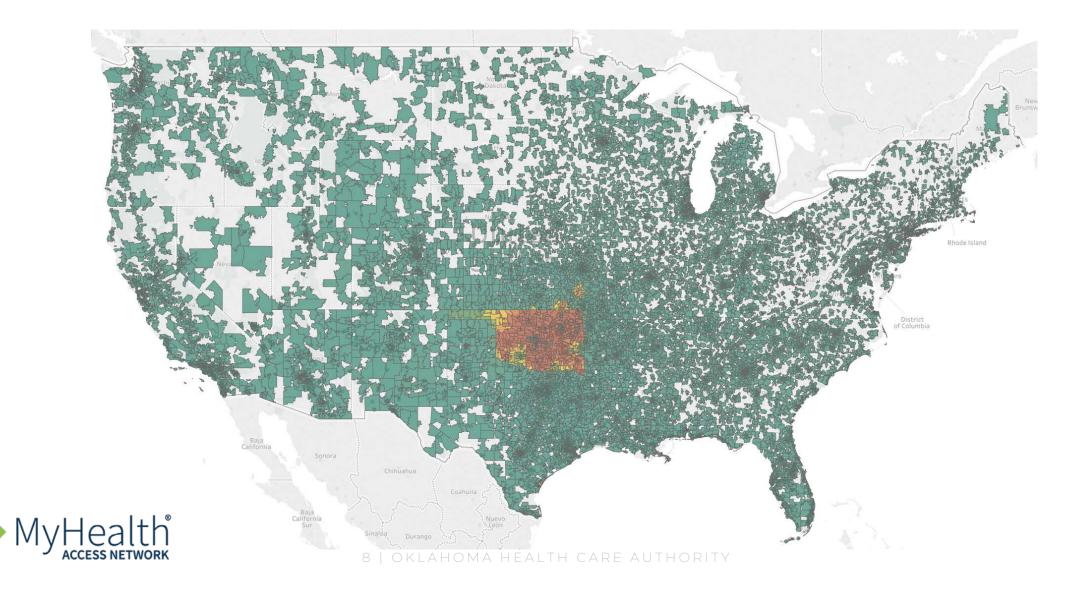
- >80% of Oklahoma's healthcare data already connected
- ~400 organizations do not need to reconnect
- Existing legal agreements and policies remain in place
- Eligible for Federal funding from CMS and other agencies
- Extensive Governance of Network and Data Use
 - Providers and other healthcare stakeholders
 - State is a Participant



CURRENT HIE COVERAGE



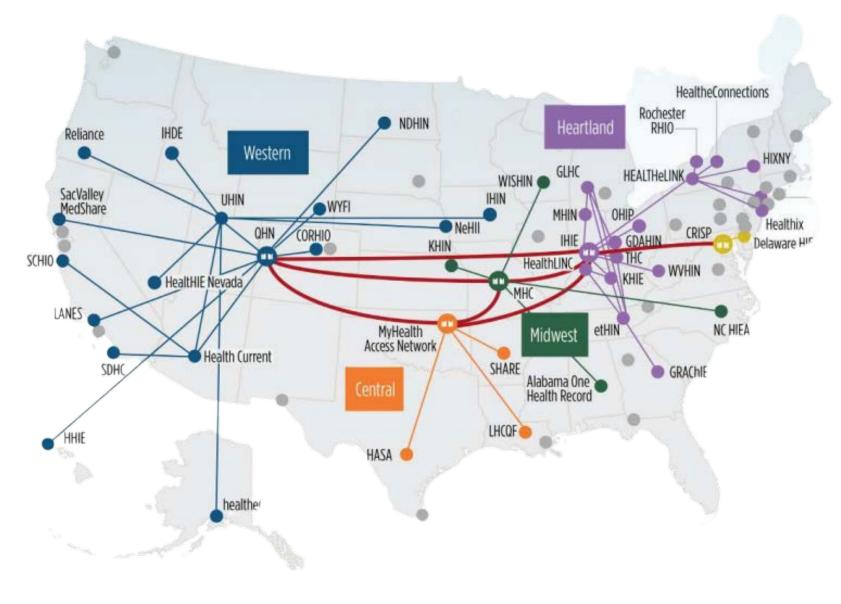
OKLAHOMA HIE PATIENT POPULATION

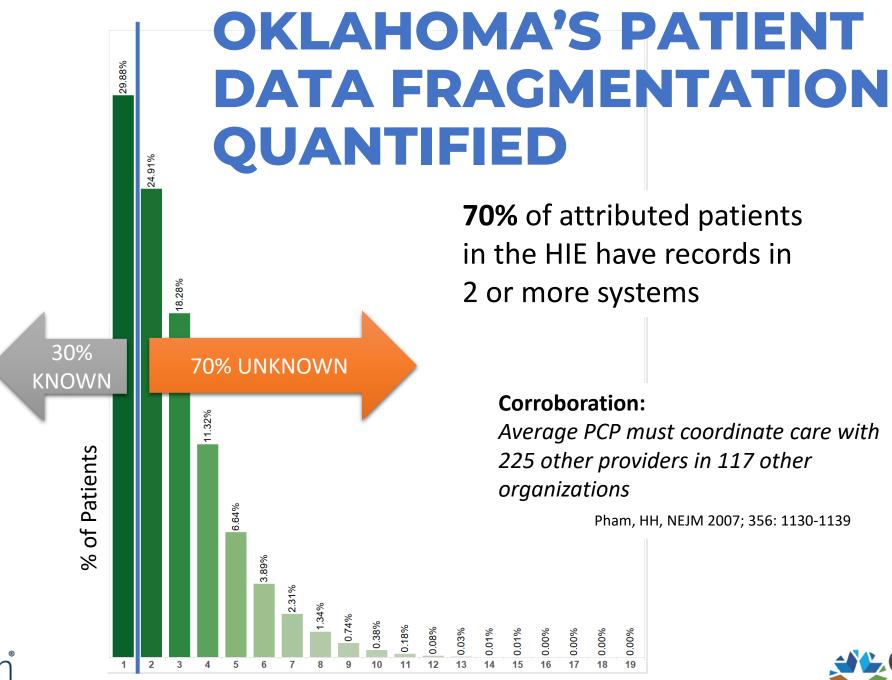


PATIENT CENTERED DATA HOME

DATA INCLUDES

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across state lines and across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs





Number of EHR Sources each patient has

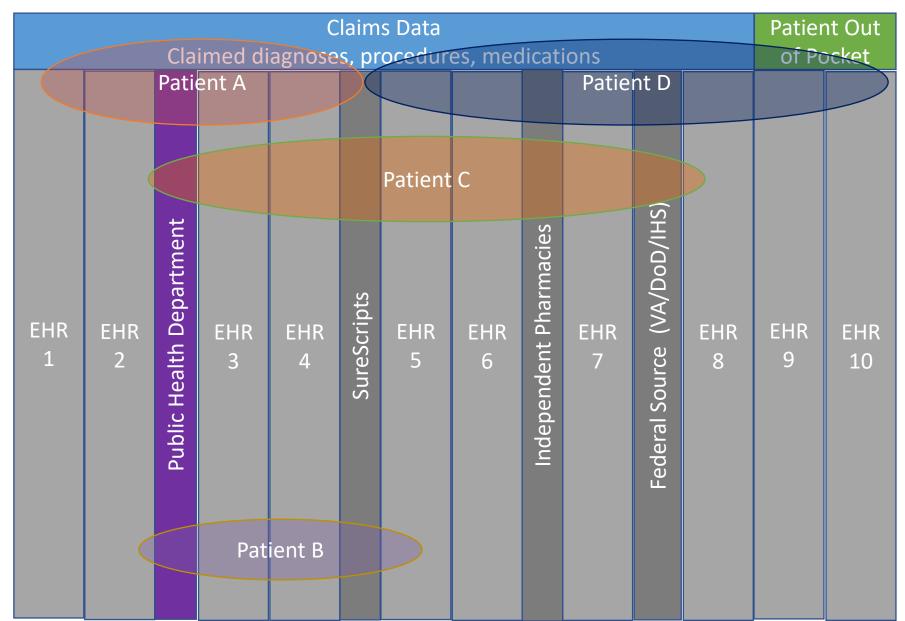


70% of attributed patients in the HIE have records in

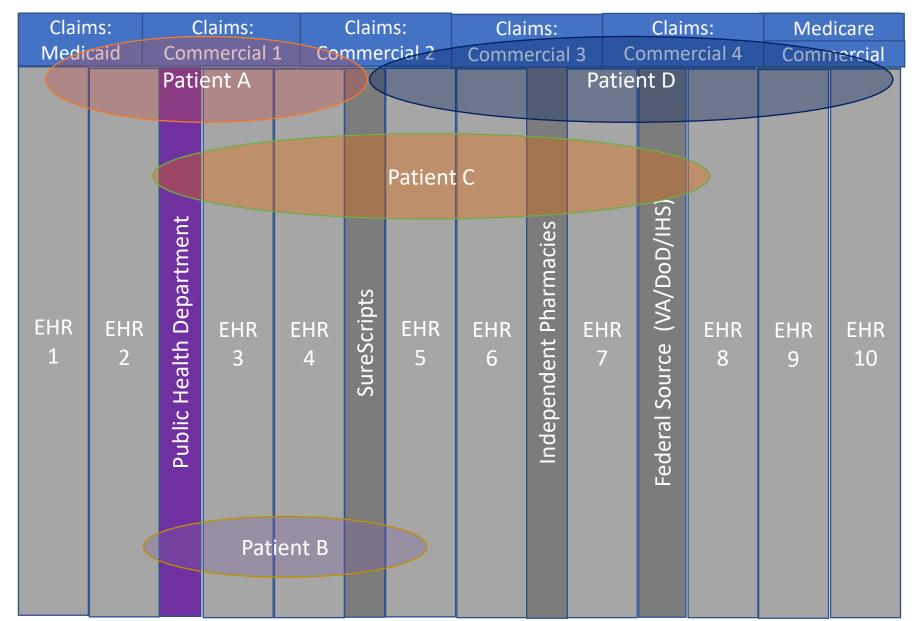
> Average PCP must coordinate care with 225 other providers in 117 other

> > Pham, HH, NEJM 2007; 356: 1130-1139

CARE FRAGMENTATION



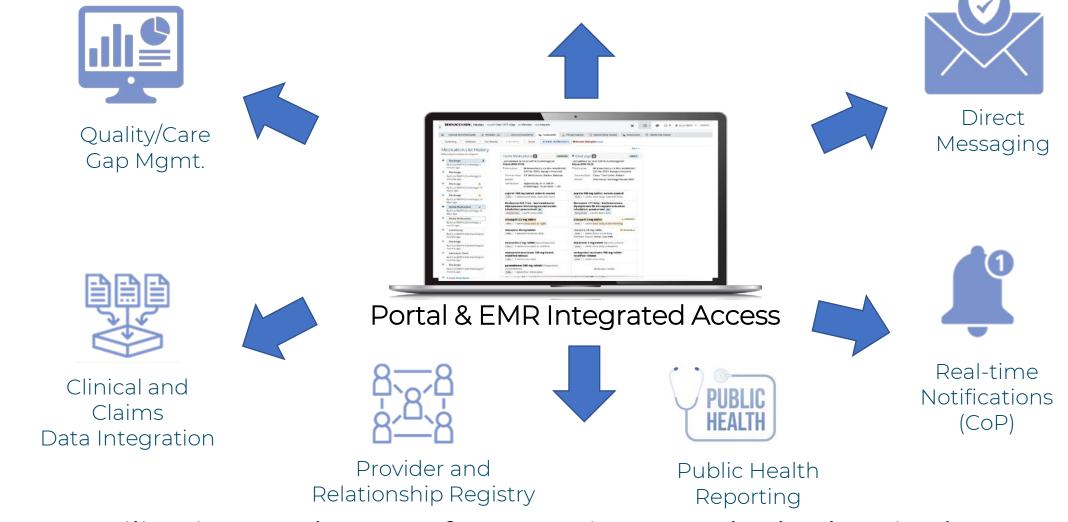
CARE FRAGMENTATION



HIE CAPABILITIES

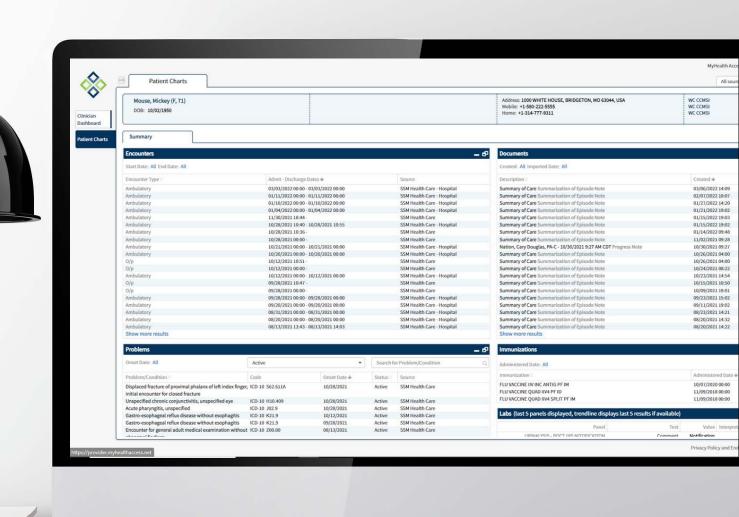


Care Coordination/ Records Aggregation



Utilization Goal: 100% of new patients are looked up in the HIE

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Value Proposition:

- Find the most complete records immediately
- No need to read separate documents from every org
- Close loops on referrals



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CARE RAGMENTATION LERTING

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MyHealth access Network

Value Proposition:

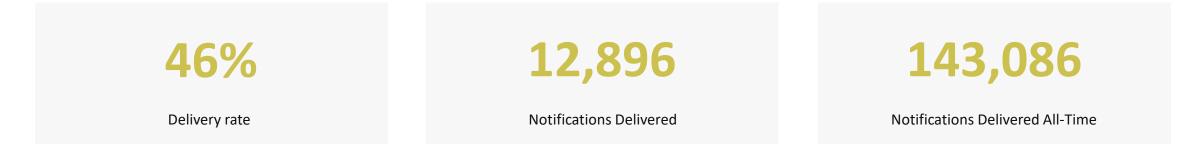
 Schedule followup with ER and Inpatient discharges

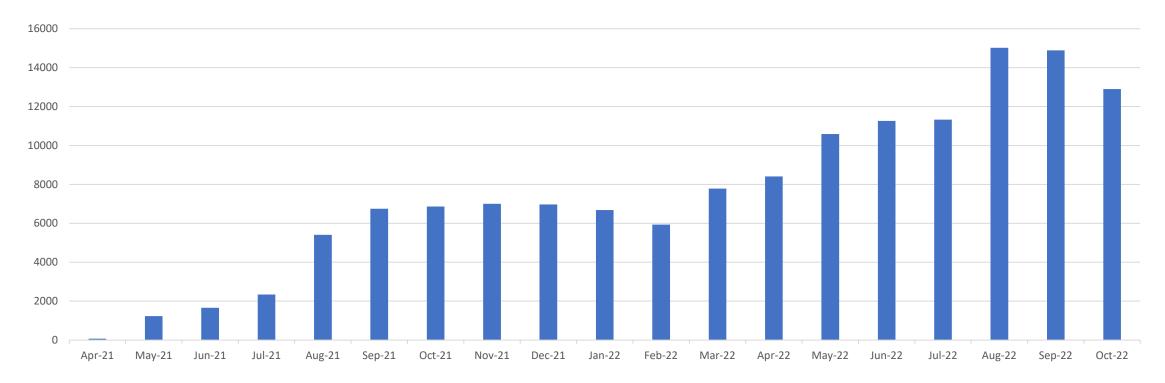
- Close loops on referrals
- Understand inand out- of network care



MyHealth Electronic Notifications (CoP)

October 2022







eCQM's & Care Gaps



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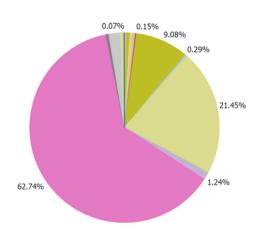
Value Proposition:

- Close gaps in care
- Improve quality
- Optimize
 performance in
 value-based
 payment models

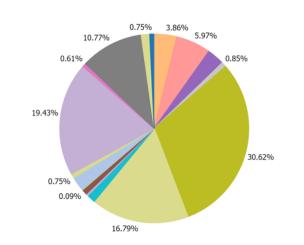








OKC Hospital A In-Network % = 62.74%



Tulsa Hospital B In-Network % = 63.16%

Value Proposition:

- Understand care fragmentation and leakage
- Plan expansion, partnerships
- Identify risk points





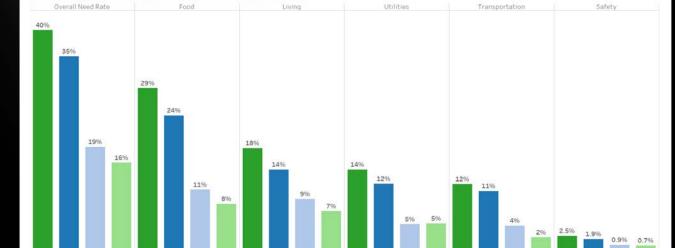
Social Determinants of Health



Needs Rates by Payer Type (August 2018 - August 2022)



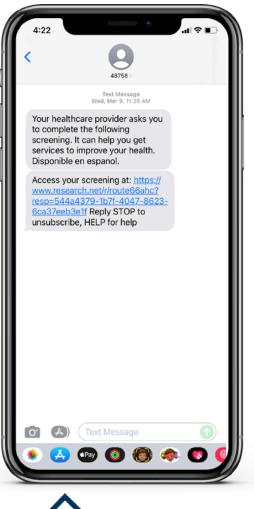


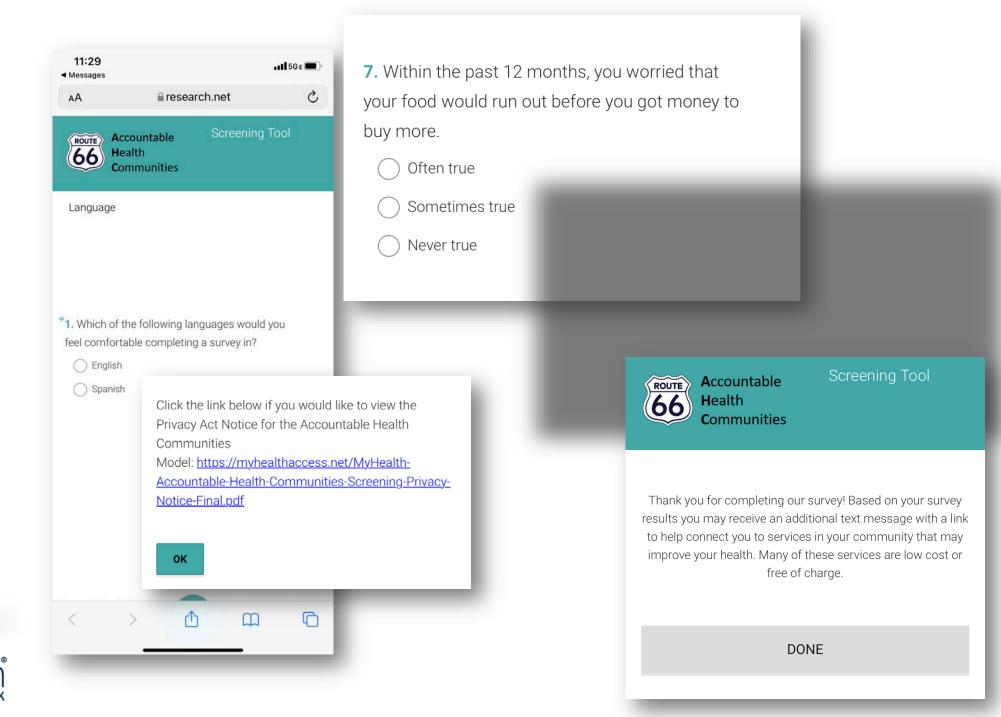


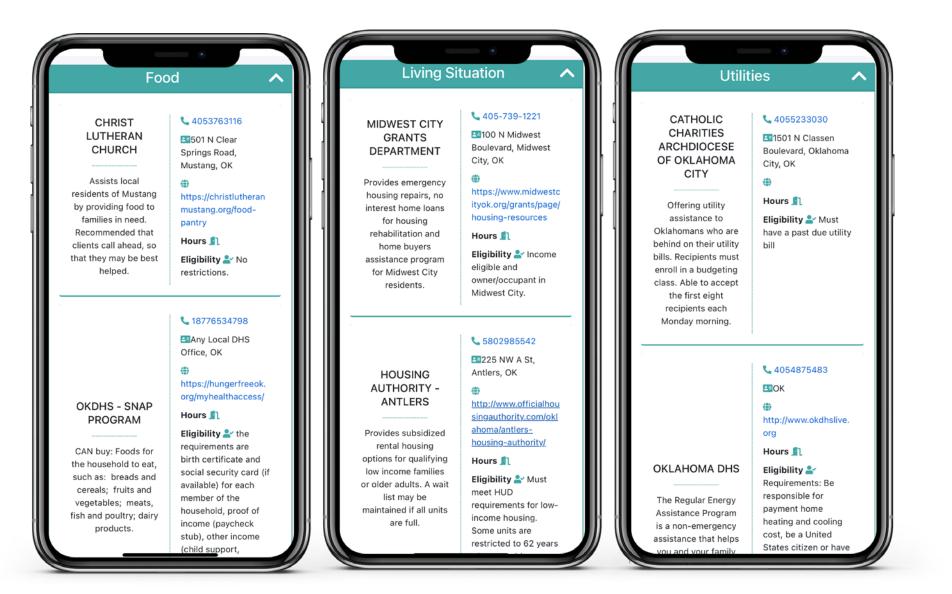


- Detect and address social needs without added staff burden
- Comply with JCAHO, other contract requirements
- Factor social needs into risk and treatment planning

Mobile Screening







Community Resource Summary

Texted back to patient after completion of the screening



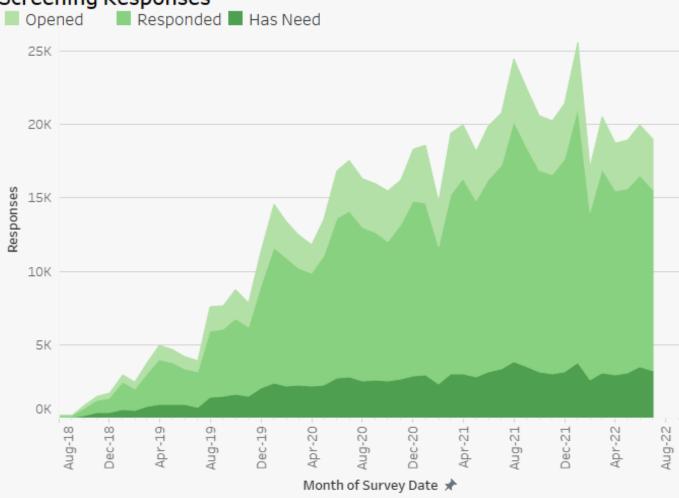
"Every community resource summary includes information for 211"

Accountable Health Communities

Final Screening Data

(August 2018 – July 2022) *AHC screening ended as of July 31, 2022

Screening Responses

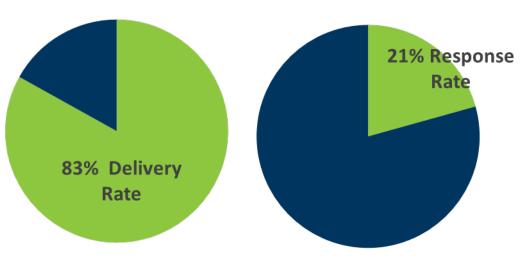


2,988,078 Offers to Screen

515,146 Responses

102,304 Responses with a Need

165,020 Individual Needs Reported



PRELIMINARY AHC OUTCOMES

Outcomes reported by CMS evaluation team

Medicaid Beneficiaries

Medicare Beneficiaries

TOTAL I EXPENDITURE AI

INPATIENT ADMISSIONS ACCESS NETWORK

READMISSIONS

ED VISITS

myhealth@myhealthacces**s.ne**t

(918)236-3450

PATHWAY TO PARTICIPATION

COMPLETE ONLINE APPLICATION AT <u>www.Oklahoma.gov/ohca/okshine</u>



GOVERNANCE REVIEW AND APPROVAL FOR MEMBERSHIP



COMPLETE AND RETURN THE FOLLOWING DOCUMENTS:

- PARTICIPATION AGREEMENT
- ORDER FORM
- TRUSTED HOST ADMINISTRATOR FORM
- NEW USER REQUEST FORM



PROVIDER PORTAL ROLL-OUT AND TRAINING

5

LIVE DATA FEED INTEGRATION



ELECTED ANALYTICS PRODUCTS BUILD AND DELIVERY



SUMMARY

- Oklahoma has a Single Unified HIE Effort
- Legislative Mandate to Transmit and Utilize (SB1369)
- MyHealth Operates the State HIE (SDE)
- Existing MyHealth members are already compliant
- HIE Enables improved Care and Care Coordination
- Additional benefits from notifications, care gap mgmt. and SDOH screening.
- Start the Process Online at;
 - www.Oklahoma.gov/ohca/okshine



Questions and Answers

Steve Miller, CHCIO State Coordinator for Health Information Exchange <u>stephen.miller@okhca.org</u> 405.522.7797

<u>www.oklahoma.gov/ohca/okshine</u> Phone: 405.522.7478 Email: okshine@okhca.org

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