

Transformation Plan Element #5

Health Information Technology (HIT)

Transformation Plan Guidance and Technical Assistance

Oregon Health Authority's technical assistance is designed to provide Coordinated Care Organizations (CCOs) with guidance on specific areas each plan should address; examples of approaches and outcomes that can help inform discussions and strategies as the CCO develops its plan; other resources and additional technical assistance available to CCOs; and staff assistance to answer specific questions through an assigned OHA contact. Please call or email your OHA Transformation Plan contact if you need assistance with a particular subject or item.

Overview

The effective use of health information technology can be very transformative, from a solid base of providers using interoperable electronic health records, to the ability to electronically exchange patient health information securely, to the use of technology to analyze and target individuals who need additional interventions, and to the use of patient portals or smart phone applications to engage patients in their own health care. CCO contracts lay out the overarching expectations that CCOs:

- Demonstrate how they will achieve minimum standards in foundational areas of health information technology (HIT) such as:
 - Facilitating provider adoption and Meaningful Use of electronic health records (EHRs); and
 - Participating in health information exchange (HIE) to support sharing patient information; and
- Develop goals for transformational elements of HIT such as analytics, quality reporting and patient engagement.

OHA expectations: In responses to the RFA on this topic, CCOs varied considerably in their current and planned HIT capabilities. While some CCOs are already substantively advanced in their EHR adoption strategies or their facilitation of health information exchange, other CCOs are at a more basic stage. Because of this, OHA expects that transformation plans will look considerably different between CCOs: each CCO must describe the current status on each topic below as well as plans to improve from the CCO's specific starting point. OHA encourages CCOs to be aspirational in their plans to improve and use HIT in transformative ways, and looks forward to working with CCOs to support their developing HIT systems.

RFA responses also varied considerably in the thoroughness of their responses and the extent to which CCOs included milestones and timelines for moving forward. OHA expects that all transformation plans will include detailed descriptions of how the CCO anticipates moving forward, with specific milestones and timelines. Transformation plans are considered a living document and should capture your best thinking now.

Specific elements of interest: this guidance includes specific elements of HIT that are priorities or otherwise of interest to OHA, and recommends that CCO transformation plans reflect specific capabilities and goals or plans for these elements when possible and relevant.

Transformation Plan Element #5

Health Information Technology (HIT)

Comparison to RFA responses: OHA plans to review RFA responses on HIT to provide a basis for the review of a CCO's transformation plan. CCOs should consider this when completing their transformation plans and may want to specifically address what they've accomplished since the RFA response. If plans have changed since the RFA response, describe how and why the transformation plan is different.

Background

CCO RFA 3402

Appendix H of the RFA contains certain Health System Transformation elements that can serve as a starting point for incorporating the Applicant's proposals into Contract language. This is the Applicant's opportunity to facilitate the contracting process by supplying language that translates its unique approach to coordination and integration of care into a form that can be a starting point for Contract negotiations. Applicant may modify Appendix H, submit its own proposed approach to Contract provisions, or allow OHA to draft the statement of work.

The focus areas were:

A.6.1.a. Describe the Applicant's current capacity and plans to improve HIT in the areas of data analytics, quality improvement, patient engagement through HIT (using tools such as email, personal health records, etc.) and other HIT.

A.6.1.b. What are the Applicant's strategies to track and increase adoption rates of federal ONC certified EHRs?

A.6.1.c. Describe how the Applicant will facilitate meaningful use and HIE and also ensure that every provider in its network is either;

- Registered with a statewide or local Direct-enabled Health Information Services Provider (registration will ensure the proper identification of participants and secure routing of health care messages and appropriate access to the information); or
- A Member of an existing Health Information Organization (HIO) with the ability for providers of any EHR system (or who have no EHR system) to be able to share electronic information with any other provider within the CCO network.

CCO requirements: CCO Contract: Exhibit B, Part 7: Health Information Systems

5. Electronic Health Information: Contractor shall demonstrate how it will achieve minimum standards in foundational areas of health information technology (HIT) such as electronic health records and health information exchange, and shall develop its own goals for transformational elements of HIT such as analytics, quality reporting, and patient engagement.

a. Electronic Health Records Systems (EHRs): Contractor shall facilitate Providers' adoption and Meaningful Use of EHRs. In order to facilitate EHR adoption and Meaningful Use, Contractor shall:

- (1) Identify provider network EHR adoption rates. Rates may be identified by provider type or geographic region;

Transformation Plan Element #5

Health Information Technology (HIT)

(2) Develop and implement strategies to increase adoption rates of certified EHR; and

(3) Encourage EHR adoption.

b. Health Information Exchange (HIE): Contractor shall facilitate electronic health information exchange in a way that supports exchange of patient health information among Participating Providers to transform from a volume-based to a value-based delivery system. In order to do so, Contractor shall initially identify current capacity and shall develop and implement a plan for improvement (including milestones and timelines) in the following areas:

(1) Analytics used in reporting outcomes measures to Contractor's provider network to assess indicators such as provider performance, effectiveness and cost-efficiency of treatment;

(2) Quality Reporting to support Quality Improvement within Contractor's provider panel and to report the data on quality of care necessary for OHA to monitor Contractor's performance;

(3) Patient engagement through HIT, such as using e-mail; and

(4) Other HIT.

Definitions

- Certified Electronic Health Record Technology (cEHRt) - EHRs that meet federal standards of "Certified EHR Technology" are necessary to ensure interoperability and meet meaningful use requirements for EHR incentives.
- EHR Incentive Program - Eligible providers and hospitals must meet the Medicare or Medicaid EHR Incentive Program requirements for adoption and Meaningful Use standards to be eligible for EHR incentives, and to avoid a 2015 Medicare payment rate reduction.
- Meaningful Use standards are set at the federal level, and are designed to demonstrate that a provider is using their EHR in a "meaningful" way, affecting outcomes such as: improving quality, safety, efficiency, and reducing health disparities; engaging patients; improving care coordination; and ensuring privacy and security protections for personal health information. Current Meaningful Use standards are set at Stage 1. Participating providers must meet Stage 2 Meaningful Use standards and forthcoming Stage 3 Meaningful Use standards in subsequent years of the program.
- Direct Secure Messaging is a national standard for HIPAA compliant, secure, encrypted exchange of protected health information (PHI). Direct Secure Messaging services include access to a Provider Directory, Trust Services and secure, encrypted transport, through a web portal for health care organizations without an EHR or through Direct-enabled EHRs (required for Stage 2 Meaningful Use cEHRt). Direct standards will enable the translation of structured data sent from a Direct-enabled EHR into a readable format for a provider without an EHR, and also in the reverse. www.directproject.org/
- CareAccord™ - Oregon's statewide Health Information Exchange, provides Direct Secure Messaging for any eligible health care organization at no cost through 2013. <https://www.careaccord.org/>

Transformation Plan Element #5

Health Information Technology (HIT)

References/Resources

EHR incentives for hospitals, physicians, nurse practitioners, dentists, physician's assistants:

- Oregon's Medicaid EHR Incentive Program: www.medicaidehrincincentives.oregon.gov
- CMS – Medicare EHR Incentive Program: <http://www.cms.gov/EHRIncentivePrograms>

Adoption and Meaningful Use of EHRs:

- Certified EHR Technology: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>
- Oregon's free Behavioral Health Electronic Health Record: <http://www.oregon.gov/oha/amh/pages/compass/ehr.aspx>
- Technical assistance from Oregon's Regional Extension Center, O-HITEC: <http://o-hitec.org>, related to adopting and meaningfully using EHRs.
- Meaningful Use (Stage 1): https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
- Stage 2 Meaningful Use: http://www.cms.gov/regulations-and-guidance/legislation/ehrincincentiveprograms/stage_2.html

Oregon's HIT efforts:

- Oregon's Office of Health Information Technology: <http://healthit.oregon.gov/>
- Health Information Technology Oversight Council: www.oregon.gov/oha/OHPR/HITOC/

Health Information Exchange:

- CareAccord – Oregon's statewide health information service provider - www.careaccord.org/
- Direct Project – providing standards for Direct Secure Messaging - www.directproject.org/

Components

1. **Electronic Health Records Systems (EHRs)**
2. **Meaningful Use (MU)**
3. **Health Information Exchange (HIE): Clinical**
4. **Health Information Exchange (HIE): Analytics and Quality Reporting**
5. **Health Information Exchange (HIE): Patient Engagement**
6. **Health Information Exchange (HIE): Other HIT**

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1. **Electronic Health Records Systems (EHRs)**

OHA Expectations

Transformation Plan Element #5

Health Information Technology (HIT)

CCO contracts specify that CCOs must facilitate providers' adoption of EHRs¹ - in two ways:

- CCOs must identify provider network EHR adoption rates.
- CCOs must design and implement strategies to encourage and increase adoption of certified EHRs.

Measurement Methodology

- Please describe the method for measuring EHR adoption rates (e.g., data source and method for collecting data, frequency of data collection, etc.).

Baseline

- Please describe your CCO's current status on identifying EHR adoption rates. If you have identified current, baseline rates, please include them in your Transformation Plan. *For example: "Baseline: as of November 2013, X% of all CCO providers will have adopted certified EHRs, with Y% of primary care providers, Z% of behavioral health providers, etc."*
- Please describe your CCO's current activities underway to encourage and increase adoption of certified EHRs.

Transformative Activity

- Please describe your CCO's plan for identifying EHR adoption rates moving forward (including actions and timelines).
- Please describe your CCO's plan for additional strategies (including actions and timelines) in this area.

Specific elements of interest:

- How will your CCO engage health care professionals within your CCO network to adopt and use electronic health record systems?
- How will your CCO engage your network Patient Centered Primary Care Homes to adopt and use electronic health record systems?
- How will your CCO identify and reach out to providers likely to be eligible for federal Medicare or Medicaid EHR incentives, including physicians, NPs, hospitals, and dentists, to maximize participation in incentives and drive EHR adoption and Meaningful Use?
- How will your CCO educate and reach out to your network providers across practice settings and provider types including those not typically eligible for incentives, such as skilled nursing facilities, and behavioral health providers to encourage their adoption of electronic health record systems?

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve). For example,

¹ Please note – all EHRs are not created alike. EHRs that meet federal standards of "[Certified EHR Technology](#)" are necessary to ensure interoperability and meet meaningful use requirements for EHR [incentives](#).

Transformation Plan Element #5

Health Information Technology (HIT)

- *“Milestone 1: by January 2014, X% of all CCO providers will have adopted certified EHRs, with Y% of primary care providers, Z% of behavioral health providers, etc.”*
- *Milestone 2: by January 2015, X% of all CCO providers will have adopted certified EHRs, with Y% of primary care providers, Z% of behavioral health providers, etc.”*
- *Benchmark: by July 1, 2015, X% of all CCO providers will have adopted certified EHRs, with Y% of primary care providers, Z% of behavioral health providers, etc.”*

2. Meaningful Use (MU)

OHA Expectations

CCO contracts specify that CCOs must facilitate providers’ Meaningful Use of EHRs².

Measurement Methodology

- Please describe the method for measuring your CCO network providers’ rates of meaningful use of certified EHRs (e.g., data source and method for collecting data, frequency of data collection, etc.).

Baseline

- Does your CCO have plans for identifying Meaningful Use rates (in addition to EHR adoption rates)? If you have identified rates, please include them in your Transformation Plan.
- Please describe your CCO’s current activities underway to encourage and increase Meaningful Use of certified EHRs.

Transformative Activity

- Please describe your CCO’s plan for additional strategies (including actions and timelines) in this area.

Specific elements of interest:

- How will your CCO engage health care professionals within your CCO network to facilitate providers meeting Stage 1 Meaningful Use standards for their electronic health record systems?
- Does your CCO have plans to facilitate providers meeting Stage 2 Meaningful Use standards? If so, what are your plans?

² Please note – Eligible providers must meet the EHR Incentive Program requirements for adoption and Meaningful Use standards to be eligible for EHR incentives, and to avoid a 2015 Medicare payment rate reduction. [Meaningful Use standards](#) are set at the federal level, and are designed to demonstrate that a provider is using their EHR in a “meaningful” way, affecting outcomes such as: improving quality, safety, efficiency, and reducing health disparities; engaging patients; improving care coordination; and ensuring privacy and security protections for personal health information.

Transformation Plan Element #5

Health Information Technology (HIT)

- How will your CCO educate and reach out to your network providers across practice settings and provider types including those not typically eligible for incentives, such as skilled nursing facilities, and behavioral health providers to encourage their meaningful use of electronic health record systems?

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).
 - Please note: CCO Incentives will include an EHR adoption and meaningful use measure. The current draft CCO incentive measure on EHRs is a composite of three Meaningful Use Core Measures:³
 1. Eligible Professional Meaningful Use Core Measure #2: Implement drug-drug and drug-allergy interaction checks (The EP has enabled this functionality for the entire HER reporting period.)
 2. Eligible Professional Meaningful Use Core Measure #4: Generate and transmit permissible prescriptions electronically (eRx) (>40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.)
 3. Eligible Professional Meaningful Use Core Measure #5: Active Medication List: >80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data

3. Health Information Exchange (HIE): Clinical

OHA Expectations

CCOs shall facilitate electronic health information exchange in a way that supports exchange of patient health information among participating providers to transform from a volume-based to a value-based delivery system.

Measurement Methodology

- Please describe the method for measuring your CCO network providers' rates of electronic exchange of patient health information (e.g., data source and method for collecting data, frequency of data collection, etc.).

Baseline

- Please identify your CCO's current efforts to facilitate electronic exchange of patient health information between CCO network providers.

³ Specifications can be found online at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP-MUTOC.pdf>

Transformation Plan Element #5

Health Information Technology (HIT)

- If known, please provide baseline rates of your CCO network providers' exchange of patient health information.

Transformative Activity

- Please describe your CCO's plan for improvement (including actions and timelines) in this area.

Specific elements of interest:

- Describe the HIT system(s) in place and your CCO's role in providing or facilitating: Direct Messaging technology; sharing of clinical summary documents and laboratory orders/results; e-prescribing; and other exchange of health information for clinical purposes between CCO network providers.
- Describe the ability of your CCO's network providers to send Direct Secure Messages⁴ between CCO network providers.
 - How many of your network provider organizations are registered with CareAccord™⁵ for Direct Secure Messaging (if known)?
 - How many are registered with another identified Direct-enabled Health Information Service Provider (if known)?
- Describe the ability of your CCO's network providers to securely share clinical summary documents electronically between CCO network professionals with different EHRs or with no EHR, and by care setting (e.g. hospital, primary care, specialists, skilled nursing facilities, etc.). Include rates of providers able to share clinical summary documents if known.
- Describe the ability of your CCO's network providers to securely share electronic laboratory orders and results delivery rates within CCO network. Include rates of provider able to share laboratory information if known.
- Describe the ability of your CCO's network providers to e-prescribe. Include rates of provider e-prescribing if known.

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).

4. Health Information Exchange (HIE): Analytics and Quality Reporting

OHA Expectations

CCOs must have capabilities related to:

⁴ Direct Secure Messaging is a national standard for HIPAA compliant, secure, encrypted exchange of protected health information. Direct Secure Messaging services include access to a Provider Directory, Trust Services and secure, encrypted email, through a web portal or through Direct-enabled electronic health record systems. www.directproject.org/

⁵ CareAccord™ is Oregon's statewide Health Information Exchange, providing Direct Secure Messaging services for any eligible health care organization at no cost through 2013. <https://www.careaccord.org/>

Transformation Plan Element #5

Health Information Technology (HIT)

- Analytics used in reporting outcomes measures to the CCO's provider network to assess indicators such as provider performance, effectiveness; and cost-efficiency of treatment; and
- Quality reporting to support quality improvement and alternative payment methodologies within the CCO's provider panel and to report the data on quality of care necessary for OHA to monitor the CCO's performance.

Measurement Methodology

- Please describe the method for assessing your CCO's analytic and quality reporting capabilities.

Baseline

- Please identify your CCO's current analytic and quality reporting capabilities.

Transformative Activity

- Please describe your CCO's plan for improvement (including actions and timelines) in this area.

Specific elements of interest:

- Describe your CCO's capability and plans for improvement related to:
 - Accessing clinical data from network providers and analyzing clinical data in conjunction with administrative and financial data in order to enable data-driven decision making throughout the CCO.
 - Assessing indicators such as provider performance, effectiveness and cost-efficiency of treatment, reporting these indicators electronically to network providers, and actively identifying innovative practices for dissemination.
 - Tracking and assessing performance for key sub-populations, including the CCO's capacity for tracking racial, ethnicity, and preferred language data.
 - Using analytics to enable alternative payment methodologies such as defining risk-adjusted bundled payments for discrete episodes of care or attributing shared savings to specific providers.
 - Conducting predictive analytics on population health trends within CCO network.
 - Identifying and anticipating unnecessary expenditures, gaps in care or effective interventions at an individual level by use of predictive modeling.
 - Providing or enhancing clinical decision support tools to encourage evidence-based medicine.

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).

5. Health Information Exchange (HIE): Patient Engagement

OHA Expectations

Transformation Plan Element #5 Health Information Technology (HIT)

CCOs must have capabilities related to: patient engagement through health information technology, such as personal health records, email, mobile home devices for in-home monitoring, and smart phone apps for patient use.

Measurement Methodology

- Please describe the method for assessing your CCO's patient engagement activities.

Baseline

- Please identify your CCO's current patient engagement capabilities.

Transformative Activity

- Please describe your CCO's plan for improvement (including actions and timelines) in this area.

Specific elements of interest:

- To what extent do your CCO members have access to their personal health information through electronic means?
- How does and will your CCO engage its members to more actively participate in their own health improvement through information technology?

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).

6. Health Information Exchange (HIE): Other HIT

OHA Expectations

CCOs are encouraged to be transformative in their use of other health information technology, such as Telehealth, mobile health devices and smart phone apps used by providers in working with patients.

Measurement Methodology

- Please describe the method for assessing your CCO's other HIT activities.

Baseline

- Please identify your CCO's current use of other HIT, if any.

Transformative Activity

- Please describe your CCO's plan for improvement (including actions and timelines) in this area.

Specific elements of interest:

Transformation Plan Element #5

Health Information Technology (HIT)

- How does and will your CCO engage your network providers to use health information technology to serve patient needs (e.g. Telehealth, mobile health devices, and smart phone apps)?

Improvement Metric

- The CCO should explain how they would know that the baseline measure is improving – longitudinal measures that show the change over time. This discussion includes milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).