Ohio | Governor's Office of Health Transformation

Preliminary Draft:

Ohio's Health Information Technology Strategy

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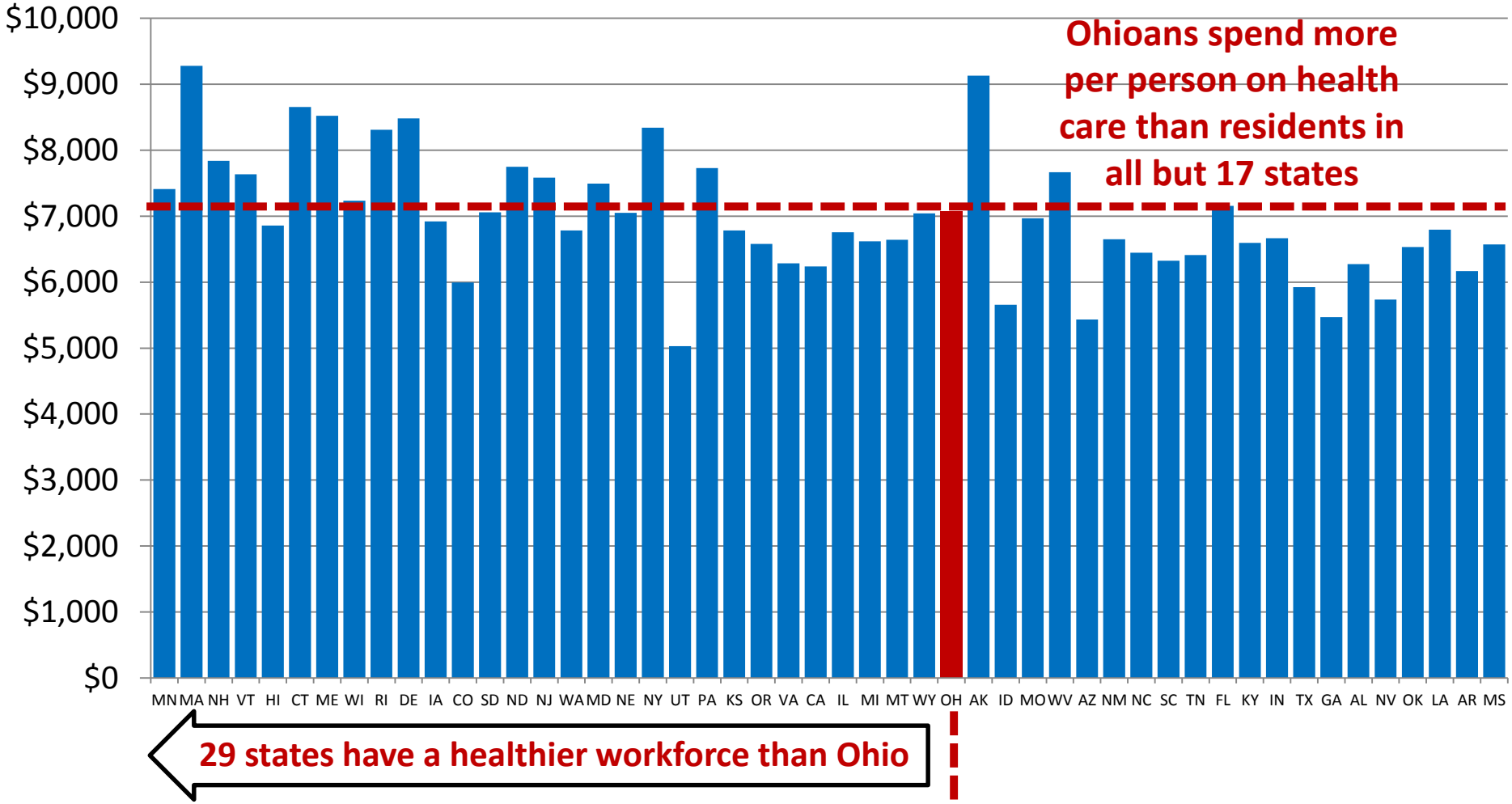
Ohioans spend more on health care but get worse outcomes than residents in most other states



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Sources: CMS *Health Expenditures by State of Residence* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (May 2014).

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Innovation Framework

Modernize Medicaid	Streamline Health and Human Services	Pay for Value
• Extend Medicaid coverage to more low-income Ohioans • Prioritize home and community based (HCBS) services • Reform nursing facility reimbursement • Integrate Medicare and Medicaid benefits • Rebuild community behavioral health system capacity • Enhance community developmental disabilities services • Improve Medicaid managed care plan performance	• Support human services innovation • Implement a new Medicaid claims payment system • Create a cabinet-level Medicaid Department • Consolidate mental health and addiction services • Simplify and integrate eligibility determination • Replace two disability determination systems with one • Coordinate services for children • Share services across local jurisdictions	• Engage partners to align payment innovation • Provide access to medical homes for most Ohioans • Implement episode-based payments • Align population health planning and priorities • Coordinate health information infrastructure • Coordinate health sector workforce programs • Support regional payment reform initiatives • Federal Marketplace Exchange

Many policy priorities are directly enabled by developments in technology, access to data, and sophisticated analytics

The state conducted a formal assessment to identify opportunities to use technology to improve performance

70+ interviews with experts within and outside of Ohio

(as of May 28, 2015)

State agencies

- 30+ individuals across 4 agencies: Medicaid, Health, Mental Health, Administrative Services

Federal agencies

- 2 former National Coordinators for HIT, ONC
- Current ONC executives, Office of Care Transformation

Payers

- 7 Ohio payers
- 5 executives from non-Ohio, regional and national payers (e.g., CTO, Sr. Medical Director, Business Architect)

Providers

- 12 provider executives from within and outside of Ohio, including CTOs, CIOs, senior business leaders, and practice managers

HIE/APCD

- 6 executives from 4 different HIEs and 2 state-run APCDs

Technology companies

- 10+ executives from EHR, analytics, IT services, and associated vendors in the HIT value chain

Researched 7 health care themes and a range of technologies

- Press search covering HIT landscape in Ohio and major announcements nationally on related topics
- Literature review on key topics including role of HIT in improving outcomes via combined clinical and claims data, role of performance transparency
- Assessed HIT initiatives in 13 states; developed profiles of best practice examples

Convened an external advisory panel to understand current state and implications of state HIT strategy for key stakeholders

- National and local payers
- Leading health systems covering a wide geography and large number of Ohioans
- HIEs managing information exchange for ~90% of Ohioans

Sought to answer three questions …

1. What **principles and guidelines** should we adopt to shape the health IT strategy?

2. What are the most important **objectives for a state health reform strategy** that could be supported by technology?

3. What **technology will Ohio need** as part of a comprehensive technology strategy?

Ohio's Preliminary HIT Strategy

Principles and Guidelines

- First, do no harm by being overly prescriptive in data or infrastructure standards
- Assume the market's natural tendency is to solve several of these types of problems, although one way that markets fail is when incentives are not aligned for market participants
- Accelerate private sector innovation and adoption of innovative technologies
- Emphasize areas where the state already has assets and capabilities
- Deliver near term achievements that solidify the trajectory toward long-term goals

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Critical Themes and Objectives

Theme	End state objective
Rewarding value	Providers are rewarded for delivering patient outcomes and cost-effectiveness
Performance transparency	Patients, providers, and other stakeholders have clear understanding of performance
Care coordination	Different types of clinicians have unfettered access to necessary patient records and collaborate to deliver care
Operational efficiency	Cost reduced throughout value chain via process streamlining, automation, etc.
Non-Clinical decisions	Policy and business decisions driven by a full understanding of relevant information and consistent use of advanced analytics
Clinical Decisions	Clinicians have robust support - data, tools, coaching, etc. available - to consistently make optimal decisions
Patient Engagement	Most patients empowered, enabled, or incented to make value-conscious decisions around their healthcare

The state can play different roles to achieve objectives:

- ***Catalyzer*** of health care change for all Ohioans
- ***Actor***, via actions that improve state run programs

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Themes and Desired Outcomes

Rewarding Value	Performance Transparency	Care Coordination	Operational Efficiency	Non-Clinical Decisions	Clinical Decisions	Patient Engagement
Needed payer infrastructure, tools and data	Stakeholder alignment on metrics	Data formats enable sharing	Digitalization	Integration, curation of internal data	Researchers can access needed data	Infrastructure, tools, data to monitor patients
Channels to share data	Useable data captured	Needed data captured	Workflow automation	Access to external data	Researchers capable of analyzing data	Channels for patient/provider communication
Providers can accept payments	Providers have data to self-evaluate	Infrastructure to communicate	Automation of manual activities	Analytic infrastructure	Clinicians can access needed data	Consumers have control over medical record
Common use of capabilities across payers where needed	Payers have data to evaluate providers	Channels to access data	Technology spend optimized	Analytic tools and talent	Channels, tools to support clinical decisions	Consumers have access to health information to make decisions
	Consumers have data to evaluate providers	Data owners provide data	Intermediation cost reduced	Analytics for program assessment	Clinicians equipped to use tools, data	
	Sufficient analytic capacity	Providers use data				
	Channels to access data	Bi-directional communications				
		Transitions of care enabled				

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Market Progress

The market is addressing many technology related outcomes …

Selected Themes	Selected examples of progress made in Ohio
Rewarding Value	▪ Payers and health IT innovators are developing the infrastructure and analytics to reward providers for value-based care
Performance Transparency	▪ Consumers are increasing demand for transparency as out-of-pocket costs grow, leading to innovative solutions for consumers
Care Coordination	▪ There is significant exchange of clinical data among providers when there is incentive to do so: CliniSync and HealthBridge (HIEs in Ohio) have made progress establishing data exchange capabilities covering nearly 90% of Ohioans; a large EHR vendor dropped fees for data-sharing outside of its EHR
Clinical Decisions	▪ The private sector is responding to demand for improved clinical-decision making and meeting the need to analyze large clinical data sets to identify care opportunities on an individual or system-wide basis
Patient Engagement	▪ Payers and employers recognize the need to engage patients and have been creating demand for innovative ways to do this, for example, companies that help consumers compare healthcare costs and quality

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Market Challenges

… the market has challenges where the State can focus

Selected Themes	Technology-oriented outcome	Examples of challenges
Rewarding Value	▪ Common use of capabilities across payers where needed	▪ EHR vendors may create barriers to data sharing for cost or competitive purposes ▪ Payers are reluctant to share cost data due to administrative burden and competitive concerns
Performance Transparency	▪ Providers have data to self-evaluate ▪ Consumers have data to evaluate providers	▪ Private sector stakeholder have limited data and/or incentive to define and share performance information with providers using data from multiple payers ▪ Data that may be useful for consumers to make better decisions about their care is either not accessible or not easy to interpret
Care Coordination	▪ Data owners provide data ▪ Transitions of care enabled	▪ Data that may be useful to enable providers to improve their performance is either not easy to interpret or may face legal or competitive barriers
Non-Clinical Decisions	▪ Analytic tools and talent	▪ Accessing the right analytical skills to use diverse and complex data sets will be challenging and costly for the state as demand for these skills outstrips supply, resulting in potentially missed opportunities to make better decisions around program effectiveness and policy-making

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Recent State Successes

Theme	State Initiatives	Selected examples of impact
Rewarding Value	▪ State Innovation Model efforts to transform payment using episodes and PCMH	▪ Plans in place to reach ~90% of eligible primary care providers accounting for almost 100% of Medicaid over next 2-3 years
Performance Transparency	▪ Hospital quality performance transparency	▪ Hospital quality data available for comparison and download for analysis; public reporting of hospital readmissions for Medicaid patients
Care Coordination	▪ Electronic health record (EHR) adoption ▪ Health information exchange	▪ REC effort was largest in the country, 6,000 providers; EHR implemented in all state psychiatric hospitals ▪ HIEs cover ~90% of Ohioans
Operational Efficiency	▪ Ohio Department of Health standardizing data intake/capture to reduce duplication ▪ Integrated eligibility system (Ohio Benefits)	▪ 85% of immunizations and 50% of reportable laboratory results submitted electronically without manual entry
Non-Clinical Decisions	▪ Development of data warehouse across agencies, starting with Medicaid	▪ Planning phase well underway and project management established
Clinical Decisions	▪ Big Data partnership between IBM and OSU	▪ Students have access to IBM's Watson to address research topics, including healthcare questions
Patient Engagement	▪ Ohio Patient-Centered Primary Care Collaborative Learning Centers (for PCMH)	▪ Patient Engagement Learning Center will engage public via live meetings and webinars

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Four Priorities for State Action

State Action	Description
1. Share useful payer data to help providers improve	▪ Design and deliver multi-payer (Medicaid, Medicare, commercial) data/reports to primary accountable providers (PAPs), Patient-Centered Medical Homes (PCMHs), and key participating providers, including actionable performance data and data about other providers that interact with patients; add commercial payer data as interested
2. Reinforce and accelerate care coordination	▪ Encourage/require PAPs and/or PCMH to develop stronger clinical (e.g., admission, discharge, transfer notifications) and administrative (e.g., appointment scheduling) linkages with other providers
3. Improve usability and access to data	▪ Continue/accelerate efforts to integrate data sets (e.g., Medicaid FFS, Medicaid encounter), expand access to data to internal and external stakeholders (e.g., researchers, providers, etc.) , and create potential for other parties (e.g., private health plans) to add data over time
4. Use Big Data to improve programs and policy	▪ Create (or repurpose) a public-private partnership to apply Big Data and Advanced Analytics to the state's most pressing policy issues

Ohio's Preliminary HIT Strategy: Four Priorities for State Action

1. Share useful payer data to help providers improve

Description

- Design and deliver multi-payer (Medicaid, Medicare, commercial) data/reports to Primary Accountable Providers (PAPs), Patient-Centered Medical Homes (PCMHs), and key participating providers, including actionable performance data and data about other providers that interact with patients; add commercial payer data as interested

Unmet needs and barriers

- **Access to data is insufficient** for providers to:
  - **Assess their own performance** against peers and know what actions to take to improve the cost and quality of their care
  - **Assess the quality and value of referral options**
  - **Assess the quality and value of services and facilities for patient care** (e.g., imaging centers, nursing homes, acute hospitals)
- **Underlying causes stem from 2 primary issues**
  - Payers are reluctant to share cost data due to
    - Administrative burden of doing so without clear interest from providers unless they are engaged in a value-based payment program
    - Competitive concerns (e.g., some Ohio providers own competing health plans)
  - Electronic Health Record vendors may create barriers to data sharing for cost/competitive purposes

Initiatives being considered

- **Develop a suite of reporting**, using data the state has readily accessible, **to meaningfully improve provider performance**
  - Provide new cuts of data to PCP and specialists, both within and beyond SIM reporting, to improve **performance across payer types** (e.g., Medicaid, Medicare)
  - Share analyses with PCPs to help assess the **cost and quality of specialists within a given radius** and their referral patterns to those specialists
  - Develop and share with PCPs / specialists reports on facility performance against quality and cost of care metrics (e.g., readmission rate)
- **Issue cutting-edge reports within 1 year,** gaining recognition within 2 years for having the reports improve provider performance

Ohio's Preliminary HIT Strategy: Four Priorities for State Action

2. Reinforce and accelerate care coordination

Description

- Encourage/require primary accountable providers Primary Accountable Providers (PAPs), Patient-Centered Medical Homes (PCMHs), and other providers to develop stronger clinical (e.g., ADT) and administrative (e.g., appointment scheduling) linkages with other providers

Unmet needs and barriers

- **Reluctance of data owners to provide data** in certain cases:
  - Providers in traditional FFS contracts (e.g., those which are minimally or not impacted by SIM) have less incentive to share clinical data with PCPs / PCMHs coordinating care
  - PCPs, specialists, and hospitals which are affiliated with competing networks may be less willing to share data with PCPs and PCMHs coordinating care
  - Provider data sharing, particularly for smaller ambulatory practices, is hampered by EHR vendor costs (e.g., fees for data sharing, establishing connections)
- **Transitions of care not as efficient as desired** in some instances
  - Providers may not have access to tools to ensure smooth transitions

Initiatives being considered

- **Design programs and structure incentives to optimize use of health IT to improve care coordination**, for example
  - Incentivize providers to **share all necessary clinical data with PCPs and specialists** involved in patient care
  - Incentivize hospitals with value-based Medicaid contracts to meet process metrics for data sharing, including **sending ADT notifications to PCPs** (e.g., via HIE)
  - Build stakeholder support during PCMH design phase to tie incentives for PCPs to **directly schedule appointments** with specialists and receive notifications when patients attend
- **Lead US states in use of program requirements and SIM incentives to accelerate HIT adoption** and state-of-the-art care coordination

Ohio's Preliminary HIT Strategy: Four Priorities for State Action

3. Improve usability and access to existing data

Description

- Continue/accelerate efforts to integrate data sets, expand access to data to internal and external stakeholders and create potential for other parties to add data over time

Unmet needs and barriers

- Lack of high quality statewide data that can be used for integrated and comprehensive analysis (e.g., program assessment, provider performance evaluation, population health reporting)
- Valuable state data assets are often managed separately by different agencies, can be difficult to consolidate for integrated analysis, and are of varying quality and timeliness

Initiatives being considered

- Focus Enterprise Data Warehouse efforts on **high-value use cases** that will deliver tangible benefits over the next 2 years
- **Improve quality and timeliness of Medicaid data** used for performance reporting by minimizing data transformation between Medicaid Information Technology System (MITS) and business intelligence tools
- **Expand access to data** across state agencies and external stakeholders (e.g., researchers, providers)
- Integrate Medicare data into the Enterprise Data Warehouse and **enable commercial payers and providers to also contribute data**

Ohio's Preliminary HIT Strategy: Four Priorities for State Action

4. Use Big Data to improve programs and policy

Description

- Create (or repurpose) a public-private partnership to apply Big Data, and Advanced Analytics to the state's most pressing policy issues

Unmet needs and barriers

- **Limitations in answering pressing policy and program questions due to siloed data / analytics**, such as
  - Causes of high infant mortality
  - Social determinants of long-term health and wellness
  - Correlation of programs with health outcomes at the zip code level
- **Increasing unmet demand for talent to analyze complex data**
- **Investments in analytics solutions are costly and time-consuming** for the state
  - Investments in silos across different agencies leads to higher costs, redundant data sets
  - Proliferation of vendors creates inefficiencies / higher costs

Initiatives being considered

- Develop partnerships with a combination of research entities and analytics vendors to **access and develop Big Data talent**
- Establish a governance structure between state agencies and private entities to **improve decision-making and use of Big Data to answer pressing policy issues** (e.g., causes of infant mortality, opportunities to lower cost of Medicaid through avoidable readmissions)
- **Incentivize companies to invest in Ohio, create healthcare jobs, and improve health for all Ohioans**

Ohio's Preliminary HIT Strategy

The Emerging Strategy …

- **Ohio is taking a practical approach** to health IT strategy development
- A set of **guiding principles** and extensive research helped drive an objective, impact-oriented process
- **The market is helping solve many issues** in Ohio's health care system today, but a select few areas need additional State focus
- By considering the **different roles** the state can play, either actor or catalyzer, the State can isolate where the most incremental value can be created
- **Four sets of priority actions** are under consideration to implement the strategy

The Path Forward …

- Continue to engage a broad set of Ohio health care stakeholders
- Refine potential actions based on feedback and continued research
- Over the coming months, finalize actions to take
- Develop implementation plans, accounting for funding, data privacy and security, and processes in place to make progress transparent to stakeholders, including Ohio's healthcare consumers and tax payers

Four Priorities for Ohio's HIT Transformation:

1. **Share useful payer data to help providers improve**
2. **Reinforce and accelerate care coordination**
3. **Improve usability and access to existing data**
4. **Use Big Data to improve programs and policy**