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?

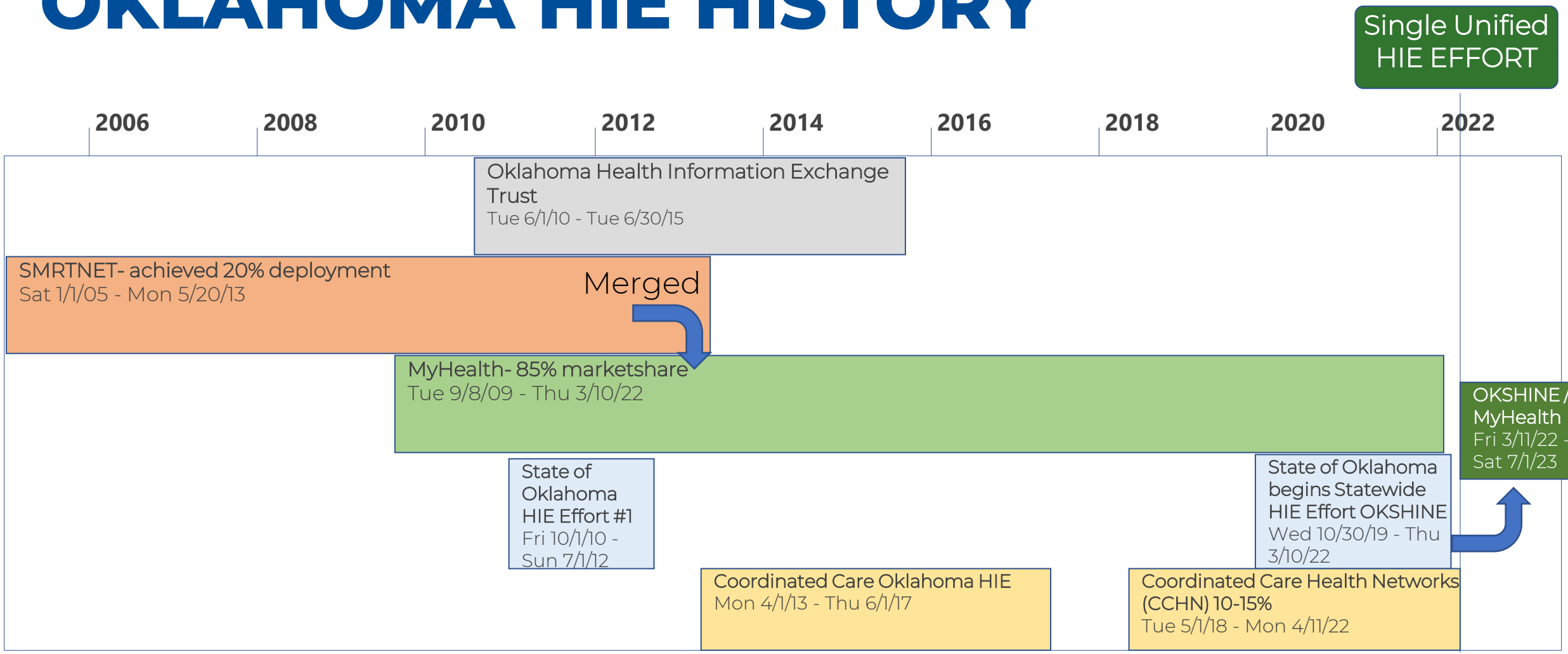
70%
of Oklahomans have records in more than one health care delivery system

Health Information Exchanges help...

- **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 Effort to provide a Medical Records Sharing and Aggregation Solution

LEGISLATION

SB 574 (May 2021)

- Created the **Oklahoma State Health Information Network Exchange**, (OKSHINE)

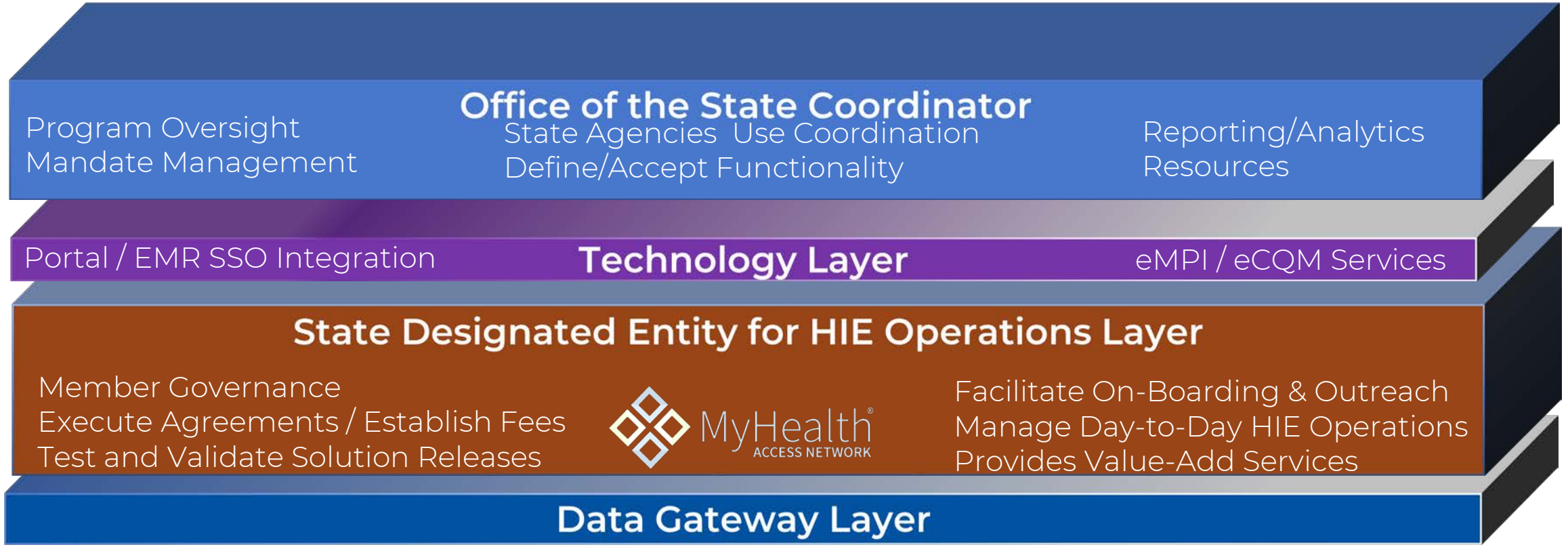
SB 1369 (May 2022)

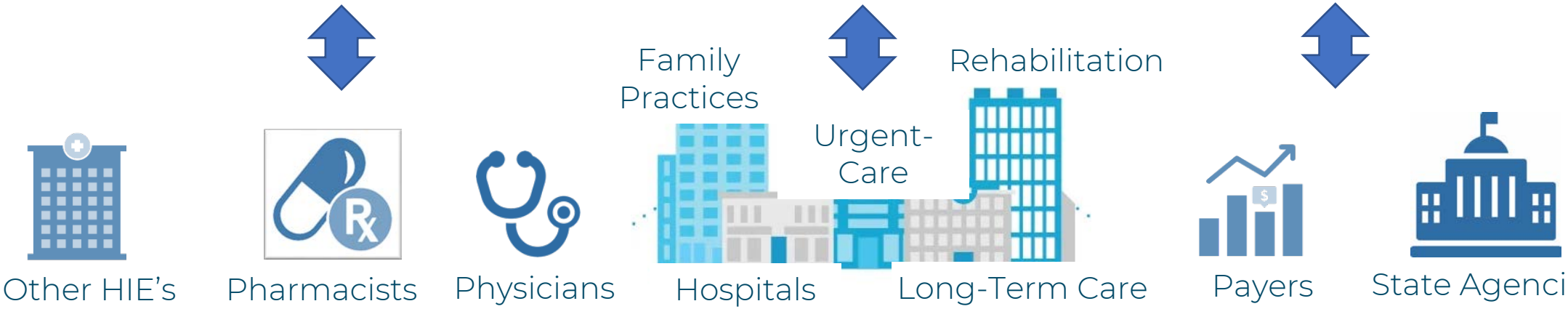
- Created the **Office of the State Coordinator** for Health Information Exchange
- Created concept of a **State Designated Entity for HIE Operations** overseen by the office.
- Defined the Health Information Exchange Organization as one governed by it's stake holders.
- Declared a Mandate that **"all 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





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

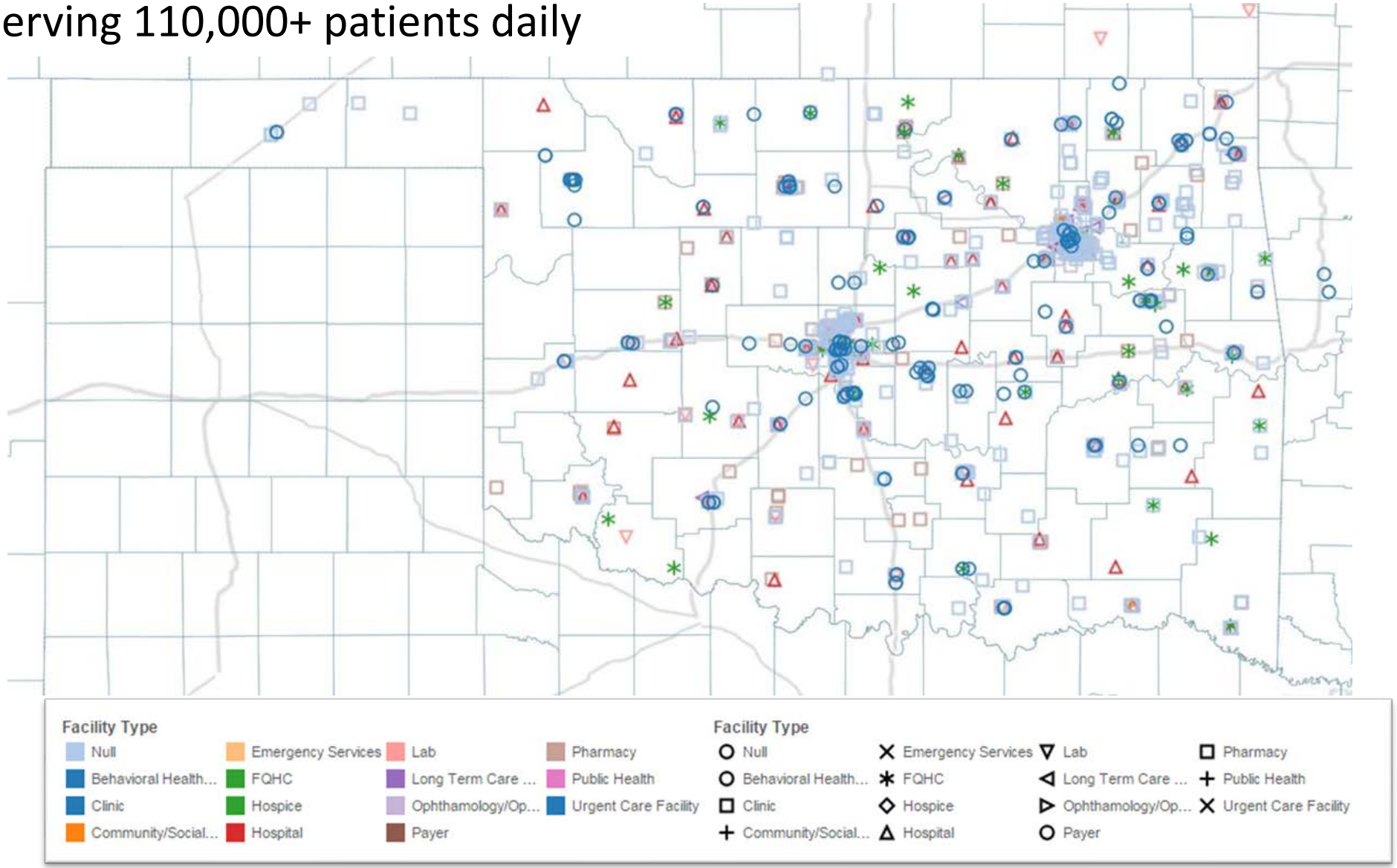
OKSHINE
Oklahoma State Health Information Network Exchange

CURRENT HIE COVERAGE

1400+ locations serving 110,000+ patients daily

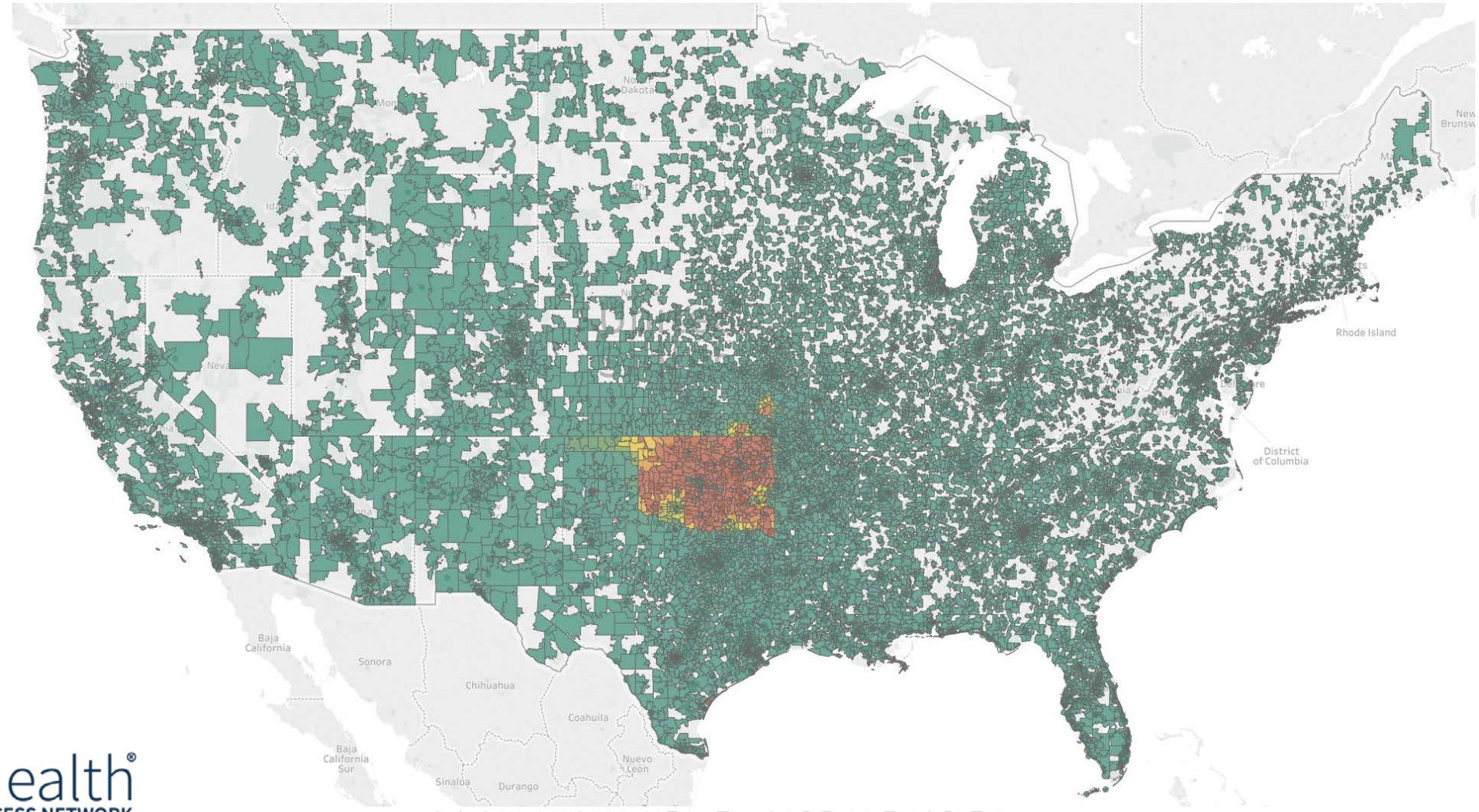
>80%

of all healthcare activity



MyHealth® ACCESS NETWORK

OKLAHOMA HIE PATIENT POPULATION

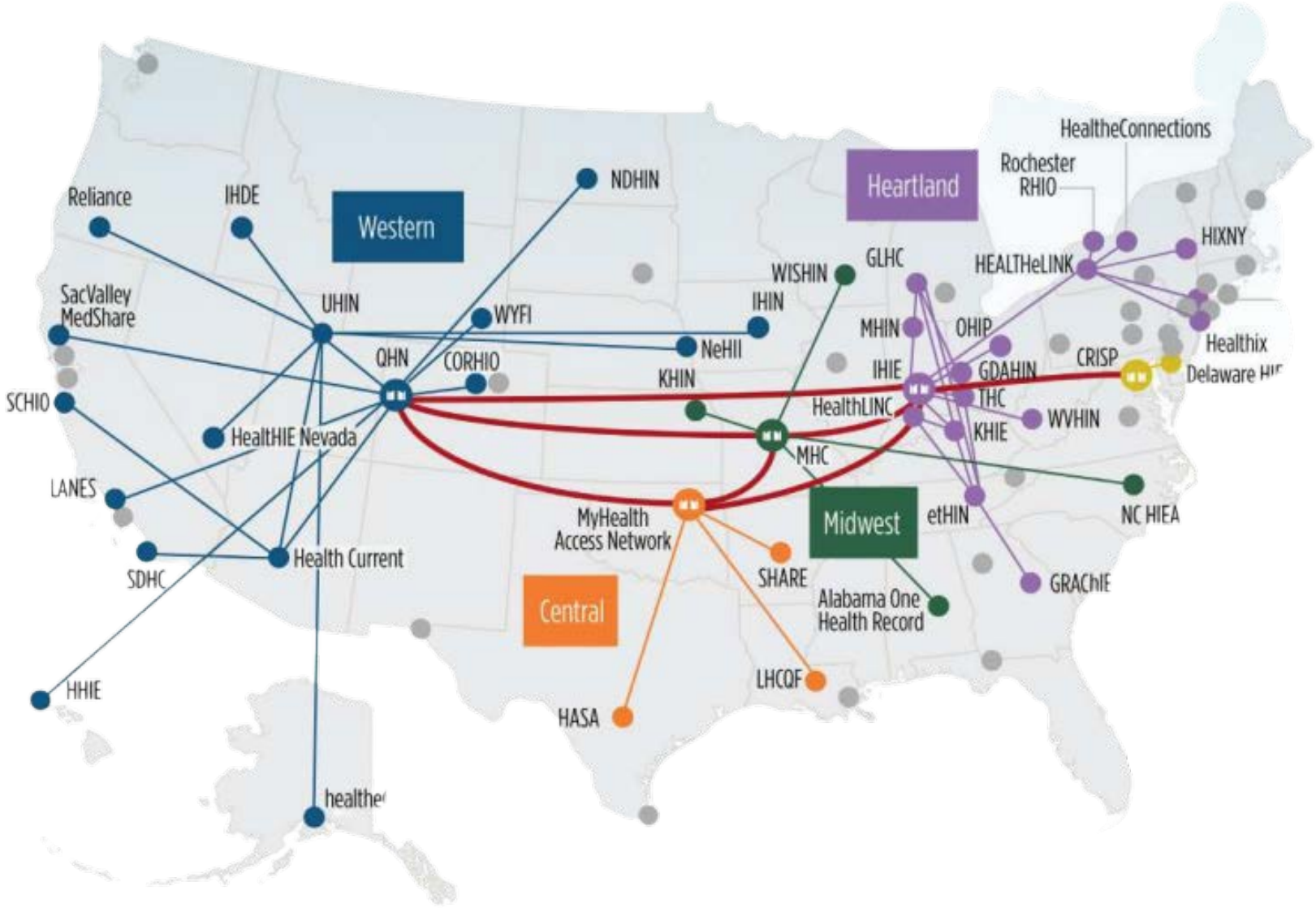


MyHealth® ACCESS NETWORK

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



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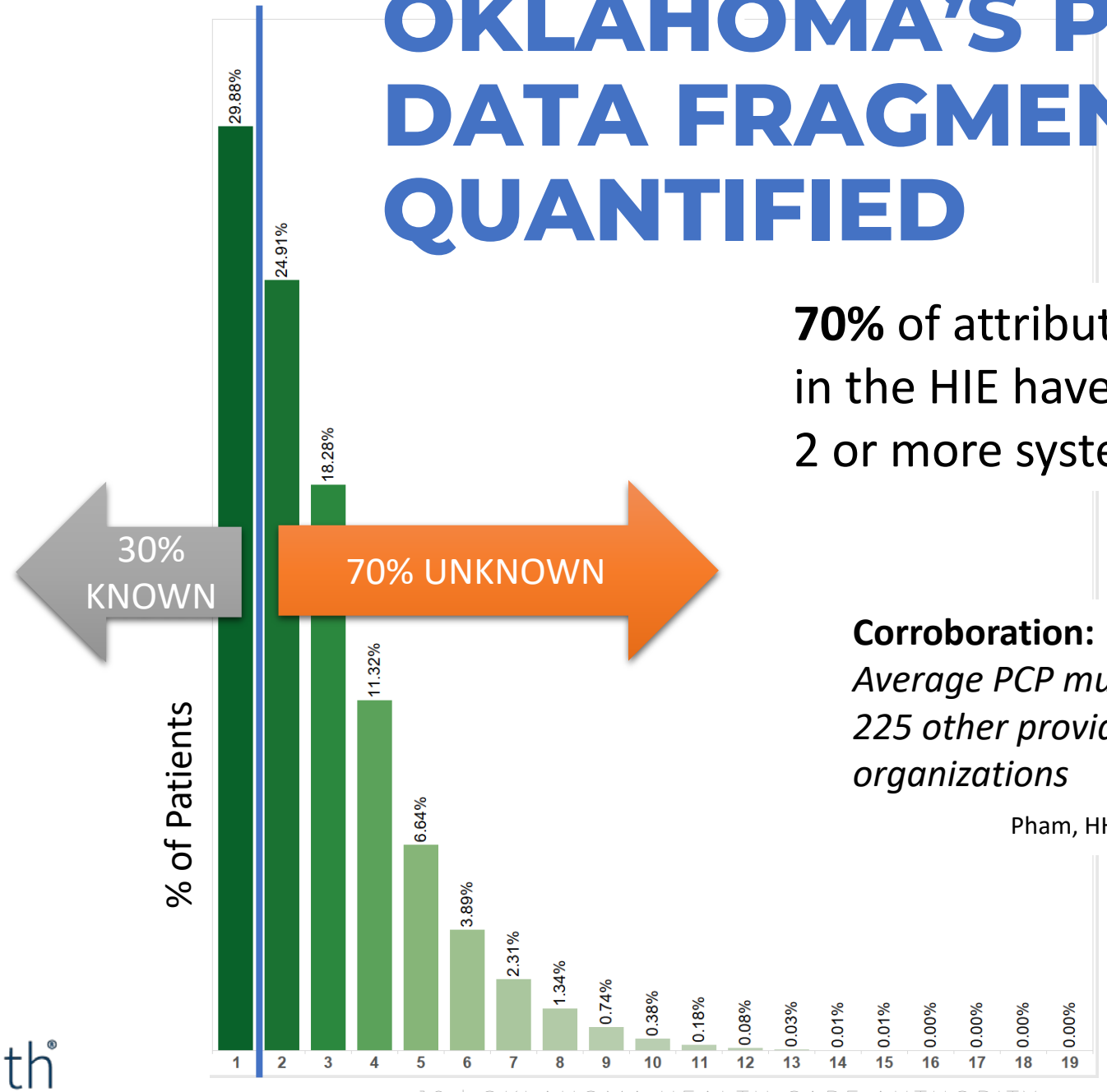
OKLAHOMA'S PATIENT DATA FRAGMENTATION QUANTIFIED



70% of attributed patients in the HIE have records in 2 or more systems

Corroboration:

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

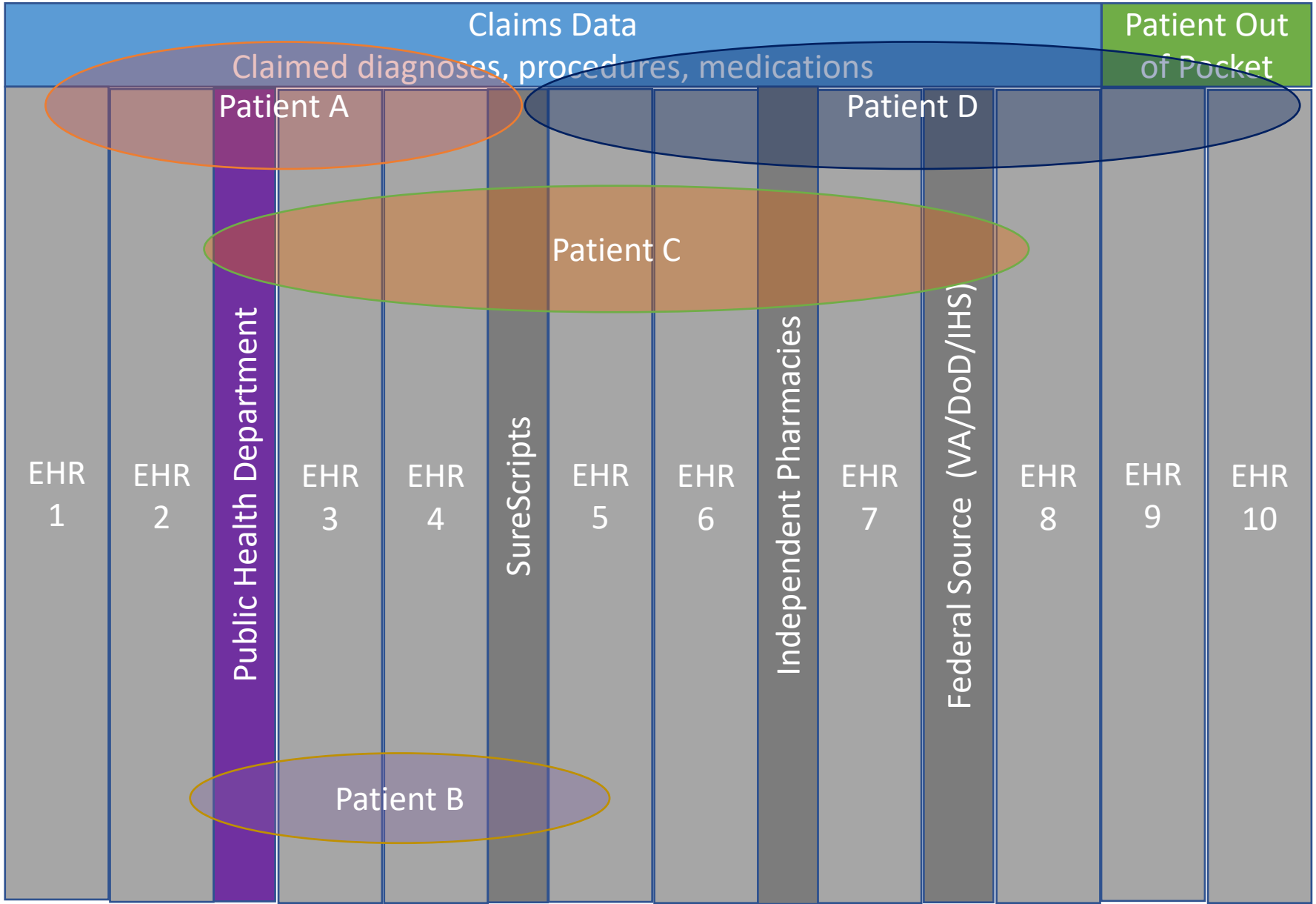
Pham, HH, NEJM 2007; 356: 1130-1139

© OKLAHOMA HEALTH CARE AUTHORITY

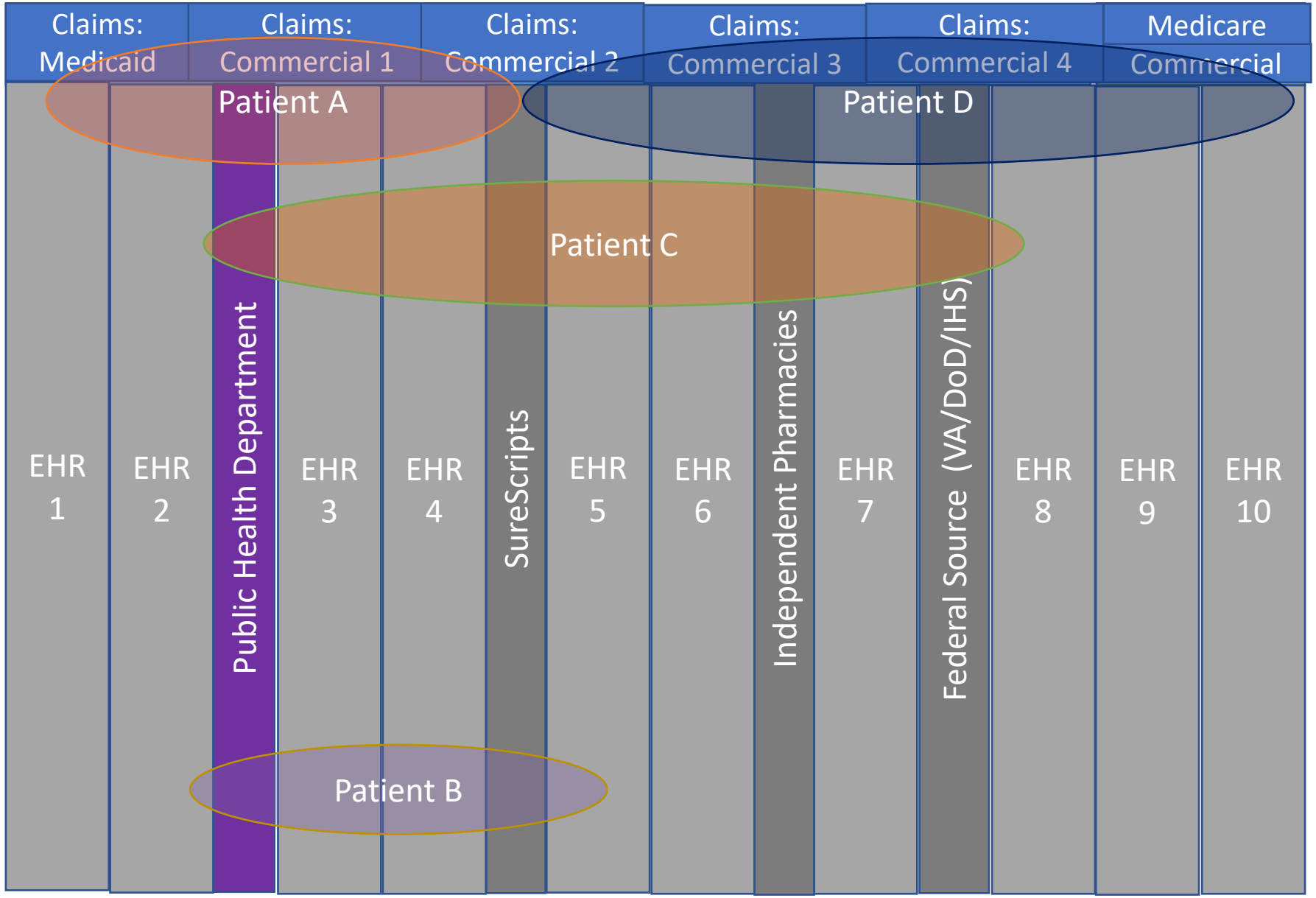
MyHealth ACCESS NETWORK

OKSHINE Oklahoma State Health Information Network Exchange

CARE FRAGMENTATION



CARE FRAGMENTATION

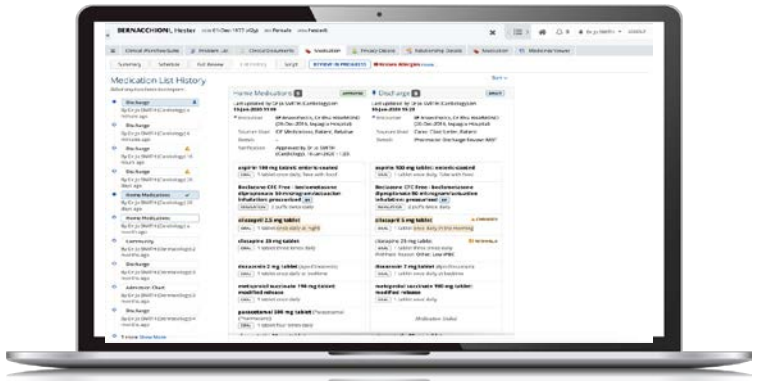


HIE CAPABILITIES

Care Coordination/
Records Aggregation

Quality/Care
Gap Mgmt.

Direct
Messaging



Portal & EMR Integrated Access

Clinical and
Claims
Data Integration

Real-time
Notifications
(CoP)

Provider and
Relationship Registry

PUBLIC HEALTH

Public Health
Reporting

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

PROVIDER PORTAL

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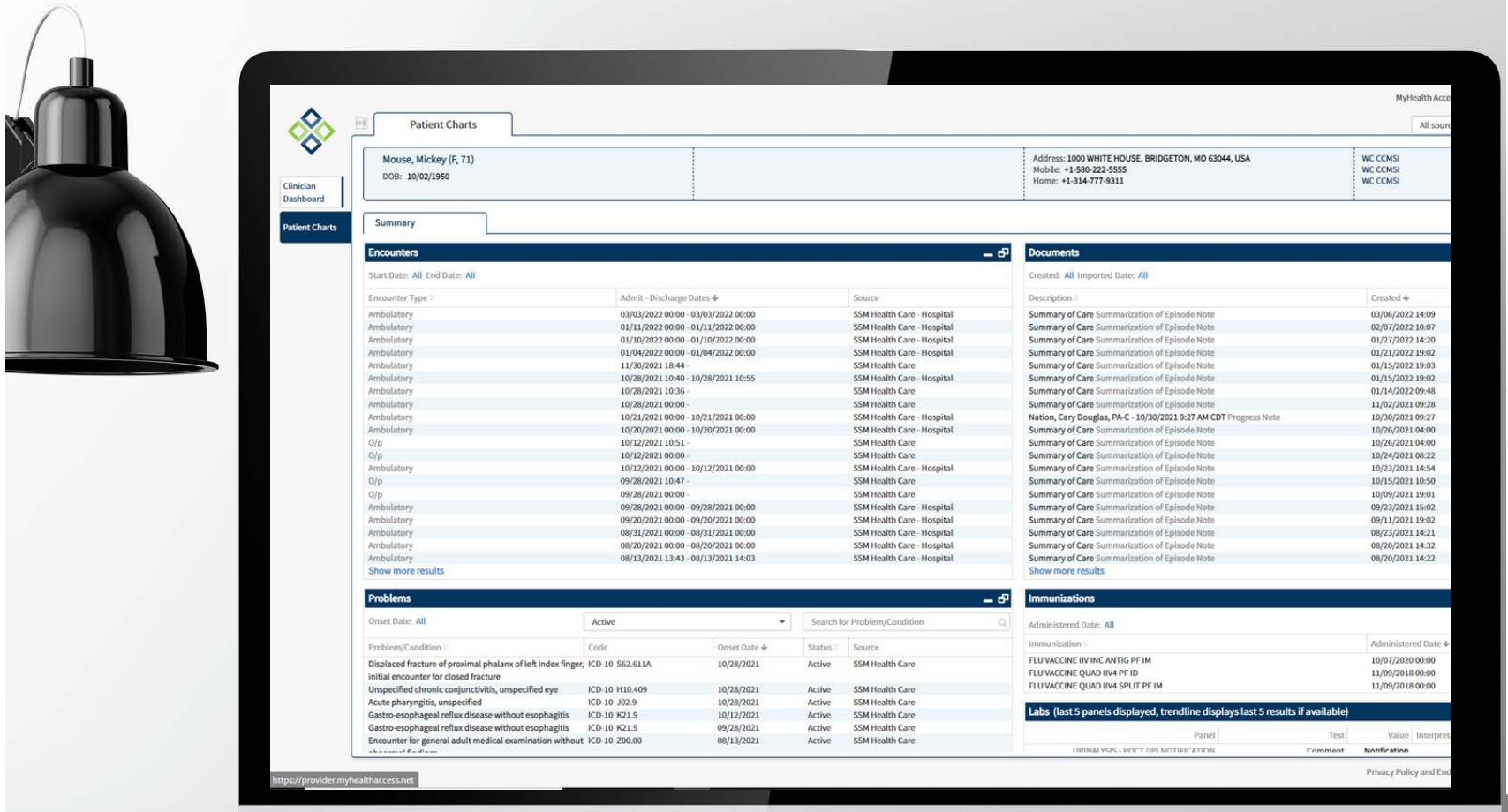
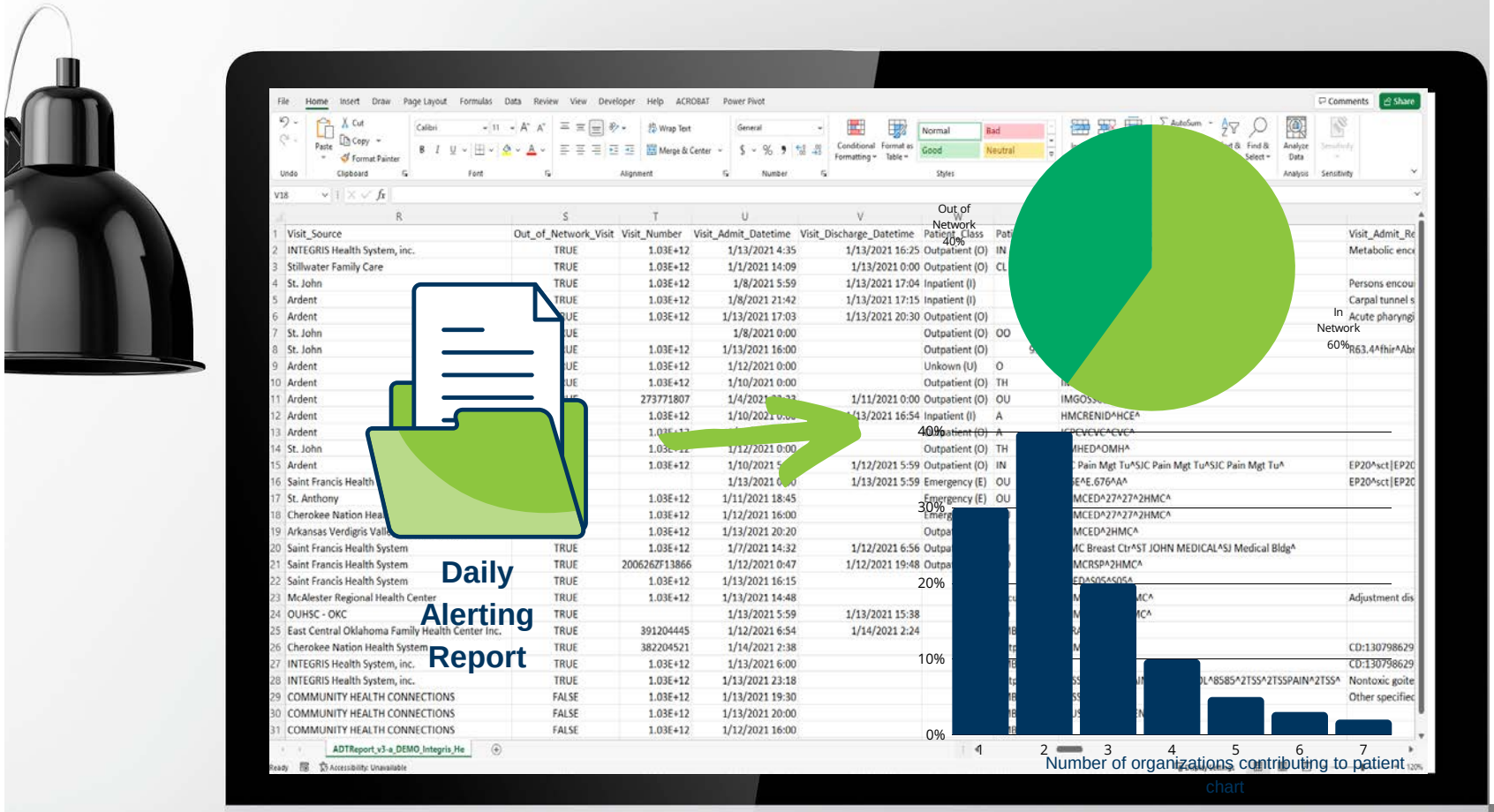


Value Proposition:

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

CARE FRAGMENTATION ALERTING

MyHealth® ACCESS NETWORK



Value Proposition:

- Schedule follow-up with ER and Inpatient discharges
- Close loops on referrals
- Understand in- and out- of network care

MyHealth Electronic Notifications (CoP)

October 2022

46%

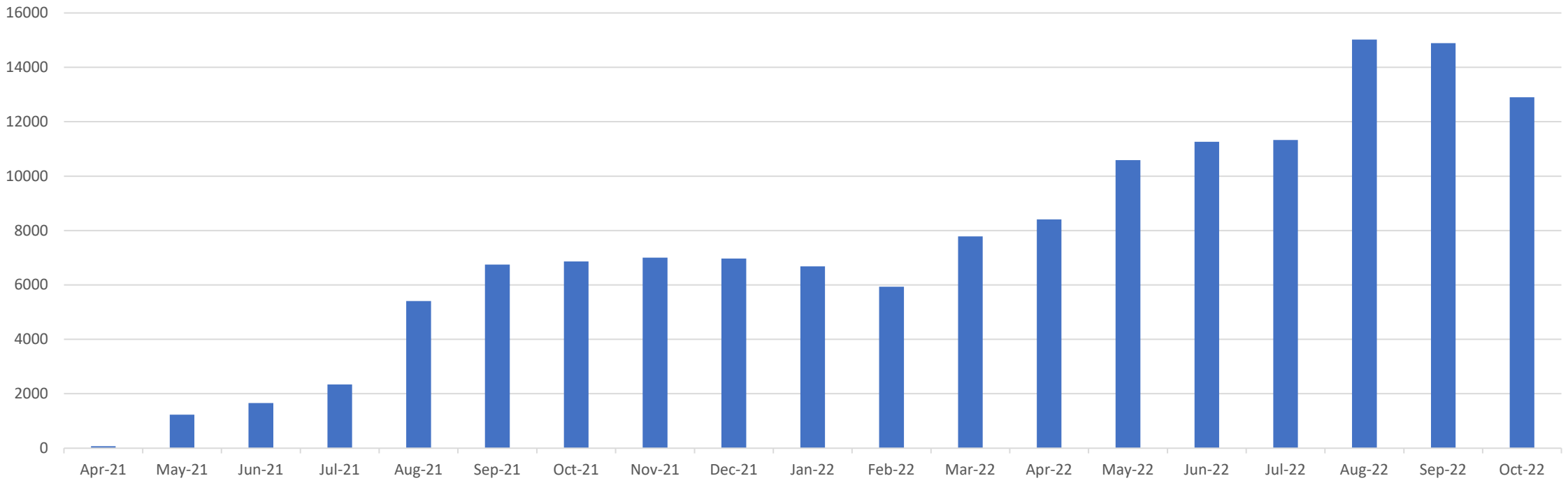
Delivery rate

12,896

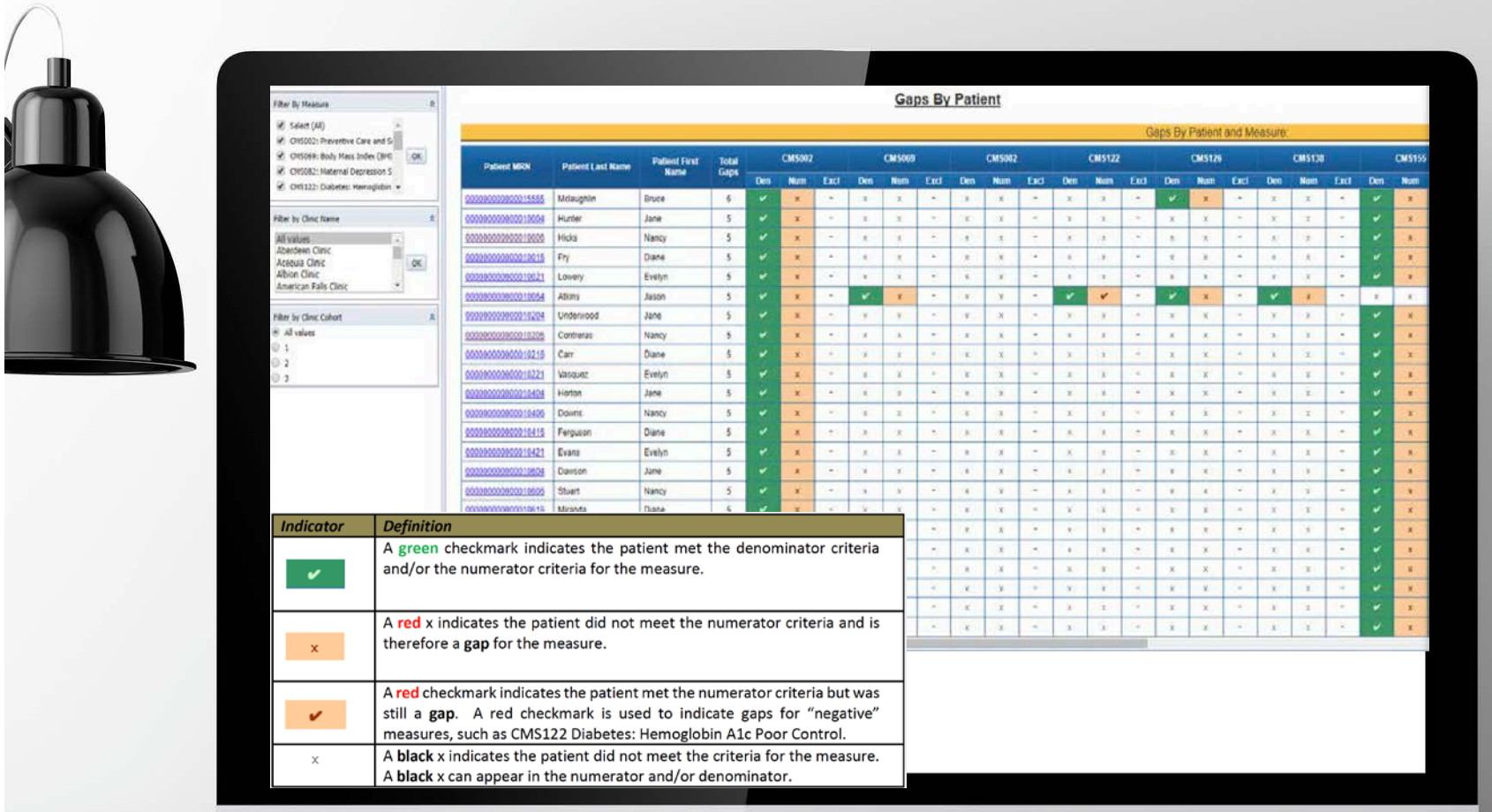
Notifications Delivered

143,086

Notifications Delivered All-Time



eCQM's & Care Gaps



Indicator	Definition
✔	A green checkmark indicates the patient met the denominator criteria and/or the numerator criteria for the measure.
x	A red x indicates the patient did not meet the numerator criteria and is therefore a **gap** for the measure.
✔	A red checkmark indicates the patient met the numerator criteria but was still a **gap**. A red checkmark is used to indicate gaps for "negative" measures, such as CMS122 Diabetes: Hemoglobin A1c Poor Control.
x	A **black** x indicates the patient did not meet the criteria for the measure. A **black** x can appear in the numerator and/or denominator.

Value Proposition:

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

MyHealth® ACCESS NETWORK

Strategic Planning

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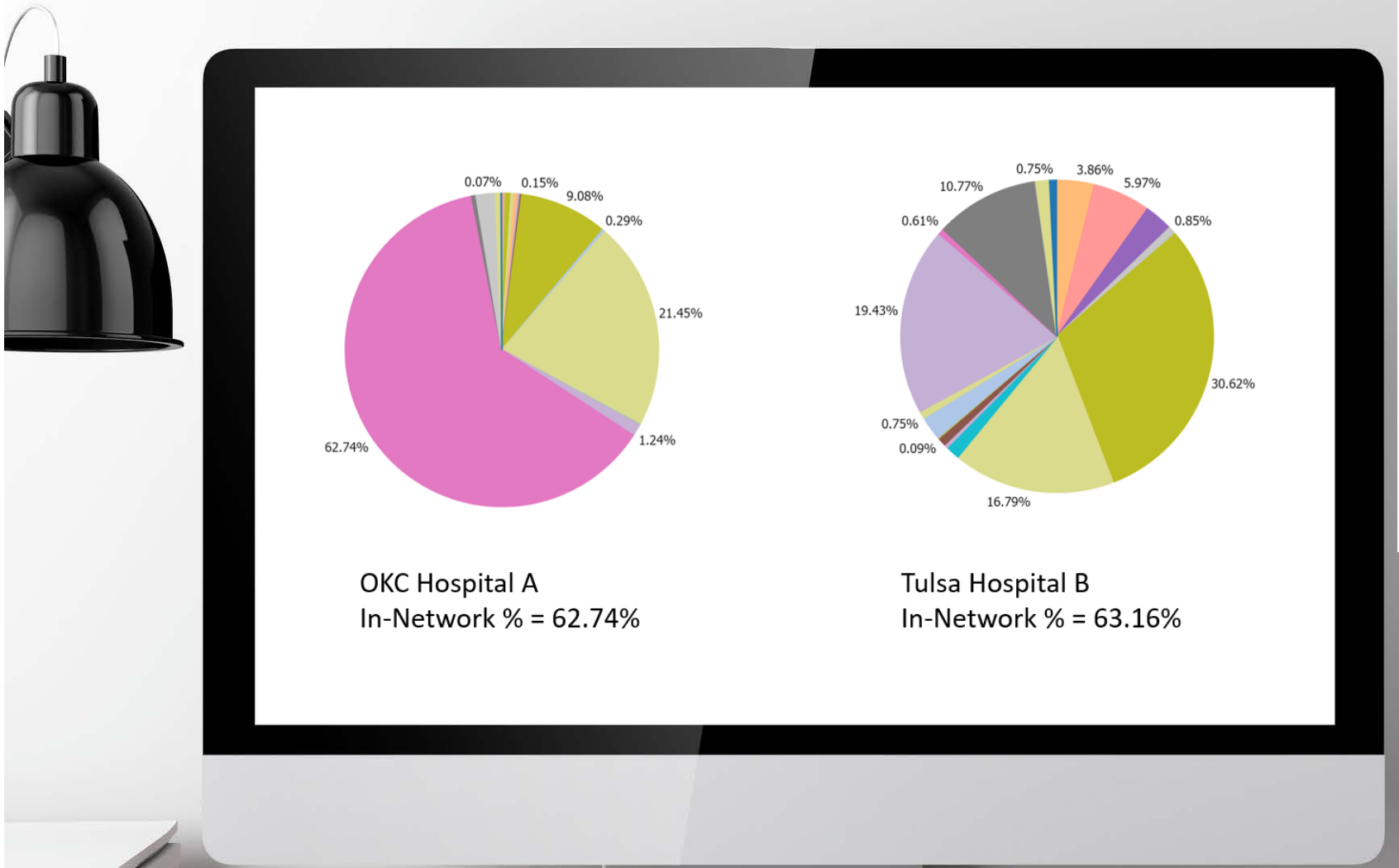
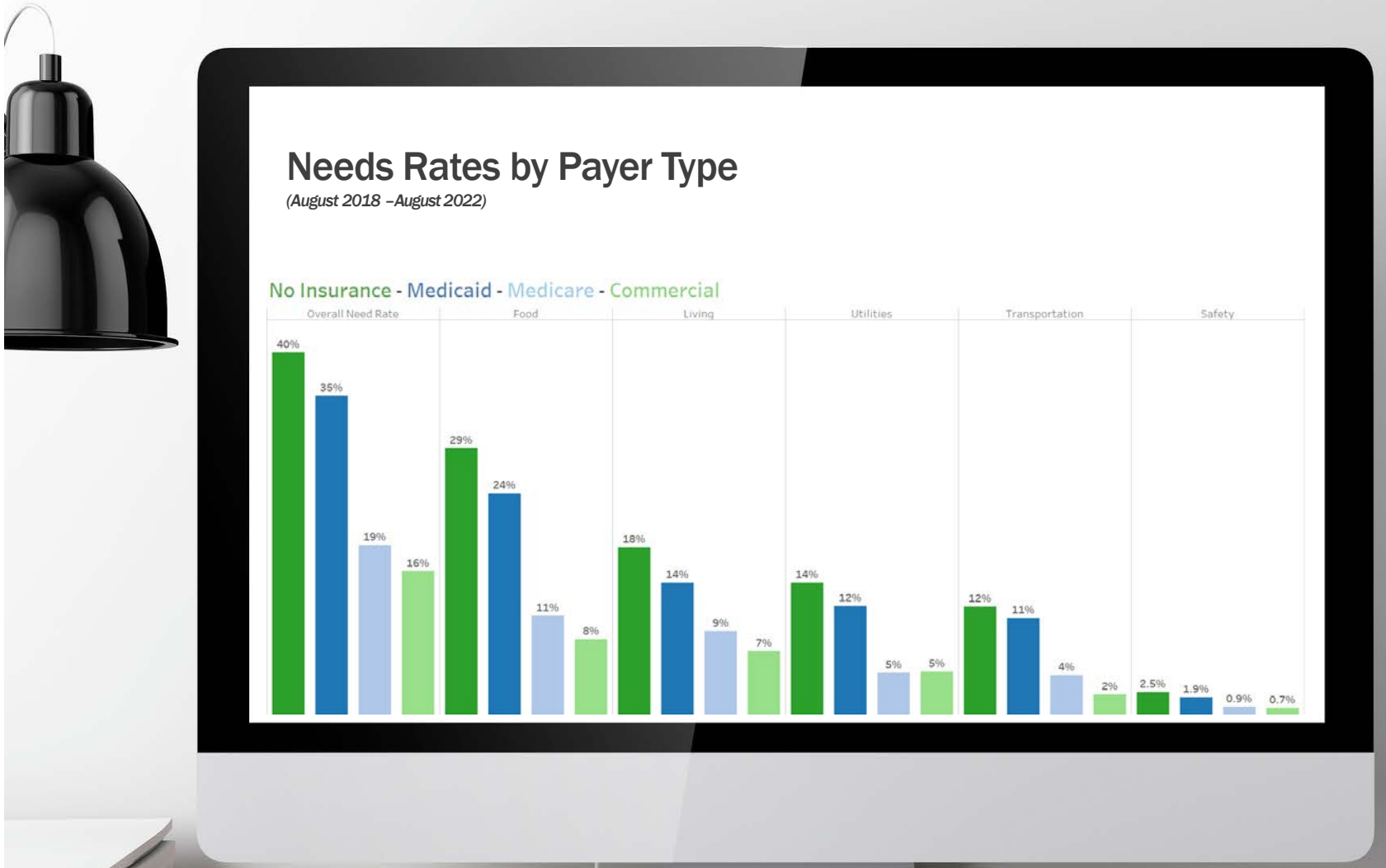


Value Proposition:

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

Social Determinants of Health

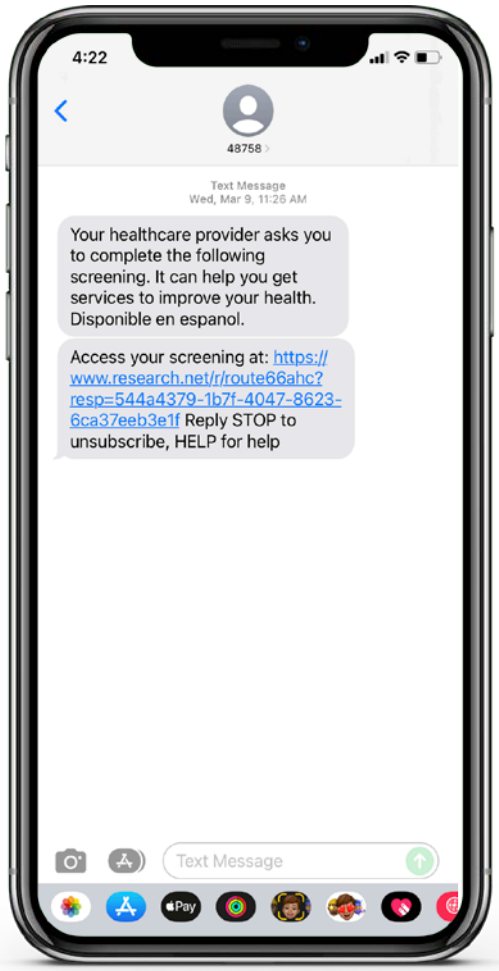
MyHealth® ACCESS NETWORK

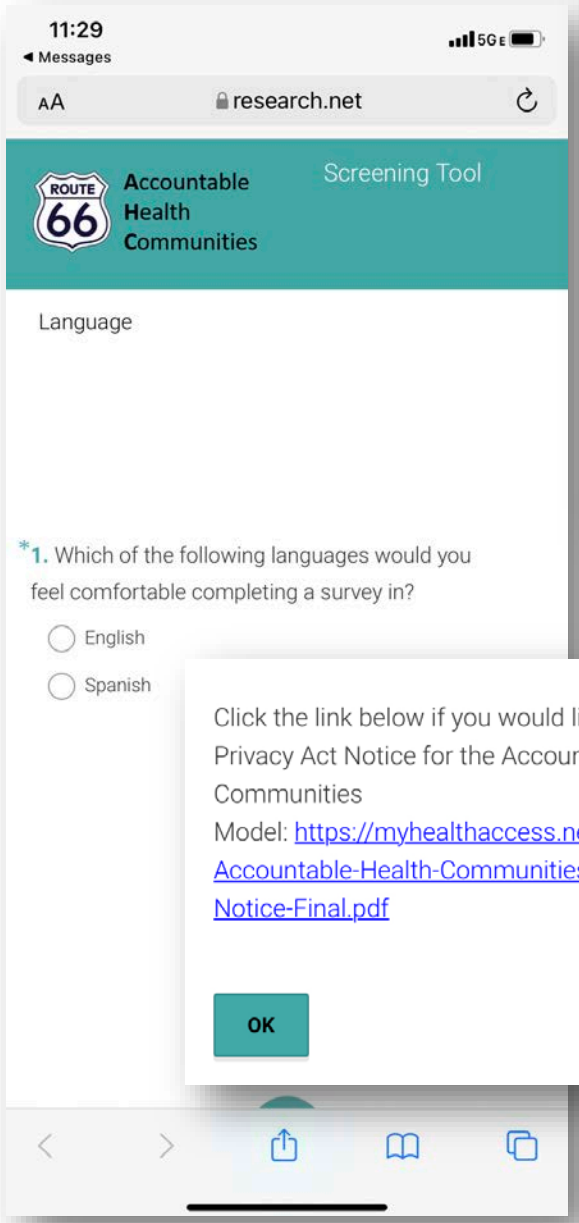


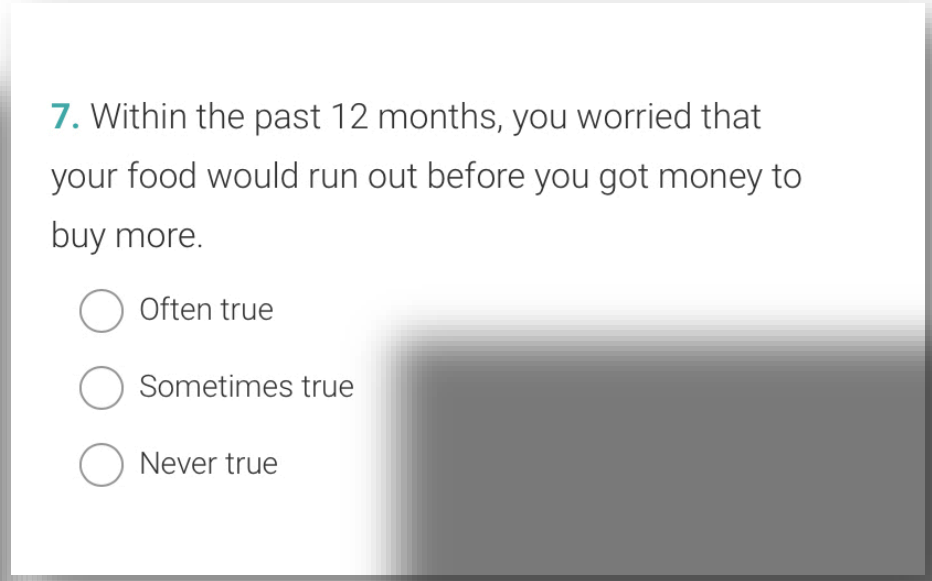
Value Proposition:

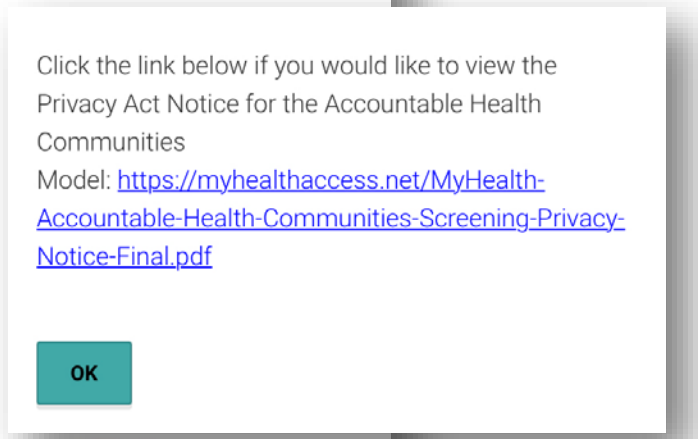
- Detect and address social needs without added staff burden
- Comply with JCAHO, other contract requirements
- Factor social needs into risk and treatment planning

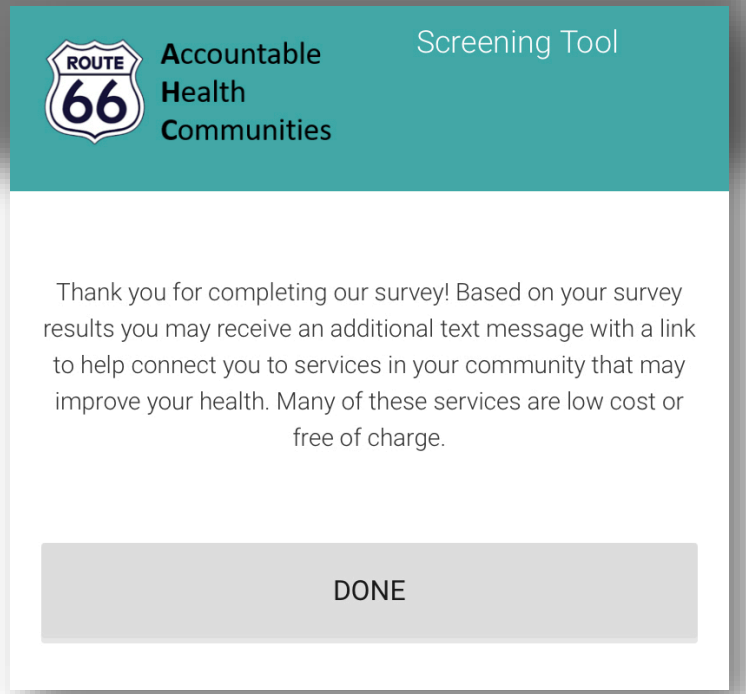
Mobile Screening











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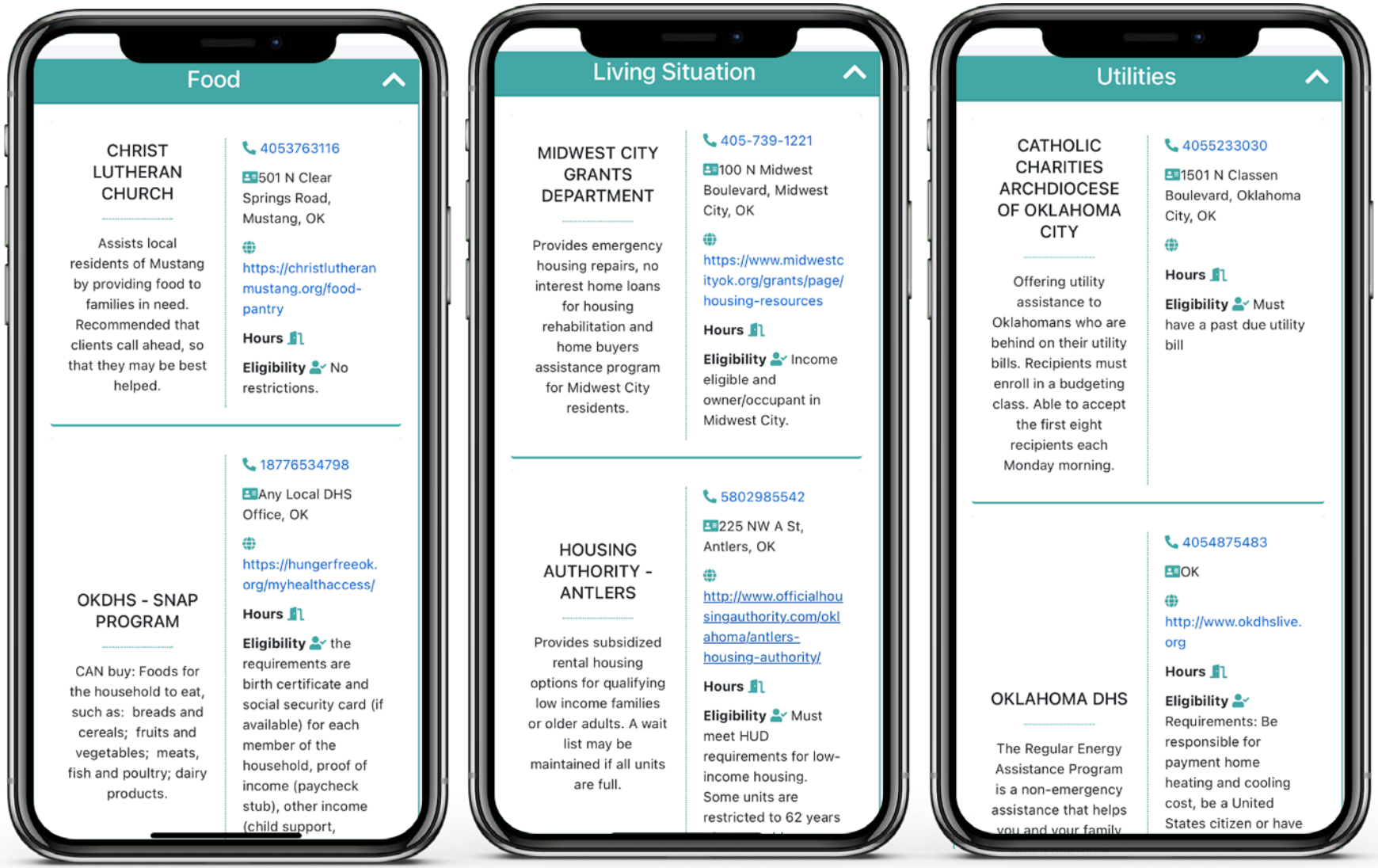


Community Resource Summary

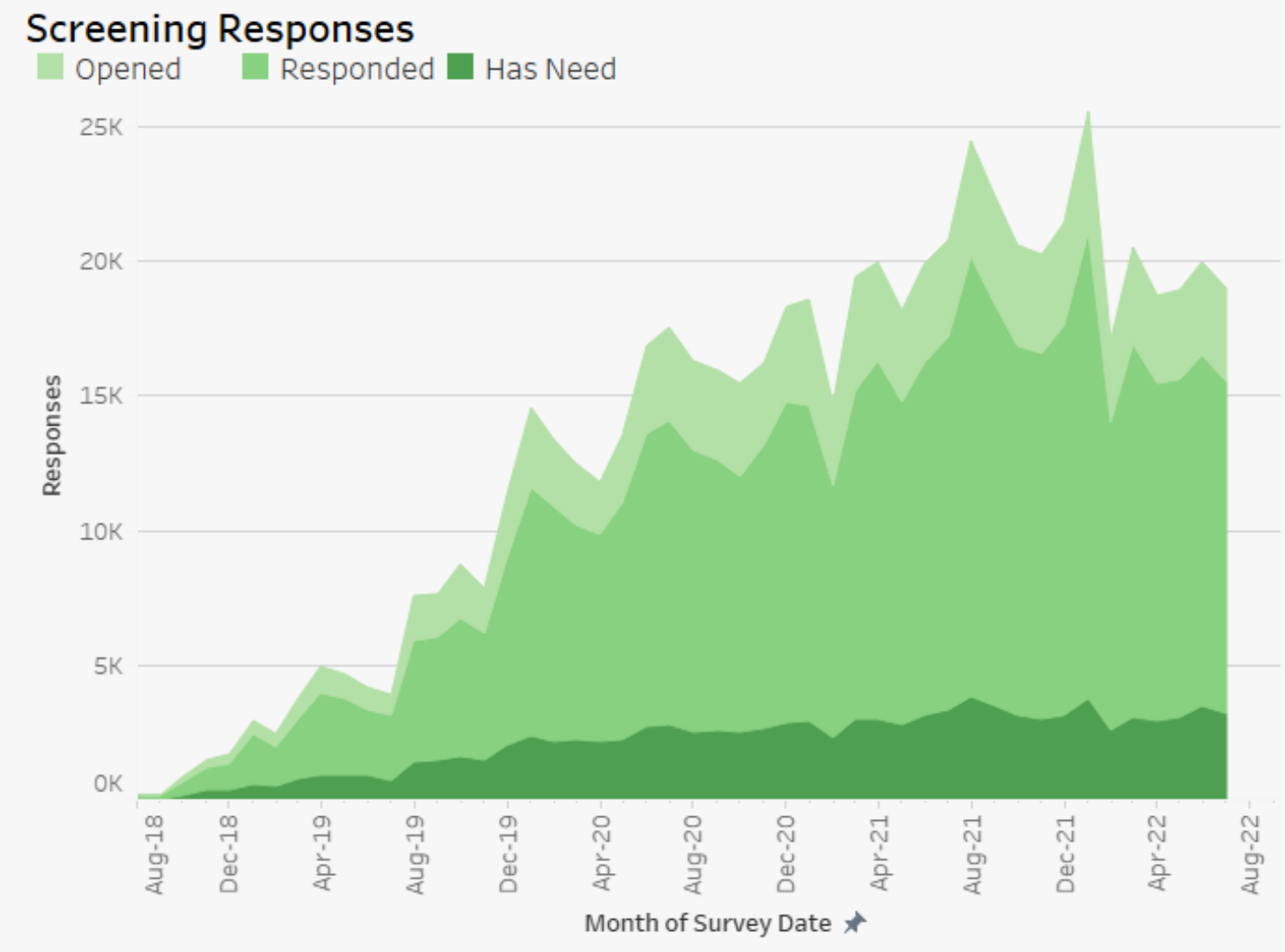
Texted back to patient after completion of the screening

Every community resource summary includes information for 211

MyHealth ACCESS NETWORK

Accountable Health Communities
Final Screening Data

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

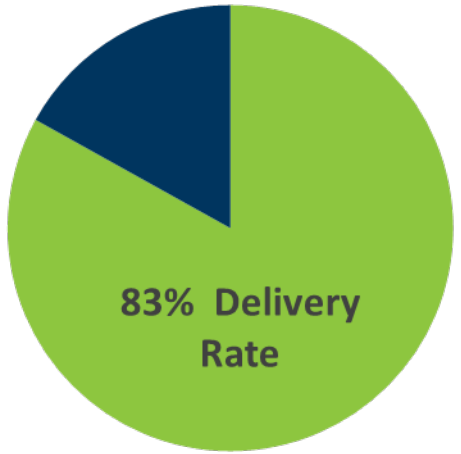


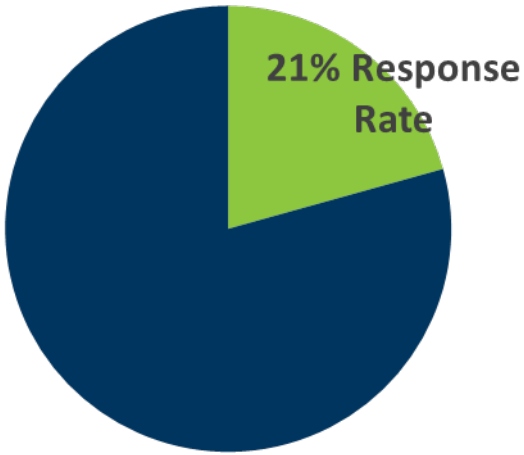
***2,988,078** Offers to Screen*

***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 EXPENDITURE

INPATIENT ADMISSIONS

READMISSIONS

ED VISITS

www.myhealthaccess.net
myhealth@myhealthaccess.net
(918)236-3450

PATHWAY TO PARTICIPATION

1. COMPLETE ONLINE APPLICATION AT www.Oklahoma.gov/ohca/okshine

2. GOVERNANCE REVIEW AND APPROVAL FOR MEMBERSHIP

3. COMPLETE AND RETURN THE FOLLOWING DOCUMENTS:
   - PARTICIPATION AGREEMENT
   - ORDER FORM
   - TRUSTED HOST ADMINISTRATOR FORM
   - NEW USER REQUEST FORM

4. PROVIDER PORTAL ROLL-OUT AND TRAINING

5. LIVE DATA FEED INTEGRATION

6. ELECTED ANALYTICS PRODUCTS BUILD AND DELIVERY

MyHealth® ACCESS NETWORK

OKSHINE
Oklahoma State Health Information Network Exchange

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

OKLAHOMA
Health Care Authority

Questions and Answers

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