HIT/HIE: Synthesis of one-on-one conversations with Accountable Communities of Health

The following is a synthesis of key themes and issues related to health IT/health information exchange (HIT/HIE) that emerged through the one on one conversations with ACHs.

1. **Domain 1.** ACHs need guidance on Domain 1 activities (at present guidance is at a very high level). ACHs are looking for more detailed guidance from the state on how to integrate HIT/HIE into their project plans.

2. **State HIT/HIE Strategic Plan.** The state needs an HIT/HIE Strategic Plan that:
   a. Includes a working definition of HIT/HIE (and what is meant by "sustainable" HIT/HIE)
   b. Describes:
      i. the statewide HIT/HIE systems and functionality that the state supports (or will support) and should be supported by ACH;
      ii. the timelines for the implementation of these systems/functions; and
      iii. how these systems/functions could be integrated into Transformation projects beginning 1/19. Systems identified by ACHs included: OHP/CDR services, EDIE/Pre-mange, APCD, population health management/care management systems, PDMP, systems/data sources for SDOH data.
         1. Needed clarification includes:
            a. Whether/ when OHP/CDR services will be available
               i. Lack of a statewide HIE solution that "gets information to providers" was identified as one of the biggest risks for implementing Transformation Projects.
            b. Whether there are/what are the statewide systems that the state will invest in (e.g., BH systems, EMS systems, population health management systems) vs. what systems should an ACH consider investing in.
               i. Note: ACHs are being approached by multiple vendors.
               ii. EMS providers were consistently identified as having a need for but lacking in HIE tools
               iii. BH and PH providers need to understand how to integrate care and exchange information to support shared care.
         2. ACHs need assistance with considering how to align regional HIE organizations with statewide HIE.
   c. Describes the roles and responsibilities of the:
      i. State
      ii. ACHs
      iii. Providers
      iv. MCOs

      d. Describes the Data Governance, legal agreements, and privacy/security requirements related to information sharing (particularly for persons with SUD)

      e. Provides illustrative examples of how HIT/HIE systems and functions can integrate into use cases/project area. For example:

          i. ACH have identified the following HIT/HIE needs of providers in their communities:

             1. provider look-up
             2. provider empanelment
             3. shared care plans
             4. transitions and referrals in care
             5. Risk stratification tools

          There are a variety of activities underway by providers within and across ACHs that need to be aligned

      f. Includes a communication strategy for communicating this information with ACHs and providers

3. **ACH Assessments and Strategic Planning.** ACHs have undertaken multiple assessments of providers' HIT/HIE capabilities needs. Respondents to the assessments include: physical health, behavioral health, and social service providers. In some instances, ACHs are undertaking additional assessments (e.g., assessments of social service providers). One ACH requested assistance in framing assessment questions in the context of their project priorities. ACHs are in the process of developing their strategic plans which have been/will be informed by the results of assessments.

Common themes that have emerged from assessments are:

      a. There are interoperability challenges across numerous EHR and other HIT/HIE systems/platforms

      b. Consideration is needed about what SDOH data is needed from Community based organizations (CBOs) and what information is needed by CBOs.

      c. ACHs would like their providers to have a single statewide population health management and care management tool/platform

          i. Tribes are also exploring population health management and care management tools/platforms

      d. Providers need assistance in acquiring/using HIT/HIE tools

      e. EMS providers need the ability to exchange information

      f. Providers are burdened by double data entry and reporting of multiple quality measures

      g. Use of telehealth is limited by bandwidth limitations

Some ACHs are sharing services provided by OHSU in analyzing assessment results.

4. **ACH Semi-Annual Report (SAR).** ACHs requested specific guidance on how an ACH could respond to the HIT/HIE related questions in the Semi-Annual Report. ACHs suggested that HCA may wish to have additional ACH conversations following their submission of SAR.

5. **Substance Use Disorder (SUD): Consent Management, Exchange, and Tools.** All ACHs expressed the need for clarification and TA (for ACHs and their provider) regarding 42 CFR Part 2 requirements (vs. HIPAA). Most ACHs expressed an interest in learning more about how their providers could participate in a pilot to exchange (in either paper or electronic form) SUD information.

6. **Data Needs.** Sometimes ACHs struggle with getting data in a timely way. ACHs identified the need for SDOH data to support Transformation Project and suggested that HCA consider a single/statewide method to collect this information.

7. **Use of 90/10 funding.** Several ACHs asked whether it would be appropriate for ACHs to ask for Medicaid dollars to support HIT/HIE solutions needed by providers in their region. See item #2 for some areas for which ACHs would be interested exploring funding.

8. **Technical Assistance.** In terms of technical assistance to ACHs:
    a. Start TA sessions by framing the purpose of the TA session/material
    b. Use multiple methods to deliver TA (e.g., webinars, written materials, one on ones (including face-to-face))
    c. Develop a quarterly TA calendar. ACHs suggested that TA topics include:
        i. Pathways: Both program design questions and technology considerations (e.g., linking multiple data points/sources (e.g., CCS and: EHRs and OHP)).
        ii. Diversion
        iii. State HIT/HIE Strategic Plan

9. **Other issues:**
    a. ACHs have requested information on:
        i. which providers in their region are submitting data to the CDR
        ii. DoH registries (including EMS (WEMSIS), PDMP, Immunization (particularly in the context of pregnancy and MCH), and Syndromic surveillance)
    b. ACHs recommended that HCA better coordinate within the agency (e.g., on issues that cross agency boundaries such as: BH issues, SAR)