

THE OFFICE OF THE STATE COORDINATOR FOR HEALTH INFORMATION EXCHANGE

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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

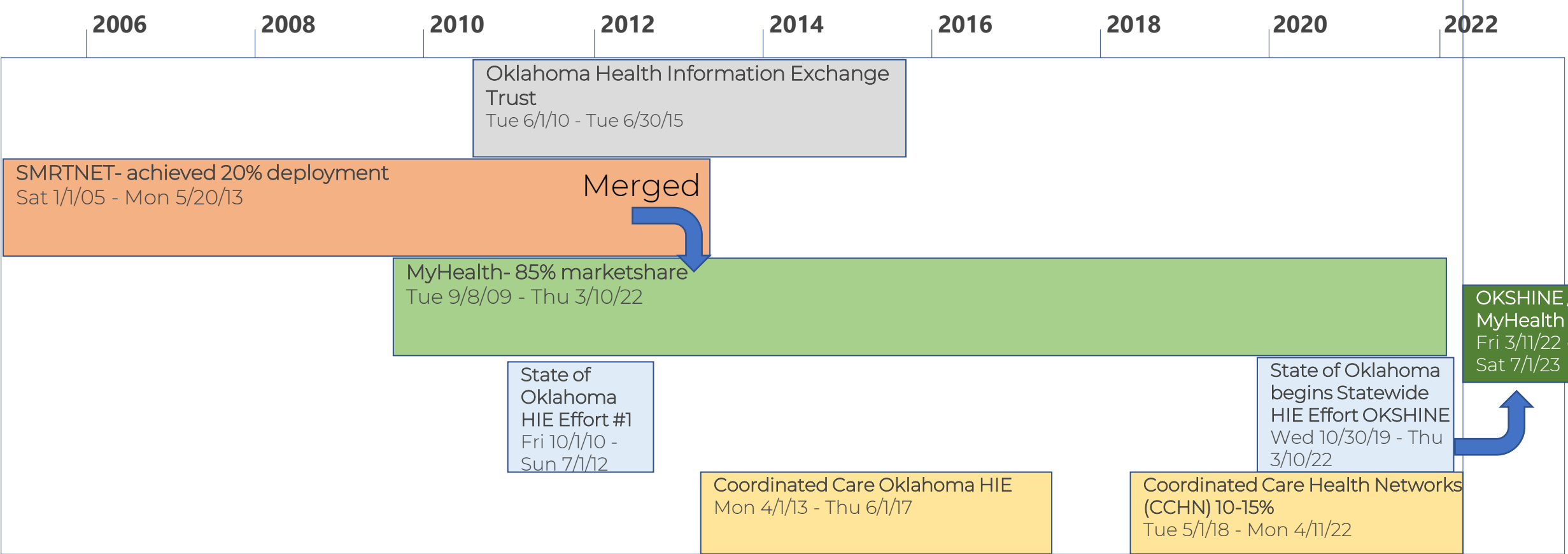
Health Information Exchanges help ...

- 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 preventive 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



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).

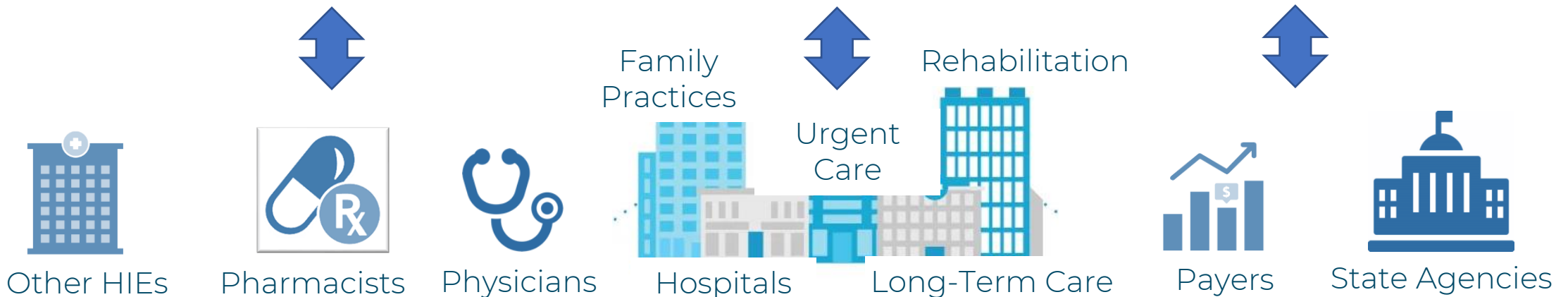
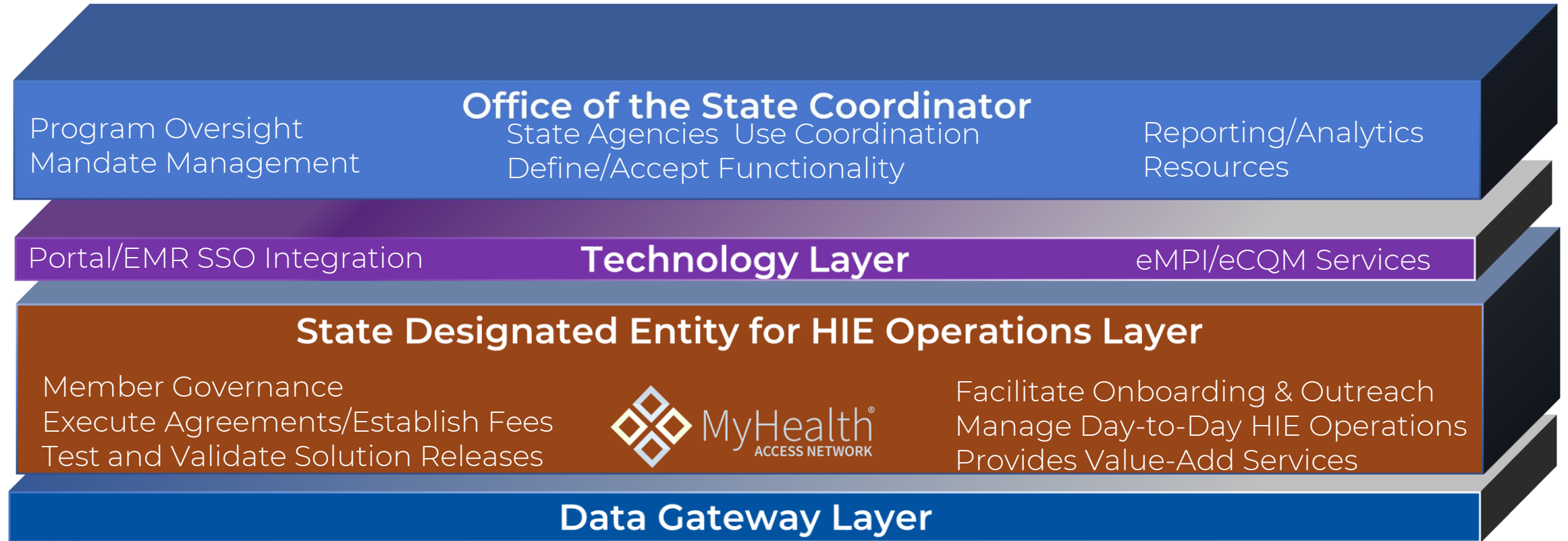
SB 1369 (May 2022)

- 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 its stakeholders.
- 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

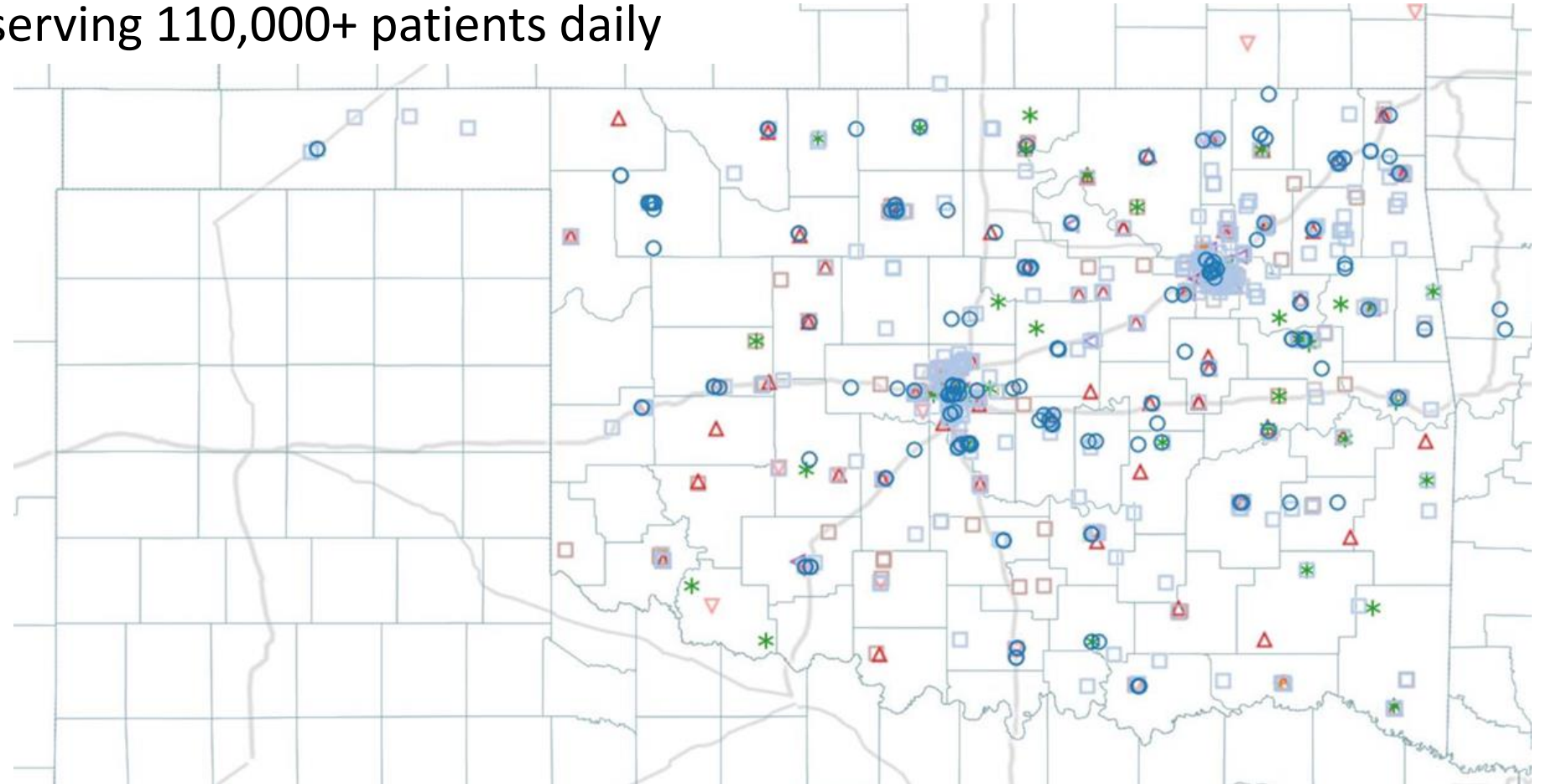
In choosing MyHealth, an Oklahoma-based 501c3:

- >80% of Oklahoma's health care 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 health care stakeholders.
 - State is a participant.

CURRENT HIE COVERAGE

1400+ locations serving 110,000+ patients daily

>80%
of all
healthcare
activity



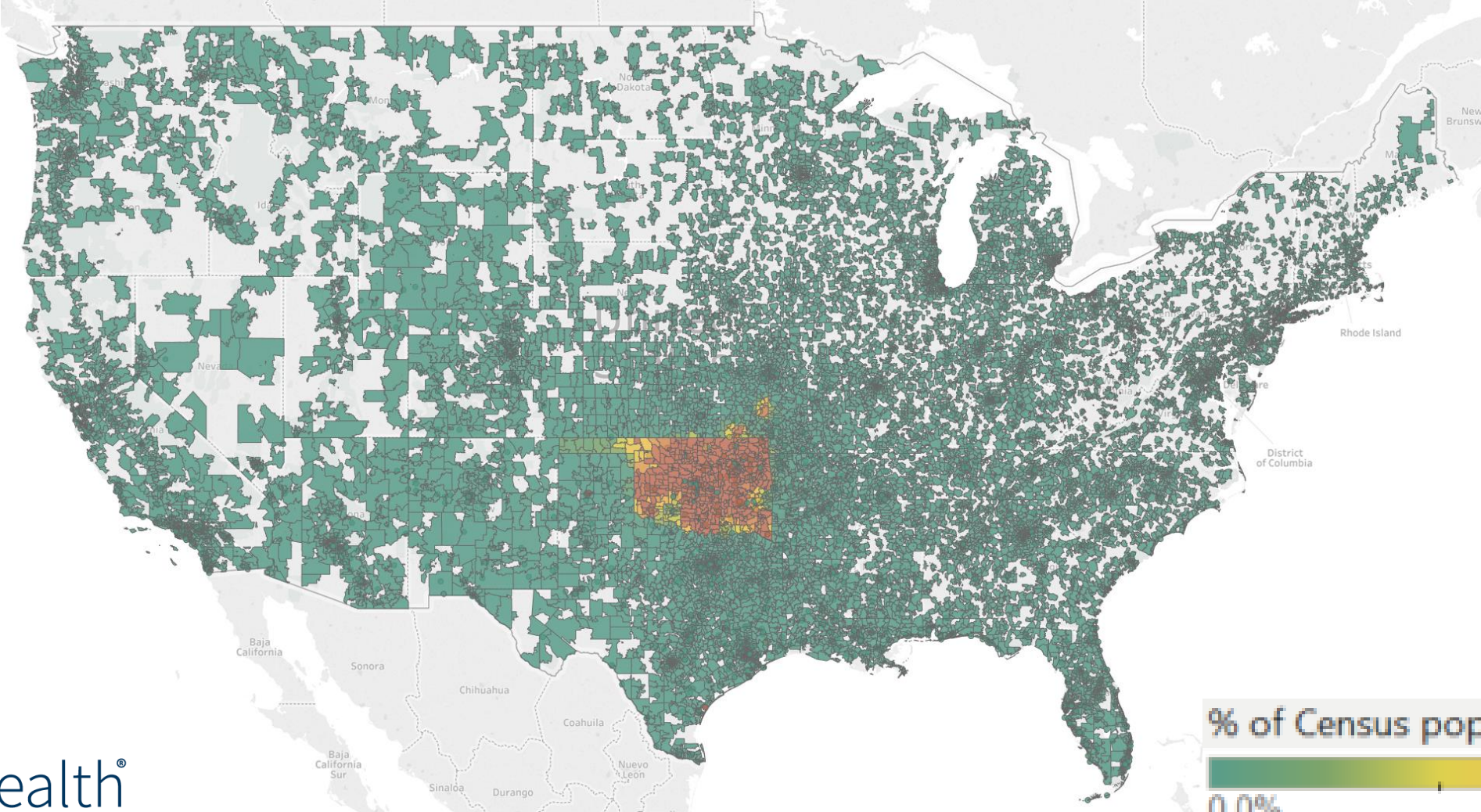
Facility Type

Null	Emergency Services	Lab	Pharmacy
Behavioral Health...	FQHC	Long Term Care ...	Public Health
Clinic	Hospice	Ophthalmology/Op...	Urgent Care Facility
Community/Social...	Hospital	Payer	

Facility Type

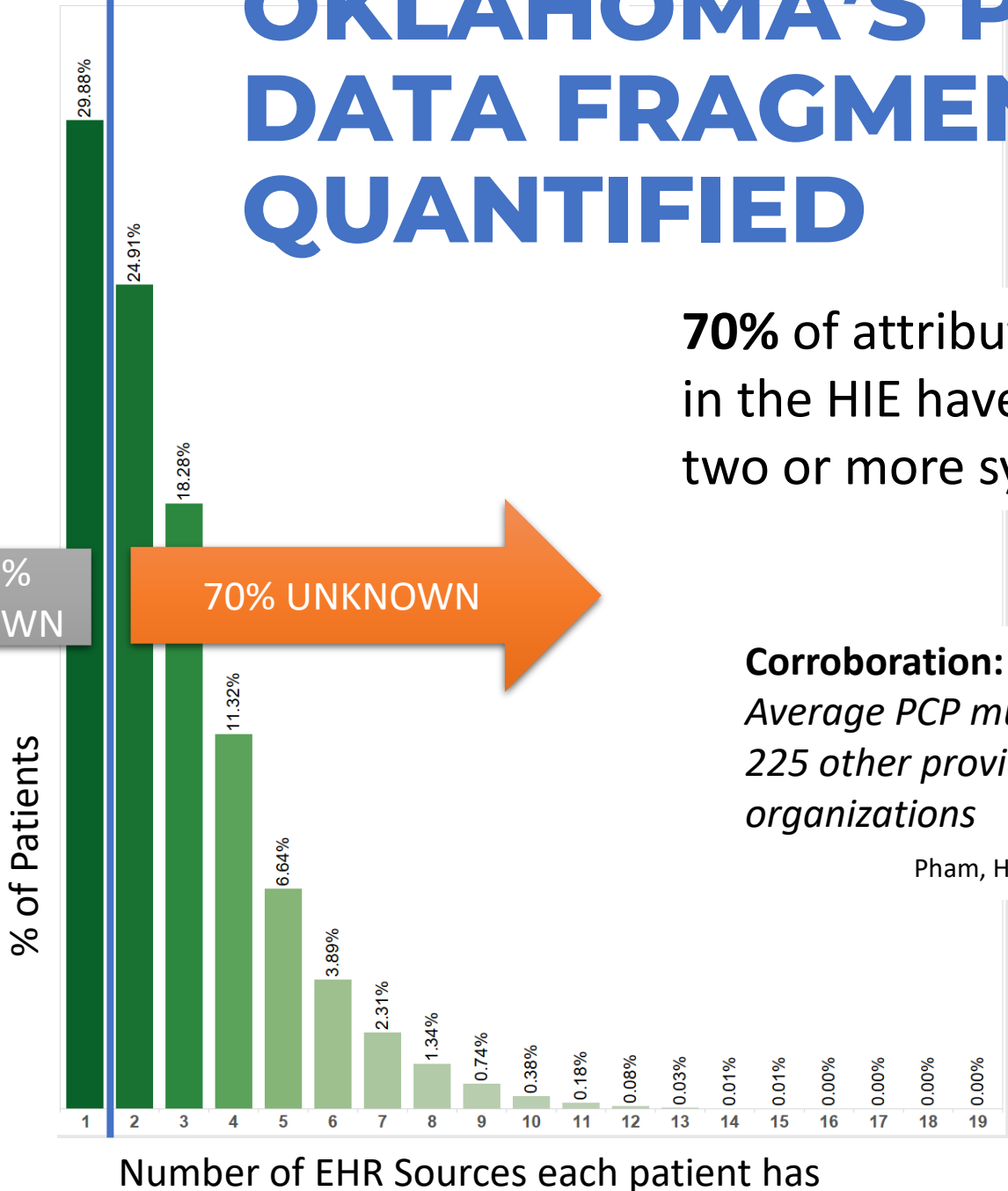
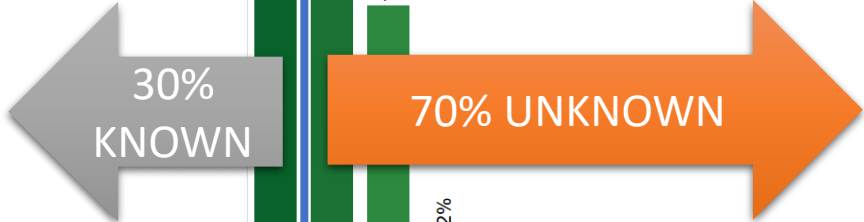
Null	Emergency Services	Lab	Pharmacy
Behavioral Health...	FQHC	Long Term Care ...	Public Health
Clinic	Hospice	Ophthalmology/Op...	Urgent Care Facility
+ Community/Social...	Hospital	Payer	

OKLAHOMA HIE PATIENT POPULATION



OKLAHOMA'S PATIENT DATA FRAGMENTATION QUANTIFIED

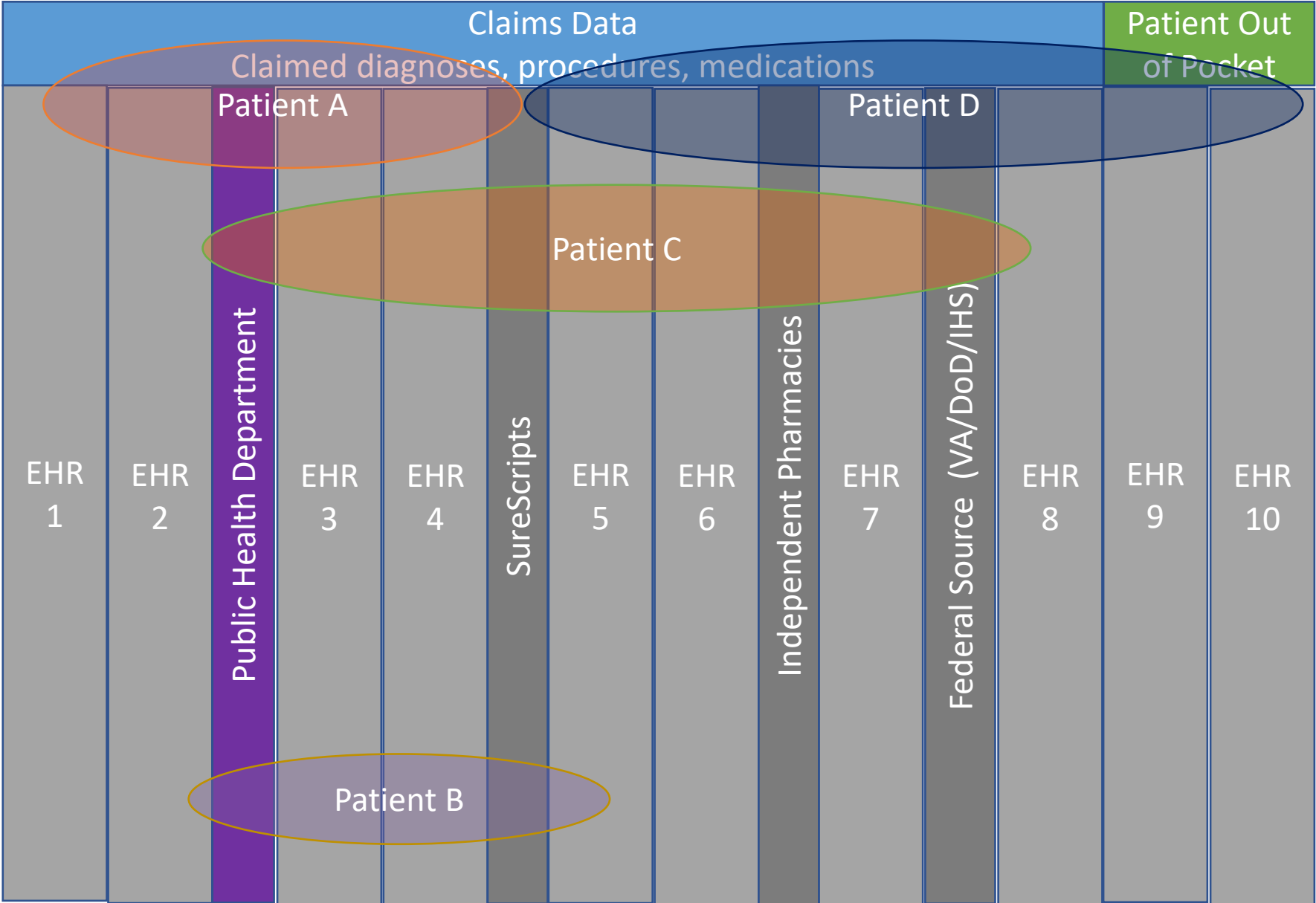
70% of attributed patients in the HIE have records in two or more systems



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

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

CARE FRAGMENTATION



HIE CAPABILITIES



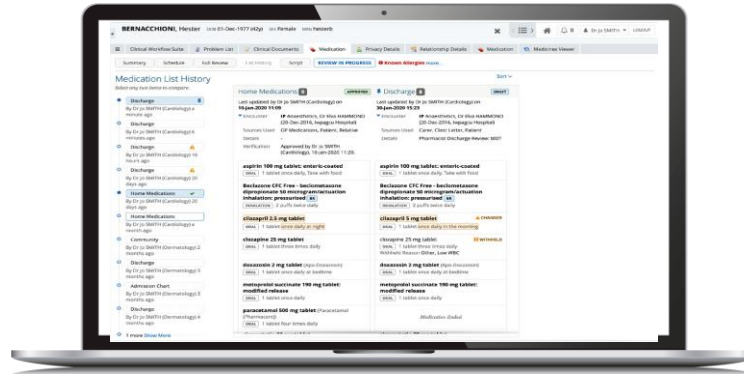
Care Coordination/
Records Aggregation



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
Reporting

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



PROVIDER
PORTAL



The screenshot displays a patient's medical record in a provider portal. The patient is Mickey F. Mouse, DOB: 10/02/1950, residing at 1000 White House, Bridgeton, MO 63044, USA. The interface includes a 'Patient Charts' section with a 'Summary' tab. The 'Encounters' table lists various visits from 2022 back to 2013, all from SSM Health Care - Hospital. The 'Problems' table shows active conditions such as a displaced fracture of the proximal phalanx of the left index finger, acute pharyngitis, and gastro-esophageal reflux disease. The 'Documents' section lists numerous 'Summary of Care' documents. The 'Immunizations' section shows flu vaccines administered in 2020 and 2018. A 'Labs' section is partially visible at the bottom.

Encounter Type	Admit - Discharge Dates	Source
Ambulatory	03/03/2022 00:00 - 03/03/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/11/2022 00:00 - 01/11/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/10/2022 00:00 - 01/10/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/04/2022 00:00 - 01/04/2022 00:00	SSM Health Care - Hospital
Ambulatory	11/30/2021 18:44 -	SSM Health Care
Ambulatory	10/28/2021 10:40 - 10/28/2021 10:55	SSM Health Care - Hospital
Ambulatory	10/28/2021 10:36 -	SSM Health Care
Ambulatory	10/28/2021 00:00 -	SSM Health Care
Ambulatory	10/21/2021 00:00 - 10/21/2021 00:00	SSM Health Care - Hospital
Ambulatory	10/20/2021 00:00 - 10/20/2021 00:00	SSM Health Care - Hospital
O/p	10/12/2021 10:51 -	SSM Health Care
O/p	10/12/2021 00:00 -	SSM Health Care
Ambulatory	10/12/2021 00:00 - 10/12/2021 00:00	SSM Health Care - Hospital
O/p	09/28/2021 10:47 -	SSM Health Care
O/p	09/28/2021 00:00 -	SSM Health Care
Ambulatory	09/28/2021 00:00 - 09/28/2021 00:00	SSM Health Care - Hospital
Ambulatory	09/20/2021 00:00 - 09/20/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/31/2021 00:00 - 08/31/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/20/2021 00:00 - 08/20/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/13/2021 13:43 - 08/13/2021 14:03	SSM Health Care - Hospital

Problem/Condition	Code	Onset Date	Status	Source
Displaced fracture of proximal phalanx of left index finger, initial encounter for closed fracture	ICD-10 S62.611A	10/28/2021	Active	SSM Health Care
Unspecified chronic conjunctivitis, unspecified eye	ICD-10 H10.409	10/28/2021	Active	SSM Health Care
Acute pharyngitis, unspecified	ICD-10 J02.9	10/28/2021	Active	SSM Health Care
Gastro-esophageal reflux disease without esophagitis	ICD-10 K21.9	10/12/2021	Active	SSM Health Care
Gastro-esophageal reflux disease without esophagitis	ICD-10 K21.9	09/28/2021	Active	SSM Health Care
Encounter for general adult medical examination without	ICD-10 Z00.00	08/13/2021	Active	SSM Health Care

Document	Created
Summary of Care Summarization of Episode Note	03/06/2022 14:09
Summary of Care Summarization of Episode Note	02/07/2022 10:07
Summary of Care Summarization of Episode Note	01/27/2022 14:20
Summary of Care Summarization of Episode Note	01/21/2022 19:02
Summary of Care Summarization of Episode Note	01/15/2022 19:03
Summary of Care Summarization of Episode Note	01/15/2022 19:02
Summary of Care Summarization of Episode Note	01/14/2022 09:48
Summary of Care Summarization of Episode Note	11/02/2021 09:28
Nation, Cary Douglas, PA-C - 10/30/2021 9:27 AM CDT Progress Note	10/30/2021 09:27
Summary of Care Summarization of Episode Note	10/26/2021 04:00
Summary of Care Summarization of Episode Note	10/26/2021 04:00
Summary of Care Summarization of Episode Note	10/24/2021 08:22
Summary of Care Summarization of Episode Note	10/23/2021 14:54
Summary of Care Summarization of Episode Note	10/15/2021 10:50
Summary of Care Summarization of Episode Note	10/09/2021 19:01
Summary of Care Summarization of Episode Note	09/23/2021 15:02
Summary of Care Summarization of Episode Note	09/11/2021 19:02
Summary of Care Summarization of Episode Note	08/23/2021 14:21
Summary of Care Summarization of Episode Note	08/20/2021 14:32
Summary of Care Summarization of Episode Note	08/20/2021 14:22

Immunization	Administered Date
FLU VACCINE INV INC ANTIG PF IM	10/07/2020 00:00
FLU VACCINE QUAD INVA PF ID	11/09/2018 00:00
FLU VACCINE QUAD INVA SPLIT PF IM	11/09/2018 00:00

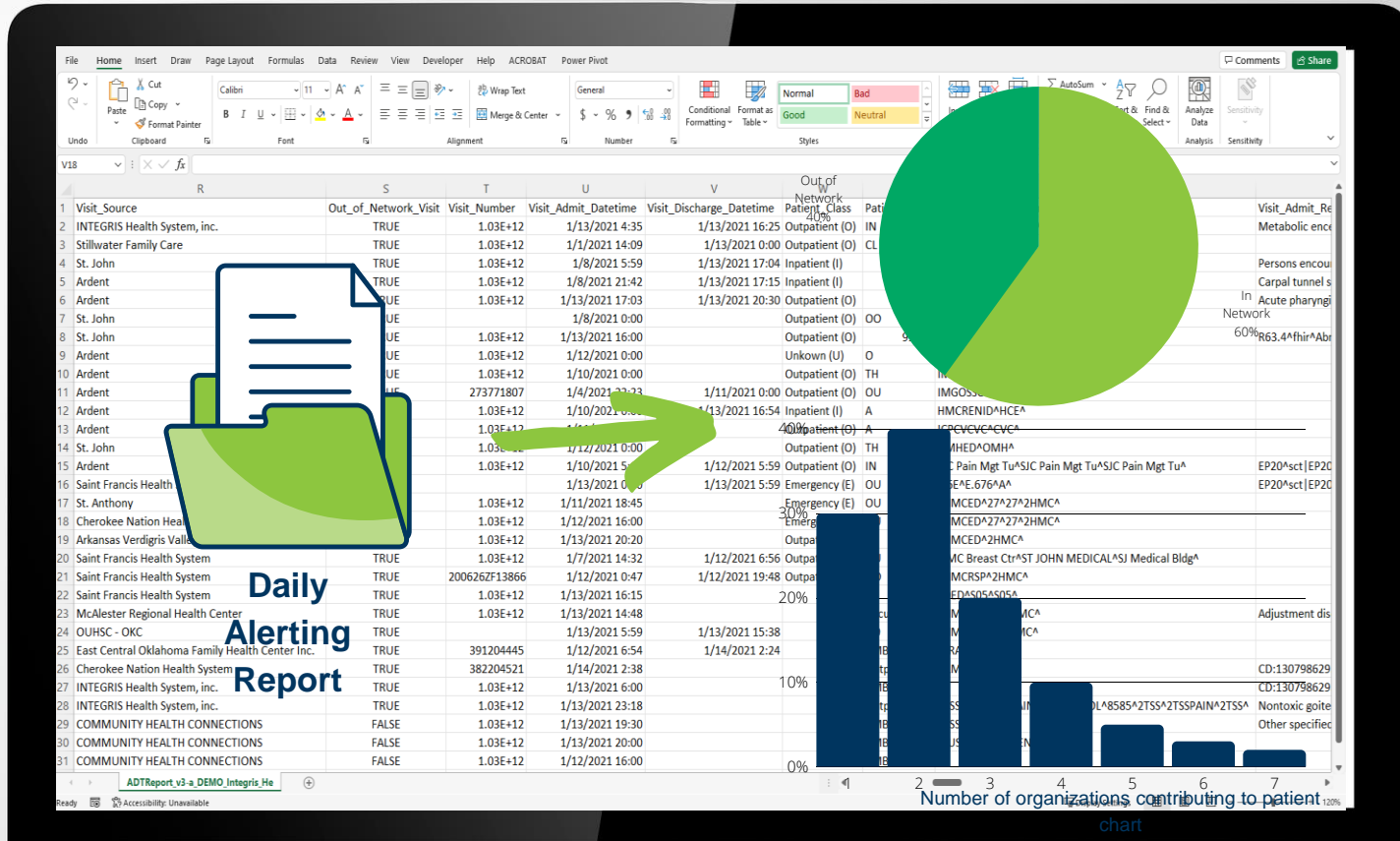
Value Proposition:

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





CARE
FRAGMENTATION
ALERTING



Value Proposition:

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





Conditions of Participation (CoP) Electronic Notification Requirement

Hospitals must send an electronic notification to a patient's providers when patients are admitted, discharged or transferred (ADT) from the hospital (CMS-9115-F).

E-Notifications
Conditions of Participation



Admit



Discharge



Transfer



1

When a **patient is admitted**, transferred or discharged, hospital staff will document in the electronic health record any providers requested by the patient to be notified of their care.

2

The **EHR sends an ADT message**, including the name of the patient, name of the treating provider, name of the sending location, and name of the identified provider including the NPI.

3

The **ADT message is processed by the HIE**, message recipients are identified, and the patient is checked for previous opt-out of MyHealth.

4

Real-time notifications are delivered to the identified care providers via direct message, with logging for future compliance documentation.

MyHealth Care Fragmentation Alerting – Provider

October 2022

322,000

Average Monthly Visits/Procedures

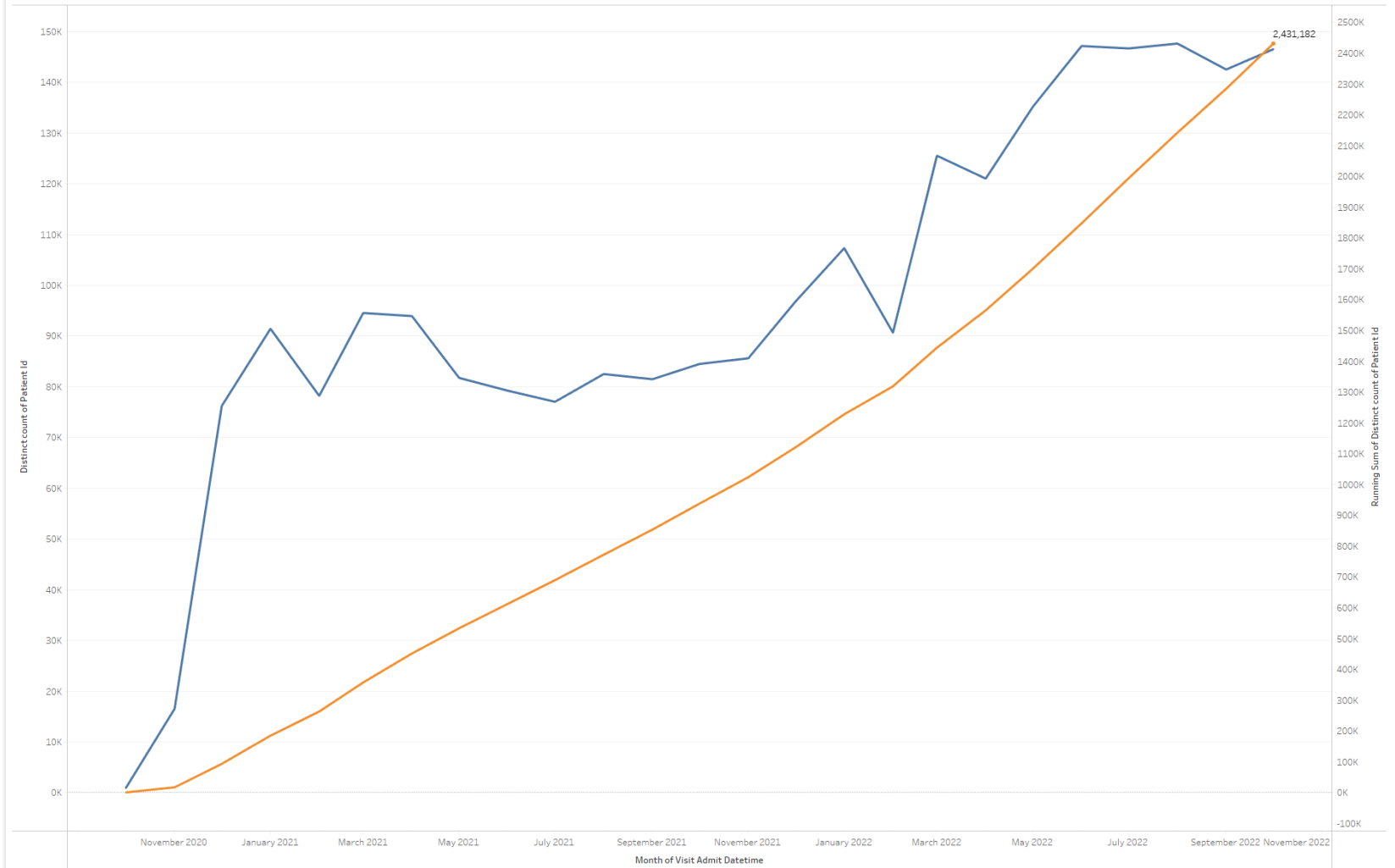
8,046,357

Total Visits/Procedures

2,431,182

Total Distinct Patients

Unique Patients Alerted On for All on All dates



MyHealth Electronic Notifications (CoP)

October 2022

46%

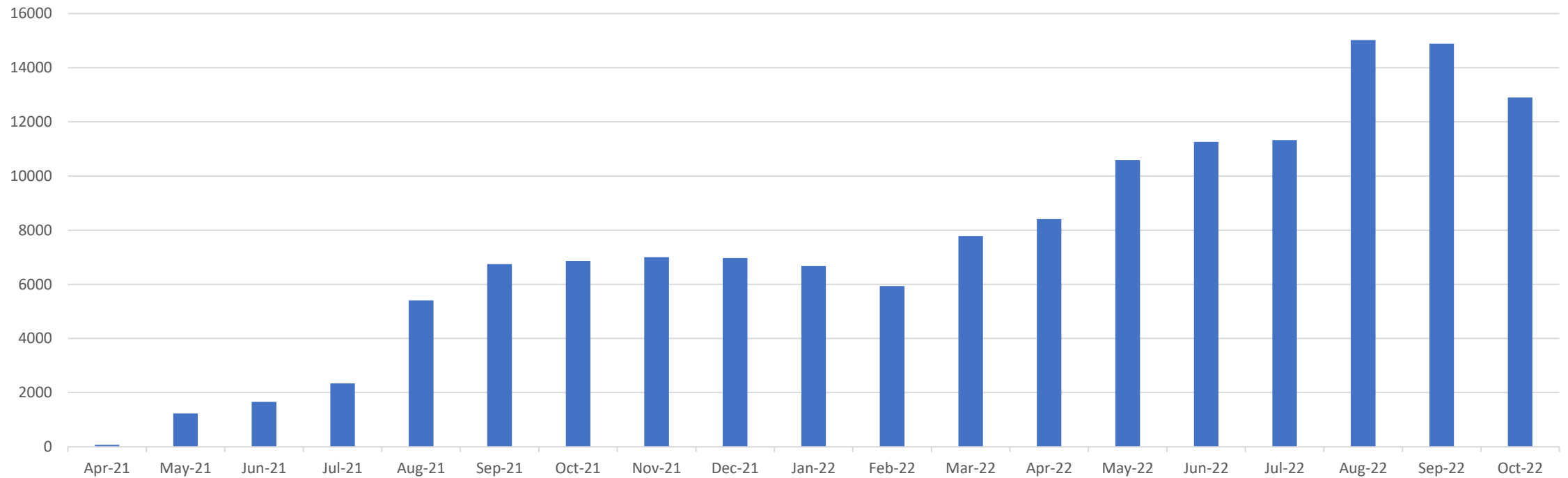
Delivery Rate

12,896

Notifications Delivered

143,086

Notifications Delivered All-Time





eCQM's & Care Gaps



Gaps By Patient

Filter By Measure

- Select (All)
- CMS002: Preventive Care and S...
- CMS009: Body Mass Index (BMI)
- CMS082: Maternal Depression S...
- CMS122: Diabetes: Hemoglobin...

Filter by Clinic Name

All values

- Aberdeen Clinic
- Acequia Clinic
- Albion Clinic
- American Falls Clinic

Filter by Clinic Cohort

All values

- 1
- 2
- 3

Patient MRN	Patient Last Name	Patient First Name	Total Gaps	Gaps By Patient and Measure																			
				CMS002		CMS009		CMS082		CMS122		CMS126		CMS138		CMS155							
				Den	Num	Exc	Den	Num	Exc	Den	Num	Exc	Den	Num	Exc	Den	Num	Exc	Den	Num			
00000000000015565	Mclaughlin	Bruce	6	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019004	Hunter	Jane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019006	Hicks	Nancy	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019015	Fry	Diane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019021	Lowery	Evelyn	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019064	Atkins	Jason	5	✓	x	-	✓	x	-	x	x	-	✓	✓	-	✓	x	-	✓	x	-	✓	x
00000000000019204	Underwood	Jane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019206	Contreras	Nancy	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019215	Carr	Diane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019221	Vasquez	Evelyn	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019404	Horton	Jana	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019406	Djants	Nancy	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019415	Ferguson	Diane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019421	Evans	Evelyn	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019604	Dawson	Jane	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019606	Stuart	Nancy	5	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x
00000000000019616	Miranda	Diana	6	✓	x	-	x	x	-	x	x	-	x	x	-	✓	x	-	x	x	-	✓	x

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.

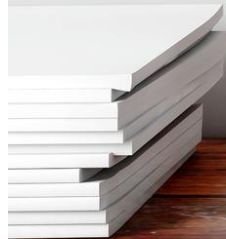
Value Proposition:

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





Strategic Planning



Value Proposition:

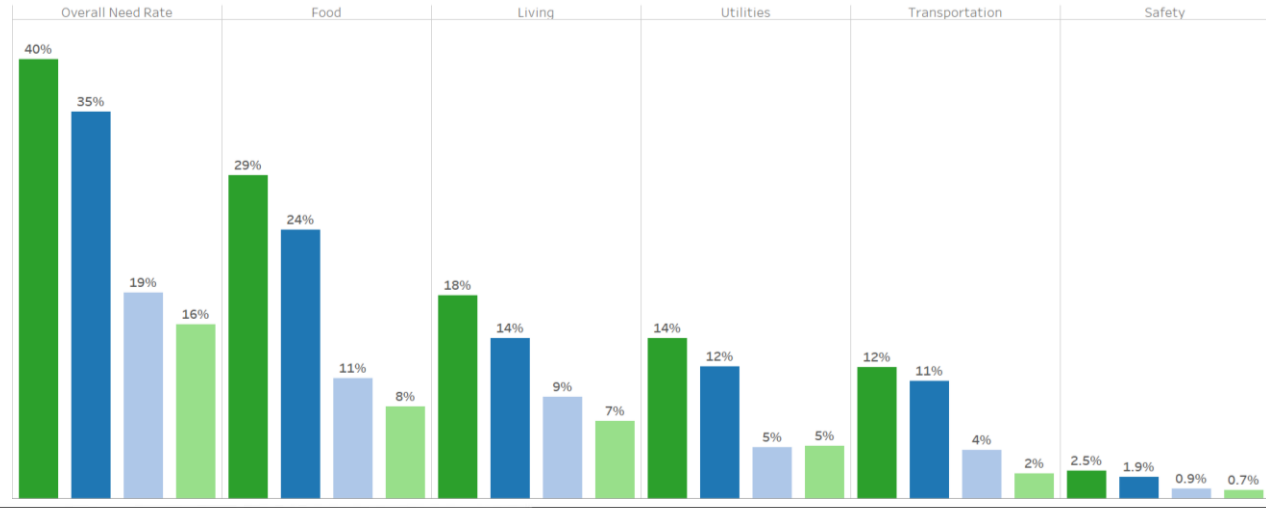
- Understand care fragmentation and leakage.
- Plan expansion, partnerships.
- Identify risk points.



Needs Rates by Payer Type

(August 2018 - August 2022)

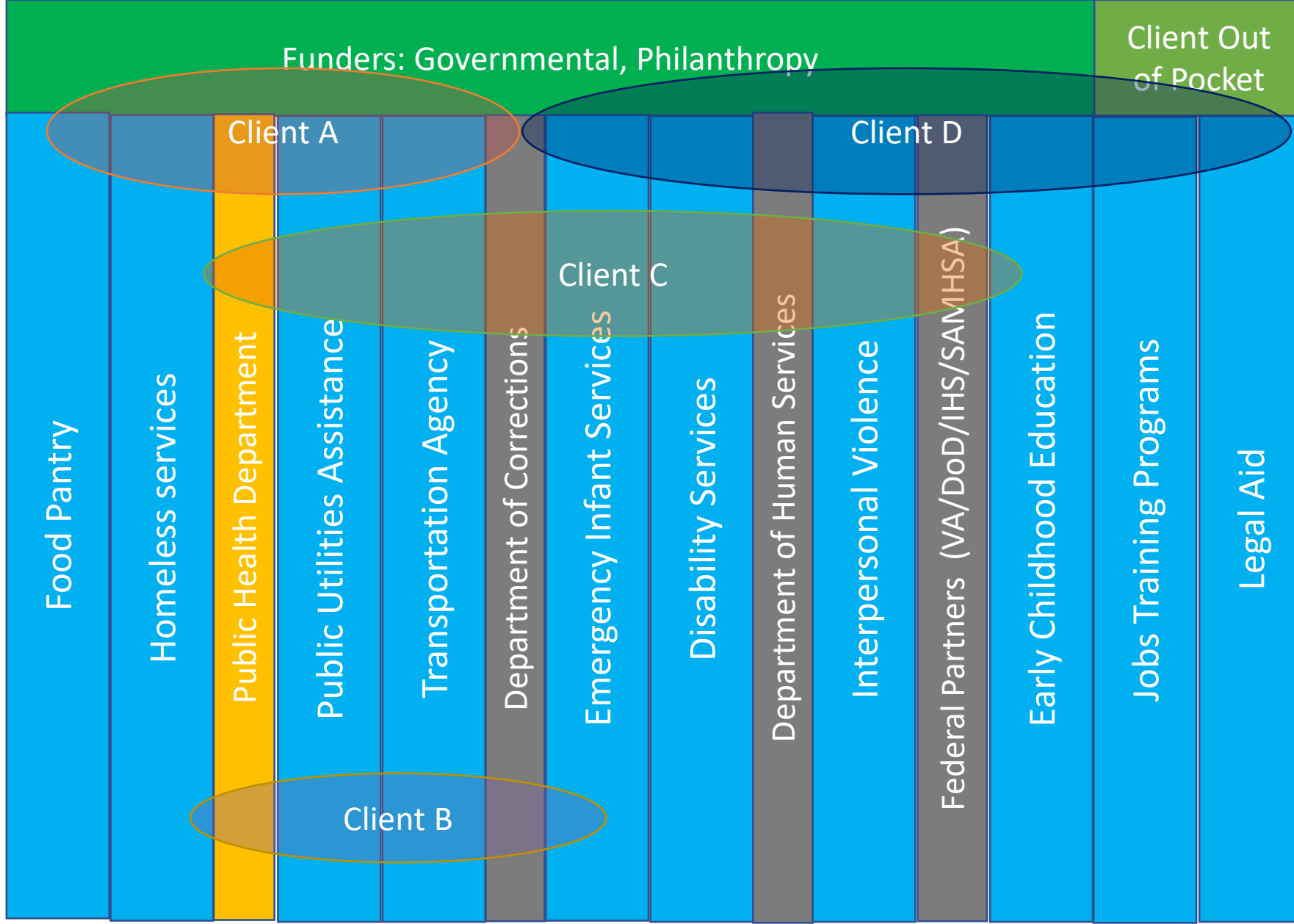
No Insurance - Medicaid - Medicare - Commercial



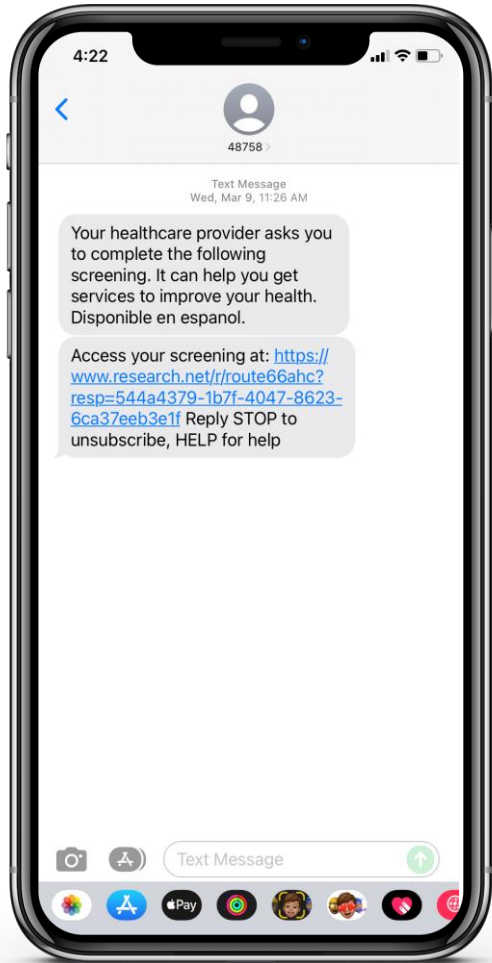
Value Proposition:

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


MyHealth now working with social needs and early childhood programs, where data is even more fragmented ...



Mobile Screening



11:29
Messages
AA research.net

 Accountable Health Communities Screening Tool

Language

*1. Which of the following languages would you feel comfortable completing a survey in?

English
 Spanish

Click the link below if you would like to view the Privacy Act Notice for the Accountable Health Communities
Model: <https://myhealthaccess.net/MyHealth-Accountable-Health-Communities-Screening-Privacy-Notice-Final.pdf>


OK

7. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
 Sometimes true
 Never true

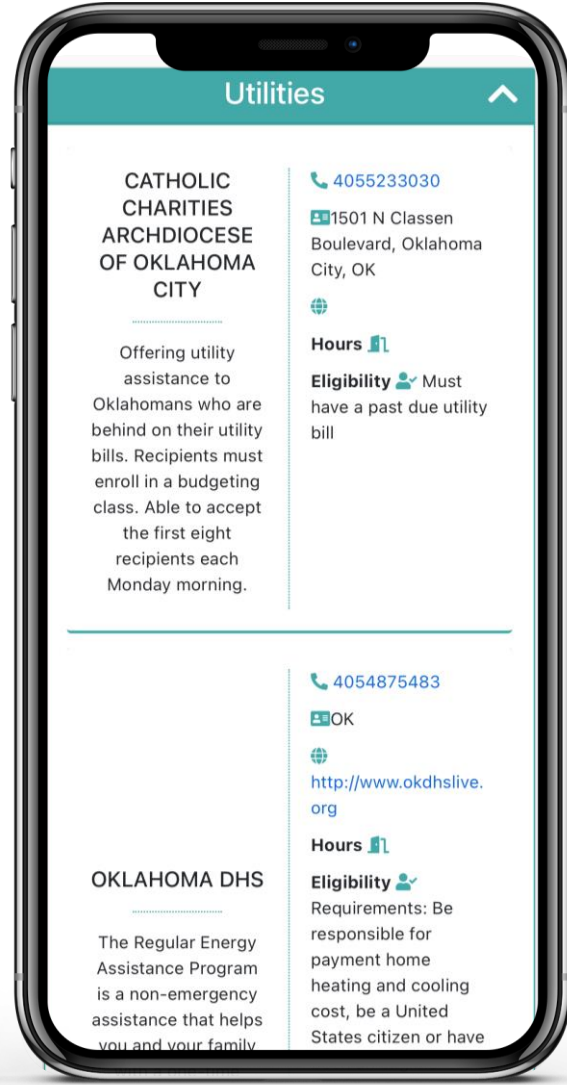
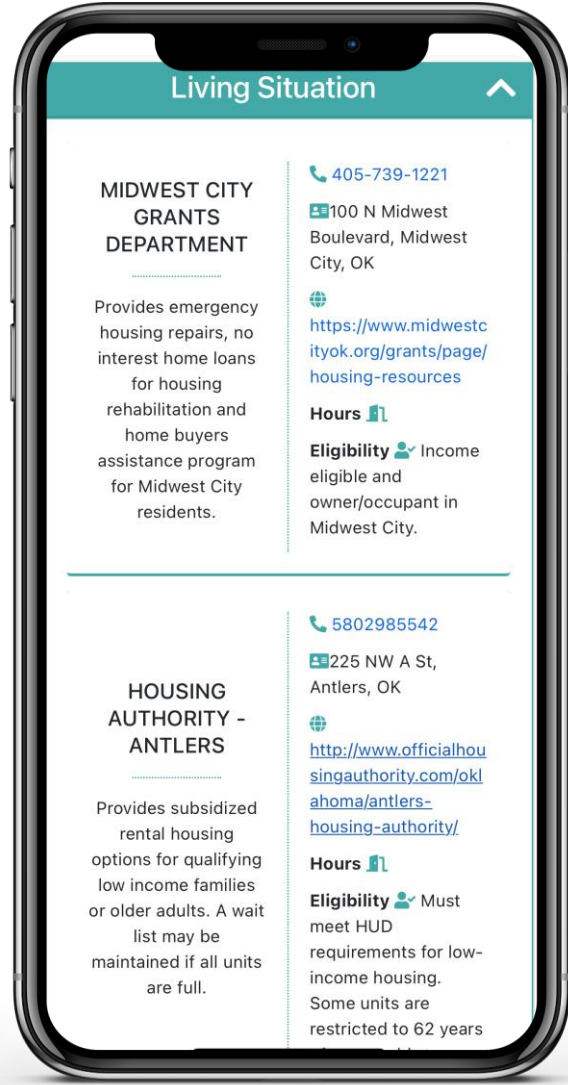
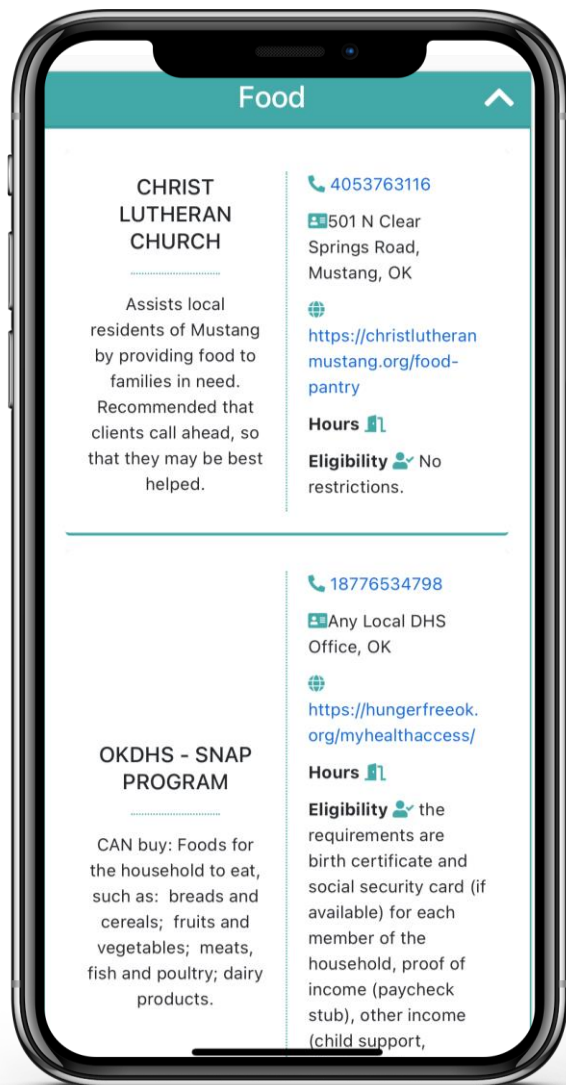
9. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

- Yes
 No

 Accountable Health Communities Screening Tool

Thank you for completing our survey! Based on your survey results you may receive an additional text message with a link to help connect you to services in your community that may improve your health. Many of these services are low cost or free of charge.

DONE



Community Resource Summary

Texted back to patient after completion of the screening

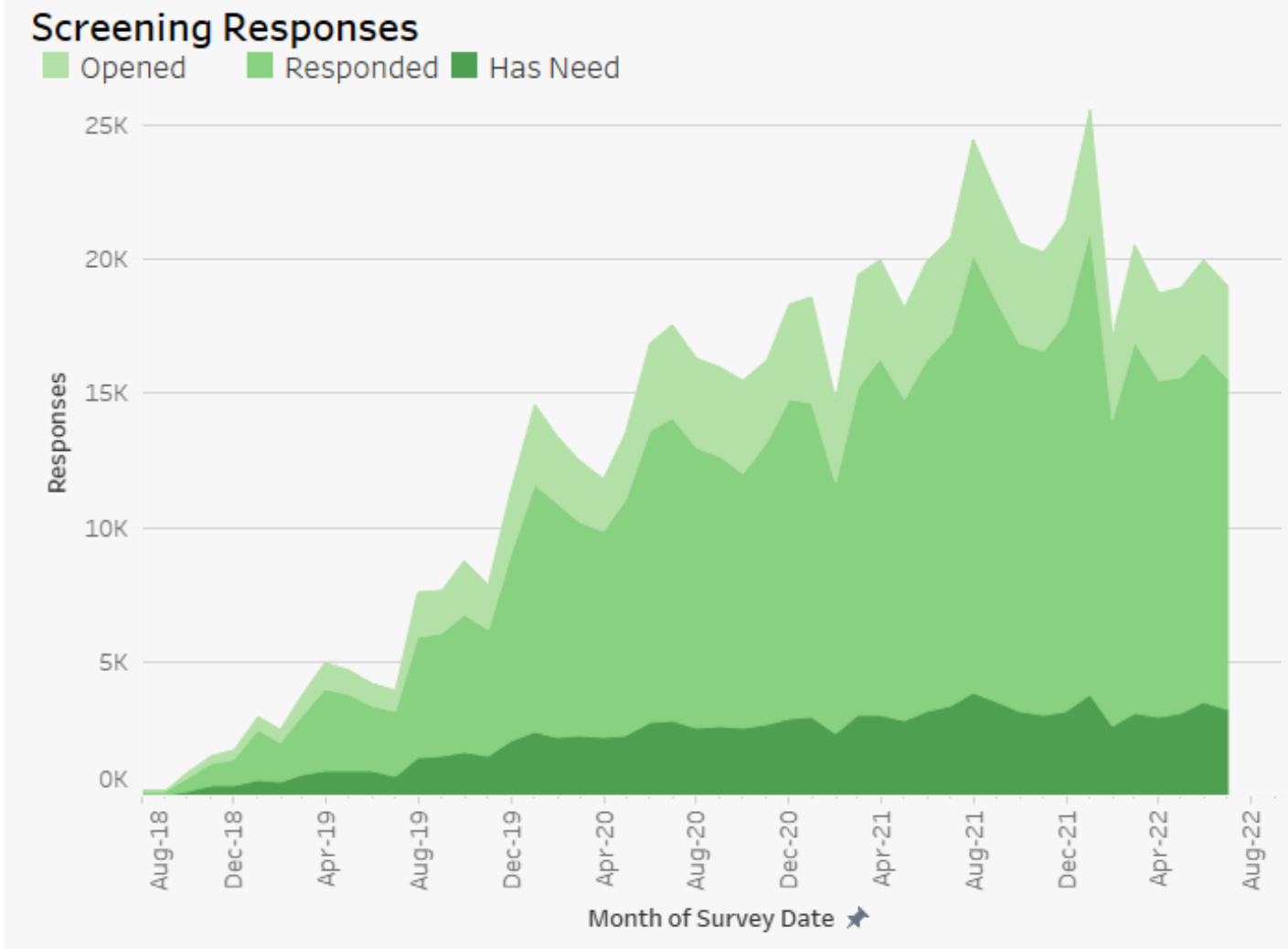


Every community resource summary includes information for 211

Accountable Health Communities

Final Screening Data

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

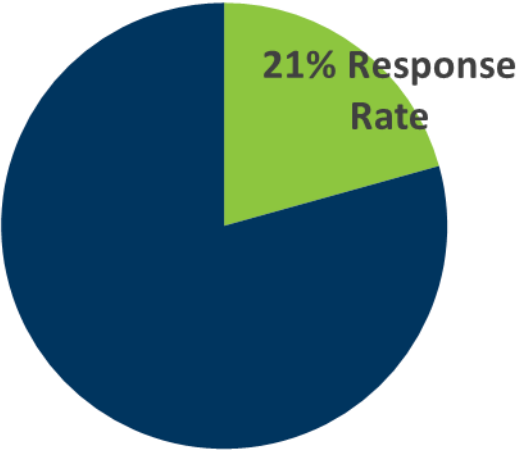
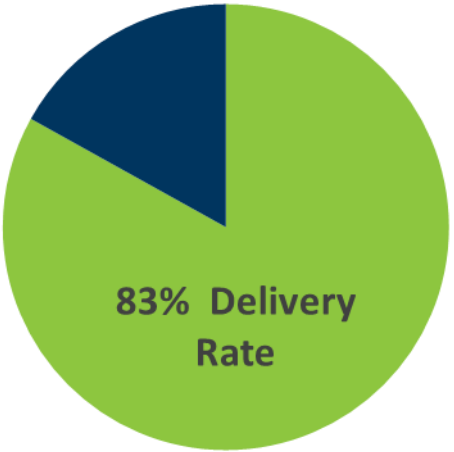


2,988,078 Offers to Screen

515,146 Responses

102,304 Responses with a Need

165,020 Individual Needs Reported



MyHealth Social Determinants Screening by the Numbers

3.3 million+ Offers to Screen

After end of AHC, MyHealth has offered an additional 300,000+

583,000+ Responses

After end of AHC, MyHealth has collected an additional 80,000+ responses

116,000+ Responses with a Need

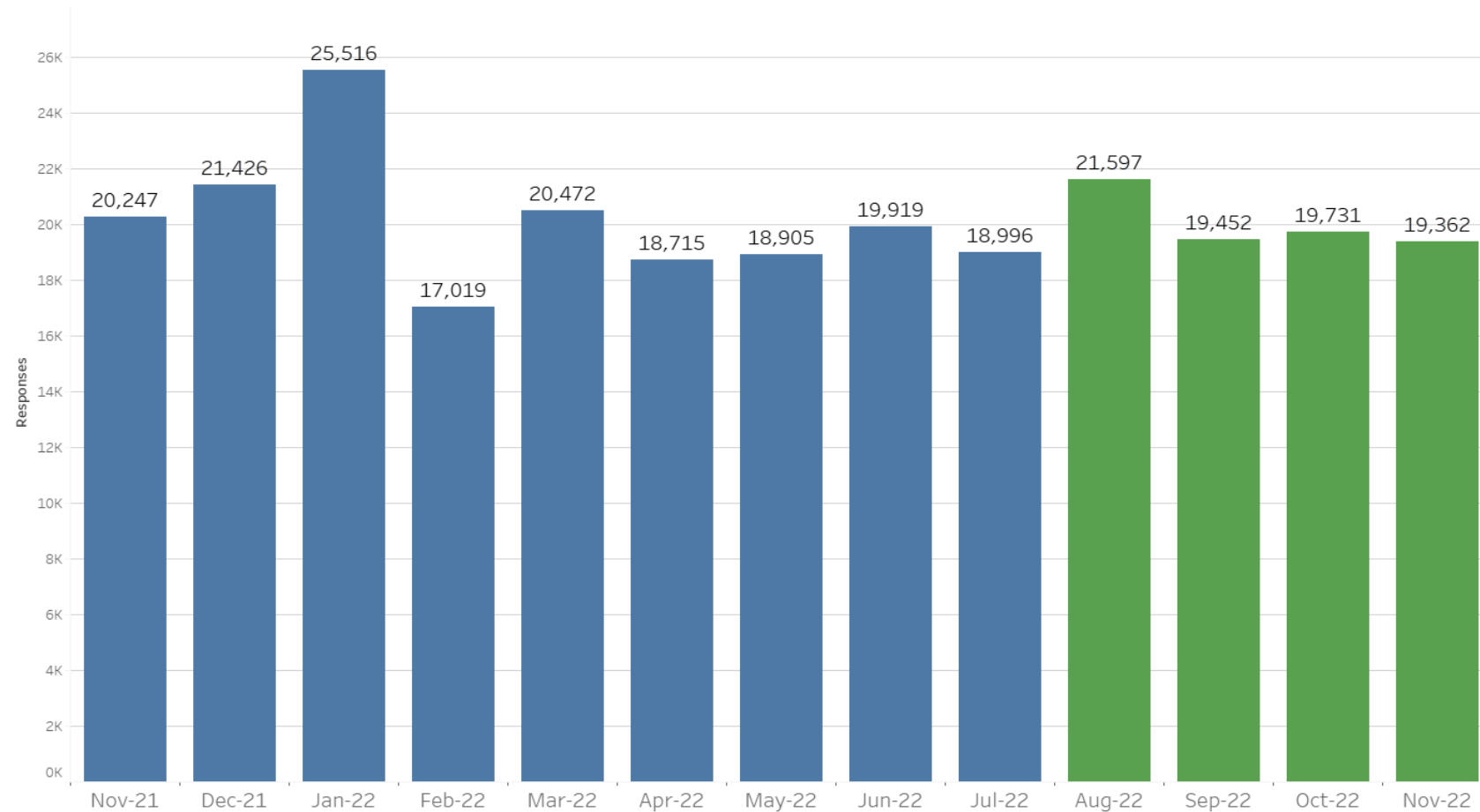
After end of AHC, MyHealth has collected an additional 14,000+ responses with needs

180,000+ Individual Needs Reported

After end of AHC, 16,000+ individual needs have been identified

SDoH Screening Responses in the Last Year

AHC | MyHealth SDoH



PRELIMINARY AHC OUTCOMES

Outcomes reported by CMS evaluation team



Medicaid Beneficiaries

Medicare Beneficiaries



TOTAL
EXPENDITURE

INPATIENT
ADMISSIONS

READMISSIONS

ED VISITS

PATHWAY TO PARTICIPATION

1

COMPLETE ONLINE APPLICATION AT OKSHINE.Oklahoma.gov



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

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 management and SDOH screening.
- Start the process online at: OKSHINE.Oklahoma.gov



OKLAHOMA

Health Care Authority

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