

Leveraging Health Information Exchange in Texas

Presentation to DSRIP Regions 9, 10 and 18

Texas Medicaid is evolving

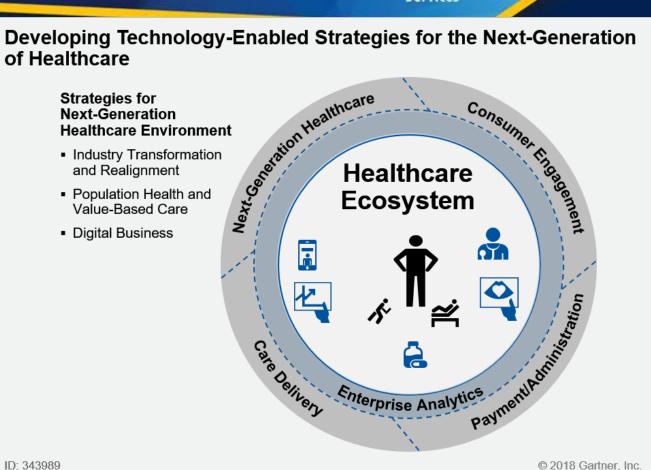


- Medicaid 1115 Waiver Special Terms and Conditions require a Health IT Plan be adopted by October 2019
- Healthcare is being transformed
- The shape of care is changing
- How to maintain costs and quality of care for a growing population must be addressed
- Improved oversight of managed care organizations responsible for providing care to their member populations will require insights that can best be provided with access to clinical data
- Medicaid's transition to quality and value-based care will require more than claims data for oversight

The Texas Healthcare Ecosystem and Health IT



- The Texas healthcare ecosystem will evolve along with rest of the nation
- The landscape is changing due to impacts from 21st Century Cures Act, Trusted Exchange Framework Common Agreement (TEFCA), revisions to the Electronic Health Record Incentive Program, future Medicaid funding, Medicare, private payers
- How can DSRIP demonstrate improvements to care delivery resulting from Health IT?
- In what ways is DSRIP promoting interoperability through Health IT that can be leveraged statewide?
- What aspects of public health reporting using Health IT are incorporated in DSRIP?
- What tools are needed?

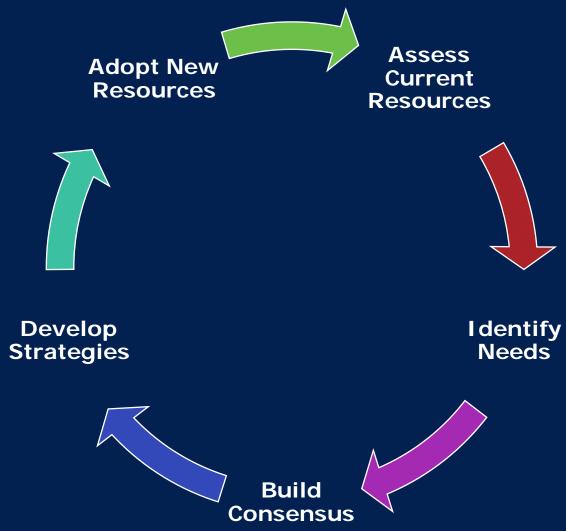


Medical and Social Services - Office of eHealth Coordination

Texas Health and Human Services (HHS) Health IT Strategic Plan is Not Static



- Foundation elements within HHS and across Texas
- Identifying needs and opportunities
- Mapping out a course of continuous improvement of care delivery systems
- Reducing low value services
- Increasing care coordination







The use of CEHRT:

- Gives assurance to purchasers and other users that an EHR system offers technological capability, functionality, and security to help them meet the requirements of federal programs.
- Helps health care providers and patients be confident that the system is:
 - Secure
 - Can maintain data confidentially
 - Supports connectivity with HIEs
 - Works with other systems to share information.



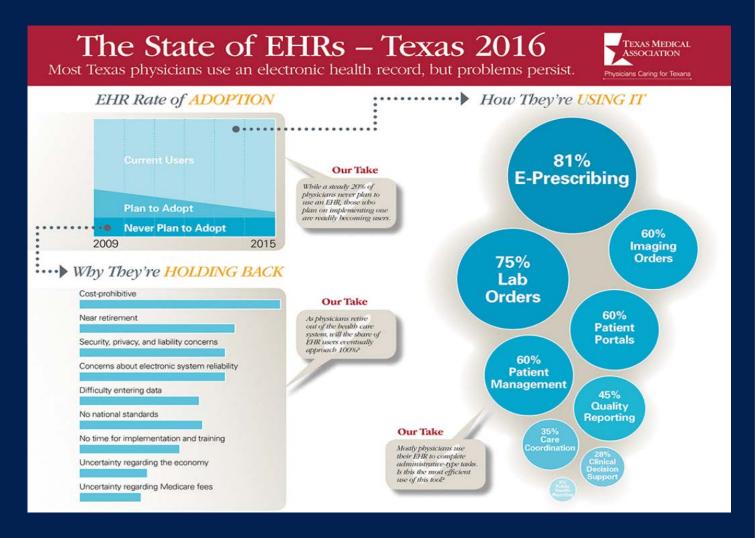


- The use of standardized messaging is intended to support efficient coordination of care by reducing costs required for customizing interfaces.
- Semantic interoperability is critical.
- Examples of standardized messages include:
 - Enrollment verification
 - Continuity of Care document
 - Electronic laboratory result
- House Bill 2641, 84th Legislature, Regular Session, requires all HHS information systems planned or procured September 1, 2015 or later to use nationally-recognized standards, where available, to exchange information with health care providers.

EHR Adoption in Texas



- In 2016, the Texas
 Medical Association
 reported that 80% of
 member providers were
 using EHR systems in
 their practice and 66% of
 providers were satisfied
 with their EHR.
- Texas Medicaid providers received \$845 million in federal funds through the Medicaid EHR Incentive program.







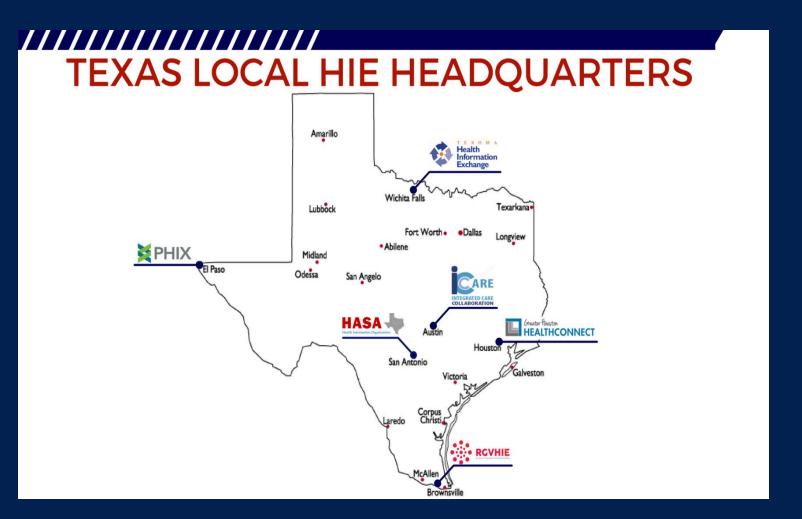
"HIEs and industry interoperability networks are the most practical vehicles for promoting healthcare interoperability." - Gartner 2017

- HHS can support the health care needs of Texans by facilitating information sharing across connected providers, augmented by data from additional sources, as well as providing access to additional technologybased services and advanced analytics. This will assist HHS in meeting the Quadruple Aim- improved population health, improved individual health, lower costs for health care, and improved services for providers.
- Texas' HIE infrastructure has proven to be effective in providing care coordination in localized regions across the state and meeting critical medical information needs during disaster.
- HHS especially MCS needs to incorporate HIE into its Health IT Strategy.

Community-based HIEs in Texas



Please note that this map identifies where local HIEs are headquartered, and not their coverage areas. For more information on HIE coverage areas, please see the contact information on slide 14.





Why Working with HIEs is Important

- The state's HIE framework provides the ability to exchange clinical data between provider EHRs through a trusted network, creating a view into clinical histories.
 - The exchange of clinical data between Medicaid providers serving the same member
 - Improves care coordination;
 - Facilitates a team approach including primary care, medical specialty, behavioral health, therapist, community health workers, and home-care providers; and
 - Supports achieving the outcomes required in the 1115 Waiver.
- The HIE network offers opportunities for
 - Support public health reporting;
 - Transparency into provider and managed care organization activities;
 - Retrieving data needed to support quality measures related to alternative payment models; including value based care; and
 - Insights into the health of attributed and/or targeted populations.

Examples of HHS Information Exchanges that will be Available through HIE



- Public Health Reporting
 - Notifiable condition reporting
 - ImmTrac2, the Texas Immunization Registry
 - Laboratory results reporting
 - Additional services
- Community Behavioral Health
 - Shared electronic record for mental health and substance abuse services
 - Supports message exchange between HHS and trading partners
 - Being phased in to support clinical data exchange with all HHS agencies

- Eligibility as a Service
 - Provides near real-time eligibility status information on Texas Medicaid clients
- HIE Connectivity Project
 - Piloting connectivity between provider EHRs and HHS using HIEs
 - Enables the exchange of clinical data supporting care coordination and public health





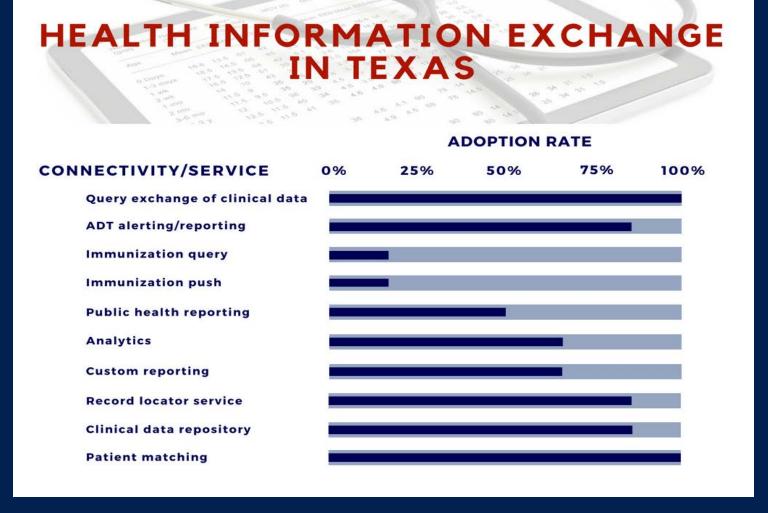
- Superior Health Plan (Superior) initiated a pilot using Admission, Discharge, and Transfer (ADT)
 data received through a local HIE. ADT info was sent to the assigned PCP who used this
 information on a daily basis to
 - Determine if patients were able to get their medication prescriptions filled when they were released
 - Schedule a follow-up visit
 - Provide patient education on alternatives to going to the ER
- As result of the pilot, Superior implemented an incentive program for providers who reduce ER utilization as a result of receiving daily ADT feeds
- During Hurricane Harvey, local HIEs provided medical and prescription information in shelters
 - Greater Houston Health Connect provided medical information on citizens in shelters needing medical attention -
 - Health Services San Antonio used PBM information provided by Superior on their clients in affected counties in the region served by HASA. In addition to the medical information available through the HIE, prescription for the previous 120 days was available for Superior members.





A survey was sent to six (6) HIE organizations in Texas.

The results are based on the responses for the five (5) HIEs who responded and the publicly available information on each HIE's website.



HIE Contact Information



THSA.ORG

TEXAS HIE CONTACTS

Greater Houston HEALTHCONNECT (GHH)

ghhconnect.org 832.564.2599 info@ghhconnect.org Healthcare Access San Antonio (HASA)

> hasatx.org 210.918.1357 info@hasatx.org

Integrated Care Collaboration (ICC)

icc-centex.org 512.804.2090 info@icc-centex.org

Paso del Norte HIE (PHIX)

phixnetwork.org 912.242.0674 info@phixnetwork.org Rio Grande Valley HIE (RGV HIE)

rgvhie.org 956.622.8501 info@rgvhie.org United Regional Health Care System

> texomahie.org 940.764.8063 info@texomahie.org

512.814.0321

contact@thsa.org





Data available through HIEs could result in numerous benefits and outcomes

- Better insight into quality of care
 - Provider performance
 - Population health
- Stronger approaches to care coordination
- Reductions in low value care
- Enhanced public health reporting
- Disaster Preparedness and Response
- Consumers/Members have access to healthcare information and be more proactively engaged



Thank you

Steve Eichner, HIT Policy Director, DSHS George Gooch, CEO, Texas Health Services Authority Hope Morgan, Interim Director, OeHC, MSS HHSC