Agenda

Meeting: EDIE Steering Committee (EDIE/ Collective Platform)
Date: Friday, February 25, 2021 **Time:** 8:00-10:00am
Location: Zoom

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Topics	Time	Action	Lead
Welcome, reflection, and introductions • Erica Hubbard, Advanced Health	8:00	Welcome	Daniela Onofrei Mark Hetz
Q2 2021 EDIE Analytics Dashboard Summary	8:05	Inform	Ashley Vaughn
Collective Medical updates • Rachel Liebert's transition to Product Director • Audacious Inquiry Acquisition • Cohort Presets (New Functionality)	8:10	Update	Rachel Leiber Janet Devlin
Emerging Use Cases for review • Use Case Queue Management • MDRO • Assigned-Unseen Patients • HEDIS – TRC Metric	8:40	Discuss	Justin Keller
Use case updates • HERO program • COVID-19 • Public Health Data sharing workgroup • Jails • Housing	9:00	Update	Mark Hetz Justin Keller
Webinars and Collaborative Planning	9:20		Liz Whitworth
ED Notification Advisory Committee	9:30		Mark Hetz
Announcements/Wrap-up • Review action items • Future Agenda topics • Next Meeting: Friday, April 22, 2022	9:40	Information	Daniela Onofrei

HIT COMMONS
Accelerating Health Information Technology

EDIE Utility Steering Committee
February 25, 2021 ***(virtual meeting)***

Agenda

- Welcome – Reflection - Introductions
- Q2 Dashboard Summary
- Collective Medical Update
- Use Case Process and Emerging Use Cases for Review
- Use Case Updates
- Announcements/Action items

Apprise Quarterly Dashboard—Q2 2021 EDIE Analytics

Data represents Fall 2020 to Spring 2021 as compared to Fall 2019 to Spring 2020.

Key Points

- ED visit trends are still way down as compared to before the pandemic.
- Behavioral Health visits trends are way up as a proportion of ED visits.
  - **Mental Health:** Central and Eastern Oregon were the only two regions to see a decrease.
  - **Substance Use Disorders:** All regions saw increases in SUD and all SUD subcategories (alcohol, methamphetamine, cannabis, opioid, any other drug), with the largest increase seen for methamphetamine.
  - **Overdoses:** All regions saw increases in overdose visits.
- While individuals are not seeking care in the ED at the same levels during the pandemic as they were before the pandemic, the data demonstrates behavioral health related issues are greatly impacting Oregon.

For a deeper analysis and breakdown by diagnosis, age, geographic area, and county, see the full report here: https://orhealthleadershipcouncil.org/wp-content/uploads/2021/12/Q2-2021-EDIE-Quarterly-Report.pdf

Data Analytics Update from Q2 2021 EDIE Analytics Dashboard

Data from this report represents fall of 2020 to spring of 2021 (right in the middle of the pandemic) as compared to fall of 2019 to spring of 2021 (right before the pandemic).

Key Points

- Emergency Department (ED) trends are still way down as compared to before the pandemic.
- Even with ED visits down, the proportion of mental health (MH), substance use disorder (SUD), and overdose (OD) related ED visits have largely increased.
    - **MH:** Central and Eastern Oregon were the only two regions to see a decrease in mental health related visits.
    - **SUD:** All SUD and SUD subcategory related visits (alcohol, methamphetamine, cannabis, opioid, any other drug) saw increases, with the largest increase seen for methamphetamine related visits.
    - **OD:** All regions in Oregon saw increases in OD related visits.
- While individuals are not seeking care in the ED at the same levels during the pandemic as they were before the pandemic, MH, SUD, and OD related issues are greatly impacting Oregon.

For a deeper analysis and breakdown by diagnosis, age, geographic area, and county, see the full report by using this link.

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Agenda

February 25, 2022

- Rachel Leibert's transition to Product Director
- Audacious Inquiry Acquisition
- Cohort Presets (New Functionality)

Janet Devlin, Customer Success Excutive

Collective Medical Update

Rachel Leibert's transition to Product

- Rachel has been a valuable part of the Customer Success team and worked closely with Oregon.

  She has a solid understanding of the market-place and will be transitioning to Product as the new Director. We are excited to see the continued work she will be doing with the product team.

Audacious Inquiry Acquisition

- We are excited about the direction we are headed with the acquisition of Audacious Inquiry. The joint value of networks with clients, partners and other stakeholders will add value in making informed care decisions, better patient outcomes and contribution to improve the overall healthcare ecosystem. This acquisition is not closed at this time. We will begin planning as a team once the deal has been finalized and closed.

New Functionality – Cohort Presets

- A new feature – ***User Presets*** will be available on 3/23/22. This feature will be offered as an option and not impact any of the existing preset pages. The feature will provide additional ways to filter and even save preferred views from this page offering flexibility. The benefit of this feature is that you can "save" and select as a "favorite." It can then become the new "default" as you load the cohort page.

Use Case Process and Review

HIT Commons – Use Case Development Process

1. Applies to existing HIT Commons portfolio (Collective Medical; Appriss PDMP Gateway)
2. **EDIE Steering Committee assists with decision-making on what to prioritize**
3. Can serve as the forum for novel questions coming from OHA or other stakeholders, e.g. "Could we leverage Collective/Appriss for _____?"

A proposed framework for this process:

Potential issues: costs (e.g. overdose notifications); winding down/ending use cases

HIT Commons Governance Approval and Decision-Making Expanded

Project Sizes:

Extra Small
- Staff decides to execute
- EDIE steering/Board informed as needed

Small
- Completed w/in 1 year
- Adds value to existing services
- Targeted communication

Medium
- 1-3 year commitment
- Detailed review required
- Robust communication plan

Large
- New Program (branded)
- Full business plan required
- Establishing new MOUs
- Multi-year commitment

Inform HIT-C Gov.	Concept presented before HIT-C Gov.	Detailed review by HIT-C Gov.	Business plan approval – HIT-C Gov.
Governance Role: be informed, staff drives decision	Analysis: • Benefits • Risks • Resources • Project Size Governance Role: consulted for feedback on concept (veto), staff drives decision	Analysis: • Spec/Work plan • Funding detail • Timing/Project Plan Governance Role: makes go/no go decision	Business Plan Template: • Background/Problem • Solution detail • Legal/security review • Financing & sustainability • Operations & launch plan • Relevant addenda Governance Role: makes go/no go recommendation to OHLC board
Extra Small	Small		
	Medium		
	Large		

New Use Cases for Review

- MDRO
- Assigned-Unseen Patients
- HEDIS – TRC Metric

HIT Commons Project Proposal Presented March XX, 2022

Project Name: MDRO flags in Collective Medical for transitions **Project size: Small**

Background: In 2014, a new law required that the OHA Public Health Division devise a means to communicate in writing during interfacility transfers—for example, a transition from an inpatient facility to a skilled nursing facility (SNF)—when a patient has been exposed to a multi-drug resistant organism (MDRO). Exposure to MDRO can lead to more prevalent cases of illness that are difficult to treat with medications, an important public health issue. Instead of building a system from scratch, OHA's intent is to leverage the existing Collective Medical platform to communicate this exposure. The Collective Medical platform already has all emergency departments (EDs) in Oregon (with the exception of the VA) connected and through its acquisition by Point Click Care, a significant footprint of SNFs who are connected via Collective and their electronic medical record.

Description:

- HIT Commons to assist in facilitating the creation of by-node flags that communicate exposure to MDRO and other relevant information from OHA Public Health (via a regular flat file) to Collective Medical. The nodes that will be able to access this flag are hospital (typically through their ED) and SNFs.
- The by-node flag would go live for all Oregon hospitals and SNFs, providing a unique opportunity to evaluate the impact of these flags on how exposure to MDRO is controlled within environments that can get this information in a more timely and systematic manner.

Analysis:

Opportunities/value:

- Continues to leverage the existing Collective Medical infrastructure for an important, novel public health use case.
- Builds additional trust between OHA public health and the community using and operationalizing tools like Collective Medical.
- Ensures that staff and patients in hospitals and SNFs are aware of potential exposure to MDRO.
- HIT Commons is well positioned to help communicate and educate stakeholders on how to accomplish this use case and how to address any legal, operational, or technical limitations identified by stakeholders.

Risks/concerns:

- Unknown how users will respond to this information.

Financial Impact: Collective Medical will ingest this information via flat file from OHA directly. Any costs would be covered by OHA directly via their contract with Collective Medical.

Next Steps:

- HIT Commons staff meeting with OHA staff on the development of the flags (in draft).
- HIT Commons to collect vendor feedback on this project and ensure that there are no undue burden from this project and that there is continued commitment to HIT Commons priorities.
- Report out to HIT Commons and OHA on progress, as needed.

Staff Recommendation: Approve. Return for further Board review/approval if funding is required.

Board Action: __Approve __Decline __More analysis needed __ Defer

HIT Commons Project Proposal TBD

Project Name: Assigned/Not Established Patients **Project size: Small/Medium**

Background: A critical component to value-based payment efforts by health plans and regulators is the ability to assign or attribute a population of patients to a specific provider or clinic. These assignments often lead to specific prospective payments to the clinics for services like care coordination and quality and performance are often tied to clinics' abilities to move the needle on outcomes for these populations. Despite this, some providers and clinics are unable to establish care with every assigned patient from the multiple health plans they work with. The result is a significant gap in information around which patients they are "on the hook" for in terms of these services and the subsequent performance metrics.

Description: Currently, each individual organization on the Collective Medical network attributes its own population (for providers this is typically sourced from their EMR). However, Collective Medical is now able to cross-reference patient-provider relationship via multiple distinct enrollment files and communicate to clinics which patients are attributed to them from a payer. This fills an important gap by flagging for clinics on the Collective Medical platform when a patient has a significant event like a hospitalization, and they are assigned to the clinic by a health plan. Without this functionality, the clinic has virtually no knowledge or ability to intervene for the patient.

Analysis:

- Value: high value to health plans and their provider partners who are engaging or are already engaged in value-based payment arrangements by adding insight into patients who have not yet established care. Could be used to drive focused, targeted outreach to assigned patients to get them engaged in primary care or behavioral health.
- Risk: Timing. Collective has plans to bundle this functionality into a larger package which is currently in development. They are shooting for a launch of this package later in 2022.

Financial Impact: Potential PMPM increase for health plans

Next Steps:

- Currently scoping a new feature page for health plans that would include this functionality. Janet Devlin to schedule a deeper dive with product leads on this work.

Board Action: __Approve __Decline __More analysis needed __ Defer

HIT Commons Project Proposal TBD

Project Name: HEDIS Transitions of Care Metric **Project size: Medium**

Background: The Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of quality metrics that is used by CMS nationally for Medicare plan quality and reporting. The metrics are set and data collected via the National Committee for Quality Assurance (NCQA) on behalf of CMS and health plans and regulators often utilize the specifications for HEDIS metrics for other quality reporting purposes beyond Medicare. The Transition of Care (TRC) HEDIS metric requires health plans to track important steps in patient follow up after a hospitalization. A key part of the metric is that all four parts must be documented and maintained in the provider's EMR.

Description: Leveraging its connectivity to Carequality—a national network of EMR-based care information (typically in the form of a consolidated clinical document or CCD)—Collective Medical is now able to query for CCDs on a patient encounter.

Collective piloted its approach to HEDIS TRC in partnership with Regence-Cambia and The Portland Clinic. This pilot is currently live for the first two components of the metric: 1) sending notice of admission via ADT; and 2) sending the discharge summary information (parsed from CCD) for the encounter via Direct into the EMR. This second component must be completed within 72 hours of discharge. The TRC metric also requires that this data be stored in the EMR (which Collective is doing via Direct).

The other metric components are: 3) patient engagement occurs within 30 days; and 4) proof of medication reconciliation is performed within 30 days. Collective's new hypothesis is to pull CCDs from Portland Clinic into Collective and detected CPT codes in the CCD that demonstrate that these activities have been completed. This addition of the bi-directional CCD workflow is promising, but they want to test with a couple of additional clinics in Oregon and Washington.

They also flagged a proof of concept to build cohorts on care coordination workflow and reports for quality/pop health in alignment with this metric.

Analysis:

- Value: This is the first known functionality offered by Collective Medical that is parsing discharge summary information out of the CCDs they currently access via Carequality. This has long been a top request of clinics and other entities to deepen their use and reliance upon Collective Medical for care coordination post-hospitalization
- Risk: to complete all four components of the metric, organizations would have to submit CCDs to Collective, in addition to providing one/more Direct secure mailing addresses, and potential modifications to their eligibility file.
- Risk: Carequality is not a comprehensive source of CCDs. This is mitigated by Epic's large footprint in Oregon among not just hospitals, but also clinics via OCHIN. Establishing CCD exchange for non-Epic hospitals might be a phase 2 or 3 of this project

Financial Impact: This functionality is/will be packaged into Collective's Quality and Coding Optimization Program for Health Plans. In addition to HEDIS TRC, they get the following (wait for collateral from Shivani).

Next Steps:

- Discuss with EDIE steering to determine level of priority
- Stakeholder call with Portland Clinic to learn more
- Present to HIT Commons Governance Board
- Deeper dive discussion with Collective if this use case is prioritized by Governance

Board Action: __Approve __Decline __More analysis needed __ Defer

Use Case Updates

- HERO registry
- COVID-19 and PH Data Sharing
- Housing
- Jails/Corrections

Webinars & Collaborative Planning

- **Planning underway and welcome your input!**
- **Potential topics (Q2-Q4):**
  - Collective Platform In-App Support
  - SMART on FHIR Integration
  - CCO metric spotlight: SUD-IET metric update & sample workflows
  - Connecting Jail ADT
  - Others, per Collective Medical Roadmap
- **Collaboratives (in person/virtual, Q4):**
  - Payer focused
  - Other: TBD
- **Suggestions?** Email Liz@orhealthleadershipcouncil.org

ED Notification Advisory Committee

- Draft Charter – attached

- Seeking nominations
  - Must be users of ED Notification
  - 1-2 committee members per organization (minimum 1 physician)
  - Online and print/fax users welcome
  - Looking for broad representation
    - Geography
    - Organization size
  - Send e-mail of candidates (with candidate CC'ed) to mark@orhealthleadershipcouncil.org

- Logistics
  - Hoping to hold first meeting in late March/early April
  - Need members identified by early March
  - Meeting will be quarterly (workgroups may meet more frequently)
  - Meetings will be 60-90 minutes

EDIE Notification Advisory Committee Charter - DRAFT

Purpose:

The EDIE Notification Advisory Committee (ENAC) is established for the purpose of providing a consistent source of broad-based input into the content, format and generating algorithms of the Collective Medical ED Notification in support of reducing avoidable emergency department utilization, improving patient care, improving transitions of care and other key initiatives/use cases. The ENAC will make recommendations to the EDIE Steering Committee and the HIT Commons Governance Board and will promote standardization of the EDIE Notification in Oregon.

Responsibilities:

- Provide forum for input in the EDIE Notification by ED Physicians and other users of the Notification, both online format and printed/faxed format.
- Serve as ongoing source of feedback on new product development, training materials and initiatives.
- Review new content proposed for EDIE Notifications.
- Develop and support physician champions in Emergency Departments across Oregon
- Provide recommendations to EDIE Steering Committee and HIT Commons Governance Board.
- Identify and prioritize opportunities to leverage the use of additional data sources to support statewide improvement efforts and improve patient care.
- Provide central advisory ED guidance to Collective Medical and serve as a point of escalation for identified technology issues

Membership:

The Steering Committee will include active users of the ED Notification. Each member organization may have two members on the committee, at least one of whom must be a practicing ED physician. Decision making will generally be based on committee consensus, but when a vote is required, each participating organization will have one vote.

Meetings:

Steering Committee will meet quarterly. In addition, workgroups may be formed to carry out specific responsibilities.

Announcements/Wrap Up

Next Meeting

- Friday, April 22, 2022 8:00 a.m. – 10:00 a.m.
- Send suggestions for topics for next meeting to mark@orhealthleadershipcounicl.org
- Thank you!