INFORMATION EXCHANGE AND ANALYTICS STRATEGY

Xpio Project Report and Executive Summary

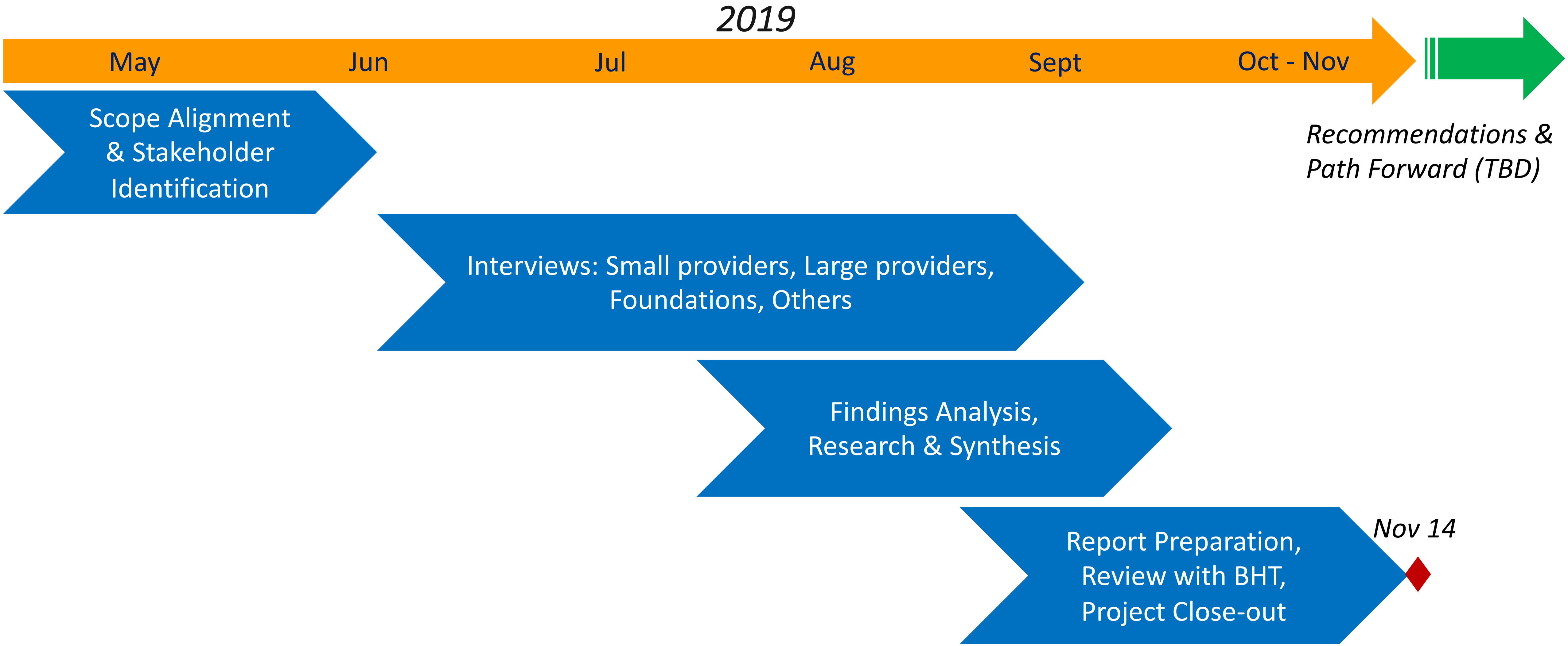
November 14, 2019

PROJECT OBJECTIVES

To research and develop an Information Exchange and Analytics Strategy that will serve the needs of the BHT regional community including:

- ✓ Consideration of long term plans being driven by HCA and other state-wide stakeholders
- ✓ Identify solutions or activities that can be initiated locally by BHT to support the needs of Eastern Washington
- ✓ Provide recommendations on a path forward

PROJECT APPROACH



2019

May

Jun

Jul

Aug

Sept

Oct - Nov

Recommendations & Path Forward (TBD)

Scope Alignment & Stakeholder Identification

Interviews: Small providers, Large providers, Foundations, Others

Findings Analysis, Research & Synthesis

Report Preparation, Review with BHT, Project Close-out

Nov 14

STAKEHOLDER INTERVIEW SUMMARY

- Stakeholders and organizations were identified by BHT
- Combination of virtual and face-to-face interviews with **14** organizations
- Duration of interviews ranged from 30 – 90 minutes or more
- Good cross-section of roles: CEOs, Senior Leaders (Directors, VPs, Program Leaders), few IT & Data Specialists

Small Providers

Northeast Alliance

Excelsior

Lutheran Community Services

Planned Parenthood

Lincoln County Hospital

City of Spokane

Unify

Large Providers

CHAS

Frontier Behavioral Health

Kaiser Permanente

Multicare

Providence

Foundations

Empire Health Foundation

Arcora Foundation

Xpio additionally interacted with HealthierHere and OneHealthPort to better understand their focus and to identify common interests

GENERAL INTERVIEW OUTLINE*

1. Introductions
2. Organization overviews
3. Summary of BHT's intent with this project
4. Agency's viewpoints on healthcare data exchange
5. Capacity, failures or in-flight efforts being built?
6. What kinds of project outputs & recommendations would be helpful to you?
7. Ideas for a pilot - what could that look like?
8. How can BHT or others best support you going forward?
9. What would you expect BHT to provide as it relates to an HIE Strategy?
10. Resource availability - for follow-up technical discussions as well as participation in focused working groups to shape the future state

- What is your understanding of an ‘HIE’, and what would you expect an HIE would benefit your organization?
- Needs (e.g., primary healthcare provider collaboration, social determinants of healthcare, reporting - internal & external, ...)
- Who are the key stakeholders or organizations with whom you wish to exchange data or already do so?
- What data do you need to obtain from other partners or trading partners?
- What data would you expect to provide to others?
- What would you like to measure, and how could an HIE best support you to do it?
- Current challenges
    - Process, data, technology, people/organizational
    - Barriers to sharing data?
    - What are you willing to share?
- Today's state of the art:
    - What has been done in the past?
    - What is being done (e.g., any initiatives in flight? any documentation on business requirements?)
    - What would be valuable to them?
    - What would an ideal future state look like?
    - What are your expectations of HCA (OneHealthPort) or other WA entities that are working to address information sharing initiatives?`

**This outline was used to guide the interviews and evolved with time based on preceding discussions*

Detailed Findings from Stakeholder Interviews

Our findings classified into 3 categories

Data and Information Process Knowledge

DETAILED FINDINGS: Data and Technology

1. Lack of **best practices and data standards** (e.g., common definitions, standardized values, etc.) within and across organizations to capture data properly from the outset
2. Lack of best practices in **data integration** techniques – *bidirectional data integration* between providers is critical
3. Available **vendor systems** do not "talk" the same language in a way conducive to **effective data sharing** between clients
4. Lack of **data models** to define the data in scope, which ones are critical and what outcomes they inform
5. No ready access to a person's **behavioral health background data** even if they are in the healthcare system (*what kinds of treatment, when, and why? Diagnosis - how many visits, diagnoses, length of hospital stay?, ER visits, …)*
6. Inconsistencies and gaps in **data access**: large providers offer access to EPIC or other systems but no consistency in how this is handled; most providers have read-only access – no direct integration to pull data into their own EHRs
7. Lack of **common measures and analytics** to assess outcomes (*e.g., What population health metrics make sense? How are the interventions and investments impacting communities? Who measures and communicates impacts?*)
8. The loss of the **Raintree** system has significantly impacted access to valuable information for local providers (e.g., for designated crisis episodes). This makes it very difficult to help with court case processing and other needs
9. Continued reliance on **fax and paper** especially in rural settings
10. Limited fingertip access to **community information resources**: *What resources are available? Who offers relevant services? How reliable is the available information? How to improve referrals and follow-through? How to check if patients have availed of community resources?*

DETAILED FINDINGS: Process

1. Differing interpretations of patient privacy requirements causes variation in data sharing practices *based on specific partner requirements,* and increases time with significant delays and lost opportunity costs
   - This issue was identified by **every single provider** we interviewed
   - Differences in interpretation of privacy laws between organizations needing to share patient data
   - NOTE: Even **OneHealthPort (OHP)** is awaiting guidance from the State on rules relating to behavioral health data exchange. OHP is in a holding pattern until this is addressed so they can build the right data models and access controls
2. Challenges with the "in-flight" transition to the new MCO-based models. For instance:
   - MCOs are not clear about state reporting expectations despite being held accountable for data submissions
   - MCOs ask providers for a list of enrollees receiving services even before claims are submitted (i.e., the baseline patient information may not yet be available)
3. Lack of consistency and models for **partner engagement**
   - The way in which one behavioral health organization interacts with larger primary healthcare providers differs because each one has a different process and engagement model. This increases costs and inefficiencies.
   - Since organizations offer similar services, the region could benefit from a general approach to set up engagement models, partnerships, data sharing agreements, training, awareness and technical assistance
   - Similar process challenges exist in terms of consistently setting up referrals to regional resources offering community services, and sharing relevant information for services to be rendered

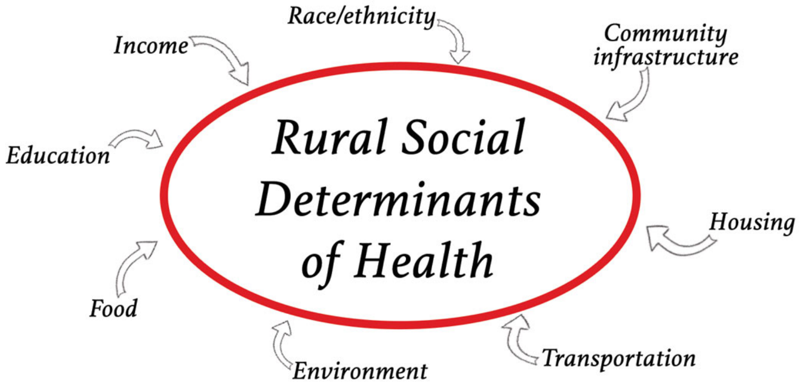
DETAILED FINDINGS: Knowledge

1. Gaps in understanding of an HIE technology *versus* the concept of sharing health and community information
    - In part, this may be due to mixed experiences with OneHealthPort and associated challenges, perceived or real both in terms of sharing data as well as the value in participating in the exchange.
    - One large provider indicated that they do not see benefits from OHP, even though data have been routinely submitted. Likewise, this provider is not seeing value in the University of Washington's AIMS Patient Registry
2. Unknowns in state reporting requirements where data must be routed through **MCOs** starting late 2020
    - Neither providers nor MCOs seem to have clarity in terms of how this will be accomplished
    - There is a **real risk** that smaller providers will be left behind if they cannot keep up with these types of changes
3. Lack of knowledge about how to **develop and implement data standards** to drive holistic care and better patient engagement within the region
4. Lack of skills and resources especially among smaller providers to articulate **data needs, business requirements, derive technical requirements and solve data sharing and accessibility** needs
5. Lack of awareness of available resources or what has already been solved elsewhere:
    - For instance, large providers can provide access to share data with partners. Smaller providers don't have the knowledge, skills and resources to define their needs, and engage similarly with other providers
    - Data, resources and tools available to providers, often for free
    - Referral system capabilities being developed to help connect patients to community resources

CONVERGENCE OF HEALTH AND COMMUNITY INFORMATION

With both large and small providers, foundations, and others that we interviewed (e.g., HealthierHere, OHP, etc.) the discussion highlighted the need to expand from the integration of *behavioral health data with primary care* to the broader perspective of addressing data sharing needs related to *Social Determinants of Health* (SDOH)

These needs can benefit from a common framework to ensure a holistic view of patients and desired outcomes

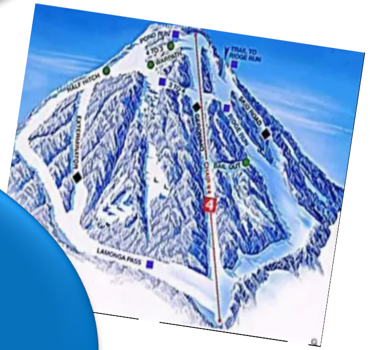


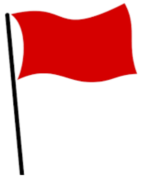
Key Takeaways

KEY TAKEAWAYS – BHT'S ROLE IN DATA SHARING & KNOWLEDGE EXCHANGE

BHT is perceived across all the organizations interviewed as providing value in facilitating collaboration

BHT can play a key role in ***driving care coordination*** regionally by enabling accessibility and sharing of healthcare data and community information. This will benefit from a ***clear path that is communicated to partners***





The term "Health Information Exchange" raises negative impressions about technology – consider using "**Health and Community Data Sharing**" instead

6 POTENTIAL FOCUS AREAS FOR BHT’S CONSIDERATION

Models of engaging with providers & partners (e.g., foundations, consortia, …)

BHT Engagement Models

TA needs for small vs large providers, as well as common ones

Technical Assistance

Partner Data Sharing

Opportunities to drive better data sharing between partners

better health together

Assessing community impacts of programs and interventions

Regional Impact Assessment

State Wide Data Needs

Opportunities to enable providers step up to meet statewide mandates

Social Determinant of Health Needs

Approaches to address community needs beyond healthcare

- 🟦 *Data & Technology*
- 🟪 *Process*
- 🟫 *Knowledge*
- 🟩 *Cross-Cutting*

DETAILS OF 17 OPPORTUNITIES WITHIN THE FOCUS AREAS

better health together

BHT Engagement Models
- *Knowledge Sharing Collaboratives (Large, Use to inform and disseminate general information)*
- *Focused Task Force (Small, Agile, 4-6 members, solve for specific needs, then share)*

Technical Assistance
- ***Small*** *providers (infrastructure modernization; provide TA to implement data sharing standards and use partner data)*
- ***Large*** *providers (define technical best practices for data sharing; engage with vendors to align on the use of common standards and protocols for data sharing; identify areas of collaboration such as privacy of data with OHP and AIMS)*
- ***Cross-cutting*** *(implementation of standard privacy and security measures for data sharing)*

Partner Data Sharing
- *Define, test and validate specifications for sharing critical data between providers (healthcare, referrals, social determinants of health, …)*
- *Define and implement standards for collecting data consistently*
- *Leverage existing data resources that can be accessed and shared*
- *Common approach to share relevant data (healthcare, SDOH, …) between providers with alignment on privacy and security needs*

Regional Impact Assessment
- *Definition of metrics to assess community and health impacts*
- *Data sources. key measures and analytics identification*
- *Data environment, ownership and access considerations*

State Wide Data Needs
- *Standards and Best Practices for Outcomes Reporting through MCOs (State mandate; engage providers & MCOs*
- *Standards and best practices for claims submission and denials management*

Social Determinant of Health Needs
- *Assess the landscape and opportunities for collaboration (what are large organizations like Kaiser on Thrive Local and others regarding technology and process changes)*
- *Engage with in-flight technology initiatives*
- *Build alliances with partners and/or collaboratives to achieve speed and scale*

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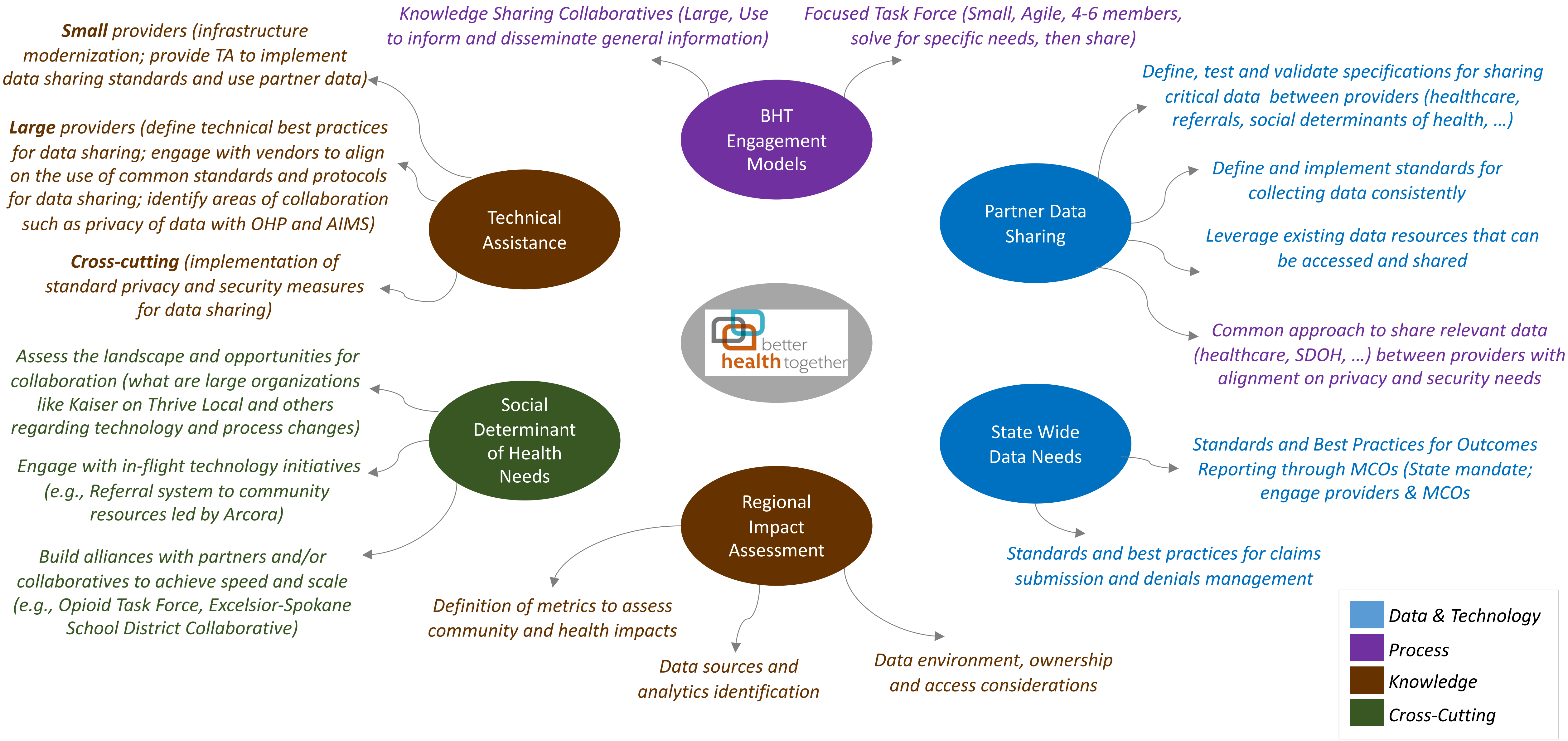

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***Cross-cutting** (implementation of standard privacy and security measures for data sharing)*

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Social Determinant of Health Needs

Assess the landscape and opportunities for collaboration (what are large organizations like Kaiser on Thrive Local and others regarding technology and process changes)

Engage with in-flight technology initiatives (e.g., Referral system to community resources led by Arcora)

Build alliances with partners and/or collaboratives to achieve speed and scale (e.g., Opioid Task Force, Excelsior-Spokane School District Collaborative)

State Wide Data Needs

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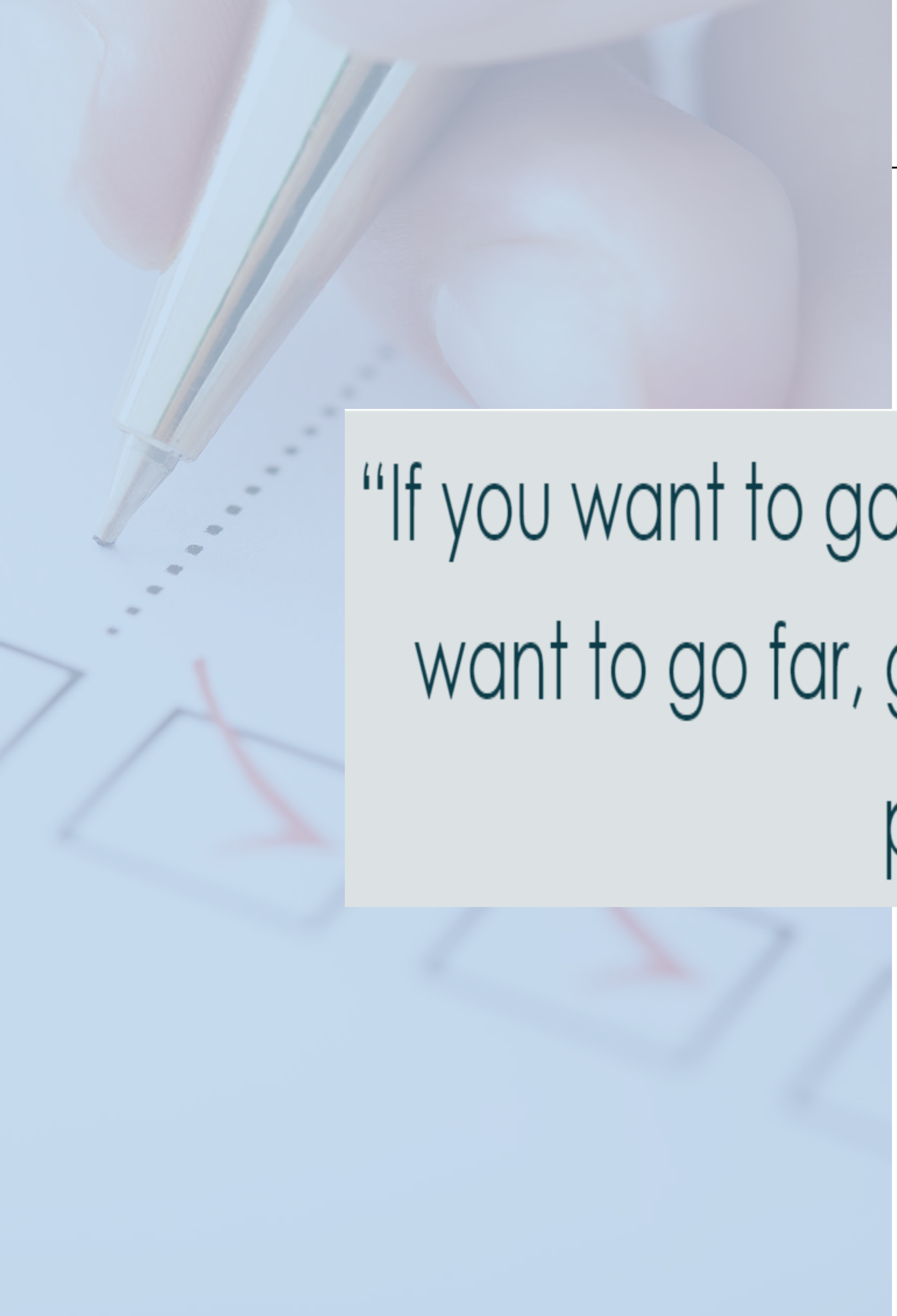
RECOMMENDATIONS SUMMARY

- Follow HCA and OHP regarding an HIE - limited value in a “regional HIE” but supportive work should be prioritized
- Align opportunities:
  - ✓ Funding
  - ✓ Synergies with other partners
  - ✓ Healthcare and Community Information
- Prioritize, Select, Relate and Sequence Opportunities
- Develop details for each identified opportunity
- Commission 2-4 “Just do it” opportunities soon to keep up with the momentum that BHT has built with regional partners



"If you want to go quickly, go alone. If you want to go far, go together." ~ African proverb

XPIO®
HEALTH

*[**x**-p-o] from latin "to **improve** health"*