Health IT Overview

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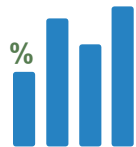
Health IT Environmental Scan Purpose

Environmental Scan
(eScan)

- Provides stakeholder-driven data to inform the state's health IT strategic planning efforts.
- Offers a broad snapshot of statewide:
  - Use of electronic health records
  - Use of electronic data exchange
  - Health Current participation
- Identifies areas for further exploration
- Documents stakeholder perception and opportunities
  - Barriers to interoperability
  - Challenges to fully integrated care
  - Opportunities for advancement

Benefits of State Health IT Planning

eScan: Multi-Pronged Approach & Timeline

Nov 2020 – Jan 2021

Project kick-off. Conducted research and information gathering activities. Executed stakeholder selection methods.

Dec 2020 – Mar 2021

Identified and confirmed all stakeholders. Developed communication materials, survey and interview scripts.

Jan – Apr 2021

Conducted stakeholder engagement activities: online survey, group and individual interviews. Gathered ASU, PI program and other data sources.

May – June 2021

Performed quantitative and qualitative data analysis of information gathered. Identified common themes, stakeholder perspectives and opportunities.

June – July 2021

Produced 2021 Arizona Health IT Environmental Scan Findings Report and presentations.

Results of Stakeholder Engagement

Survey

30% **Survey response rate**
Distributed to 800+ stakeholders

245 **Valid surveys completed**
Including from 225 AHCCCS providers

6 **Key Areas of Focus**
Demographics, EHR adoption, PI Program, HIE, TI Program, SDOH

Interviews/Group Discussions

3 **Identification Workshops**
Stakeholders were identified from information gathered and previous engagement activities

21 **Group Telephonic Interviews**
Multi-sector participation by providers and admins. 10 Community-based and 11 State-based interviews

63 **Individuals Participated**
17 community representatives and 11 state representatives

Note: The survey was designed with branching logic to ask only relevant questions to each respondent, which reduced the burden of the respondent. After all results were compiled the data was reviewed for duplicate entries and invalid results.

The 2021 AHCCCS survey was distributed to PI Program participants via MSLC and distributed by Health Current to their distribution list

AHCCCS 2021 Survey Sample

Basic Demographics
- 245 Responses
- 92% AHCCCS Providers
- 96% serve Urban Areas

Practice Type
- 25% Primary Care Practice
- 20% Behavioral Health Practice
- 13% Other Specialty Care Practice
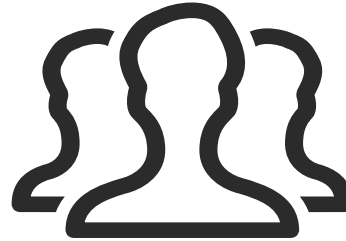- 11% Hospital
- 10% CHC/RHC/FQHC

Provider Type
- 29% Manager
- 22% Physician/Clinician
- 14% IT
- 7% Nurse Practitioner

*Other Provider Types include: Community-Based Organization, Optometrist Office, Tribal Health, Urgent Care, Assisted Living, Home Health

^Other Roles include: Administrative, Dentist, Other, Clinical Support, Quality, Accountant / Billing, Credentialing

Stakeholder Survey & Interview Participants

Stakeholders

PI Program Eligible Professionals

TI Program Eligible Providers

DAP Participants
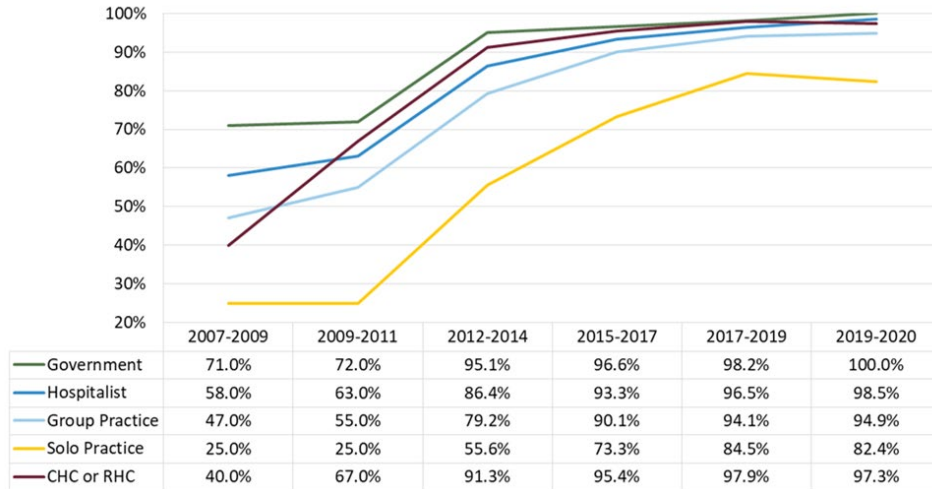
Stakeholder Survey and Interviews

Key Findings

Summary of Key eScan Findings

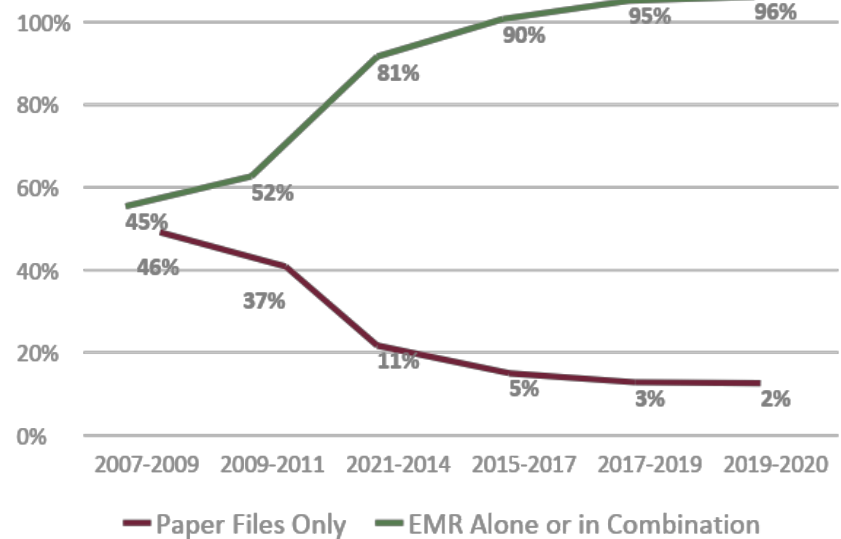| EHR Adoption	Incentive Programs	HIE Adoption	Integrated Care	Health Plans
EHR adoption among physicians is **96%** statewide (ASU Survey, 2019-2020).	Unique Counts of PI Participants 2011-2019: • **6,836** Eligible Professionals • **75** Eligible Hospitals paid	Health Current participation has increased over 1000% since 2015.	**49%** of AHCCCS providers assess patients for social determinants of health issues.	Some providers stated that do not have direct sources of data from health plans.
44% decline in paper-based storage with a **51%** increase in EHR data storage over a decade.	**32%** of AHCCCS providers are interested in participating in the TI Program.	**76%** of ASU 2019-2020 survey respondents are unaware of Health Current vs. **26%** of AHCCCS 2021 survey.	**34%** of those that did assess for SDOH cited the inability to track outcomes related to community-based referrals as a barrier.	AHCCCS is working with plans on using HIE clinical data for quality and performance measurement.
Non- eligible providers need assistance and incentives for EHR adoption.	**40%** of TI Program participants find tracking TI milestones and quality measures difficult	**45%** of AHCCCS 2021 survey respondents used fax to send patient care summaries.	**36%** of AHCCCS providers weren't sure if their organization assessed for SDOH issues.	Providers want to work with health plans on creating health rosters and reports.
EHR systems vary greatly. Costs are high for additional functionality, such as care plans.	TI Program participants need further learning collaboratives and support to advance.	Providers need ongoing 1:1 technical assistance, education, and incentives to integrate HIE.	Providers widely support the statewide closed-loop referral system (CLRS).	Providers stated that health plans could share rosters and high risk patient information.

Unless otherwise noted, the findings were sourced from the 2021 eScan Survey or interviews.

EHR Adoption Has Risen Steadily in Arizona

ASU 2007-2020 Surveys: EMR Utilization By Practice Type Over Time
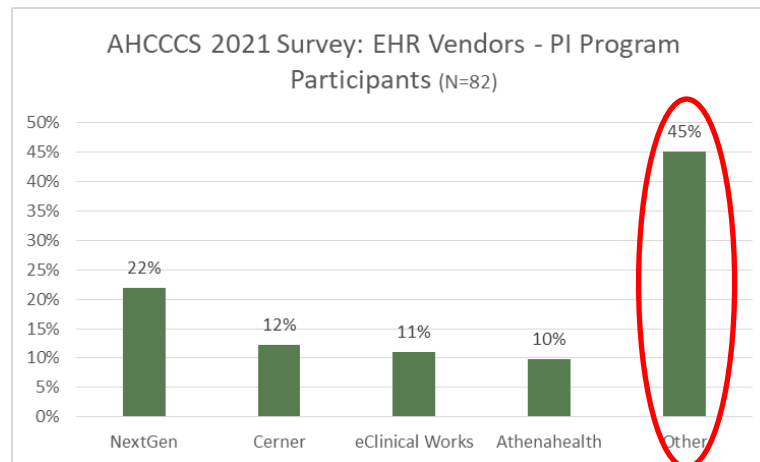
	2007-2009	2009-2011	2012-2014	2015-2017	2017-2019	2019-2020
Government	71.0%	72.0%	95.1%	96.6%	98.2%	100.0%
Hospitalist	58.0%	63.0%	86.4%	93.3%	96.5%	98.5%
Group Practice	47.0%	55.0%	79.2%	90.1%	94.1%	94.9%
Solo Practice	25.0%	25.0%	55.6%	73.3%	84.5%	82.4%
CHC or RHC	40.0%	67.0%	91.3%	95.4%	97.9%	97.3%

ASU 2007-2020 Surveys: Method of Storing Medical Records Over Time

EMR Alone or in Combination: 45%, 52%, 81%, 90%, 95%, 96%

Paper Files Only: 46%, 37%, 11%, 5%, 3%, 2%

2007-2009, 2009-2011, 2021-2014, 2015-2017, 2017-2019, 2019-2020

— Paper Files Only   — EMR Alone or in Combination

ASU Survey Data population sizes 2007-2009 through 2019-2020 (N=6,387, 8,996, 10,780, 8,470, 2,199, 2,374)

EHR Adoption Spans Across Provider Types & Vendors

2021 AHCCCS Survey- EHR Use by Organization Type					
Organization	No		Yes		Total
Assisted Living	2	50%	2	50%	4
Behavioral Health Practice	2	4%	46	96%	48
Community or Rural Health Center (e.g. FQHC)	1	4%	26	96%	27
Community-Based Organization	1	33%	2	67%	3
Dental Office	4	50%	4	50%	8
EMS	2	33%	4	67%	6
Health Plan	2	50%	2	50%	4
Home Health	2	50%	2	50%	4
Hospital	1	4%	27	96%	28
Integrated Care		0%	7	100%	7
Optometrist Office		0%	1	100%	1
Other (Please describe)	6	55%	5	45%	11
Other Specialty Care Practice	1	3%	32	97%	33
Primary Care Practice	2	3%	60	97%	62
Skilled Nursing Facility	1	9%	10	91%	11
Tribal Health		0%	2	100%	2
Urgent Care		0%	1	100%	1

AHCCCS 2021 Survey: EHR Vendors - PI Program Participants (N=82)

- Behavioral Health, Assisted Living, CBOs, EMS, Home Health, Skilled Nursing Facilities are using some form of EHR system. LOTS of vendors in use!

- Need for HIE as a mechanism to connect disparate systems across the healthcare ecosystem.

Promoting Interoperability (PI) Program

PI Program Data

Program Years 2011-2018*	
Eligible Providers	
Unique EP Count	6,836
Eligible Hospitals	
Unique EH/CAH Count	75

*The EP data only covers up to PY 2018 and does not include PY 2019.
* Data Source: AHCCCS PI Program reporting through PY2018

Perspectives and Opportunities

PI Program is successful, somewhat
- EHR adoption is high (over 90%)
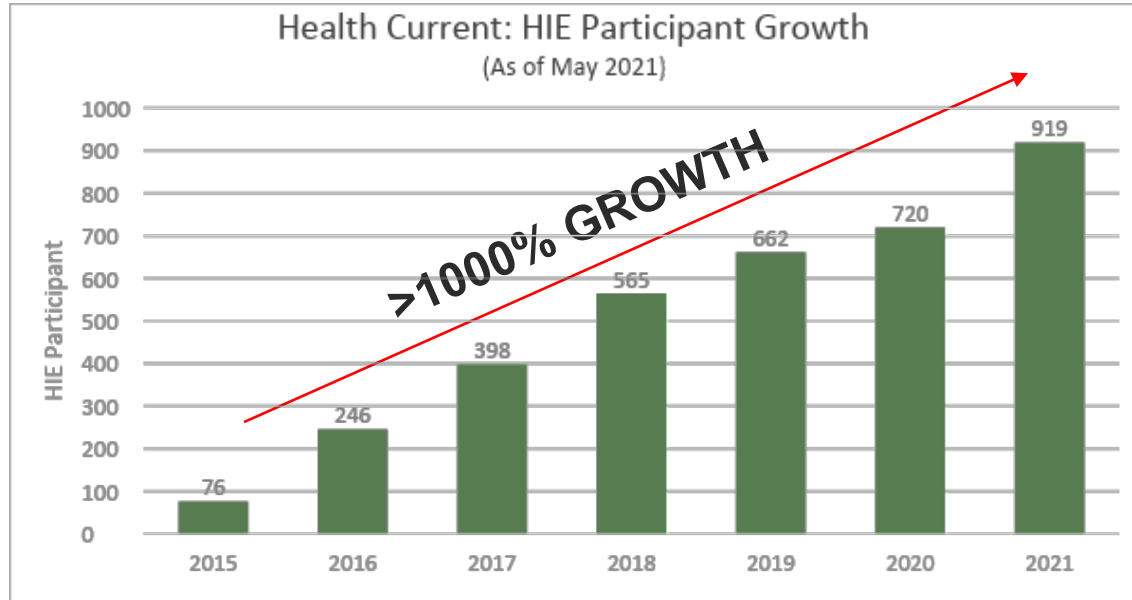- Nationwide states are seeing providers withdraw due to HIE and Stage 3 requirements

"The hurdles and bureaucracy associated with MU have been challenging. If it wasn't a large dollar amount, we would not have pursued it."

– Healthcare Facility

Opportunities
- Health Current can continue to promote and offer trainings for HIE measure
- Offer assistance in meeting measure thresholds and requirements

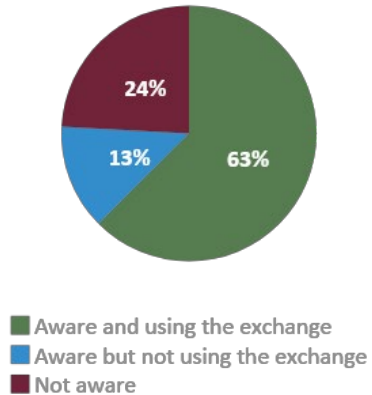# Health Current: Significant Growth Over Time

Health Current: HIE Participant Growth
(As of May 2021)

>1000% GROWTH

Year	HIE Participant
2015	76
2016	246
2017	398
2018	565
2019	662
2020	720
2021	919

Data Source: Health Current Onboarding Tracker

Health Current: Participation Across Organization Types

Organization Type	Count
Accountable Care Organizations (ACOs) & Clinically Integrated Networks (CINs)	16
Behavioral Health Provider	117
Community Provider	412
Emergency Medical Services (EMS)	29
Federally Qualified Health Center (FQHC) & Rural Health Clinics	22
Health Plans	17
Hospitals and Health Systems	61
Laboratories, Imaging Centers and Pharmacies	15
Long-Term and Post-Acute Care	221
State and Local Government Agency (includes corrections)	9
Grand Total	**919**

Data Source: Health Current Onboarding Tracker
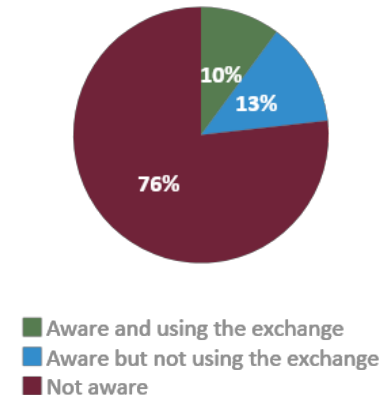
Opportunity for Health Current to Build the Brand

AHCCCS 2021 Survey: Awareness of Health Current - AHCCCS Providers (N=203)

- 24%
- 13%
- 63%

Legend:
- Aware and using the exchange
- Aware but not using the exchange
- Not aware

ASU 2019-2020 Survey: Awareness of Health Current (N=2,310)

- 10%
- 13%
- 76%

Legend:
- Aware and using the exchange
- Aware but not using the exchange
- Not aware

24% of AHCCCS providers surveyed are unaware of Health Current

AHCCCS survey was distributed to PI Program participants via MSLC and distributed by Health Current to their distribution list
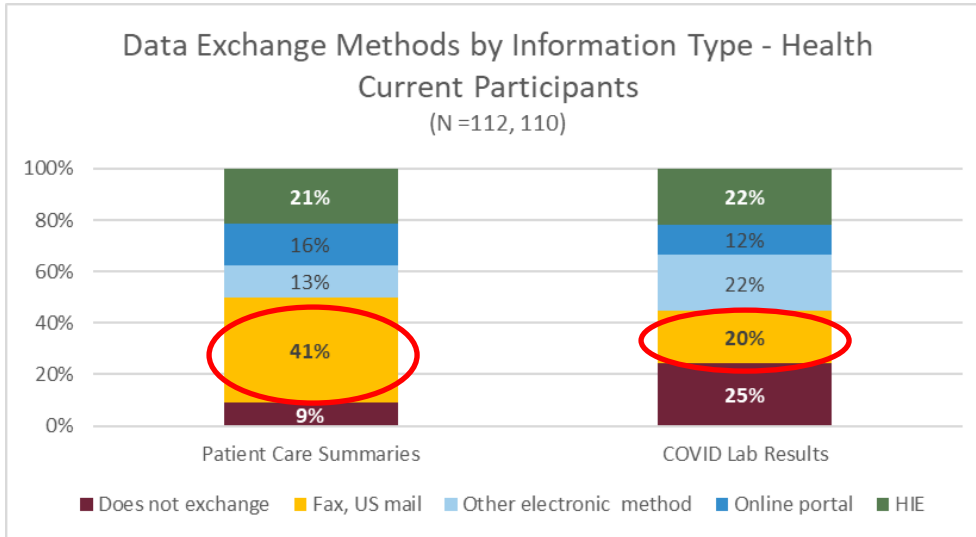
76% of physicians surveyed across the state are unaware of Health Current

ASU survey is available to MDs and DOs at licensure

Data Exchange is Still Fax/US Mail-Dependent

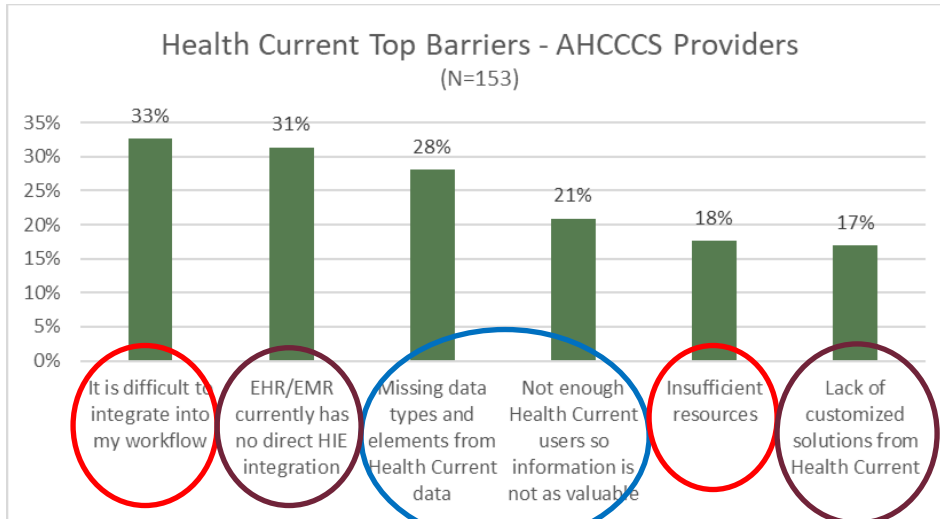Data Exchange Methods by Information Type - Health Current Participants (N =112, 110)

- **Fax is widely used even among Health Current Participants**

- HIE is used among 1/4 of respondents for Patient Care Summaries and COVID-19 Labs

Data Source: 2021 AHCCCS Survey

Opportunities to Increase the Value of HIE

2021 eScan Survey Results

Health Current Top Barriers - AHCCCS Providers
(N=153)

Data Source: 2021 AHCCCCS Survey

Note: Health Current assisted in distribution of the survey and may have skewed the results

Stakeholder Perspectives

Providers need ongoing support and Technical Assistance
- Hard to integrate into the workflow
- Need 1:1 clinic specific technical assistance and education on HIE basics like direct secure messaging

Health Current is not user-friendly
- Providers need more user friendly HIE interfaces and customized solutions

Health Current has potential to increase participation in niche sectors
- Interviewees noted that various organizations are not connected, like specialty practices, IHS/Tribal facilities, and mental/BH services.

Opportunities to Increase the Value of HIE

Perspectives and Opportunities

Stakeholders see the benefit of enhanced ADTs from Health Current
- Providers want to see patient visit information with ADTs

Health Current can serve as a central information hub and service provider

- Providers said Health Current's Health Data Hub Platform helped meet DAP and TI program requirements.
- Providers are looking for data analytics, dashboards, and bidirectional query of data like immunizations or other public health data.

"If we could get an ADT-like notification when a patient is seen, not just admitted, but seen in an outpatient providers office…that would be really valuable, because then our case managers would know they were seen on this date, could get the records within another day or two and increase the velocity of records management dramatically. We are still sending faxes for information requests."

- **Healthcare Provider**

"We're looking to the HIE to be a mediator and translator." [for disparate data sources]

–**Large Health Network**

Success and Opportunities for the Targeted Investments (TI) Program

Survey Results

2021 AHCCCS Survey		
TI Program Participation (N=185)		
Participants	31%	57
Unaware but interested in participating	32%	59
Unaware but interested in participating (BH Providers)	70%	14
Barriers to TI Participation (N=53)		
Difficulty tracking milestones	40%	21
Difficulty tracking quality milestones	40%	21
Difficulty meeting milestones	26%	14

Perspectives and Opportunities

TI program is successful
- Participation is worth the effort
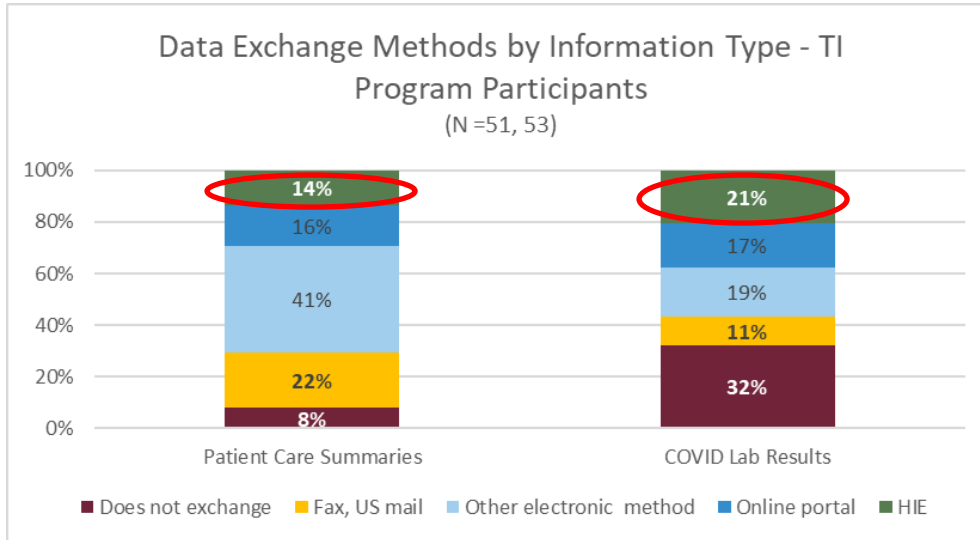- Participants value the ladder approach to milestones and benefits

"We never could have imagined it would have become as integral as it did in terms of helping us re-think all of our processes."

           – **Primary care practice**

Opportunities
- Streamline quality reporting metrics
- Payment projections related to performance completion or measure satisfaction
- TI learning collaboratives are well received
- Providers need ongoing technical assistance
- Outreach to increase participation

Target Investments (TI) Program

Data Exchange Methods by Information Type - TI Program Participants
(N =51, 53)

Patient Care Summaries: Does not exchange 8%, Fax/US mail 22%, Other electronic method 41%, Online portal 16%, HIE 14%

COVID Lab Results: Does not exchange 32%, Fax/US mail 11%, Other electronic method 19%, Online portal 17%, HIE 21%

Legend: Does not exchange | Fax, US mail | Other electronic method | Online portal | HIE

Data Source: 2021 AHCCCCS Survey

- **14% of TI Program participants use HIE for patient care summaries**

- **21% of TI Program participants used HIE for COVID-19 labs**

- TI Program participants use fax/mail less than other groups, but use other methods of exchange despite Health Current use requirements

- Underscores need for ongoing technical assistance

Integrated Care & Social Determinants of Health

Survey Results

2021 AHCCCS Survey		
Assessing SDOH (N=175)		
Assess patients for SDOH	49%	68
Do not assess for SDOH	15%	26
Unsure	36%	63
Barriers to Assessment (N=175)		
Inability to track outcomes related to community based referrals	34%	60
Difficulty integrating into the workflow	33%	58
Lack of community based resources to assist	31%	54

Perspectives and Opportunities

SDOH Data Sharing
- Widespread support for the closed loop referral management system (CLRMS)
- CLRMS can help address the top 3 barriers to SDOH assessment

"Being able to share that information or have a central place that we could communicate and see who touched a person would be really helpful."

— **Community based organization**

Opportunities
- Leverage lessons learned from the TI program to support statewide expansion
- Education on SDOH and reimbursable services

"The whole implementation of screening and assessing of social determinants of health here really came about because of the Targeted Investment Program."

— **Community based organization**

AHCCCS
Arizona Health Care Cost Containment System

Other Stakeholder Perspectives

COVID-19 has changed the landscape and the needs

- Increased use of telehealth, well received by patients and providers but there's a need for infrastructure investments.

- The pandemic underscored how manual data sharing is and the need for real-time, bidirectional data sharing.

Need for more robust public health data

- PH reporting should be integrated in local jurisdictions for reportable diseases.

- PH data must be accessing and easily available for population health management.

Need for greater cross-agency coordination

- AHCCCS internal data sharing efforts with partners need to be more coordinated and may require governance.

- AHCCCS Office of Data Analytics is a positive step.

Health Plan partnerships are critical

- Providers do not have direct sources of data from health plans. Providers want to work with plans on roster data.

- AHCCCS is working with plans on using HIE clinical data for quality and performance measurement.

Next Steps

Finalize the eScan Report

The eScan Report can serve as a foundational element for strategic planning.

Share with Health Current

Health Current can use the eScan Report to help identify AHCCCS program and business needs.

Collaborate on the Medicaid and Public Health HIE Strategic Plan

This plan will support use of the HIE to accomplish key agency objectives around interoperability and clinical data.

Health Current for AHCCCS Update

Environmental Scan, Strategic Planning, and Merger Update

Matthew Isiogu, SVP of Innovation, Health Current

Wednesday, July 21, 2021

Key Takeaways from Environmental Scan

- Dramatic increases in participation supported by AHCCCS financial incentives.
- AHCCCS & Health Current are already taking steps to deliver on opportunities for improvement:
  - Providers not eligible for HITECH funds need assistance and incentives for EHR adoption – HCBS and BH providers included in proposed ARPA Spending Plan.
  - Gap in participation by IHS & 638 Facilities – included in new DAP initiative.
  - Barriers to SDOH assessments – implementing SDOH Closed Loop Referral System.
  - Alignment in sharing of health plan and provider data – AHCCCS VBP assignment guidelines.
- Lower Health Current brand recognition by some physicians attributable to them accessing HIE information via separate, branded systems.

Strategic Plan for HIE-Enabled Medicaid & Public Health Programs

- Working with AHCCCS and ADHS to craft a go-forward strategic plan to leverage electronic data exchange and analytics capabilities in healthcare ecosystem.

- Stakeholder engagement with fact finding to:
  - Identify high priority use cases for Medicaid and Public Health.
  - Define the short and long-term strategies to implement those use cases.

- Strategic Plan will be finalized in Fall of 2021.

Merger and New Branding

- Effective July 1, 2021 Health Current has merged with the Colorado Regional Health Information Exchange (CORHIO) into a regional entity.

- Will launch with new name and new branding at the beginning of August 2021.

Successfully uploaded…

⊕ 6.5 million

… COVID-19 vaccination records from ADHS!

Contact

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Q&A

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Questions?

Thank You.