

OHIET:

**Oklahoma Health
Information Exchange Trust
a public beneficiary trust**

Oklahoma Health Care Authority
Annual Board Retreat
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www.okhca.org

Oklahomans Working For Oklahomans



Establish and maintain a framework for the exchange of health information, through a single or multiple health information exchanges, and encourage the widespread adoption and use of electronic health record systems among Oklahoma health care providers, payors and patients.

Focused Areas

1. **Electronic Prescribing (eRx)**
2. **Lab**
3. **Clinical Case Summary**
4. **Infrastructure**

HIECAP & CG Grants

1. Health Information Exchange Cooperative Agreement Program (HIECAP) \$8.8M
2. Challenge Grant \$1.7M

eRx Subgrantee

Assist pharmacies to immediately bridge the gap between the urban and rural areas of the state for health information exchange. The intent is to immediately provide funding to rural area pharmacies to comply with standards as set forth by the ONC to accept electronic prescriptions and submit electronic refill requests. This is in order to serve rural hospitals and providers in the service area of the pharmacy in the pursuit of meaningful use criteria for Stage One Meaningful Use.

eRx Subgrantee

1. FFY 2011 allocate \$400,000
2. Each subgrantee up to \$20,000
3. Funding for 20 locations
4. Highest need first

Lab Subgrantee

Assist laboratories to immediately bridge the gap between the urban and rural areas of Oklahoma for health information exchange (HIE). The intent is to immediately provide funding to rural region laboratories to upgrade to Office of the National Coordinator's standards in order to electronically submit lab results to provider offices, hospitals and HIO's.

Lab Subgrantee

1. FFY 2011 allocates \$465,000
2. Each subgrantee up to \$15,000
3. Funding for 31 interfaces
4. Highest need first

Clinical Case Summary Subgrantee

Provide the means for EP and EH which is to also include Dentists, Chiropractors, Optometrists, Mental Health and NP's and PA's in targeted counties to begin the effective, secure exchange of electronic health information and to bridge the gap between the urban and rural provider communities. The intent is to immediately provide service to interconnect rural regions that are presently underserved by HIE utility, allowing providers to choose the system most relevant to the predominant referral pattern of their patients.

Clinical Case Summary Subgrantee

1. FFY 2011 allocates \$1,500,000
2. Each voucher worth ~\$3,000
3. Use with HIO of choice
4. Funding for 500 locations
5. Highest need first

Current Infrastructure Focus

1. **SMRTNET, MyHealth Access Network and Open HIO**
2. **OSDH reportable data**
3. **FFY 2011 allocates \$600,000**

Focus for next year – FFY 2012

1. **\$660,000 for EP/EH vouchers**
2. **\$150,000 for eRx**
3. **\$125,000 for Labs**
4. **\$475,000 for shared services with the existing HIO**

Targeted improvements

1	Enhanced communications between healthcare providers	2011
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Targeted improvements

2	HIE implementation and provider adoption rates > 75%	2014
3	10% increase in the appropriate administration of Pneumovax and influenza vaccinations	2014
4	3-5% increase in the number of patients having regular mammograms and colon cancer screens	2014
5	5% improvement in documentation of smoking rates and alcohol use and in number of interventions offered	2014
6	BMI captured on 95% patients over 13 years of age	2014

Targeted improvements

7	10% reduction in preventable hospital readmissions and ED visits regarding Asthma, COPD, and CHF	2015
8	Reduce the number of duplicate lab tests by 10%	2015
9	Reduce referrals to specialty care by 10%	2015
10	5% increase in the number of lipid panels performed on Oklahomans by age 20	2015

Targeted improvements

11	A 5% - 7% decrease in total per capita state Medicaid and Medicare expenditures	2016
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Questions

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