November 9, 2019

Texas Health and Human Services (HHS)
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

Submitted electronically via: https://www.surveymonkey.com/r/9RF39KV

RE: Health Information Technology (Health IT) Strategic Plan

Dear Recipient,

OCHIN applauds the Texas Health and Human Services Commission (HHSC) for their extensive work to optimize health information technology systems in Texas. We are grateful for the opportunity to supply HHSC with a response to this survey.

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative, and a national leader in promoting high-quality health care in underserved areas across the country. Our extensive experience supporting safety net providers has given us great insight into substance use disorder and its treatment, as well as how to better serve this vulnerable population. We support over 500 health centers including public health, corrections, mental health, and youth authority.

OCHIN scales health IT services through hosted electronic health records (EHRs), telehealth services, and other professional services to our members. To provide the highest level of care to our unique patient population, OCHIN has grown to be one of the largest movers of health data in the nation. Since 2010 we have moved over 100 million clinical summaries, and we continue to innovate within health information exchange and expand our partnerships to improve care coordination for extraordinarily complex and generally underserved patients. Improving interoperability for health information exchange and telehealth policy to reach more underserved communities is a high priority for OCHIN, and we appreciate the opportunity to voice our suggestions based upon our experience.

OCHIN makes the following suggestions:

- Encourage Continuously Upgrading on Updated Certified EHRs

  Successful data sharing starts with a good foundation in the form of a 2015 or newer certified EHR. With updated EHRs, there are no additional resources required to reach the necessary level of interoperability as these EHRs have the capability to connect directly into national frameworks. It is critical to continue to fund safety net provider onboarding onto these certified EHRs at no cost, as any need for safety net resources becomes a disincentive for adoption. Beyond funding the initial adoption,
additional money must be designated for the onboarding process, establishing changes in workflow, add-on technology (e.g. video, audio components), and continued maintenance costs can prevent safety net clinics from accepting a funded EHR system.

Further, ensuring every provider, especially safety net providers, are connected into the national frameworks provides increased security during events such as national disasters. When patient records are available through the national frameworks and patients seek care at a temporary care facility or in another state, their information is readily available as long as the provider they visit can similarly access the national frameworks. PULSE must also be funded for safety net and Medicaid providers. Where any cost is required from these small providers, it disincentivizes adoption, putting the most vulnerable population at higher risk in the case of a disaster.

- Expand HIE Connectivity to All Health-Related Services

OCHIN is highly supportive of HHSC’s efforts to fund health IT, including EHR technology, telehealth, and accompanying programs to increase use and adoption. To meet the goal of care coordination in conjunction with the growth of social determinants of health in treatment plans, it is critical to extend EHR technology to non-medical providers. Behavioral health, mental health, dental, and other providers must be interoperable to ensure every patient has a complete record. Texas has already exceeded many other states by providing almost 11,000 Medicaid providers with financial resources to implement EHRs, and continuing along this trajectory to bring other providers left out into the record exchange system would be record breaking.

Ultimately, every service which is utilized by the patient to improve their health should be interoperable, so every interaction becomes a closed-loop. This includes housing assistance, food stamps or a food bank, job acquisition support, and any kind of counseling. Not only would having these services on the same system provide each touch point with a better picture of the individual they are assisting, but the depth of data on each patient would undoubtedly draw a better picture of where the gaps in care are and how to best solve them.

- Adopt Policies to Support eConsult Use

eConsults are incredibly beneficial for providers and patients in underserved areas. It allows primary care providers to gain access to specialty treatment methods and can often prevent the need for a patient to wait for delayed appointments and travel extensive distances to see a costly provider. Policies which make this method of treatment accessible to both Medicaid as well as private patients is critical. FQHCs should similarly be permitted to participate in eConsults and receive reimbursement for not only time spent, but for gained knowledge and ability which can be used for other community patients moving forward.
We appreciate your consideration of our comments. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
EVP, Government Relations and Public Affairs