

### ENHANCING PEDIATRIC AND FAMILY PRACTICE: LEVERAGING HEALTH INFORMATION EXCHANGE FOR BETTER PATIENT CARE

**Stephen Miller, CHCIO**  
Chief Technology Officer &  
State Coordinator for Health Information Exchange  
Oklahoma Health Care Authority

**David Kendrick, MD, MPH, FACP**  
Chief Executive Officer,  
MyHealth Access Network

Explore Healthcare Summit /OAFP Scientific Assembly – May 2025

 MyHealth  
ACCESS NETWORK



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### AGENDA

- Purpose / Why a Health Information Exchange?
- History, Common Questions, HIE Progress & Milestones
- HIE Milestones
- Incentives for HIE Participation
- Progress & Framework
- Capabilities & Coverage
- Additional Value Capabilities
- Opportunity Ahead
- Discussion / Questions

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### OKLAHOMA'S HEALTHCARE CRISIS: WHY CHANGE IS NEEDED

- **Ranked 47th in overall healthcare quality**, among the worst in the U.S.
  - Oklahoma ranks **near the bottom in key healthcare outcomes**—high hospital readmissions, poor chronic disease management, and preventable ER visits.
- **10th highest healthcare costs in the nation**, yet outcomes remain poor
  - **Providers struggle** with fragmented data, leading to **duplicate tests, medication errors, and delayed diagnoses**.
- **Uncoordinated care leads to inefficiencies and higher costs**
  - Patients receive **disconnected, expensive, and inefficient care**.



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## WHAT IS AND WHY HEALTH INFORMATION EXCHANGE?

A Health Information Exchange (HIE) is a **secure system** that allows electronic sharing of a patient's medical record among different healthcare **providers involved in their care**.

The network is a digital hub where various doctors, nurses, care coordinators, pharmacists, mental health professionals, and other authorized healthcare professionals can access a patient's medical history in real-time.

Patient records are accessed within the network **according to HIPAA** and other **relevant state and federal laws**.

**Reduce health care costs** associated with redundant testing, hospital readmissions, and emergency department visits

**Improve care coordination** during transitions between health care settings, reduce adverse drug events and missed preventive care

Provide clinical data to **improve outcomes** and support healthier Oklahomans

 **of Oklahomans have records in more than one health care delivery system**

## COMMON QUESTIONS

- Fees are set by the state designated entity for providers that choose to participate
  - Participation **Fees vary based on Organization Type and Size**
  - **Connection Fees can be paid through** the Connection Fee Assistance Program
  - **Incentives are available** for certain provider types that will in most case **exceed the annual costs of participation**
- Privacy & Security
  - HIPAA Compliance: SDE HIE policies are **more restrictive** than HIPAA and **providers must be in a treatment relationship to access records** and attest to that at the time of access
  - No Substance Abuse 42 CFR Part 2 data, or psychotherapy notes go into the HIE
  - Providers can **mark charts** or encounters as **sensitive**, and **not sent**
  - Security: SDE technology is **HITRUST certified**, 10+ years operating
- Provider Choice / Patient Consent
  - **Patients have the right to opt-out** and prevent disclosure (No Break the Glass allowed)
  - **Mental health patients must affirmatively consent** to any data being shared by a participating provider
  - **Providers have a choice in participation**; all exemption requests will be granted

## HIE MILESTONES

- **OKSHINE** was created in May 2021 to ensure every Oklahoma provider has access to a secure, statewide HIE
- **Office of the State Coordinator for HIE** was created in May 2022
- MyHealth received state designation in 2022
- Connection Fee Assistance Program launched in late 2023
  - Provided 21 million to connect Oklahoma providers
- SoonerSelect Provider Incentive Program launched in April of 2024
  - 15-month funding pool of \$134,330,110

## LEGISLATION

### SB 574 (May 2021)

- Created the Oklahoma State Health Information Network Exchange (OKSHINE).

### SB 1369 (May 2022)

- Created the Office of the State Coordinator for Health Information Exchange.
- **Designated** that a health information exchange organization be named **state-designated entity for health information exchange (operations)** be named and overseen by the Coordinator.
- Defined the Health Information Exchange Organization as one governed by its stakeholders.
- **Patient-specific protected health information shall only be disclosed in compliance with relevant state or federal privacy laws**
- **Provided for Tort protection** for providers who use or do not use HIE data
- Data ownership remains in the property of the source providing.
- Declared a mandate that **"all providers shall"** participate in the statewide HIE by July 1, 2023.
- Coordinator may grant **exemptions**

### SB 32X

- Provided \$21 Million for one-time connection fees to the HIE for Oklahoma providers

### SB 1337

- Provides for **managed care entities** and providers to **submit data to the HIE**

### HB 3556

- Changed Language to **"all providers may"** participate in the statewide – Final Rules Reflect Choice

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## INCENTIVES FOR HIE PARTICIPATION

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## 1. CONNECTION FEE ASSISTANCE

### • 2023 Legislative appropriation of \$30 million specific for HIE connection funding

- Any Organization that employs licensed Health Care providers in the State of Oklahoma is eligible.
- Covers **all one-time fees** from **EHR Providers and MyHealth** to get providers connected, other related fees may be considered.
- Funding may not always be available:
  - Carry-over remaining funds to FY25
  - **2024 Legislature approved pool for FY2025 of \$21 Million.**



Secure Connection Fee Assistance now! Apply at <https://okshine.ok.gov>

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2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

- **Eligible Provider Types**
  - Advanced practice nurses, mid-level practitioners, **mental health providers** and licensed behavioral health practitioners, podiatrists, physicians, or anesthesiologist assistants
- **Exceptions**
  - Behavioral Health Services by Mental Health professionals and Licensed Behavioral Health Practitioners at **Community Mental Health Centers are excluded** as they participate in a separate directed payment program
  - Services rendered by **state employed or contracted physicians are excluded** as they participate in a separate directed payment program
  - **Services at Federally Qualified Health Centers, Rural Health Clinics, and IHS/Tribal clinics are excluded**
  - **Services for Medicaid population not transitioning to SoonerSelect (such as ABD) are excluded**

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2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

- Eligible providers can receive an estimated 28% increase in base fee schedule reimbursements for qualifying care and services
  - **+18.5%** base fee schedule increase for providers participating in SoonerSelect.
  - **+9.25%** for SoonerSelect Medicaid providers who participate in the HIE (send data & utilize) including:
    - Membership in Good Standing with Oklahoma State Designated Entity, MyHealth Access Network
    - Live (or demonstrably in progress) Connection from the provider's EMR to the HIE (SSO must be included for larger practices)
    - Program Q1 – Q5, (April 2024 – June 2025) does not require a set utilization metric target
      - Note: Future quarters will likely require demonstrated increase in utilization by the organization/provider

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2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

AVERAGE PROGRAM PAYOUT EXAMPLES  
(APRIL 2024 – DECEMBER 2024)

Facility/Clinic Type	Avg Individual Providers	Avg Qualified Medical Billings	Avg SoonerSelect Incentive Payment	Avg Total Amount Paid for HIE Participation	HIE Participation Cost for per Quarter	Avg Net to Organization (3 Quarters)
Major Hospital System	831	\$4,280,864.81	\$1,234,823.32	\$395,980.00	\$71,249.64	\$974,191.08
Large Clinic Group	55	\$361,704.31	\$100,406.28	\$33,457.65	\$5,609.52	\$83,544.39
Small Clinic Group	1	\$18,991.89	\$5,478.58	\$1,756.75	\$165.00	\$4,775.25
Large Behavioral Health Group	186	\$2,739,410.44	\$760,214.15	\$253,404.72	\$13,635.36	\$719,308.08
Small Behavioral Health Group	3	\$87,062.75	\$24,159.92	\$8,053.31	\$165.00	\$23,664.93

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## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM

Provider Type	Specialty	Provider Type	Specialty
09 - Advance Practice Nurse	092 - Clinical Nurse Specialist	31 - Physician	272 - Oral Surgeon
	093 - Certified Nurse Practitioner		310 - Allergist
	094 - Certified Registered Nurse Anesthetist (CRNA)		311 - Anesthesiologist
	095 - Certified Nurse Midwife		312 - Cardiologist
	096 - CNP Allergist		313 - Cardiovascular Surgeon
	097 - Psychiatric/Mental Health APRN		314 - Dermatologist
	100 - Physician Assistant		315 - Emergency Medicine Practitioner
10 - Mid-Level Practitioner	102 - PA Allergist	316 - Family Practitioner	
	569 - Addiction Medicine	317 - Gastroenterologist	
		318 - General Practitioner	
11 - Mental Health Provider	112 - Psychologist	319 - General Surgeon	
	115 - Licensed Clinical Social Worker	320 - Geriatric Practitioner	
	116 - Certified Social Worker	321 - Hand Surgeon	
	119 - Family Training	322 - Internist	
	121 - Licensed Professional Counselor	323 - Neonatologist	
	123 - Para Professional	324 - Nephrologist	
14 - Podiatrist	140 - Podiatrist	325 - Neurological Surgeon	

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## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

Provider Type	Specialty	Provider Type	Specialty
31 - Physician	326 - Neurologist	342 - Thoracic Surgeon	
	327 - Nuclear Medicine Practitioner	343 - Urologist	
	328 - Obstetrician/Gynecologist	344 - General Internist	
	329 - Oncologist	345 - General Pediatrician	
	330 - Ophthalmologist	346 - Dispensing Physician	
	331 - Orthopedic Surgeon	(1 active provider)	
	332 - Otolologist, Laryngologist, Phenologist	347 - Radiation Oncologist	
	333 - Pathologist	348 - Abdominal Surgery	
	334 - Pediatric Surgeon	349 - Adolescent Medicine	
	335 - Maternal Fetal Medicine	350 - Critical Care	
	336 - Physical Medicine and Rehabilitation Practitioner	351 - Diabetes	
	337 - Plastic Surgeon	352 - Endocrinology	
	338 - Proctologist	353 - Geriatric Psychiatry	
	339 - Psychiatrist	354 - Gynecological Oncology	
340 - Pulmonary Disease Specialist	355 - Hematology		
341 - Radiologist	356 - Hematology Oncology		
	357 - Immunology		

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## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

Provider Type	Specialty	Provider Type	Specialty
31 - Physician	358 - Infectious Diseases	31 - Physician	544 - Pediatric Orthopedics
	359 - Internal Medicine Pediatrics		545 - Pediatric Otolaryngology
	520 - Laryngology		546 - Pediatric Pathology
	521 - Maxillofacial Surgery		547 - Pediatric Pulmonology
	(3 active providers)		548 - Pediatric Rheumatology
	522 - Musculoskeletal Oncology		549 - Pediatrics Allergy
	523 - Neurology Child		550 - Pediatrics Cardiology
	524 - Occupational Medicine		551 - Pediatric Surgery (Neurology)
	525 - Pain Medicine		552 - Pediatric Urology
	526 - Pediatric Critical Care Medicine		553 - Psychiatry Child
	527 - Pediatric Emergency Med (Pediatrics)		554 - Pulmonary Diseases
	528 - Pediatric Endocrinology		555 - Rheumatology
	529 - Pediatric Gastroenterology		556 - Rhinology
	540 - Pediatric Hematology Oncology		557 - Sports Medicine
	541 - Pediatric Infectious Disease		558 - Surgery Colon & Rectal
	542 - Pediatric Nephrology		559 - Surgery Head & Neck
	543 - Pediatric Ophthalmology		

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HEALTH PROVIDERS  
ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

Provider Type	Specialty	Provider Type	Specialty
31 - Physician	560 - Surgery Pediatric	11 - Mental Health Provider	110 - Outpatient Mental Health Clinic
	561 - Surgery Traumatic		
	562 - Transplant Surgery	60 - Anesthesiologist Assistant	101 - Anesthesiologist Assistant
	563 - Neonatal Perinatal Medicine		
	565 - Sleep Medicine		
	566 - Medical Resident in Training		
	568 - Family Practice Obstetrics		
	569 - Addiction Medicine		
	093 - Certified Nurse Practitioner		
	115 - Licensed Clinical Social Worker		
53 - Licensed Behavioral Health Practitioner	121 - Licensed Professional Counselor		
	535 - Licensed Mental Health Professional -- LHPs		
	536 - Under Supervision		
	585 - Licensed Marital and Family Therapists		
	586 - Licensed Alcohol and Drug Counselor		
	587 - LADC/MH		

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HEALTH PROVIDERS  
EXCLUDED FROM THE INCENTIVE PROGRAM

Exclusions

- Payments made for services rendered at or by providers or organizations with the following types and specialties are not included in the incentive payment calculation.

Provider Type	Specialty	Provider Type	Specialty
02 - Ambulatory Surgical Center (ASC)	022 - ITU Ambulatory Service Center	11 - Mental Health Provider	111 - Community Mental Health Clinic
08 - Clinic	081 - Rural Health Center		118 - Department of Mental Health and Substance Abuse Services (DMHSAS) Contracted Provider
	084 - ITU Outpatient Clinic	13 - Public Health Agencies	All Specialties
	086 - Dental Clinic		
	087 - OT/PT/ST/RT Group	26 - Transportation Provider	268 - ITU Ambulance
	106 - ITU Inpatient Service	52 - State Employed Physicians	All Specialties
	184 - Hospital Based Rural Health Clinic		
	185 - Free Standing Rural Health Clinic		

17 | OKLAHOMA HEALTH CARE AUTHORITY

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HIE PROGRESS &  
FRAMEWORK

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HIE PROGRESS

- Progress Statistics
  - Averaging >50,000+ Unique Patient's records accessed monthly
    - 200%+ Increase in Utilization from Sept 2022
  - Over 500 organizations actively participate in the HIE serving patients in 1500+ Locations
    - 200+ Organizations joined since July 2022; membership nearly doubled!
  - SoonerSelect Dental & Medical MCE's Contracted, Trained and Connected
    - ADT / care fragmentation available are in use at MCE's who have elected to receive.
  - Connection Fee Grants Awarded: 485
    - Over 200+ Organizations Actively working on connecting – Optimization in Process
    - EMR Connection Fees now eligible for reimbursement.
  - SoonerSelect Directed payments (April 2024 – June 2025)
    - Plan Q1 (04/24-06-24) Closed – Payments Issued \$12M / HIE Incentive \$2M
    - Plan Q2 (07/24-09-24) Closed– Payments Issued \$37M / HIE Incentive \$7M
    - Plan Q3 (Oct24-Dec24) – Payments Issued \$26M / HIE Incentive \$5.5M
    - Continues through June 2025 (Planning to extend to SFY26, working with CMS)

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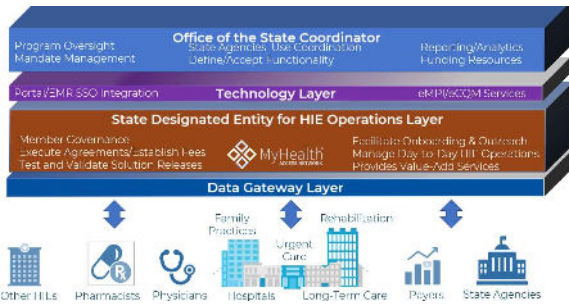
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HIE FRAMEWORK



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DIVISION OF RESPONSIBILITY

- Select and oversee the state designated entity
- Implement laws and rules related to HIE
- Represent the state in SDE governance
- Seek funds / incentives to support providers in adopting the HIE
- Stakeholder-governed operator of HIE
- Establish policies for data exchange and utilization
- Establish pricing for services
- Outreach and Onboard participants
- Ensure patient rights are protected & data secured



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# HIE CAPABILITIES & COVERAGE

**David Kendrick, MD, MPH, FACP**  
Chief Executive Officer,  
MyHealth Access Network

**MyHealth Access Network**  
Oklahoma's State-Designated Entity for  
Health Information Exchange (HIE)

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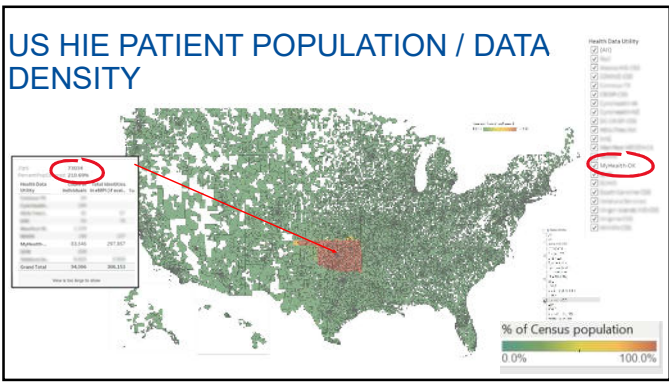
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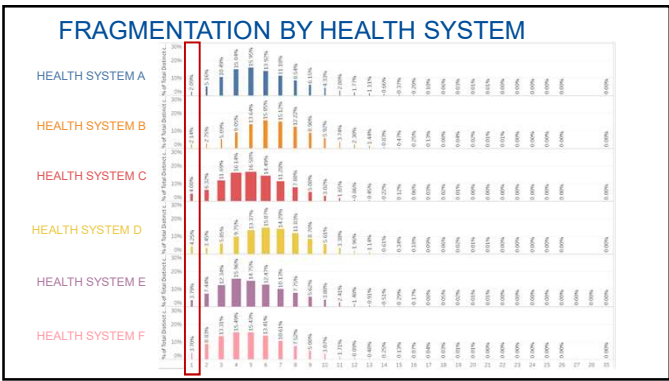
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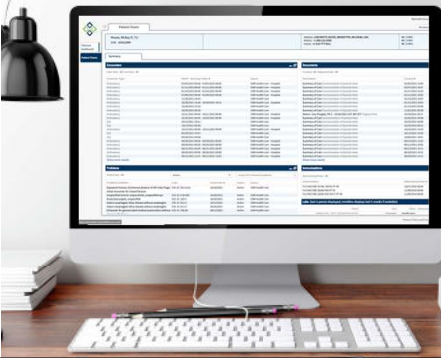
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**MyHealth Connect**

- Find the most complete records immediately.
- No need to read separate documents from every org.
- Close loops on referrals.
- Coordinate Care Better

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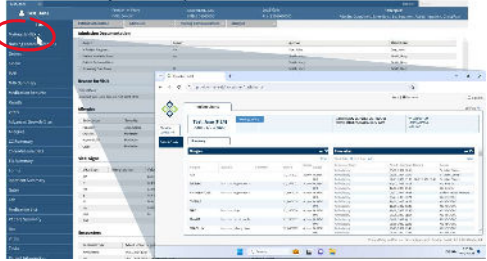
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## SINGLE SIGN-ON

Pivotal in strategy to increase utilization

- Access to HIE in patient context!
- No login
- No searching




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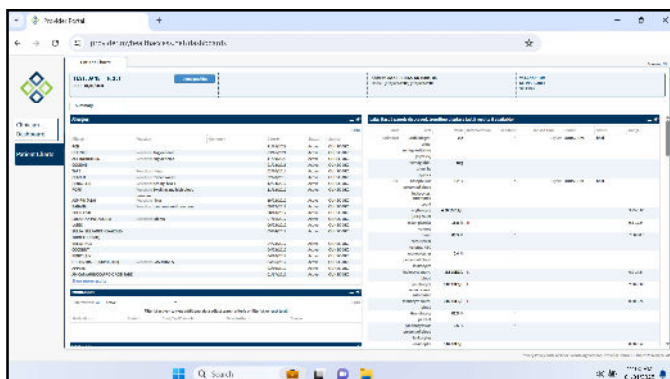
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PATIENT CHART SUMMARY

The following are examples of categories recorded in a patient's HIE chart, including the types of data captured and the source associated with each dataset.

Allergies	• Allergen, Reaction, Comment, Date, Status (Active/Inactive)
Dispensed Medication	• Medication, Pharmacy, Date Filled
Documents	• Description, Created
Encounters	• Encounter Type, Admit – Discharge Dates
Equipment Devices	• Device, Date Implanted, Body Location
Family History	• Problem/Condition, Onset Date
Immunizations	• Immunization, Administered Date
Insurances	• Insurance Name, Effective Dates
Labs	• Panel, Test, Value, Interpretation, Trendline, Elapsed Time, Status & Range
Medication	• Medication, Route, Start/End Dates, Date Written
Patient Relationships	• Name, Phone, Relationship
Problems	• Problem/Condition, Code, Onset Date
Procedures	• Procedure, Date
Radiology	• Test, Date, Ordering Provider
Social History	• Social History, Onset Date
Vital Signs	• Vital Sign, Interpretation Time, Value, Elapsed Time

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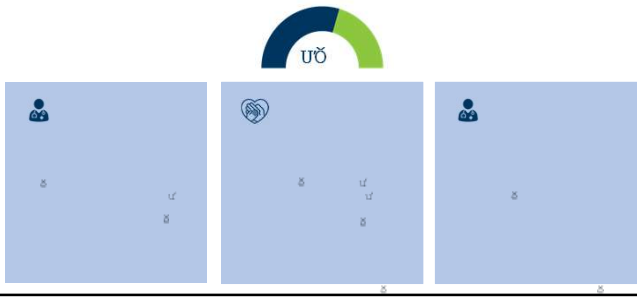
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WHAT USERS ARE SAYING



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ADDITIONAL OFFERINGS

- **Care Fragmentation Alerting**
  - Notifies and gives providers visibility into their patients who may receive care in the past 24 hours at a facility outside of yours (emergency rooms, hospitals, clinics).
- **Care Gap Reporting**
  - Aids providers in pinpointing and addressing gaps in patient care by providing the most recent values, based on a provider's specified value set.
- **E-Notification (COP)**
  - Helps hospitals meet CMS Conditions of Participation (CoP) Electronic Notification requirement by delivering real-time ADT notifications to a patient's care team upon admission, discharge, or transfer.

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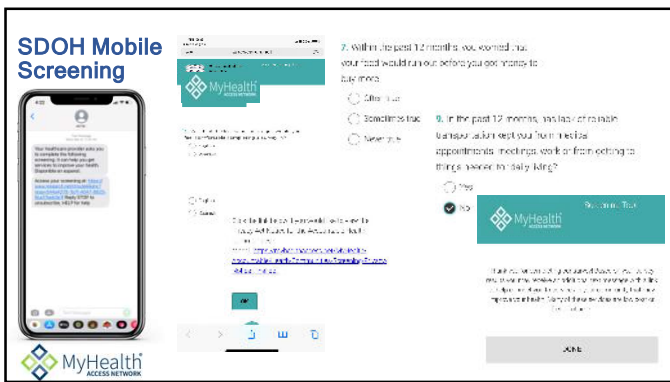
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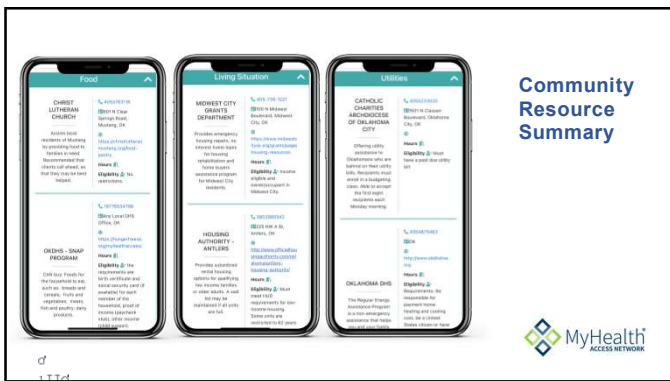
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- Reduced errors in care
- Speed access to care
- Reduce costs and burden
- Level playing field for rural and independent providers
- Performance in risk- and value-based payment models

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### PIVOTAL TIME IN OKLAHOMA HIE

**Opportunities**

- State Funding for HIE has never been greater
- Cost pressure on Managed Care
- Incentives to get providers connected.
- Never before could most providers connect at no cost!
- In most cases the Provider will be incentivized more than their cost!

**Risks**

- Legislature
- High risk of losing funding
- Timely Action by Providers

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### HIE IN SUMMARY

- Improved care coordination
  - Enhanced assessment
  - Close gaps in care
  - Enable better follow-up
  - Enhanced care management
- Reduced costs of care
- Address social needs
- Timely access to care and services

Three smartphones are shown side-by-side, displaying the SoonerCare app interface. The screens show various features like "Find a Care Team", "Track a Care Team", and "My Health Summary".

The HIE provides a path to information for healthier outcomes for Oklahomans!

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## HIE VISION

*"Our vision is for all Oklahomans to have a portable health record that can be easily accessed securely and used in care coordination between health care providers across the state to enable healthier Oklahomans."*

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## QUESTIONS?

Stephen Miller, CHCIO  
Chief Technology Officer OHCA & State Coordinator  
for Health Information Exchange,  
Oklahoma Healthcare Authority  
[okshine@okhca.org](mailto:okshine@okhca.org)  
405-522-7458

David Kendrick, MD, MPH, FACP  
Chief Executive Officer,  
MyHealth Access Network  
[myhealth@myhealthaccess.net](mailto:myhealth@myhealthaccess.net)  
918-236-3434



[OKSHINE.Oklahoma.gov](http://OKSHINE.Oklahoma.gov)  
Phone: 405-522-7458  
Email: [okshine@okhca.org](mailto:okshine@okhca.org)

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## DISCUSSION



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