

# Governance Design Group

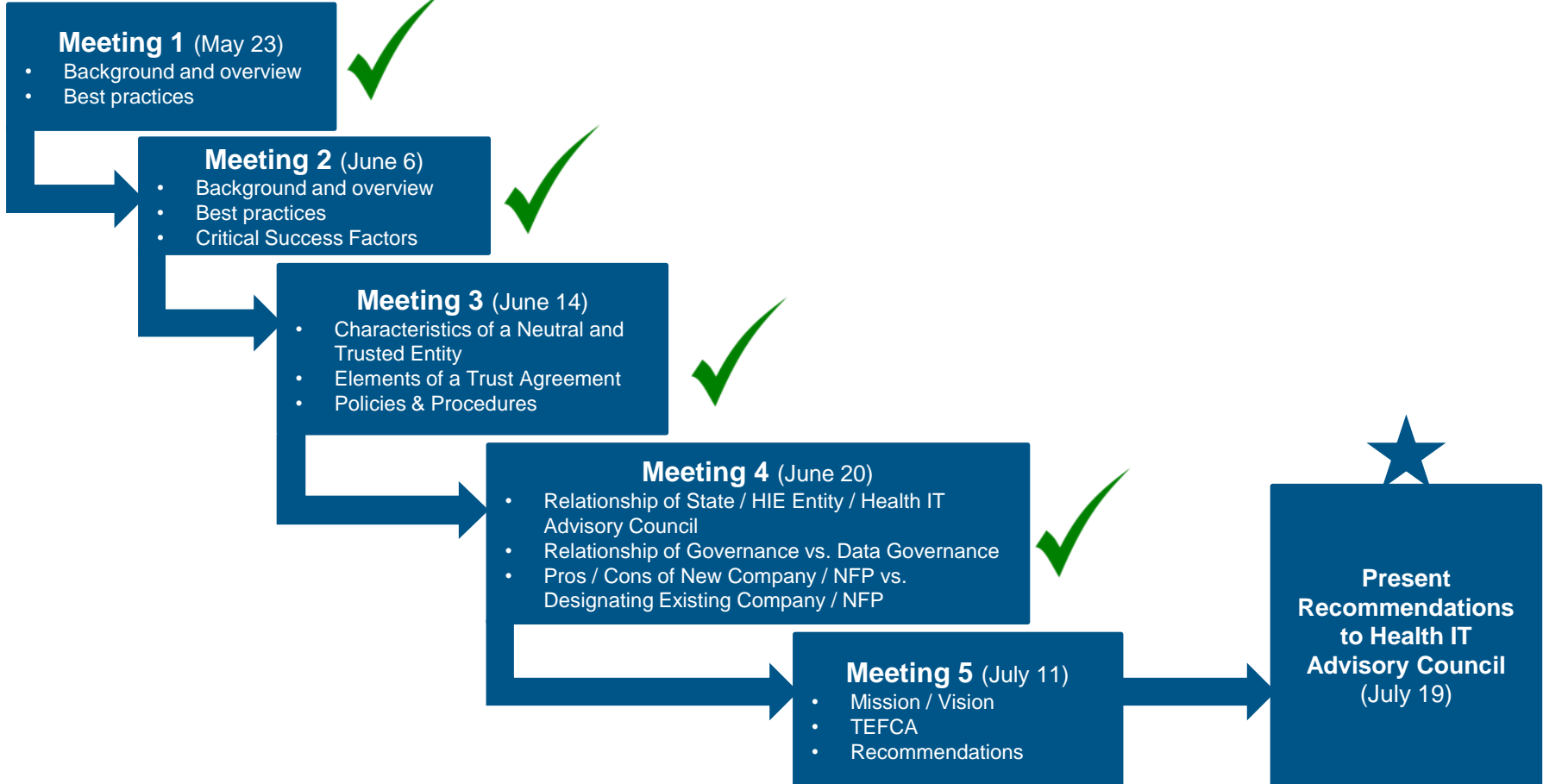
Meeting #5 – July 11, 2018



# Agenda

Agenda Topic	Lead	Duration
<b>Welcome and Meeting Overview</b>	Jennifer Richmond	5 min
<b>Recap of Prior Meeting (June 20) and Approval of Meeting Summary</b> <ul style="list-style-type: none"><li>Relationship of state / HIE entity / Health IT Advisory Council – confirm previous discussion</li><li>Relationship of governance vs. data governance – confirm previous discussion</li><li>Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity – confirm previous discussion</li><li>Follow-up re: Medicaid representation on HIE boards</li></ul>	All Design Group members and support staff	10 min
<b>Presentation on MiHIN Trust Model</b>	Jeff Livesay	15 min
<b>Building Block Exercises and Discussion</b> <ul style="list-style-type: none"><li>Considerations for Mission and Vision</li><li>Implications of TEFCFA</li></ul>	All Design Group members and support staff	20 min
<b>Discussion re: Additional Considerations to Include in Final Report</b>		10 min
<b>Review of DRAFT Final Recommendations</b>	All Design Group members and support staff	25 min
<b>Meeting Wrap-up and Next Steps</b>	Jennifer Richmond	5 min

# Meeting Schedule



# Building Block Exercises

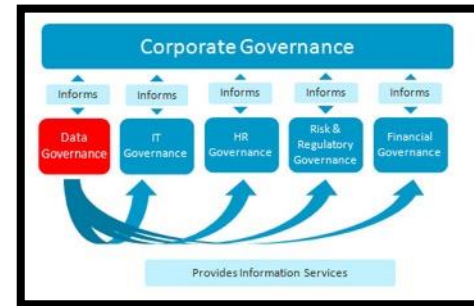
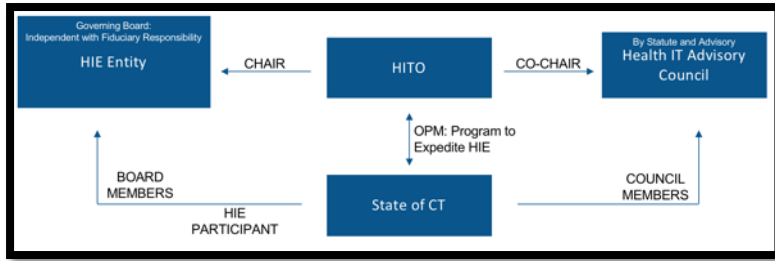
- ✓ 1. Critical Success Factors
- ✓ 2. Characteristics of a neutral and trusted entity
- ✓ 3. Elements of a trust agreement
- ✓ 4. Policies and procedures table of contents
- ✓ 5. Relationship of state / HIE entity / Health IT Advisory Council
- ✓ 6. Relationship of governance vs. data governance
- ✓ 7. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity
8. Potential impact of TEFCA
9. Mission and vision considerations

Today's  
Meeting



# Confirm Outcomes from 6/20 Meeting

- Relationships of key parties understood and affirmed
- Data governance falls under overall corporate governance
- Pros and cons of creating a new entity vs. designating an existing entity were identified
  - Inclination toward creating new entity, but further review recommended



# MiHIN Case Study

# Connecticut Governance Group Meeting July 11, 2018

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Jeff Livesay, Senior Executive Vice President, Velatura



**MiHIN**  
Shared Services

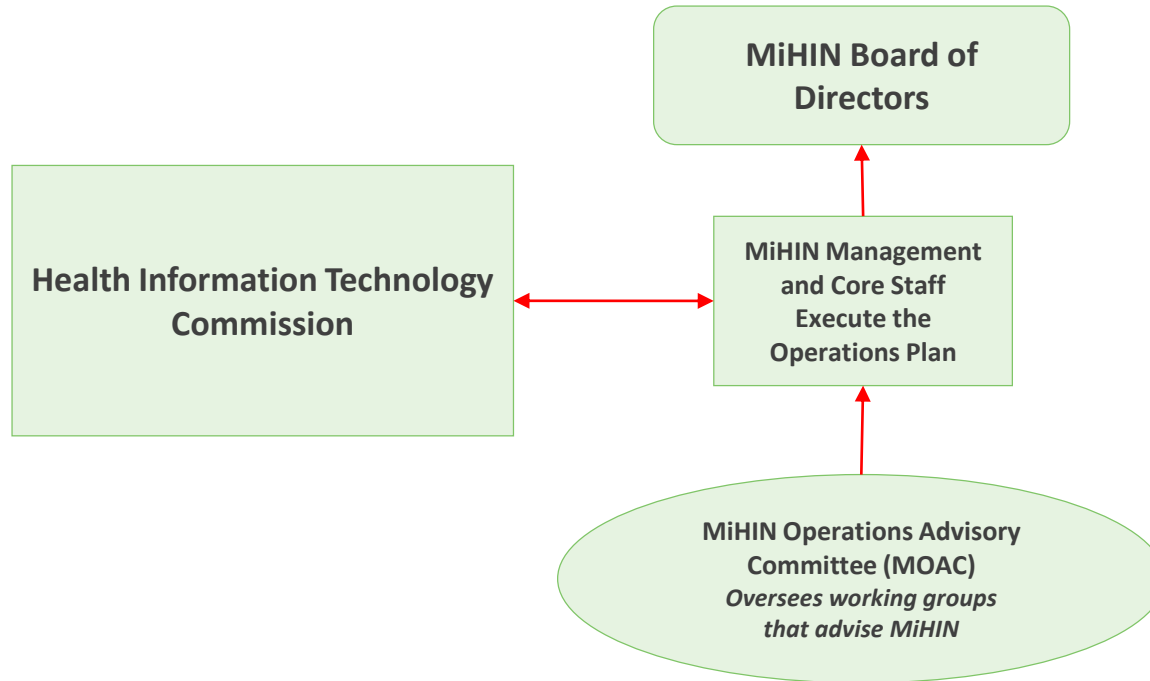
MiHIN is Michigan's initiative to continuously improve health care quality, efficiency, and patient safety by promoting secure, electronic exchange of health information.

MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

MiHIN is a  
**network for  
sharing health  
information  
statewide for  
Michigan**



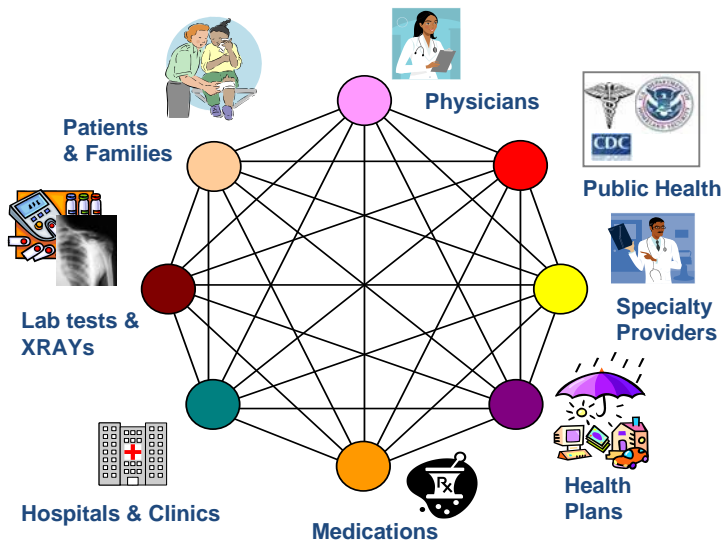
# Multi-Stakeholder Governance



# Statewide Health Information Exchange Creates Efficiency

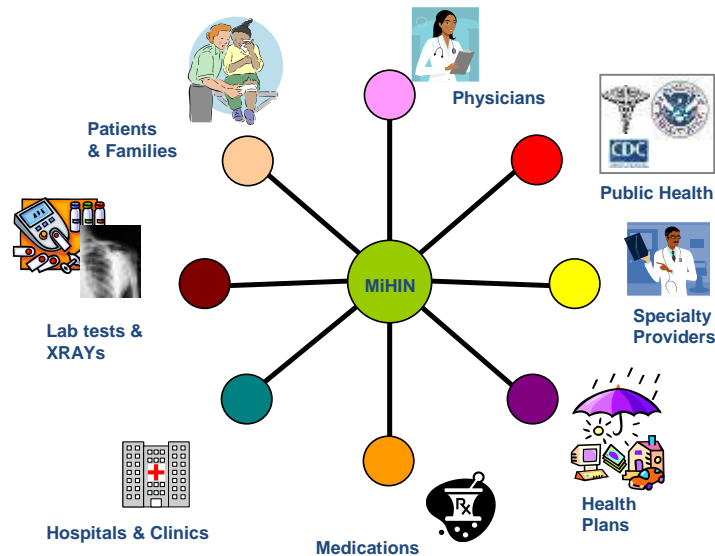
**BEFORE:**

Duplication of effort,  
waste and expense

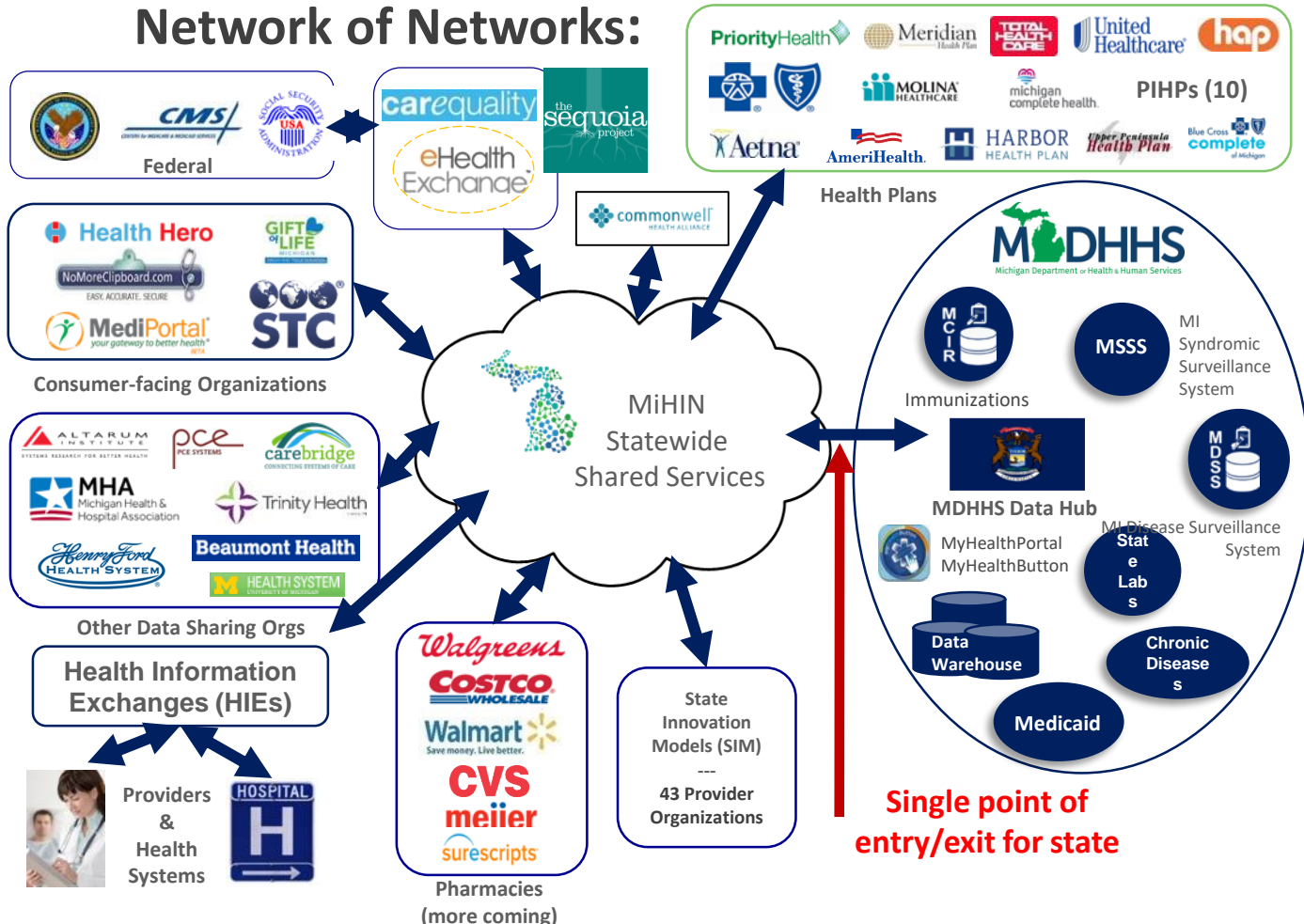


**NOW:**

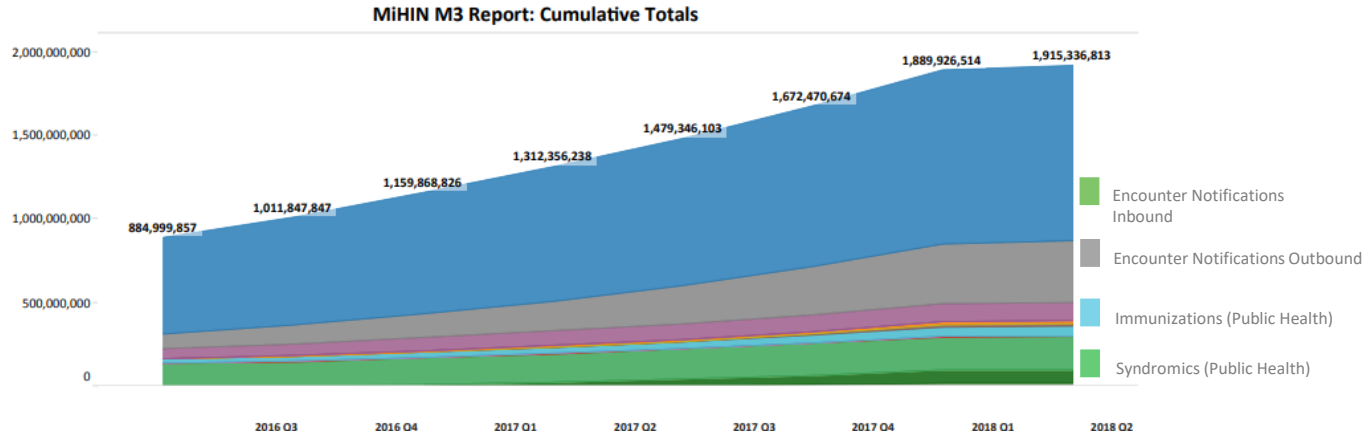
Connect once to access  
shared services



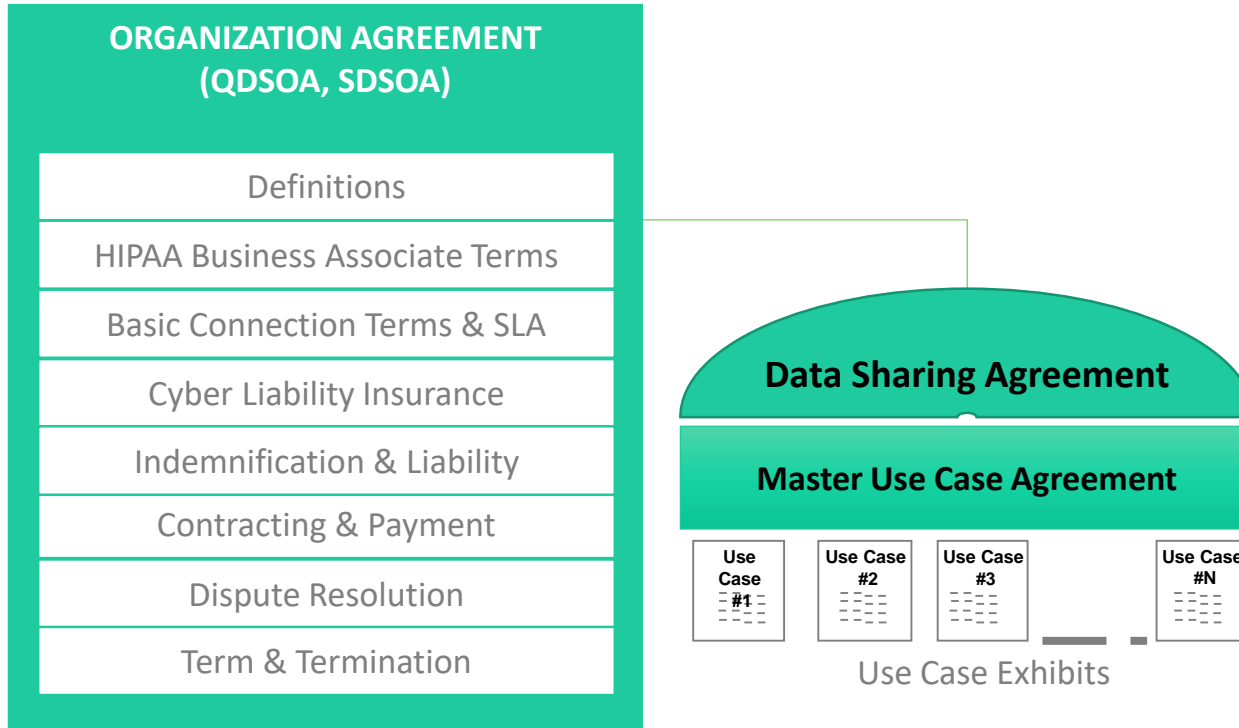
# Network of Networks:



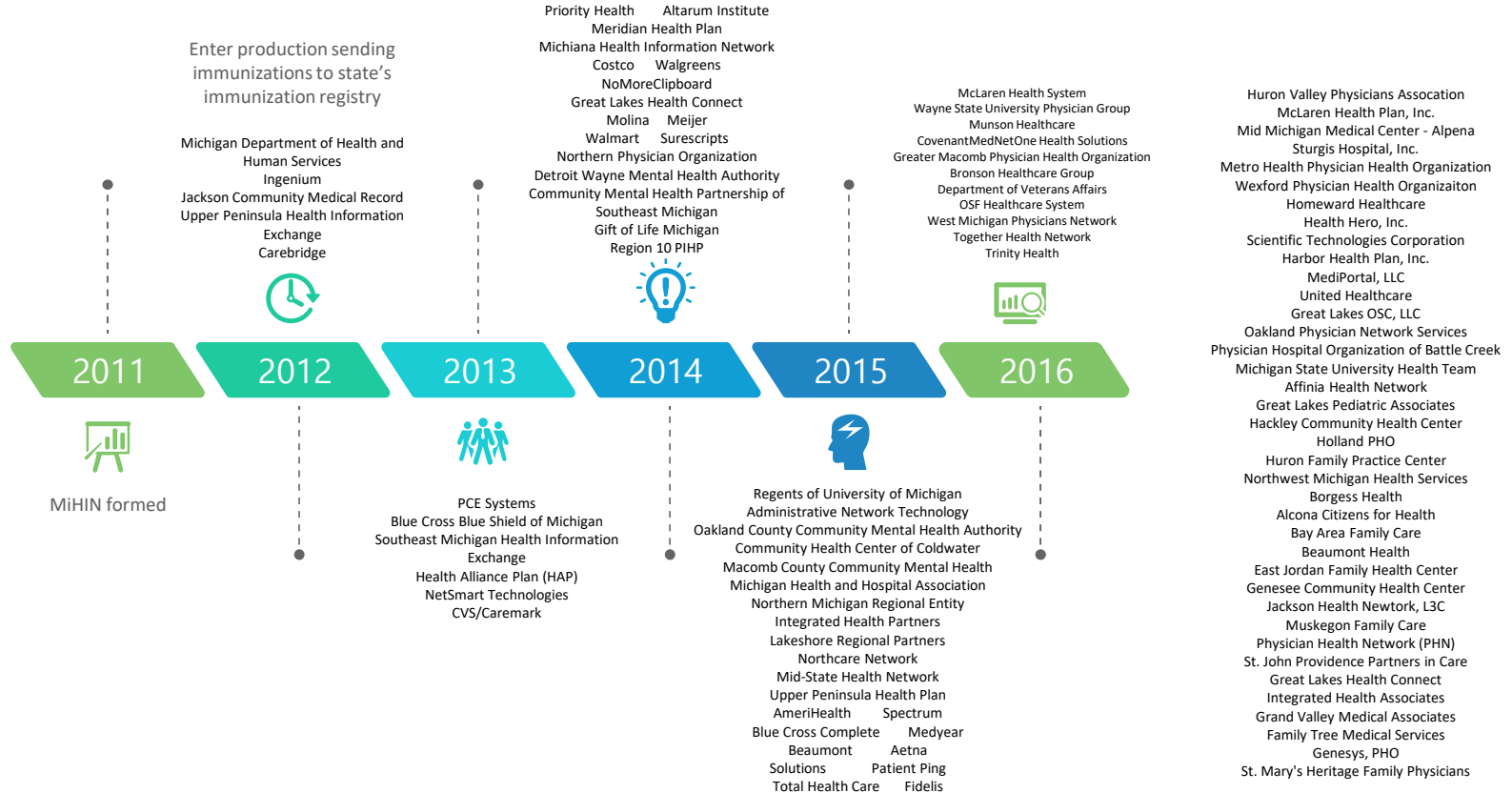
# Millions of Transactions Are Flowing



# Legal Infrastructure for Trusted Data-Sharing Organizations (TDSO)



# Trusted Data Sharing Organizations – Growing Each Year

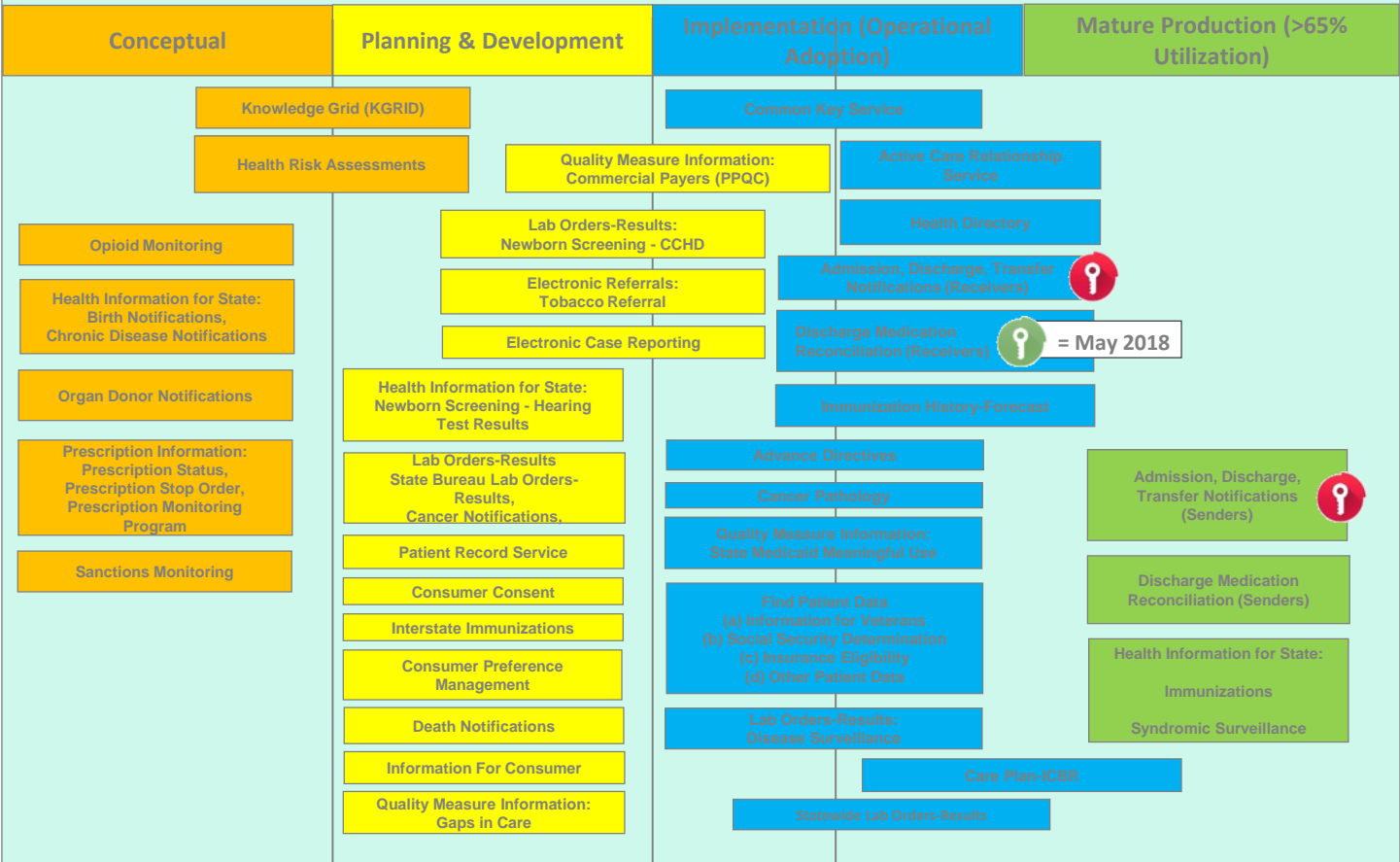


# What is a Use Case?

- Way to share specific information
- Each use case has its own:
  - purpose
  - type of information exchanged
  - description of interactions between people/systems
- Examples of use cases:
  - Immunizations
  - Encounter Notifications (e.g. Jeff was admitted to Duke last night)
  - **Quality Measures** (e.g. 41 of 100 patients tested for X)



# MiHIN Statewide Use Case and Scenario Status



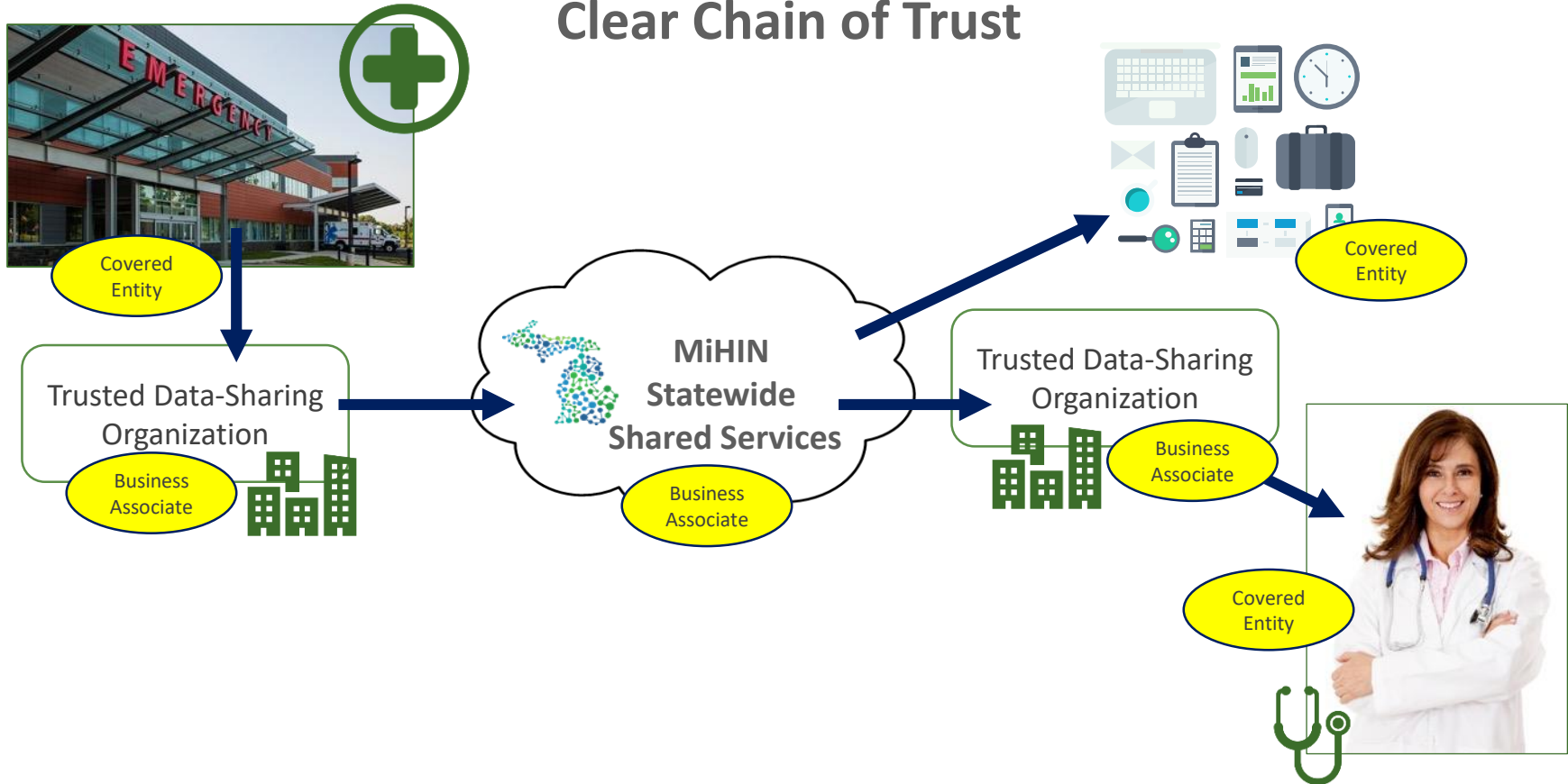
= requires Common Key Service



= Common Key Service required by date



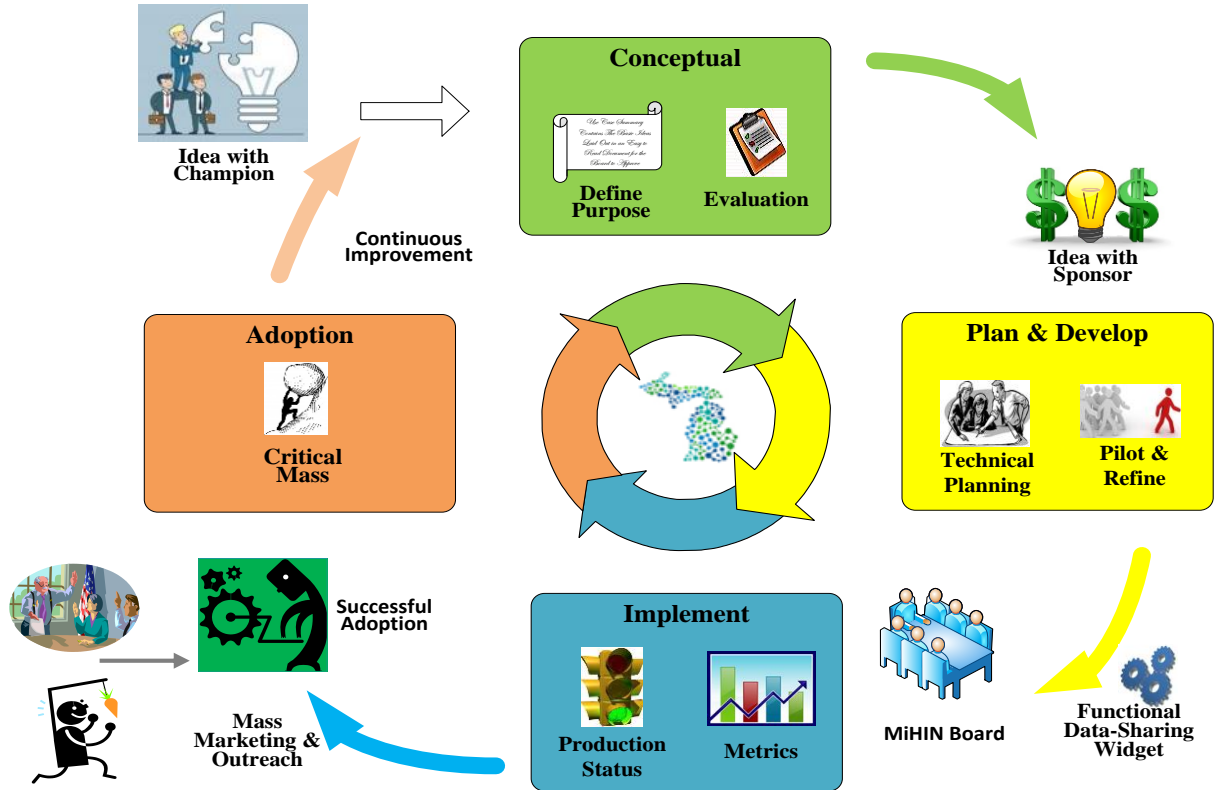
# Clear Chain of Trust



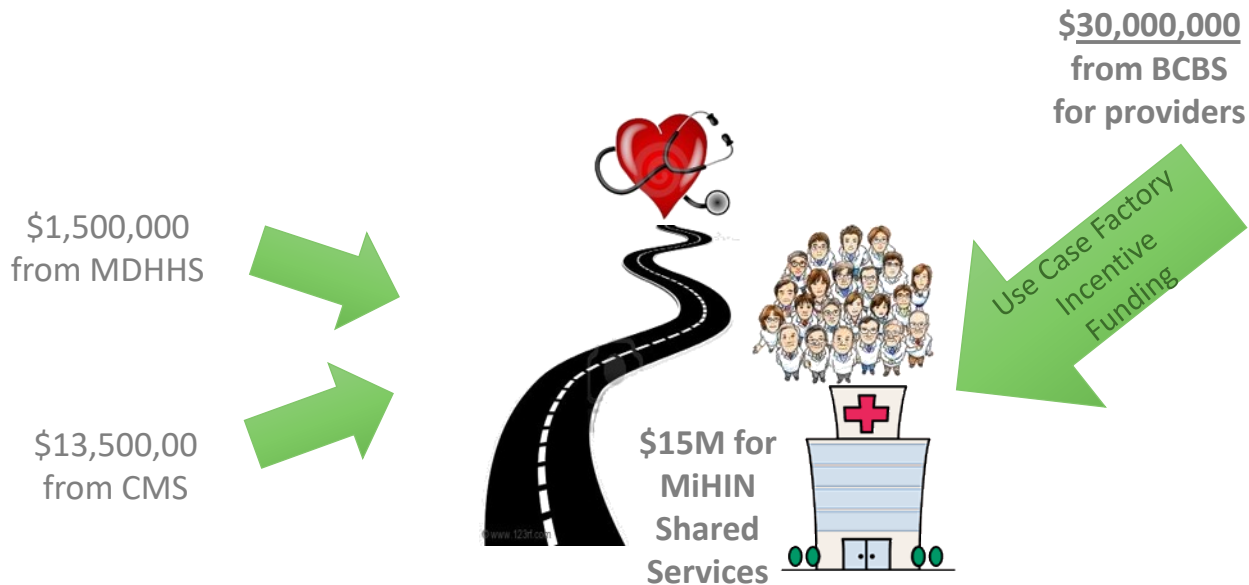
# Amazon, Berkshire Hathaway, JPMorgan Six Focus Areas (April 6, 2018)

1. Align **incentives** system-wide
2. Study amount of money spent on waste, administration, and fraud costs
3. Leverage health data and telemedicine to drive consumer-driven approach
4. Develop better wellness programs focusing on chronic diseases (cancer, stroke, heart disease)
5. **Determine why costly and specialized medicine and pharmaceuticals are frequently over and under-utilized**
6. **Study costs associated with specialty care, drugs, and end-of-life care**

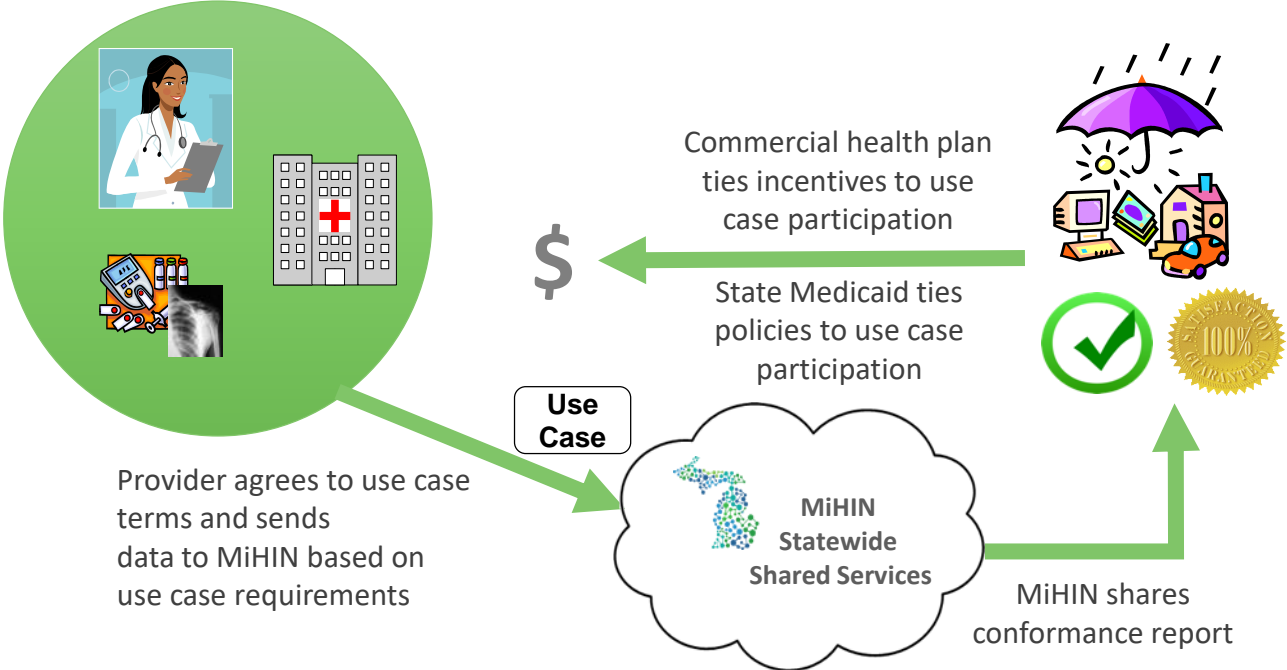
# Use Case Factory<sup>®</sup> Process (Lean)



# Maximizing Funding to Save Lives, Help Doctors, and Reduce Waste



# Our Approach: Everybody Wins



# High Quality Data = Gold

ADT Data Quality: April 2015

ADT Data Quality: December 2015

Hospital  
Systems

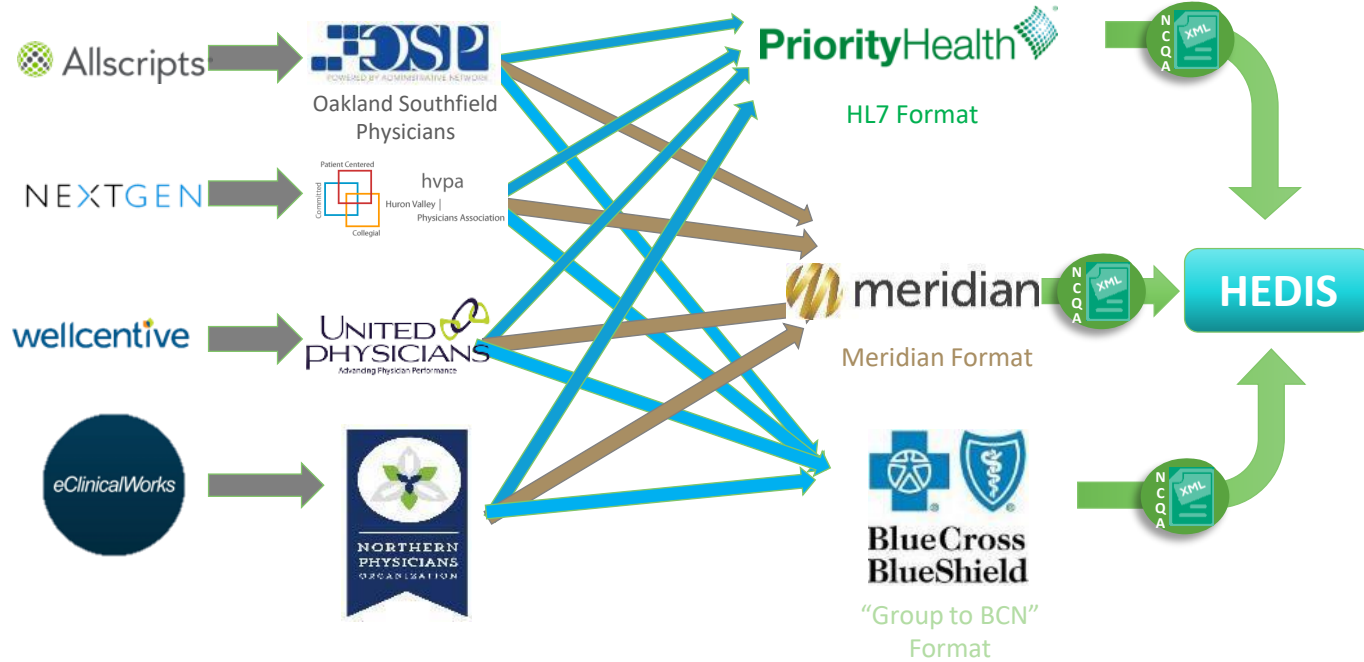
Fields Populated	Fields Mapped	Enhanced Fields
100.0%	100.0%	0.0%
63.6%	53.8%	0.0%
81.8%	53.8%	33.3%
90.9%	61.5%	0.0%
100.0%	38.5%	0.0%
90.9%	92.3%	0.0%
54.5%	15.4%	0.0%
54.5%	15.4%	0.0%
100.0%	0.0%	33.3%
90.9%	61.5%	0.0%
90.9%	76.9%	33.3%
90.9%	23.1%	0.0%
63.6%	69.2%	0.0%
63.6%	92.3%	0.0%
63.6%	0.0%	0.0%
63.6%	38.5%	33.3%
90.9%	92.3%	33.3%
63.6%	53.8%	0.0%
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Fields Populated	Fields Mapped	Enhanced Fields
100.0%	100.0%	100.0%
100.0%	100.0%	66.7%
100.0%	0.0%	33.3%
72.7%	100.0%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
90.9%	100.0%	100.0%
100.0%	92.3%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
100.0%	76.9%	66.7%
72.7%	100.0%	66.7%
63.6%	84.6%	66.7%
100.0%	92.3%	100.0%
100.0%	100.0%	33.3%
100.0%	53.8%	33.3%
100.0%	100.0%	66.7%
100.0%	84.6%	66.7%
100.0%	100.0%	66.7%
63.6%	92.3%	0.0%
72.7%	69.2%	66.7%
90.9%	100.0%	33.3%
100.0%	100.0%	66.7%

December 2015 snapshot shows one health system by individual hospitals resulting in additional rows



# Quality Reporting – Status Quo



# Quality Measure Data Flow





# Questions?

Jeff Livesay

Senior Executive Vice President

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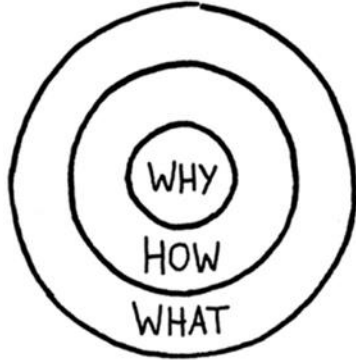
# Exercise: Considerations for Mission and Vision

# Mission and Vision: Definitions

- A **Mission Statement** defines the company's business, its objectives and its approach to reach those objectives. A **Vision Statement** describes the desired future position of the company. Elements of Mission and Vision Statements are often combined to provide a statement of the company's purposes, goals and values. However, sometimes the two terms are used interchangeably. *(Your Company's Purpose Is Not Its Vision, Mission, or Values by Graham Kenny)*
- At its core, a **company's purpose** is a bold affirmation of its reason for being in business. It conveys what the organization stands for in historical, ethical, emotional and practical terms. No matter how it's communicated to employees and customers, a company's purpose is the driving force that enables a company to define its true brand and create its desired culture. *(A Company's Purpose Has to Be a Lot More Than Words by Nate Dvorak and Bryant Ott)*

# Getting to “Why” *Simon Sinek*

## The Golden Circle



**What**  
Every organization on the planet knows WHAT they do. These are products they sell or the services they offer.

**How**  
Some organizations know HOW they do it. These are the things that make them special or set them apart from their competition.

**Why**  
Very few organizations know WHY they do what they do. WHY is not about making money. That's a result. It's a purpose, cause or belief. It's the very reason your organization exists.

© 2013 Simon Sinek, Inc.

# Considerations for Mission, Vision and Values

*The mission, vision and values of the HIE entity should be informed by recommendations approved by the Health IT Advisory Council in May 2017, including:*

- *keeping patients and consumers as a primary focus in all efforts to improve health IT and HIE (patient as “North Star”)*
- *leveraging existing national and state-based interoperability initiatives*
- *implementing core technology, such as identity services, that complements and interoperates with systems currently in place*
- *implementing “rules of the road” that provides a policy framework that engenders trust*
- *supporting value-based care initiatives such as ACOs and CINs*
- *ensuring all stakeholders can participate in data sharing*
- *Implementing workflow tools that improve efficiency and effectiveness*

*Other considerations for inclusion in the mission and vision of the HIE entity are as follows:*

- *TO BE ADDED AFTER DG5 EXERCISE*

# Recommendations: TEFCA

# Guidance for States from ONC

## What does the Trusted Exchange Framework mean for state government and public health?

- Participation in the Trusted Exchange Framework will be voluntary.
- The Trusted Exchange Framework sets the minimum requirements to enable the appropriate sharing of health information between networks.
- The Trusted Exchange Framework takes a non-regulatory approach to allow flexibility to ensure that data can be efficiently exchanged while protecting privacy and security.
- State Medicaid Agencies could benefit from the Trusted Exchange Framework in multiple ways:
  - Improved ability for providers to coordinate care across multiple settings.
  - More accurate and more easily produced state-level measurement of the quality of healthcare. This can allow states to expand value-based healthcare purchasing.
  - Improved state-level dashboards of healthcare services utilization. Such dashboards can better enable public and private decision making on high cost healthcare expenditures impacting state budgets.
  - Better fraud detection based on enhanced data availability.
  - Reduction in the cost to the state of interfaces between health information technology systems and health information networks.
- The additional data made accessible by the Trusted Exchange Framework allows state public health agencies to improve electronic case reporting, cross jurisdictional immunization exchange, patient tracking and family reunification during emergencies, identification of at-risk populations, and disease surveillance and outbreak investigation.
- States may see improved availability of data for conducting analyses of non-clinical services, including child welfare and other social services.

## How can state governments leverage the Trusted Exchange Framework?

- Include connectivity to the network created by the Trusted Exchange Framework as a requirement in contracts with entities that facilitate health information exchange on behalf of the state.
- Require all health data sharing activities to leverage the Trusted Exchange Framework (e.g. require Medicaid managed care contracts to require providers to be connected to the network).

# TEFCA

*Governance of health information exchange and data sharing within the State of CT should be conformant with the Trusted Exchange Framework and Common Agreement (TEFCA) currently under development by the Office of the National Coordinator for Health Information Technology (ONC) pursuant to the 21<sup>st</sup> Century Cures Act.*

- The HITO should closely monitor ongoing development of TEFCA to ensure alignment and conformance with CT governance and trust framework, and strategic opportunities for participation have been identified and assessed.
- The Principles of Trusted Exchange should be endorsed.
  - Standardization
  - Transparency
  - Cooperation and non-discrimination
  - Security and patient safety
  - Access
  - Data-driven accountability
- The Trust Agreement of the HIE entity should be in alignment with the final Common Agreement of TEFCA.
- Other
- Other
- Other



# Additional Governance Considerations

*The following thoughts and considerations were raised during the Governance Design Group discussions. These have not been fully vetted nor did they rise to the level of formal recommendations. Rather they are offered as individual perspectives that members of the Design Group wish to pass along to further inform the significant planning and design of governance that lies ahead.*

- *TO BE ADDED DURING DG5 EXERCISES*

# Building Block Exercises

- ✓ 1. Critical Success Factors
- ✓ 2. Characteristics of a neutral and trusted entity
- ✓ 3. Elements of a trust agreement
- ✓ 4. Policies and procedures table of contents
- ✓ 5. Relationship of state / HIE entity / Health IT Advisory Council
- ✓ 6. Relationship of governance vs. data governance
- ✓ 7. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity
- ✓ 8. Potential impact of TECCA
- ✓ 9. Mission and vision considerations

# Additional Considerations

# Governance Design Group: *Recommendations and Considerations for the Health IT Advisory Council*

July 19, 2018



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6. Critical Success Factors
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9. Relationships Across Key Parties
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11. Elements of Trust Agreement
12. Policies and Procedures Table of Contents
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14. Supplemental Information
  - Trust Agreement Analysis
  - Relevant Federal and State Laws and Regulations

# Concluding Thoughts from the Design Group



# Contact Information

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***Please direct all questions to Jennifer Richmond***