Health IT Advisory Council

November 17, 2016

Session 8

Agenda

Welcome and Introductions	**1:00 pm**
Public Comment	1:05 pm
Review and Approval of Minutes – 10/20/16	1:10 pm
Review of Previous Action Items	1:15 pm
Updates • Appointments • HITO Search • eCQM	1:20 pm
Planning for HIE Services Health IT Advisory Council Role	1:30 pm
Wrap-up and Next Steps	2:45 pm

Public Comment

Review and Approval of October 20, 2016 Minutes

Review of Action Items

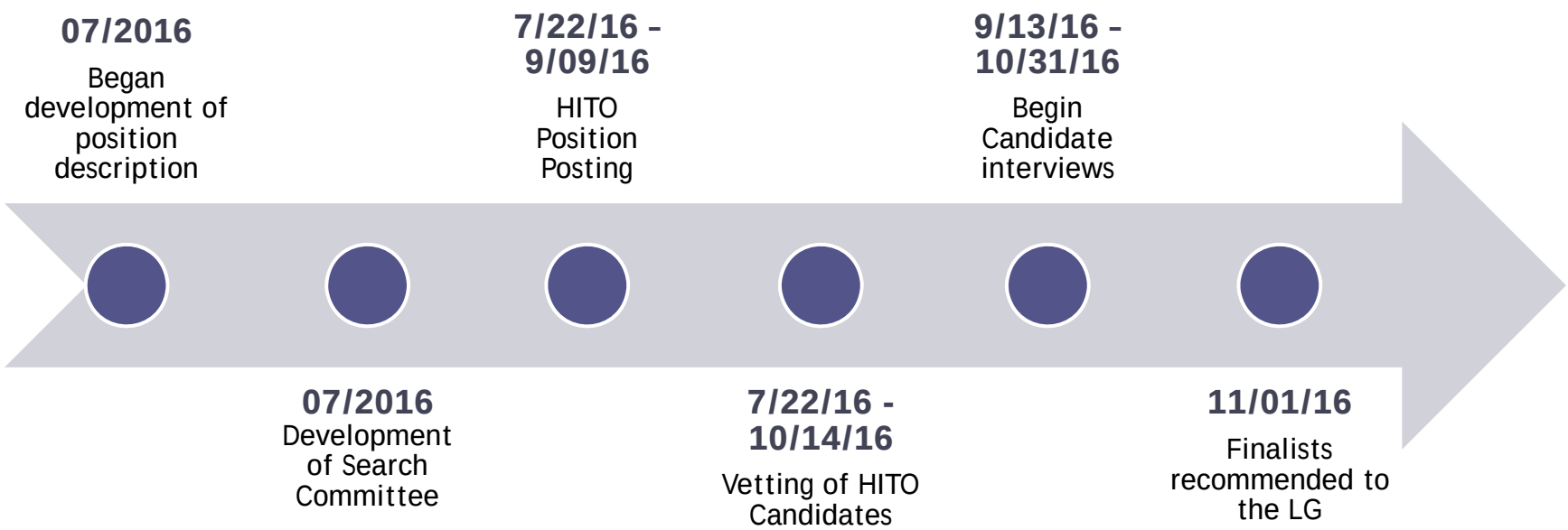
Action Items	Responsible Party	Follow Up Date
SIM HIT Council Report	Sarju Shah	9/15/2016 COMPLETED
Overview of MACRA	Faina Dookh	9/15/2016 COMPLETED
Overview of Alert Notification Strategy	CedarBridge Group	10/20/2016 COMPLETED
Timeline for eCQM Learning Experiences	CedarBridge Group	11/17/2016
Timeline for eCQM RFI/RFP Process	CedarBridge Group	11/17/2016

Updates

Pending Appointments

Name	Represents	Appointment by
TBD	Technology expert who represents a hospital system	Speaker of the House
TBD	Provider of home health care services	Speaker of the House
TBD	Health care consumer or health care consumer advocate	Speaker of the House

HITO Search


07/2016
Began development of position description
07/2016
Development of Search Committee
7/22/16 – 9/09/16
HITO Position Posting
7/22/16 - 10/14/16
Vetting of HITO Candidates
9/13/16 – 10/31/16
Begin Candidate interviews
11/01/16
Finalists recommended to the LG

Prospective Timeline for eCQM Learning Sessions

Date	Proposed Presentation on eCQM System Procurement Considerations
December/January	Susan Otter, Director of Health IT, Oregon Health Authority
December/January	Amy Zimmerman, State Coordinator of Health IT, Rhode Island Executive Office of Health and Human Services

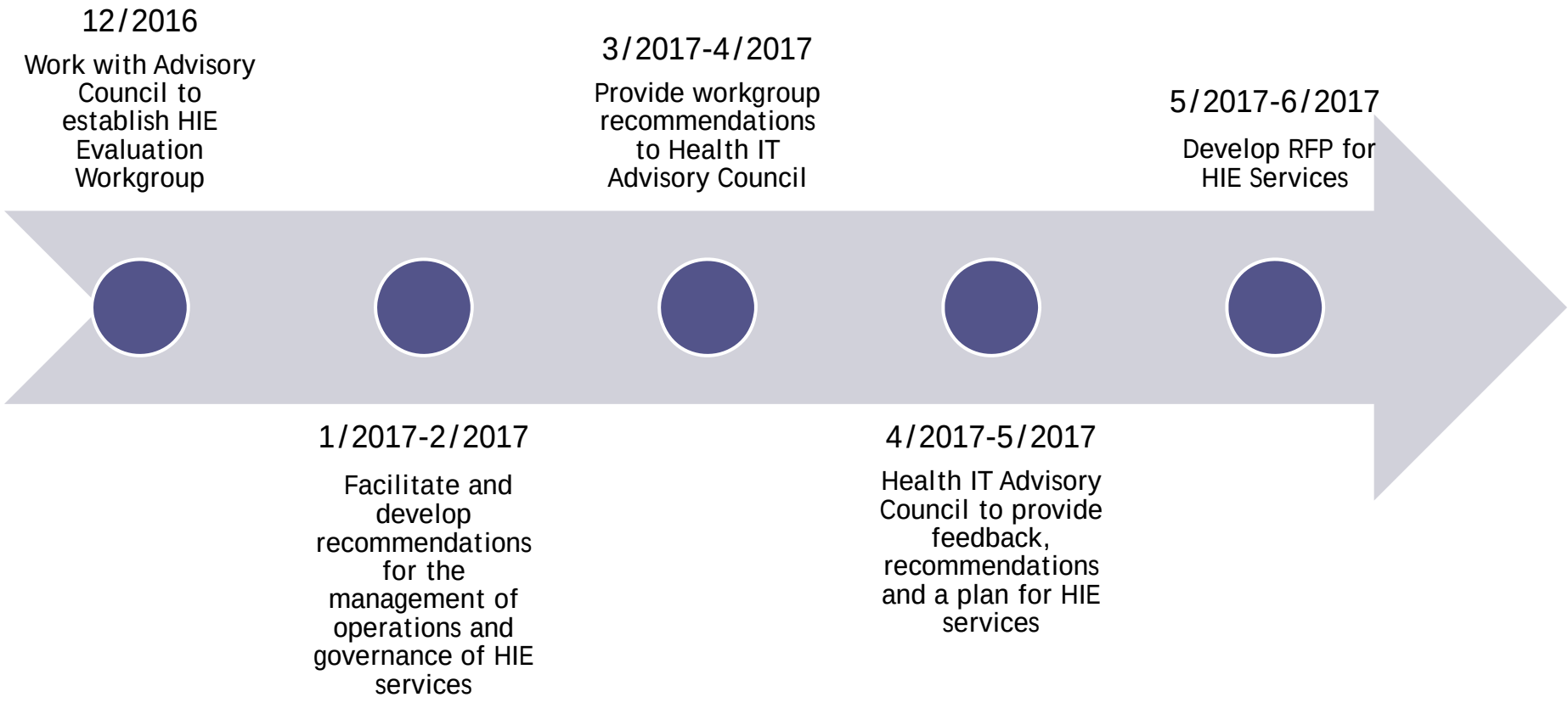
Question: Would Council members prefer:
1-longer webinar
or
2-shorter webinars?

Estimated Timeline:
eCQM Measurement and Reporting System
Request for Information (RFI) & Request for Proposals (RFP)

Steps to Evaluate Technical Options for eCQM Measurement and Reporting System	Approximate Dates
RFI Planning	December 2016
Post RFI for Public Comments / Responses	January 2017
Presentation of RFI Feedback to Advisory Council	February 16, 2017
Develop RFP business, technical and functional requirements, informed by RFI responses and with stakeholder feedback	February- March 2017
RFP for eCQM Measurement and Reporting System posted	April 2017
RFP Evaluation Phase	May 2017
RFP Awarded	June 2017

Proposed HIE Timeline

These will occur in tandem with eCQM Measurement and Reporting System activities



Implementing Health Information Exchange Services in Connecticut

Council Discussion

If You Build it, Will They Come?

Necessary Health IT for Participation in Value-Based Payment Models*

What do organizations need to succeed in value-based payment models?	How can these needs be enabled through health IT?
Care events in real time	ADT alert notifications
Identify high-risk patients	Predictive and retrospective analytics, based on clinical and claims data
Access to information across the continuum of care, in order to provide timely interventions to high-risk patients (chronic disease & for readmissions)	Electronic care plans that can be shared between caregivers and other care coordination tools
Engage patients and caregivers in their care	Patient centric mobile technologies
Measure the quality of care delivered to patients	Electronic clinical quality measure (eCQM) reporting and measurement systems

* HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE TO SUPPORT ACCOUNTABLE CARE ARRANGEMENTS

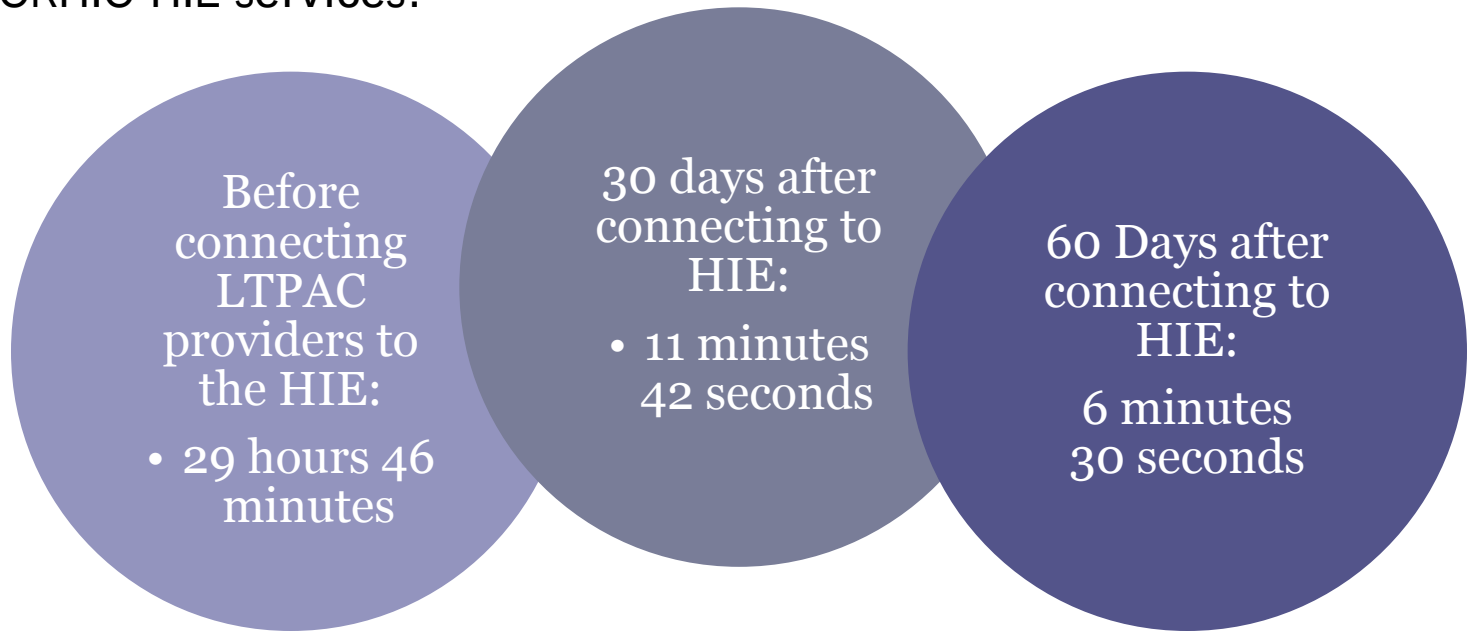
Realized Value of HIE Services

Reduction of hospital readmissions from 21% to as low as 3%

Medicare Transitional Care Management Services allows for provider reimbursements(CPT codes 99495 and 99496) for timely communication (48 hours) and face-to-face follow-up visits after discharge (7 or 14 days)

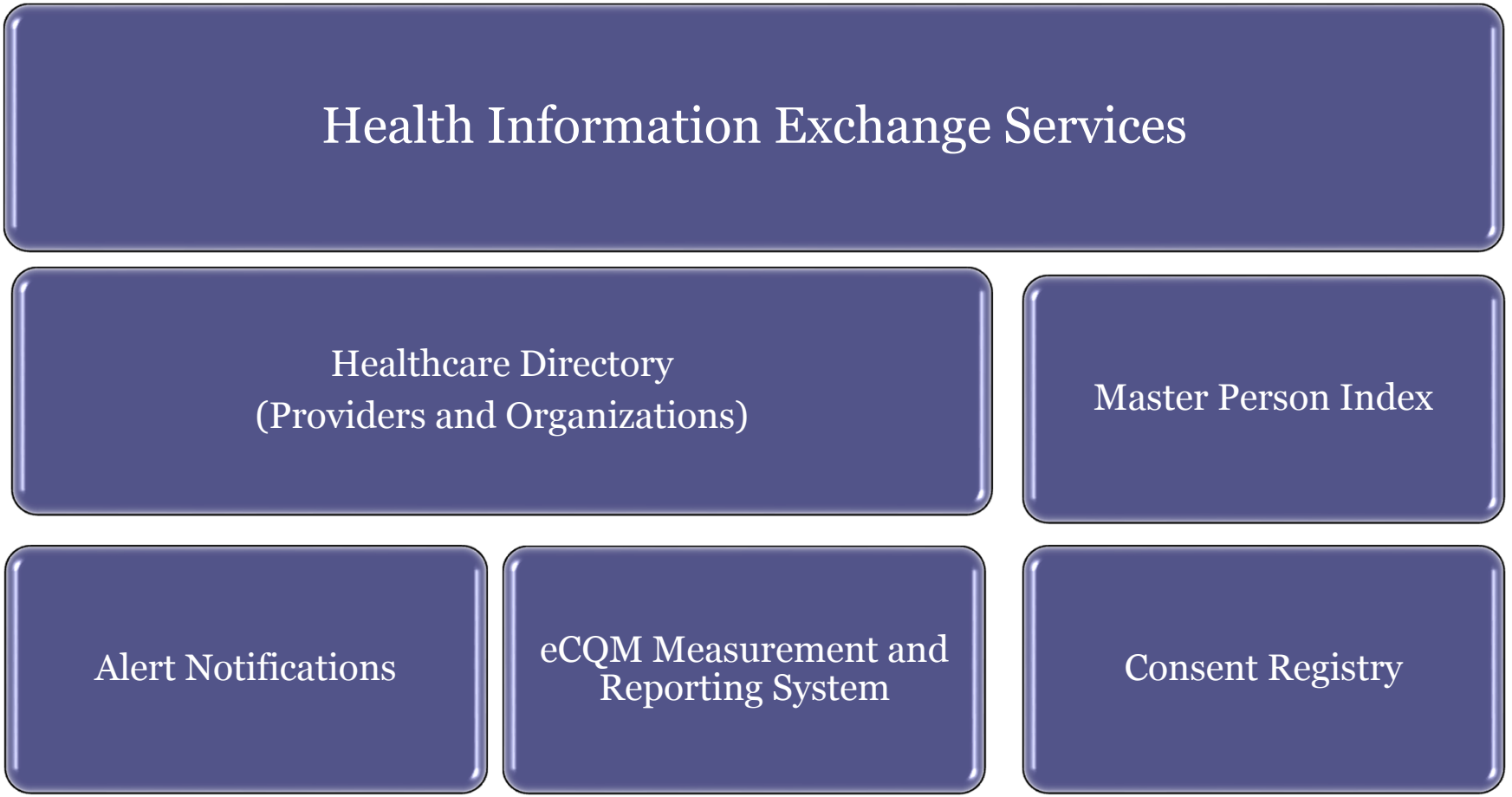
Colorado Regional Health Information Organization (CORHIO) LTPAC Time-Saving Results:

- CORHIO staff surveyed LTPAC providers to establish the average amount of time spent locating a new patient's health records prior to connecting to the HIE.
- The same providers, 30 and 60 days after the LTPAC facility was connected to the CORHIO HIE services.



Using the CORHIO HIE saves LTPAC providers an average of 29 hours per admission

Building Services with Value



How Can Connecticut Ensure the Value of HIE Investments are Realized?

Considering the Goals for HIE Services in Connecticut

Rapid deployment to have services available as soon as possible

A **comprehensive** set of services with full functionality as soon as possible

Interoperable services that can fit together in a way that is not cost or work-flow burdensome

Streamlined **management and governance** of components

A **cost-effective and sustainable** strategy

Use the **latest technologies when possible**, weighing costs of older (legacy) systems against new technology

Incorporate what is already working and has proven to be successful from other states/ operating HIEs

Operator of the services must have **a track record of success**

Let's discuss…

Principle #1

Rapid Deployment

Rapid Deployment is Essential

SIM Funding available through June 2019

90/10 HITECH funding available through September 30, 2021

50% Medicare payments tied to value-based payment models by 2018

Rapid Deployment is Essential

Are there "quick wins", or does an incremental approach ultimately slow the "end game"?

Should the approach to HIE services be driven by payment initiatives?

Does the Council want to advance this principle?

Principle #2

Cost Effective and Sustainable

HIE Services Must Produce Value for Investors; Near Term and Over Time

Cost Effective

Producing optimum results for the expenditure

Sustainable

Cause to continue or be prolonged for an extended period or without interruption

HIE Services Must Produce Value for Investors; Near Term and Over Time

Cost Effective

Does the Council feel that it would be more cost effective to contract with another state for HIE services?

Does the Council feel that it would be more cost-effective to adopt newer cloud-based technologies or to deploy services using current assets, knowing upgrades will be needed over time?

Sustainable

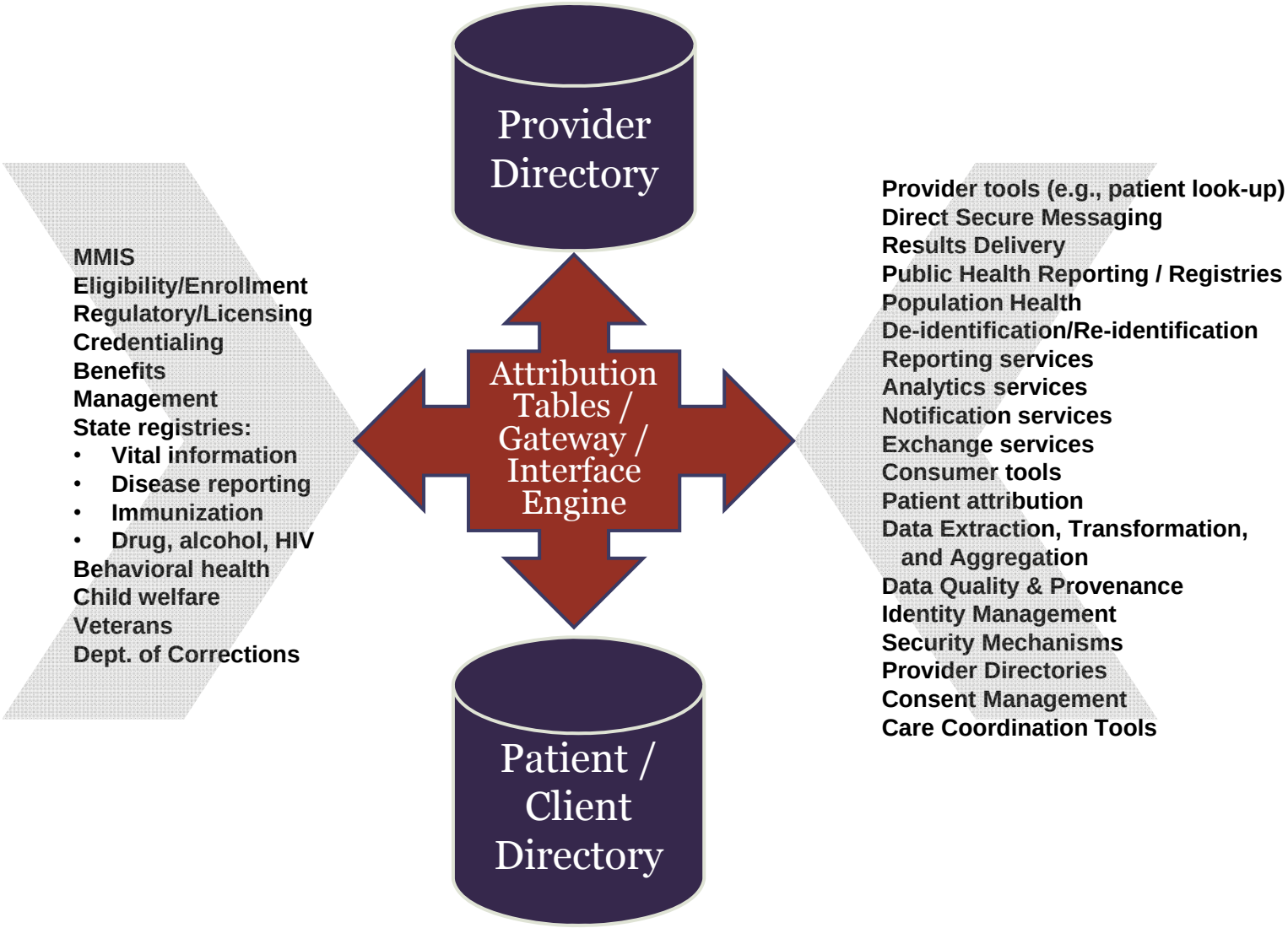
If Connecticut were to piggyback on another state's HIE infrastructure, how would the State ensure Connecticut's interests were met, over time?

Does the Council feel it has adequate information about the level of stakeholder support for various HIE services, to ensure users will pay?

Principle #3

A comprehensive set of services with full functionality as soon as possible

Statewide HIE Potential



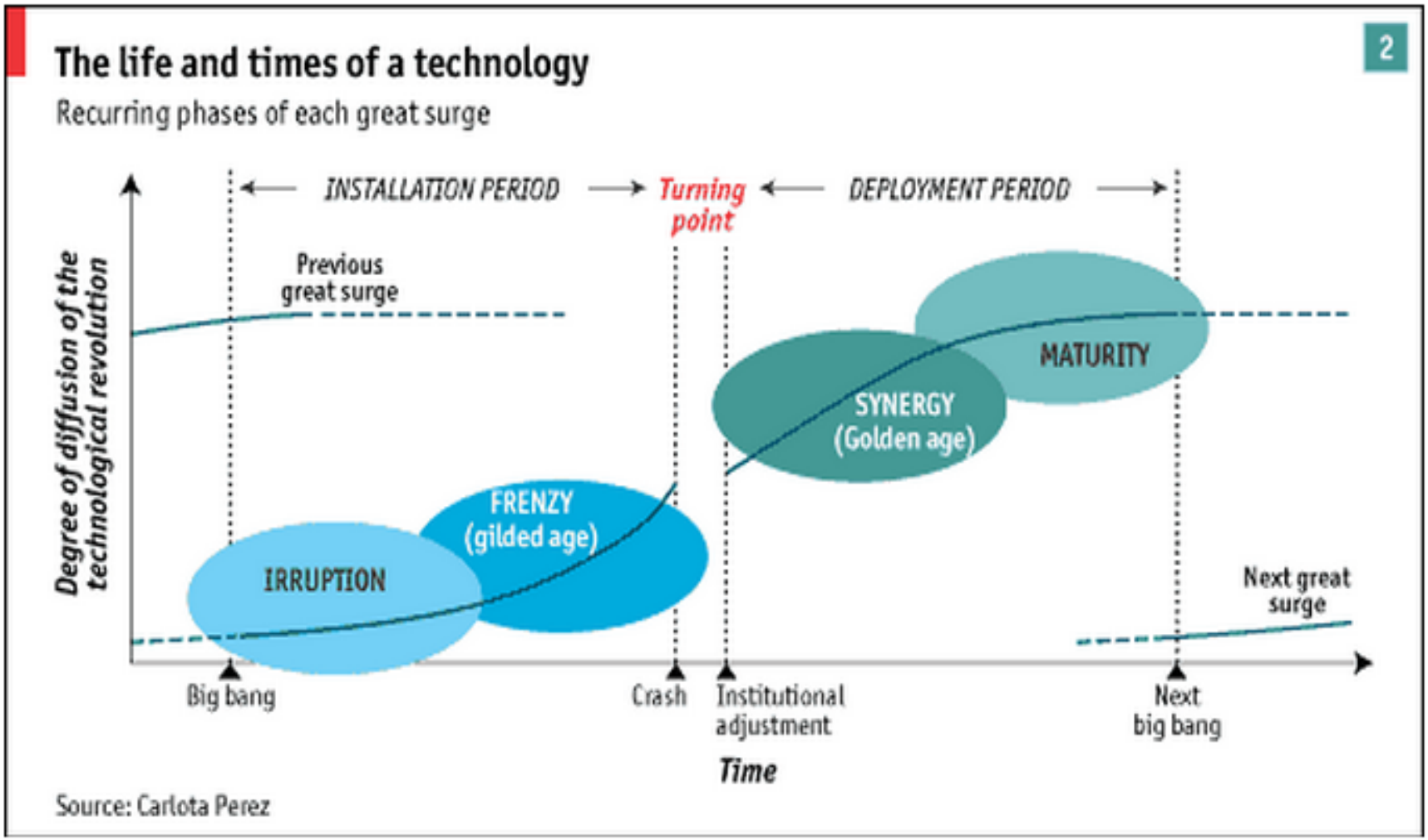
But…Caution is Warranted

Questions for Council: How can Connecticut avoid making the same mistakes that have been made before? Are there ways to ensure effective management and accountability?

Principle #4

Use the latest technologies when possible, weighing costs of older (legacy) systems against new technology

Technology Lifecycle



Technology Evolves…

What's next for health IT…..?

FHIR - Fast Healthcare Interoperability Resources

- Simple, cost effective, open source interoperability
- Out-of-the-box support for ~80% of use cases world wide*
- Faster and less expensive to implement compared to historical standards
- Bigger resource pool due to less dependency on specialized, industry-specific expertise
- FHIR is being implemented now!
  - SMART on FHIR
  - Argonaut Project
  - Intermountain Healthcare
  - Commonwell Health Alliance

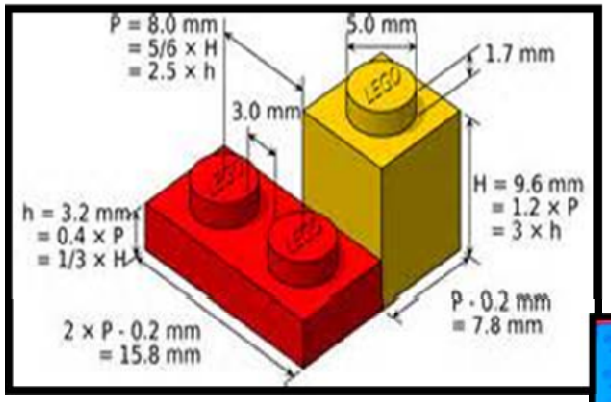
SMART®

*Source: http://www.slideshare.net/ewoutkramer/hl7-fhir

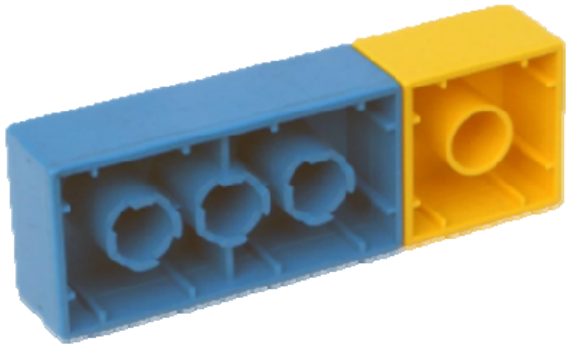
Principle #5

Interoperable services that can fit together in a way that is not cost or work-flow burdensome

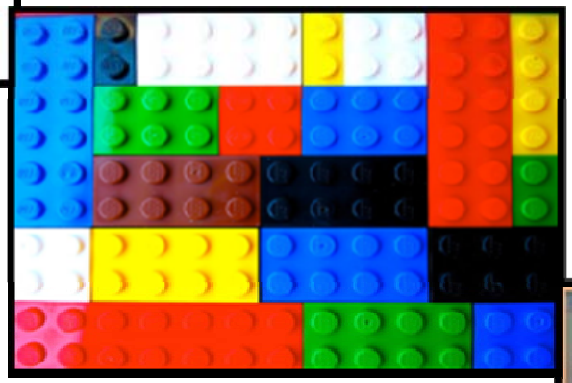
Must Have: Interoperability



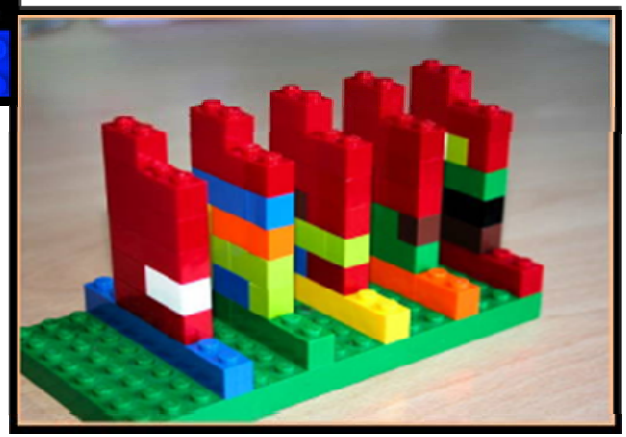
Standardized Containers



Wide Variety



Reusable



Michigan Health Information Network (MiHIN)

Vendor	Function
Orion Rhapsody	Interface Engine
Salesforce	Provider Directory, Consumer Directory
Informatica	Data Integration / Data Quality Services
Dynamic Health IT	Quality Measures
Windward Solutions Hyperlogic Silverline openAirWare	Development Vendors, contracted to support for FHIR applications, enhance Salesforce applications, and conduct CCD/CCDA parsing and QRDA conversions
CGI	Gateway for CONNECT
Tableau	Dashboards and Data Display
4Medica, Stibo (soon adding Verato)	Patient Matching; using different vendors with
PatientPing (for SNFs only)	Alerts

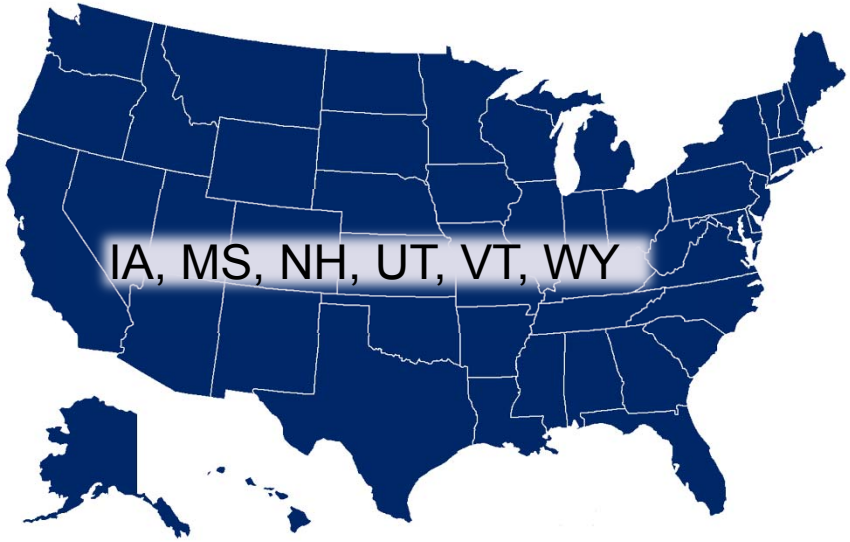
Maine HealthInfoNet

Vendor	Function
Orion Rhapsody	Interface Engine
Orion Clinical Data Repository Version 6	Clinical Data Storage
Orion Concerto	Clinical Viewer (EHR)
Orion OHP	HIE Module - Notifications and Public Heath Reporting
IBM Initiate	Patient Matching Enterprise Master Person Index
Clinical Architecture	Terminology Matching Engine
HBI Solutions	Descriptive and Real-time Predictive Analytics
Systems Engineering	Hardware management, Data Center Operations, Security Firewall and Perimeter Security and 24/7 Event Watch monitoring
HealthInfoNet	Hardware purchase and hosting

Principle #6

Incorporate what is already working and has proven to be successful from other states/ operating HIEs

Lessons Learned: Nationwide HIE



Build exchange capabilities incrementally to:

- Develop trust
- Provide the ability to meet short, concrete, benchmarks
- Promote sustainability
- Allow for flexibility to meet and respond to market need

Mitigate software limitations by using “best of breed” to:

- Cut costs
- Speed up progress
- Agility to address market and stakeholder needs

https://www.healthit.gov/sites/default/files/CaseStudySynthesisGranteeExperienceFinal_121014.pdf

Lessons Learned: Provider Priorities

Provider Type (IA, MS, NH, UT, NH, VT, WY)	Use Cases							
	Meet MU	ADT Alerts	Care Summaries	Radiology Results	Medication History & Reconciliation	Access to State Registries	Population Health Management	Interstate Exchange
Hospitals/ large health systems	•	•	•		•	•		•
Ambulatory Care Providers and Health Centers	•	•	•	•	•	•	•	•
Critical Access Hospitals	•	•	•	•	•		•	
Home health & Long-Term Care Providers		•	•	•	•			
ACOs		•	•				•	•

Every hospital generates an ADT feed from its EHR system. The ADT standard is considered to be a “mature” standard, meaning that it is readily produced and generally compatible with HIE services. ADT feeds, when linked to a provider’s attributed patient list, can provide a low cost way for providers to receive notifications of care events.

https://www.healthit.gov/sites/default/files/reports/provider_experiences_with_hie_june_2015.pdf

Don't Reinvent the Wheel…Realign It

HIE 1.0: In most markets, query HIE services, with a longitudinal, searchable clinical repository, are not garnering widespread uptake.

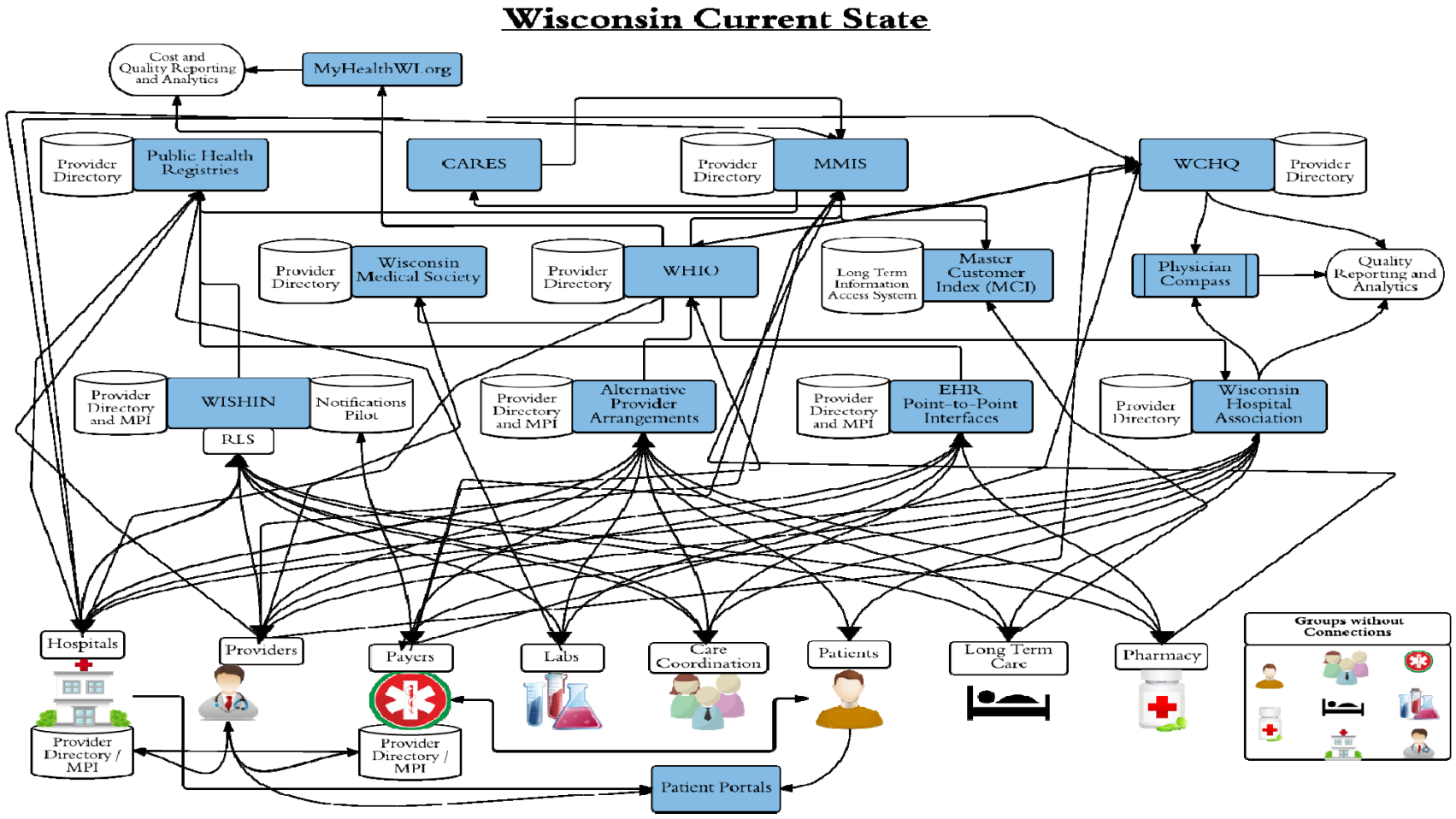
HIE 2.0: Clinical information, pushed to providers within existing workflows, combined with care coordination tools and analytics are highly desirable.

Principles #7 & 8

Streamlined management and governance of components
&
Operator of the services must have a track record of success

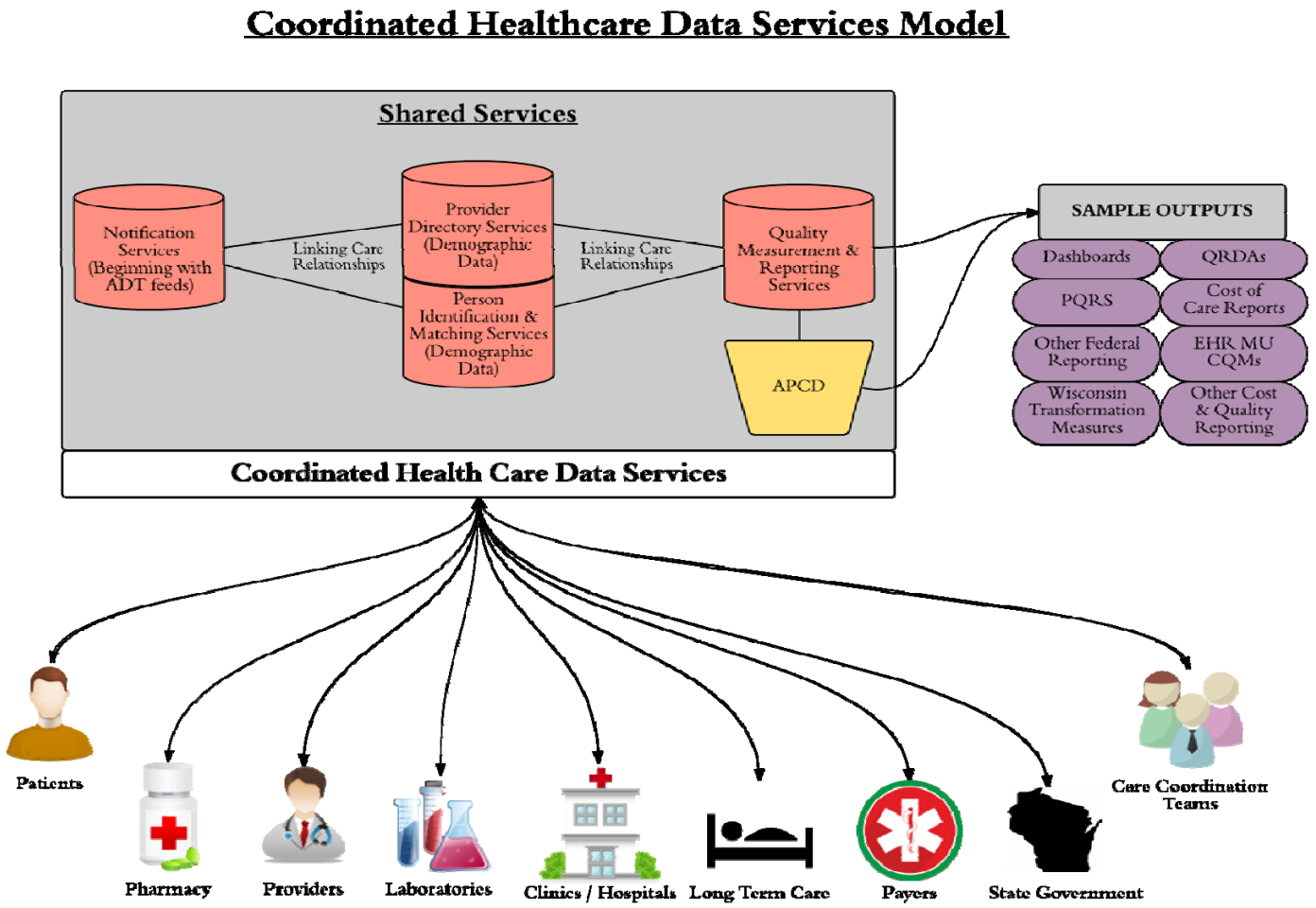
“Frankenstein” Already Exists

(Example from another state)



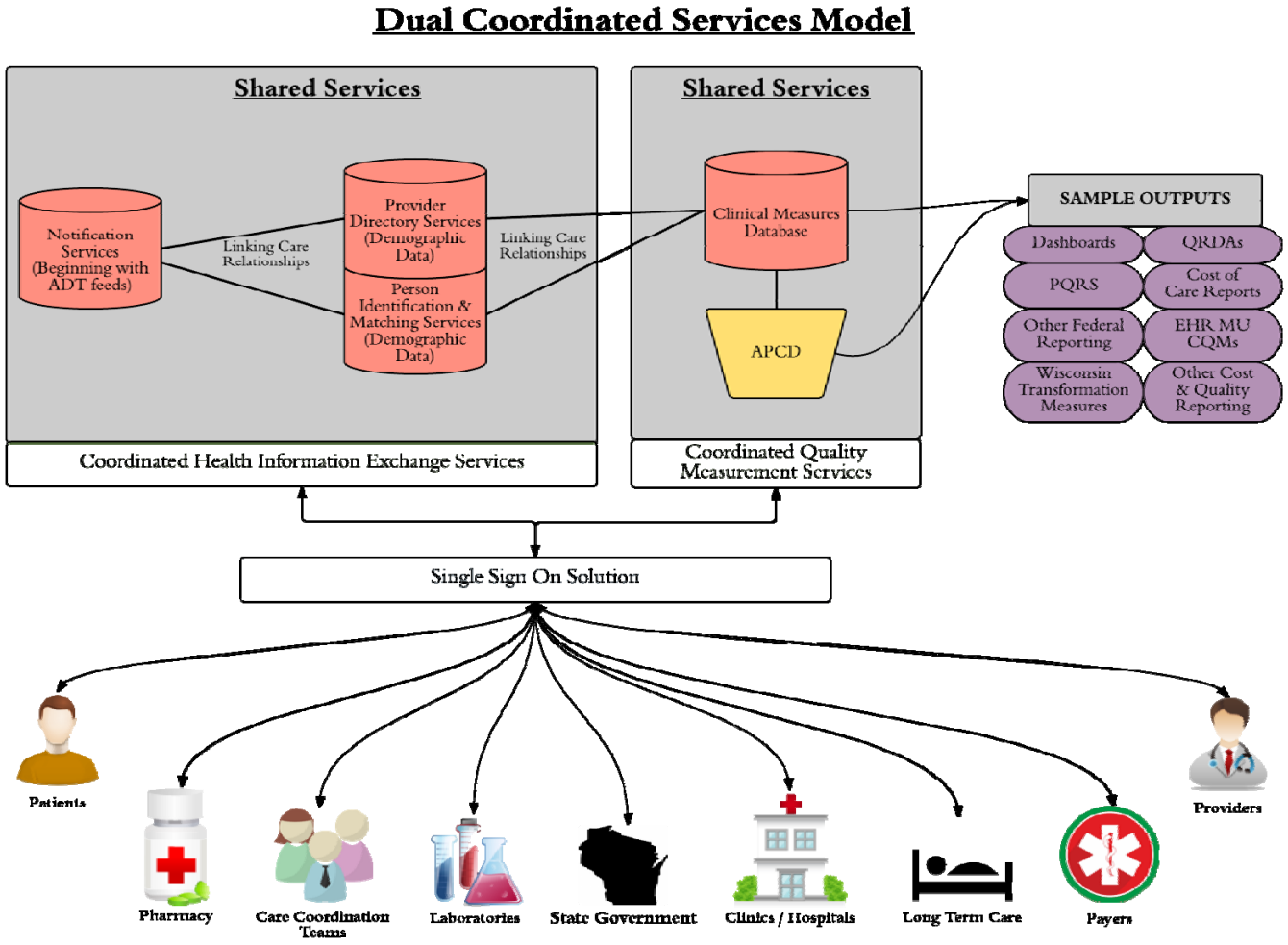
Managing Multiple HIE Services

Diagrams from another state; example #1



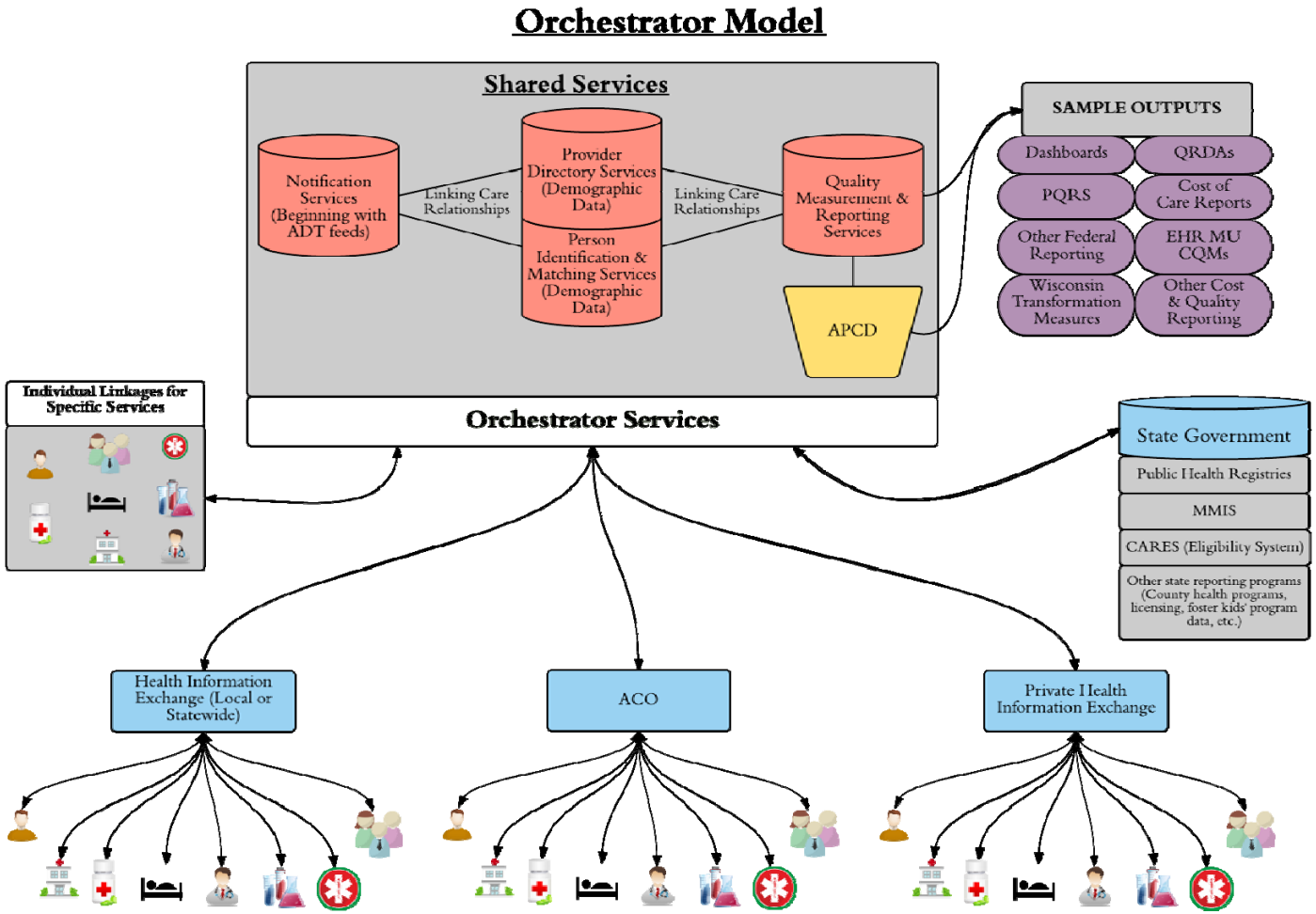
Managing Multiple HIE Services

Diagrams from another state; example #2



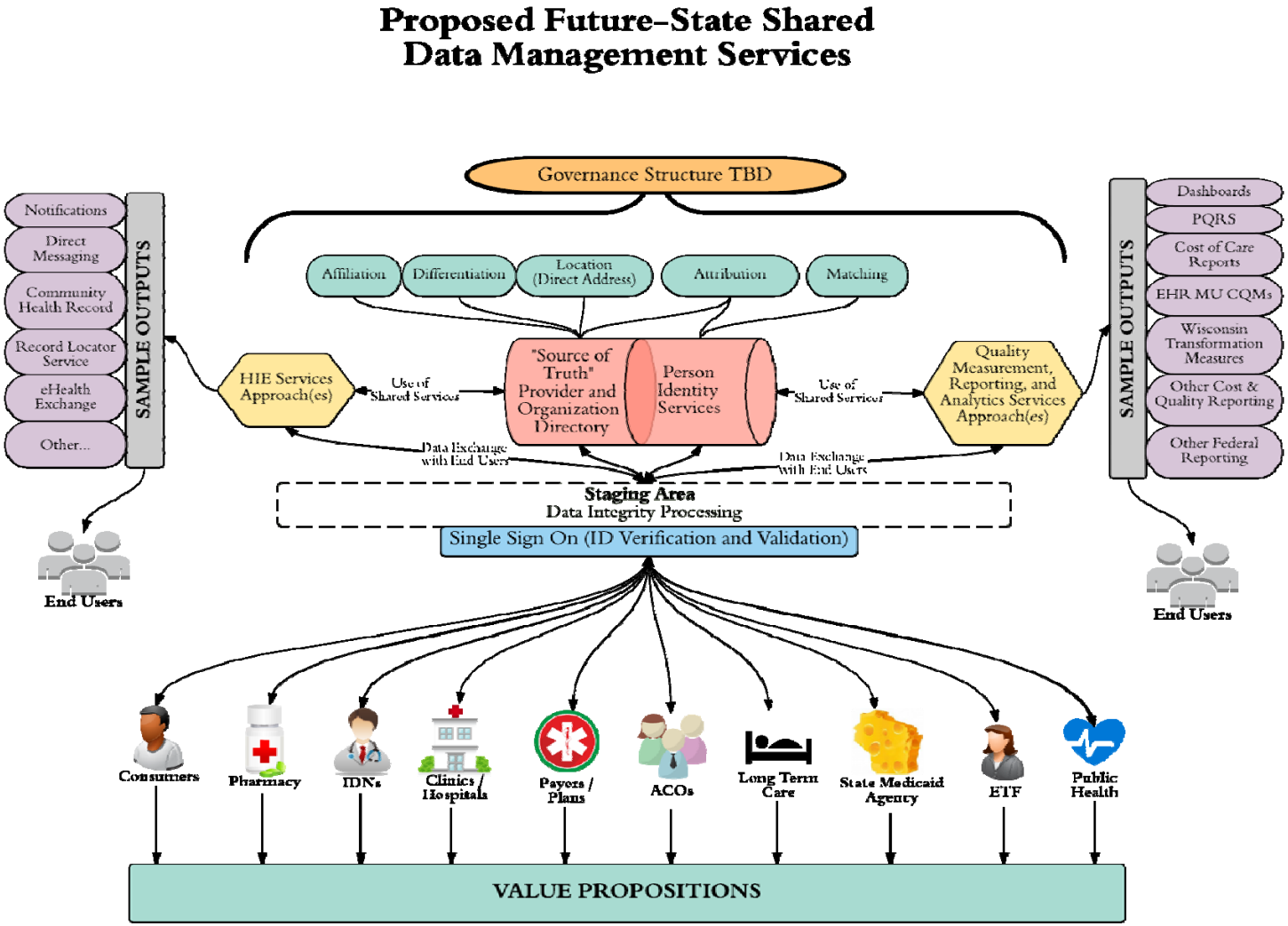
Managing Multiple HIE Services

Diagrams from another state; example #3



Managing Multiple HIE Services

Diagrams from another state; example #4



Connecticut Health Information Exchanges Services Available

Vendor	Function
Secure Exchange Solutions (State)	HISP / DIRECT Secure Messaging Alert Notifications
Zato (State)	Indexing clinical data repositories
NextGate (State)	eMPI Provider Registry Relationship Registry (Near term solution)
PatientPing (CHA)	Alert Notifications

Role of Health IT Advisory Council

Council Discussion

Public Act 16-77

Roles/Responsibilities:
Advise appointed official to advance health IT in Connecticut
Establish Statewide HIE
Enhance interstate and intrastate interoperability using standards and protocols
Establish electronic data standards
Require privacy standards (HIPAA) and limit the use of individuals Social Security number
Coordinate health IT and HIE efforts to ensure consistent and collaborative cross-agency planning and implementation
Promote the reuse of enterprise health information technology assets: Provider Directory, Enterprise Master Person Index, Direct Secure Messaging Health Information Service Provider (HISP)
Appropriate governance and oversight
Accountability Measures

Connecticut PA 16-77: Role of the Health IT Advisory Council

The Council will advise the Health Information Technology Officer

How will the Council Provide Advisory Guidance on Connecticut's HIE Services?

What do you need to make effective decisions?

- Consensus among parties about the goals (provided in PA 16-77)
- Common understandings about the available options that will lead to success in achieving the stated goals
- Defined process to evaluate strategies and tactics
- Defined decision-making process and timeline

Operational Considerations

Example: How Might the Council Fill its Role?

Barriers to Value-Based Payments	Recommendations	Council Role
• Many models of value-based payments; not clearly defined • Insufficient analytics and insufficient standards for data systems • Disincentives exist to data sharing • Patient attribution is difficult • Provider attribution model does not match delivery models • Workforce shortages • Several stand alone solutions • No alignment of patients, providers, payers, programs/payments	• Increase capabilities in analytics and improve standardization of data systems for better interoperability • Leverage EHRs / HIEs to provide services for providers participating in value-based payment models • Need for state directed policies with incentives and/or mandates • Leverage 90/10 funding to build; but have the bigger picture in mind. The churn of Medicaid population requires attention to wider range of patients • Better tools and data for coordination of care are needed • An inventory of state Health IT assets should be done (or updated)	• Evaluate incentives and measurements for using data exchange for care coordination • Recommend direction of funding/resources • Recommend standards for data systems procured with state/federal funds • Recommend / direct the development of guidance documents and education tools • Evaluate barriers to data sharing and develop strategies for eliminating barriers

Discussion:

When the HIE Plan was developed in January 2016, two approaches to statewide Health Information Exchange were evaluated; Council discussions continue to revolve around the advantages or trade-offs.

Approach	Pros	Cons
"HIE in a Box" approach, contracting for a full suite of HIE services to be provided by a single, existing entity		
Incremental approach, building a suite of health information exchange services to be connected and managed by one or more entities		

Next Steps

Wrap up and Next Steps

- Upcoming Meetings
  - December 15, 2016
  - January 19, 2017
  - Educational webinars TBD
- Future Agenda Item Requests

Contact Information

- Health IT Advisory Council and SIM HIT
  - Sarju Shah, Sarju.Shah@ct.gov
- SIM PMO
  - Mark Schaefer, Mark.Schaefer@ct.gov
  - Faina Dookh, Faina.Dookh@ct.gov
- CedarBridge Group
  - Carol Robinson, carol@cedarbridgegroup.com
  - Teresa Younkin, teresa@cedarbridgegroup.com

Health IT Advisory Council Website

http://portal.ct.gov/en/Office-of-the-Lt-Governor/Health-Care-IT-Advisory-Council

Appendix Slides

Federal Financing for Health IT to Support Medicaid Providers

Federal Financial Participation

There are two primary federal funding streams for state-led health information technology initiatives.

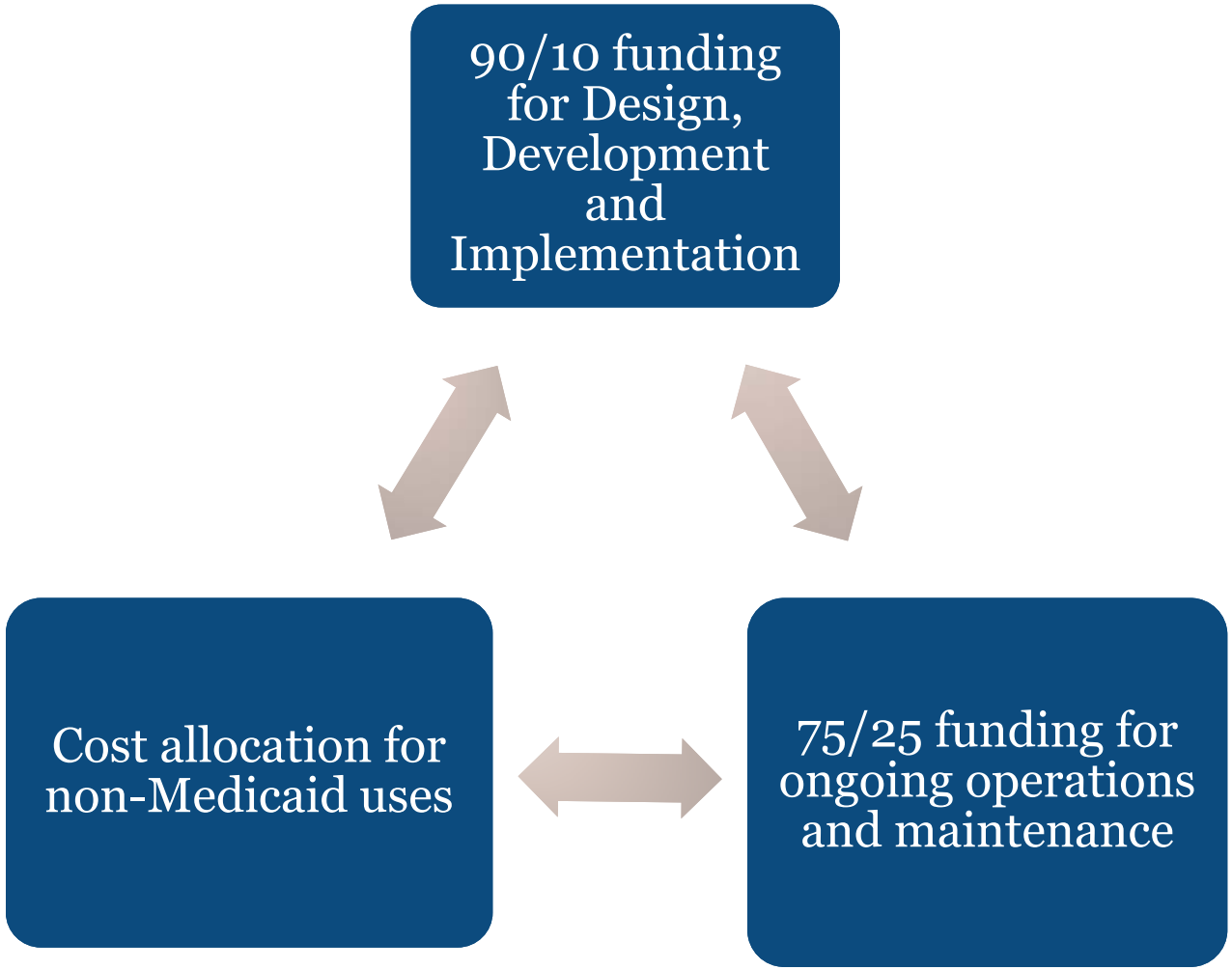
These funds are administered through the Centers for Medicare and Medicaid Services (CMS) and are designed to support health transformation initiatives and improvements to state Medicaid programs.

1. ARRA HITECH Act* funding is available through 2021 to support Medicaid providers' participation in value-based payment models with an enabling health IT infrastructure and technical assistance

2. Medicaid Enterprise funding relates to the Medicaid program and is available in perpetuity

* ARRA is the American Recovery and Reinvestment Act of 2009. The Health Information Technology for Clinical and Economic Health (HITECH) Act is a section of ARRA.

Medicaid Enterprise Funding



Medicaid 90/10 Funding

State Medicaid Directors Letter 16-003*

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
- This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care *with*.
- Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

*https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf

CMS

Feb 2016 guidance provides specifics about the types of cost that can be matched:

- Funding can be used for HIE start-up and onboarding
- Funding can be used to connect ineligible providers to eligible providers (SIM GOAL)

Medicaid 90/10 Funding

CMS Guidance

- Connect long term/post acute care providers to a statewide provider directory
- Connect rehabilitation providers to encounter alerting systems
- Connect pharmacies to query changes in medication lists
- Connect EMS providers to POLST registry and EDs to Advance Directive registry
- Connect Medicaid social workers a shared care plan.
- Provide technical assistance, training/ outreach and engagement of providers and consumers

Medicaid 90/10 Funding

90/10 Funding **can't** be used for ***ongoing operations*** and ***maintenance***

Medicaid share of operations and maintenance can receive 75/25 or 50/50 federal support, depending on several factors

Examples of Possible Medicaid 90/10 Funding Initiatives in CT

Onboard pharmacies so EPs can meet e-prescribing criteria

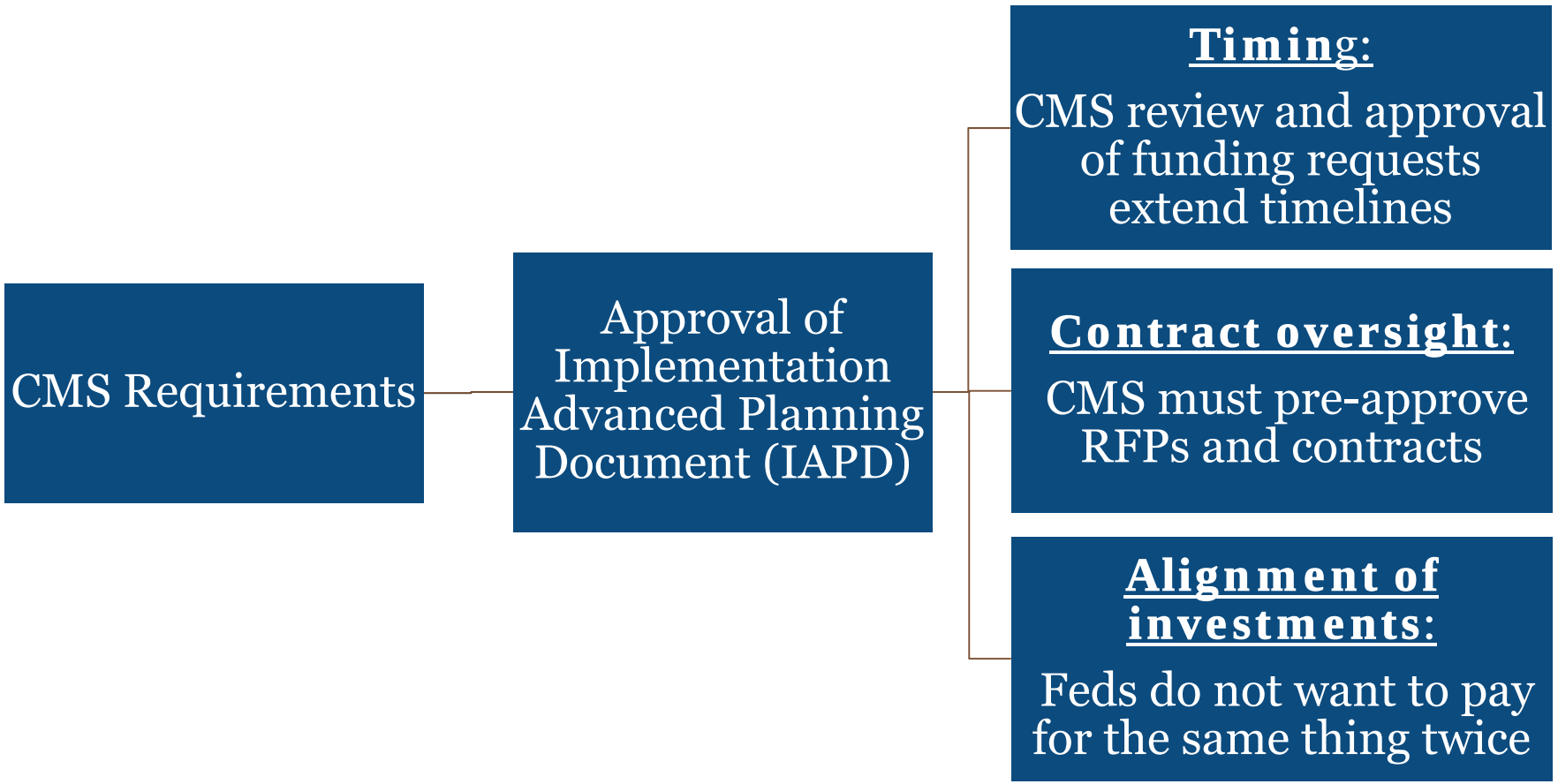
Onboard clinical labs so EPs can meet computerized provider lab entry criteria

Onboard BH providers so EPs can meet electronic transmittal of a summary of care record during a transition of care criteria

Onboard LTC providers so EPs can meet electronic transmittal of a summary of care record during a transition of care criteria

Develop public health registries so EPs can meet public health reporting criteria

Further Considerations



Implementation Advanced Planning Documents (IAPD/IAPD-U)

- Careful alignment and coordination with other funding sources
  - To include discussions with CMS and addressed in an Implementation Advance Planning Document Update (IAPD-U)

- Collaboration to draft an IAPD-U for submission to support *planning activities* for the implementation of Alert Notifications and eCQMs to Medicaid (first) and non-Medicaid Providers (subsequently)between:
  - Office of Lieutenant Governor
  - SIM Project Management Office
  - Office of State Comptroller
  - Dept. of Social Services

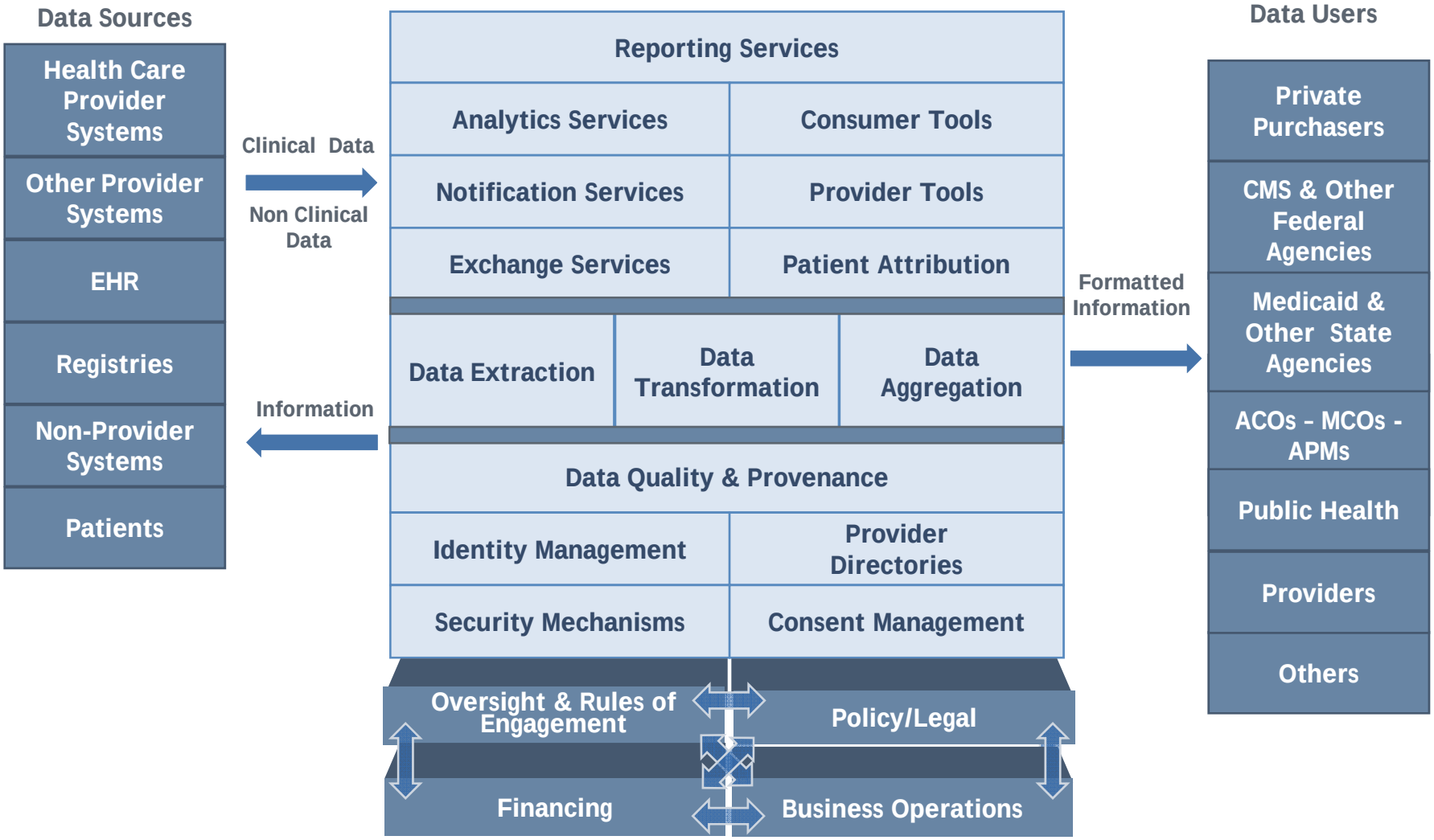
Implementation Advanced Planning Documents (IAPD/IAPD-U)

- The Planning IAPD will include a strategy for engaging stakeholders in the development of future use cases, including:
  - Payer populations
  - Provider populations (e.g., behavioral health, long-term post acute care, home health, etc.)
  - Consumers and caregivers

- Strategy will outline a process for determining timing and scope of future alert notification services (e.g., ED, transitions of care, others)

- Targeted submission date to CMS 11/1/2016

Modular Functionalities and Foundation Elements to Operationalize the Exchange of Information



Federal Matching Funds: Advanced Planning Documents

Health Information Technology for Economic and Clinical Health (HITECH)	**Medicaid Management Information Systems** (MMIS)	**Eligibility and Enrollment** (E&E)	**Maintenance and Operations** (M&O)
• Design, development, and implementation of core health information exchange Infrastructure to advance Meaningful Use and directly impact Medicaid providers and clients • Support for onboarding or connecting to a HIE enabling a provider to successfully exchange data and use HIE services	• Design, development, installation (DDI), and enhancement of the MMIS • Resources for systems requirements analysis, design definition, programming, unit and integration testing, conversion, hardware/software necessary for DDI, and supplies	• Design, development, and implementation of eligibility and enrollment systems modernization – at the federal Medicaid matching rate of 90% for new systems builds to develop more efficient, effective and modernized Medicaid eligibility and enrollment systems	• 10/2014 – CMS proposed to permanently extend the availability of 90% federal matching funds for Medicaid eligibility and enrollment systems

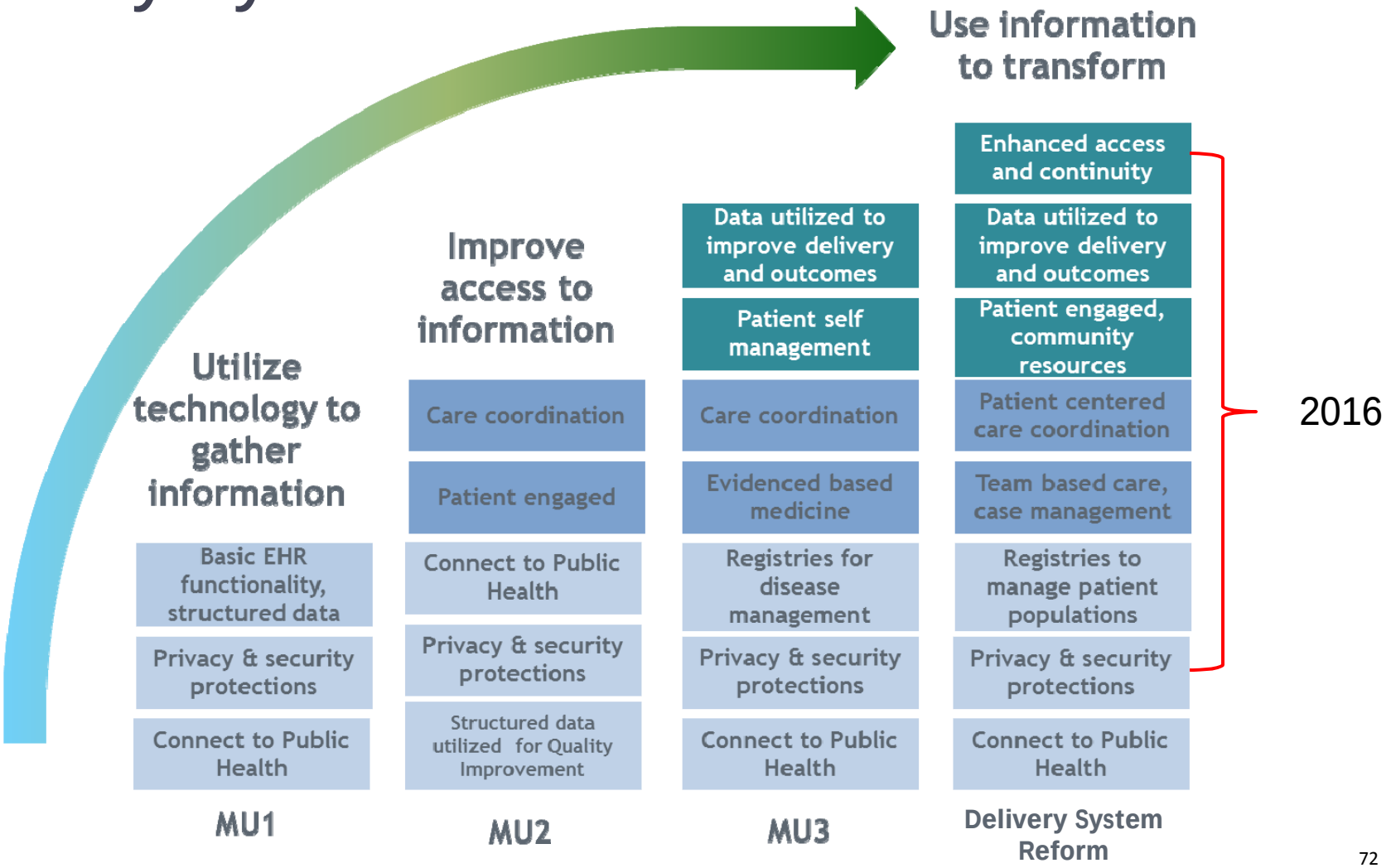
Next Steps for Alert Notification Planning:

Quantify and document additional work required to support initial multi-payer use case.

- Incremental support requirements for multi-payer individuals or providers
  - Need data sources for individuals and relationships
  - Update projected counts of providers/individuals to support initial multi-payer use case, which now targets all FQHCs and 18 Advanced Networks
  - Develop an optimum fair-share strategy

- Working together: structuring the SIM/DSS work effort to achieve production status
  - Develop CMCS cover letter content in support of IAPD planning for alert notification
  - Request CMCS comment on draft cover letter and revise accordingly
  - Use cover letter as basis for IAPD-U update; goal to submit by *12/1/2016*
  - Draft DSS/LGO MOU to support LGO HIT PMO planning expenditures

Foundation for Delivery System Reform



Modular Services