

HIP: Health information technology work group – session 1

Discussion document

November 30, 2015

November 30th Agenda: HIT

Work group 1



Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

Goal of work group session 1 is to provide input and align on principles



Purpose/principles

- Gather input from multiple stakeholders with the objective of building a plan with the highest likelihood of success
- Collaborate with stakeholders across the State to align around a set of guiding principles (HIT as an enabler for broad HIP strategies)
- Share informed view of what initiatives are happening across the country

Session 1

Provide input and align on principles

Session 2

Test preliminary strategy

Session 3

Refine strategy and identify interdependencies across broader plan

Milestones for HIP

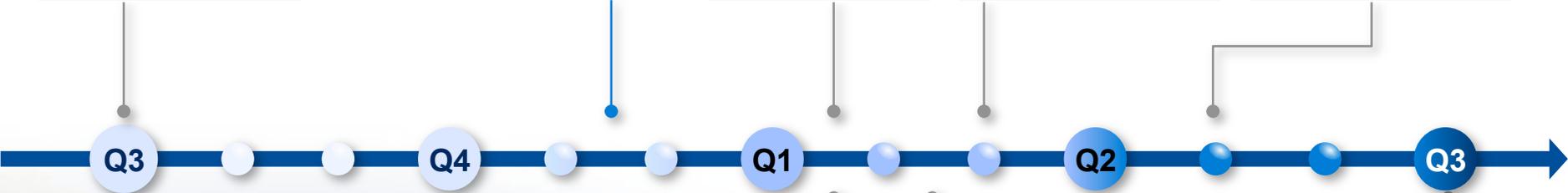
July
Stakeholder engagement kickoff at NGA

- Nov**
- *Webinar briefing for work group members*
 - *Work Groups Session 1: Input*

Jan
Catalyst for Payment Reform payer survey

March
Work Groups Session 3: Refine

May
Submit HIP plan to CMMI



2015

2016

Jan
Work Groups Session 2: Test

End of Jan / Feb
Draft (outline) of full HIP plan complete

Summer
Launch payment model according to implementation plan

Work group charter: HIT

<p>Work Group title: HIT</p>	<p>Convener: Secretary Murphy</p>
<p>Problem statement:</p> <ul style="list-style-type: none"> ▪ Current gaps and variability in HIT capabilities across stakeholders hamper the ability for PA to improve quality, transparency, and affordability of care ▪ Many health care stakeholders collect large amounts of data, but it is either not accessible/transferrable or not used effectively in its current state ▪ By closing the capability gaps through direct action or support of other stakeholders, the Commonwealth can help improve health care through a few levers, in particular: <ul style="list-style-type: none"> – Increasing efficiency, coordination, and quality of care – Enabling performance transparency and rewarding providers based on value – Increasing patient engagement 	
<p>Mandate for this group:</p> <ul style="list-style-type: none"> ▪ Determine which technology-enabled levers (e.g., rewarding value, care coordination, etc.) are required to support PA’s goals and what are the critical considerations for implementation ▪ Design high-level HIT strategy and recommend state-led or multi-stakeholder levers to reach these goals 	<p>Types of decisions to provide input on for HIP Plan:</p> <ul style="list-style-type: none"> ▪ Prioritization of technology improvement levers and opportunities (e.g., PDMP, APCD, tele-medicine, etc.) ▪ Role of HIT strategy as an enabler of initiatives within the broader HIP plan ▪ Areas where statewide, regional, and local alignment is needed to improve health care technology ▪ Areas where the state should play the role of “actor” vs. “catalyzer”
<p>Participation expectations:</p> <ul style="list-style-type: none"> ▪ Join 3, 2-3hr work group meetings between now and HIP plan submission (May 2016) <ul style="list-style-type: none"> – Webinar (Nov 5th, 2015) – Kickoff (Nov 30th, 2015) – Review / input on draft model design options (Jan 2016) – Review / input on full draft of HIP plan (March 2016) ▪ Potential ad hoc additional meetings ▪ Communicate updates from work group within your organization and collect feedback to share back with work group members 	

November 30th Agenda: HIT

Work group 1

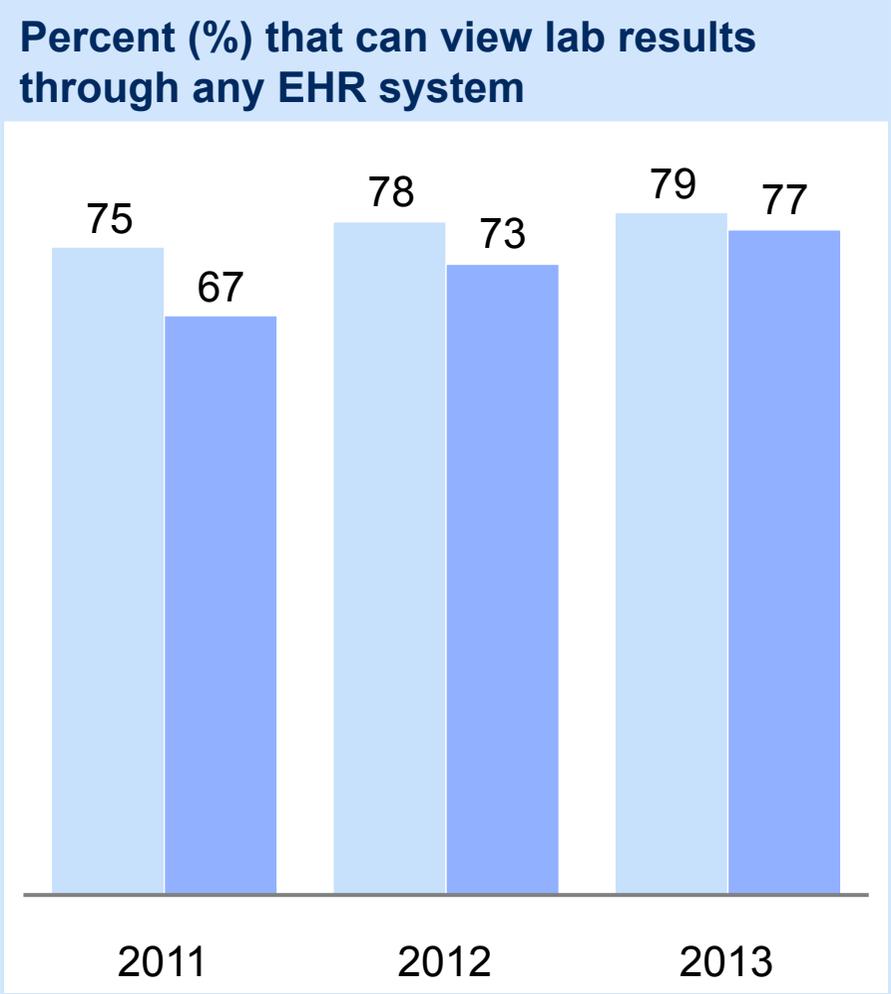
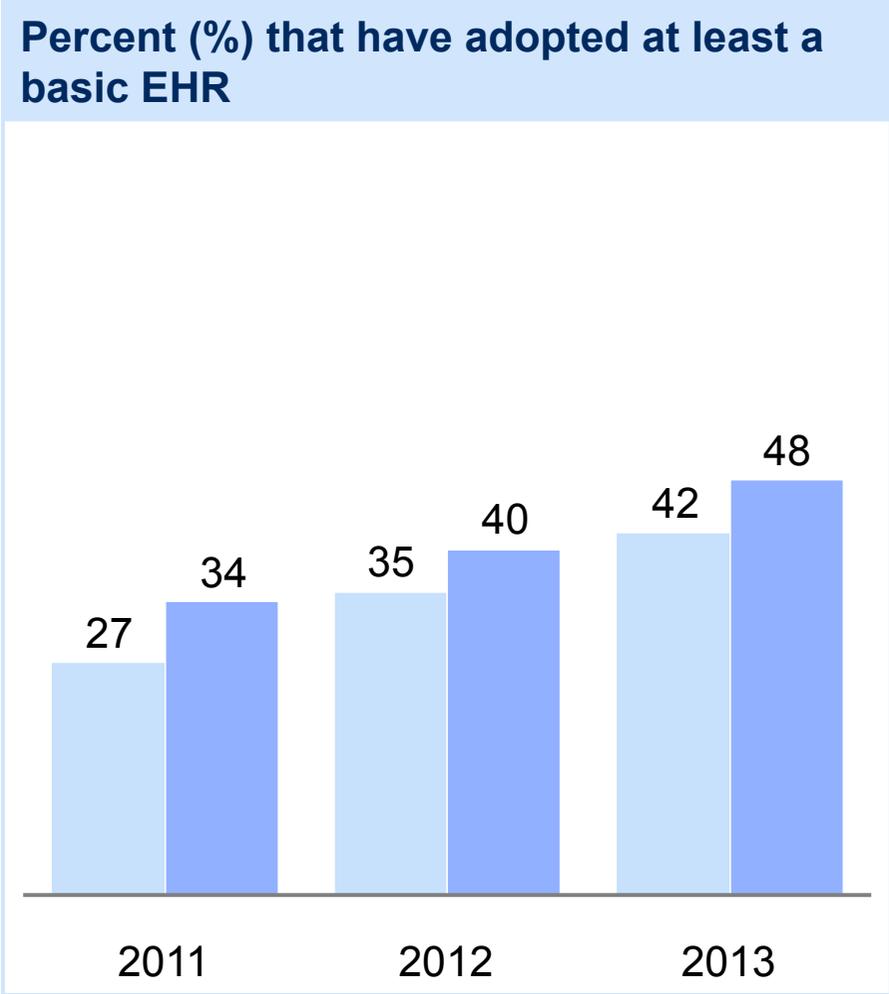


Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

Over time, PA provider¹ adoption of EHRs has lagged national average, but PA utilization has outpaced national average

Percent

■ Pennsylvania ■ National



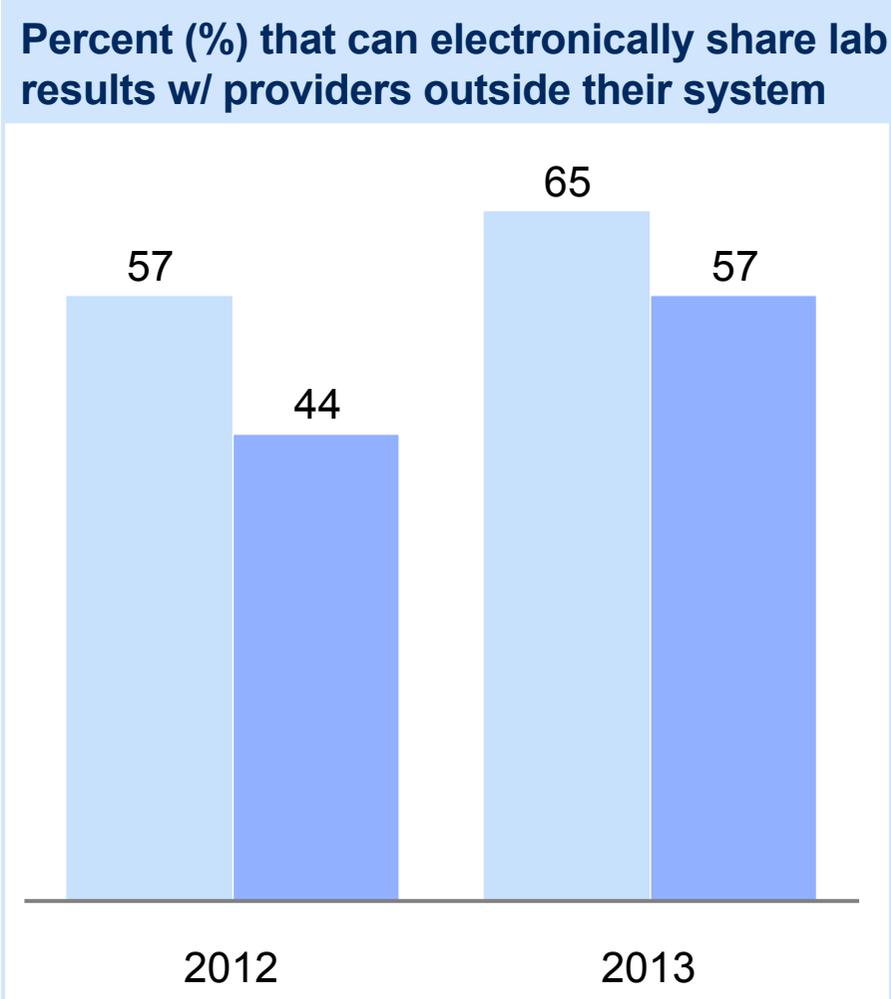
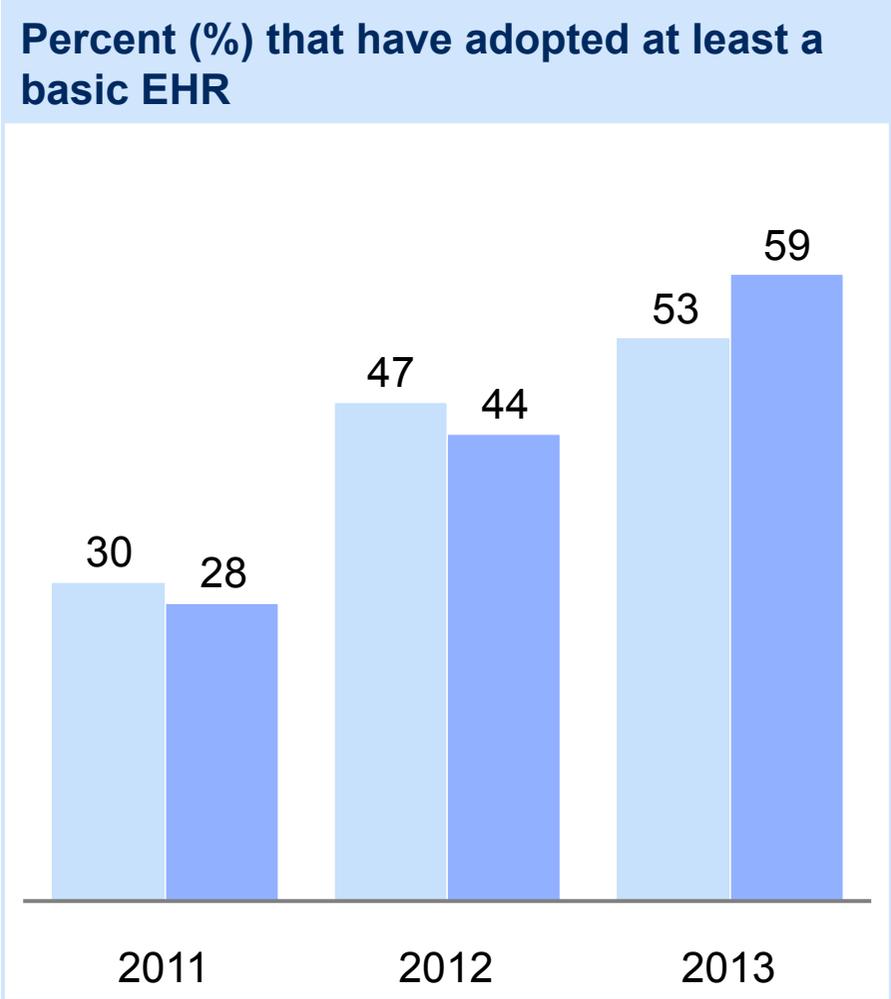
¹ Office-based providers

SOURCE: Healthit.gov

At the same time, PA hospital¹ adoption of EHRs has fluctuated compared to national average, but PA utilization has outpaced national average

Percent

■ Pennsylvania ■ National



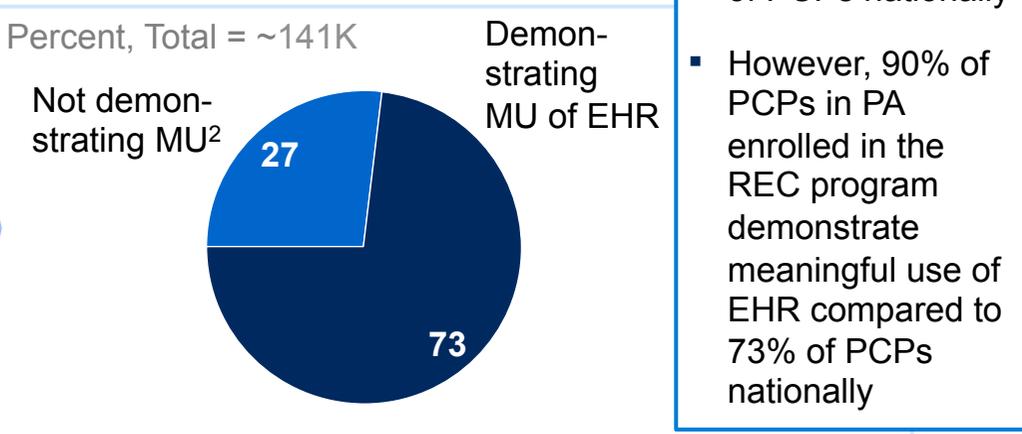
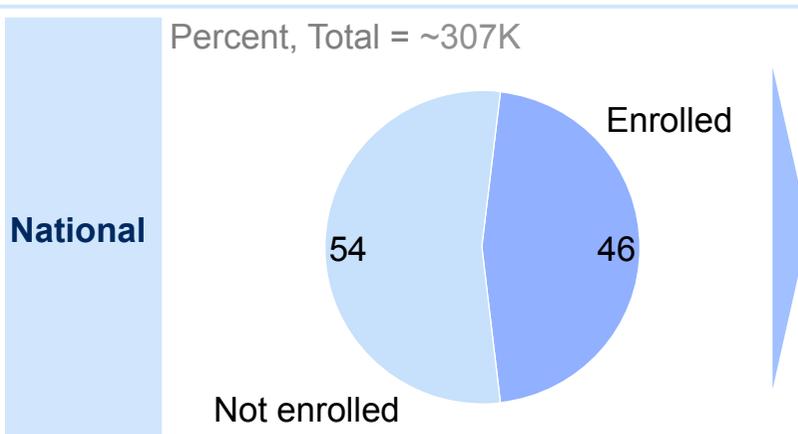
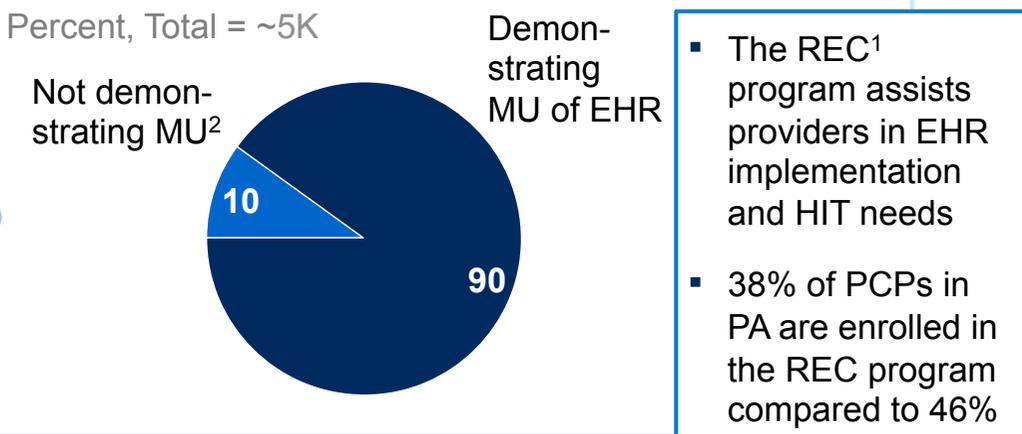
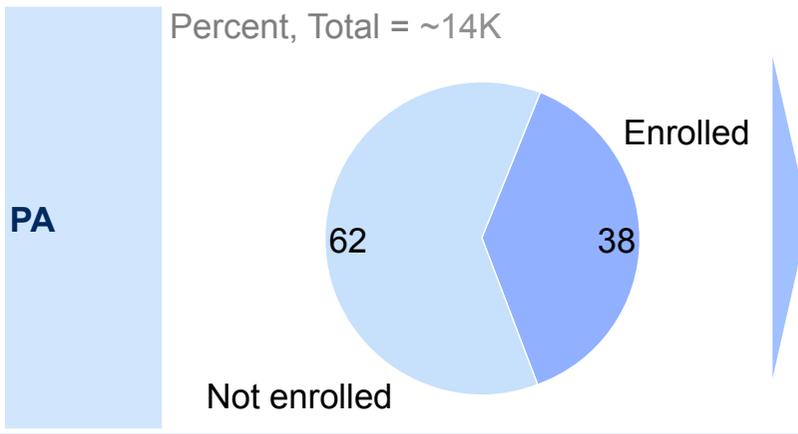
¹ Non-federal, acute care hospitals

SOURCE: Healthit.gov

Portion of PCPs enrolled in REC¹ in PA lags national average, but more of those enrolled demonstrate meaningful use of EHRs

Portion of PCPs enrolled in Regional Extension Centers (REC) program

REC-enrolled PCPs demonstrating meaningful use of EHRs

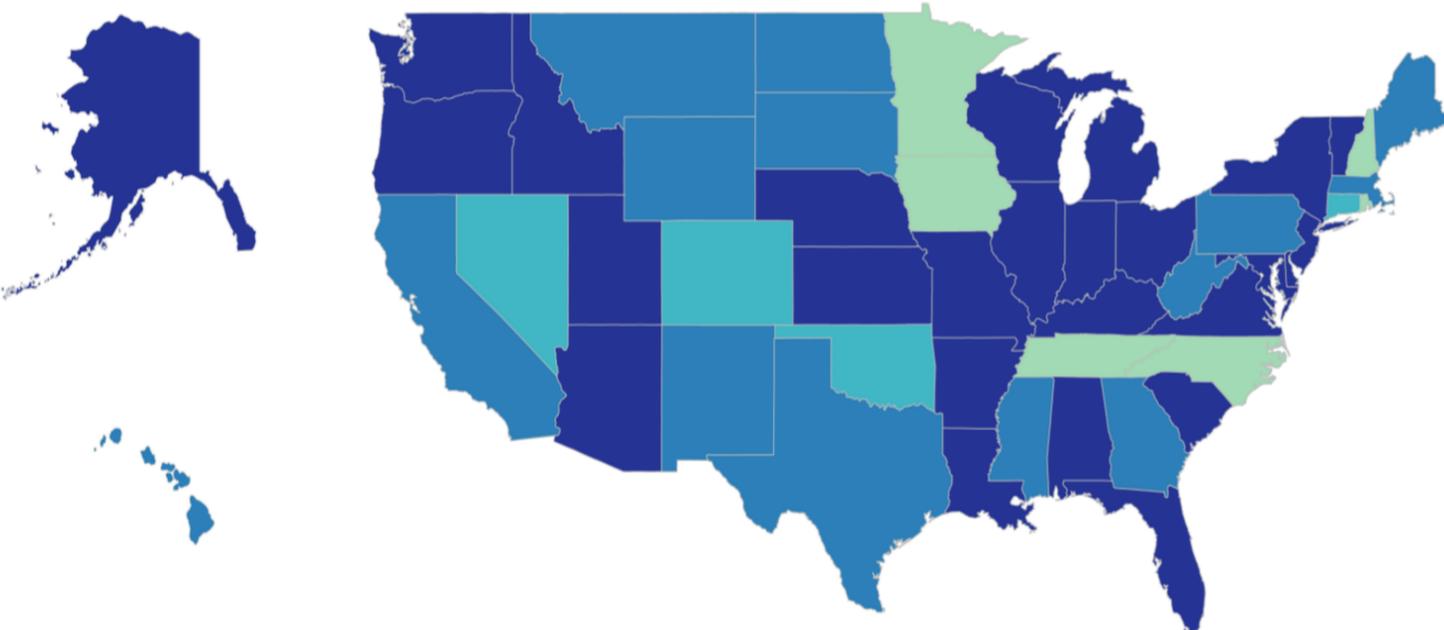


1 Regional Extension Centers (REC) program assist providers in EHR implementation and Health IT needs
 2 Either enrolled in REC, but not live on an EHR or live on an EHR, but not demonstrating meaningful use
 SOURCE: Healthit.gov

~64% of PA hospitals report on all public health measures in the Medicare EHR incentive program compared to ~72% of hospitals nationally

Portion of hospitals reporting on all public health¹ measures in the Medicare EHR incentive program

Percent of hospitals reporting on all applicable public health measures

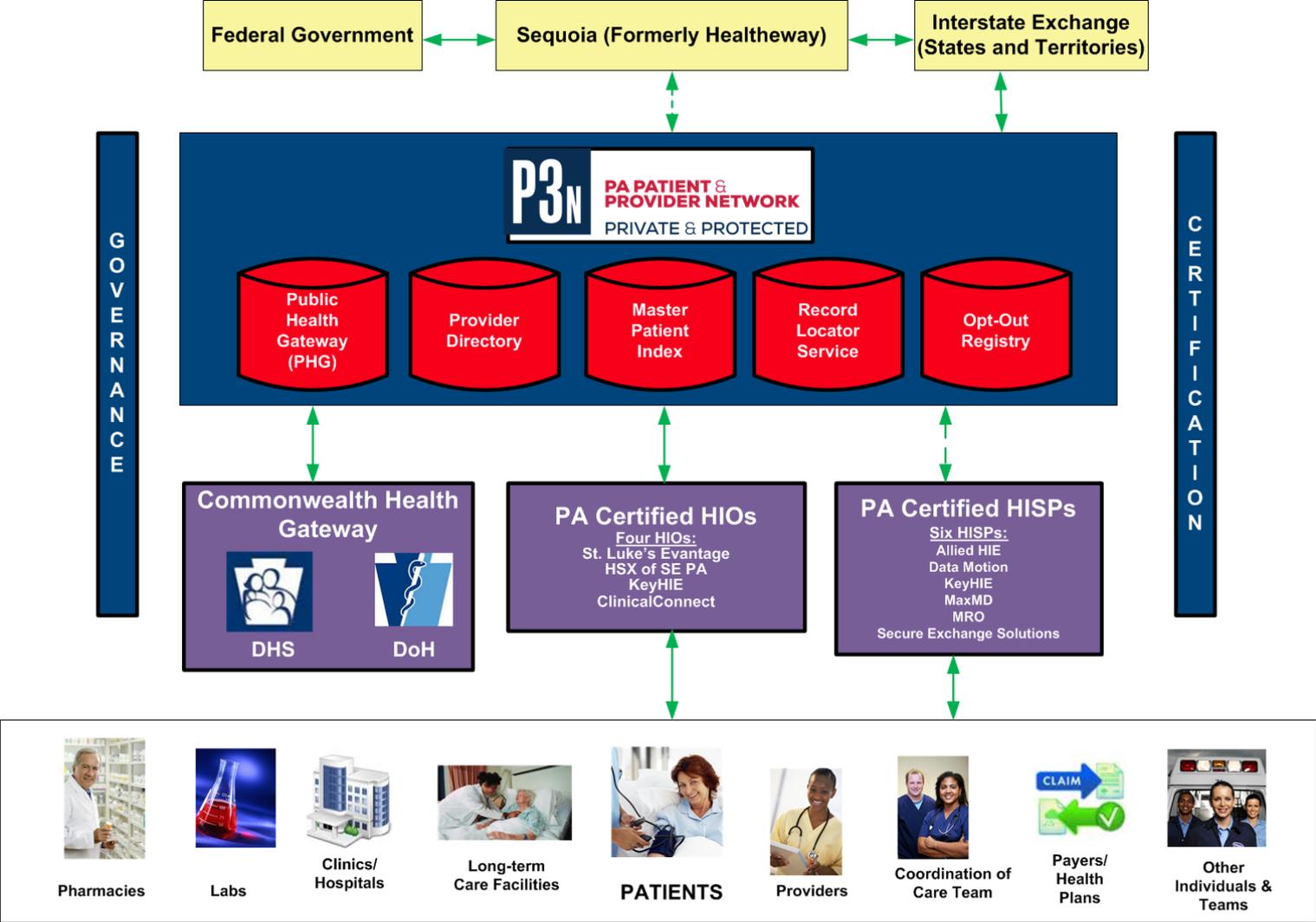


- In PA, ~64% of hospitals report on all applicable public health measures
- Nationally, ~72% of hospitals report on all applicable public health measures

0% 1-25% 26-50% 51-75% 76-100%

¹ Public health measures include: immunizations, emergency department visits ("syndromic surveillance"), and reportable infectious disease laboratory results

PA eHealth Partnership Authority



P3N Architecture and Connection to the Trust Community—11/23/2015

SOURCE: www.paehealth.org

Organization: PA DOH BIIT
Start date: 10/1/14
Number of providers: TBD

Lead: Patrick Keating
Initiative status: Ongoing
Number of patients: NEEDS DEFINED

Goals

- To enable a single point of entry for reporting Public Health Data via Pennsylvania’s Emerging Health Information Organization Network
- To allow commonwealth agencies to more efficiently share data with one another
- Supports providers use of electronic health records and encourages secure and electronic health information exchange between providers

What we did

- Developed an interface with PA Department of Human Services that enables connection with PA’s certified Health Information Organizations (HIOs)
- Developed the capacity to route Public Health data to appropriate program areas within PA DOH
- Initiated communications workgroup to develop content to assist stakeholders to better understand the value of the Public Health Gateway as well as how to utilize the Public Health Gateway



Results/impact

- Technical infrastructure is in place
- Waiting to start onboarding providers

Lessons for the Commonwealth

- Technical components can get implemented sometimes more quickly than process and policy
- Regular coordination between vested state partners is important
- It’s critical to develop use cases and value proposition based on provider community input

Planned Parenthood Keystone, EHR

Organization: Planned Parenthood Keystone

Start date: Sep 2013

Number of providers: Approx 20

Lead: Jill Marino

Initiative status: Complete

Number of patients: Approx 40,000

Goals

- Goal was to migrate our entire practice from paper charts to an Electronic Health Records platform in 15 sites throughout the Commonwealth

What we did

- We set an ambitious timeline to accomplish this goal. We began by outlining a timeframe, training program, monitoring methodologies including revisions to the roll out process upon learning from actual migration experiences, and then ongoing monitoring of our practice
- Our first site went live in Sep 2013, and each site had been partially or fully migrated to EHR by Apr 2014
- We then built in a break from our conversion activities to design our Meaningful Use attestation program
- We successfully completed the EHR go-live process for the remainder of our practice between Jan and Jun 2015 (6 out of the 15 had a portion of their practice migrate to EHR during this six-month period)

Results/impact

- By thoughtfully designing our EHR roll out we minimized disruption to the care of our patients, successfully set up our mechanism to monitor measures proving meaningful use, and began utilizing the benefits of centralized review of cases and patient care when necessary or beneficial to do so
- We now know that approx. 5% of our patients choose to seek care from us in multiple locations, allowing our EHR to provide coordination of care between our locations
- We have also opened up a Patient Portal, along with Online Appointment Scheduling, in order to meet the needs of our patients

Lessons for the Commonwealth

- Funding, encouragement and support resources provided for medical practices in the state to convert their practice to EHR and to participate in Meaningful Use attestation are essential to furthering the health care goals of value-based and outcome-based care models

Organization: Pennsylvania Office of Rural Health
Start date: April 8, 2015
Number of providers: 101

Lead: Rural health and others
Initiative status: Completed
Number of patients: N/A

Goals

- The workshop focused on a broad range of funding needs, including mobile health, tele-health, and electronic health record technology

What we did

- In collaboration with the National Coordinator for Health Information Technology, the Hospital and Healthsystem Association of Pennsylvania, the Pennsylvania eHealth Partnership Authority, and others, convened a one-day workshop on funding for tele-medicine and tele-health

Results/impact

- Over 100 hospital and primary care provider staff attended to learn about federal and state funding for tele-health and tele-medicine and had the opportunity to talk with funders about specific projects

Lessons for the Commonwealth

- There is a significant interest in funding for tele-health and tele-medicine and confusion about how to fund projects and submit applications

Esperanza Health Center – HCCN Initiative with the Health Federation of Philadelphia

Organization: Esperanza / 9 other area HCs

Start date: 2012

Number of providers: 28 (EHC)

Lead: Health Federation/EHC IT & Medical

Initiative status: 3-year grant extended to 7/2016

Number of patients: 14,000+ (EHC)

Goals: 100% of participating Health Centers:

- Using a certified EMR and at some stage of Meaningful Use
- At least one site at some level of PCMH recognition
- Exceeding at least one HP 2020 measure (tobacco screening & cessation)

What we did

Leveraged Health Federation consultants and funding to:

- Implement i2i Systems for health center population health management and network data warehouse software
- Attain PCMH Level III recognition at all three sites in 2014
- Evaluate EMR system and convert to a EMR (GE Centricity) in July 2015

Results / impact

- Used network data sharing to identify and implement best practices; participating in PDPH/ CDC Chronic Disease Collaborative
- EMR conversion brought process improvements such as online labs; patient portal (4Q2015); improved revenue cycle management; and improved UDS and QA reporting data capture, as well as ensuring compliance with MU standards

Lessons for the Commonwealth

- Locally-focused network with high-touch, in-person approach to planning & implementation; provided the flexibility to fit EHC's operations
- Program provided insight into aggregate local health center data for QI/health initiatives & trends
- Information sharing and funding support for health center network initiatives: provides resources for smaller health centers that do not have the technical expertise, staffing or financial resources

November 30th Agenda: HIT

Work group 1



Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

November 30th Agenda: HIT

Work group 1



Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

HIT strategy enables the broader HIP initiative

Work group

Preliminary vision

Payment

- Implement a material number of multi-payer bundled payments at scale (30-50+) for high-cost procedures over the next four years
- Accelerate moving to advanced primary care models
- Develop methodology for multi-payer global budgets for rural hospitals

Price & quality transparency

- Design high-level transparency strategy focused on five priorities:
 - 1) Consumer health education; 2) broad primary care transparency; 3) “shoppable” care transparency; 4) downstream provider transparency; and 5) integrated claims and clinical data tied directly to payment incentives

Population health

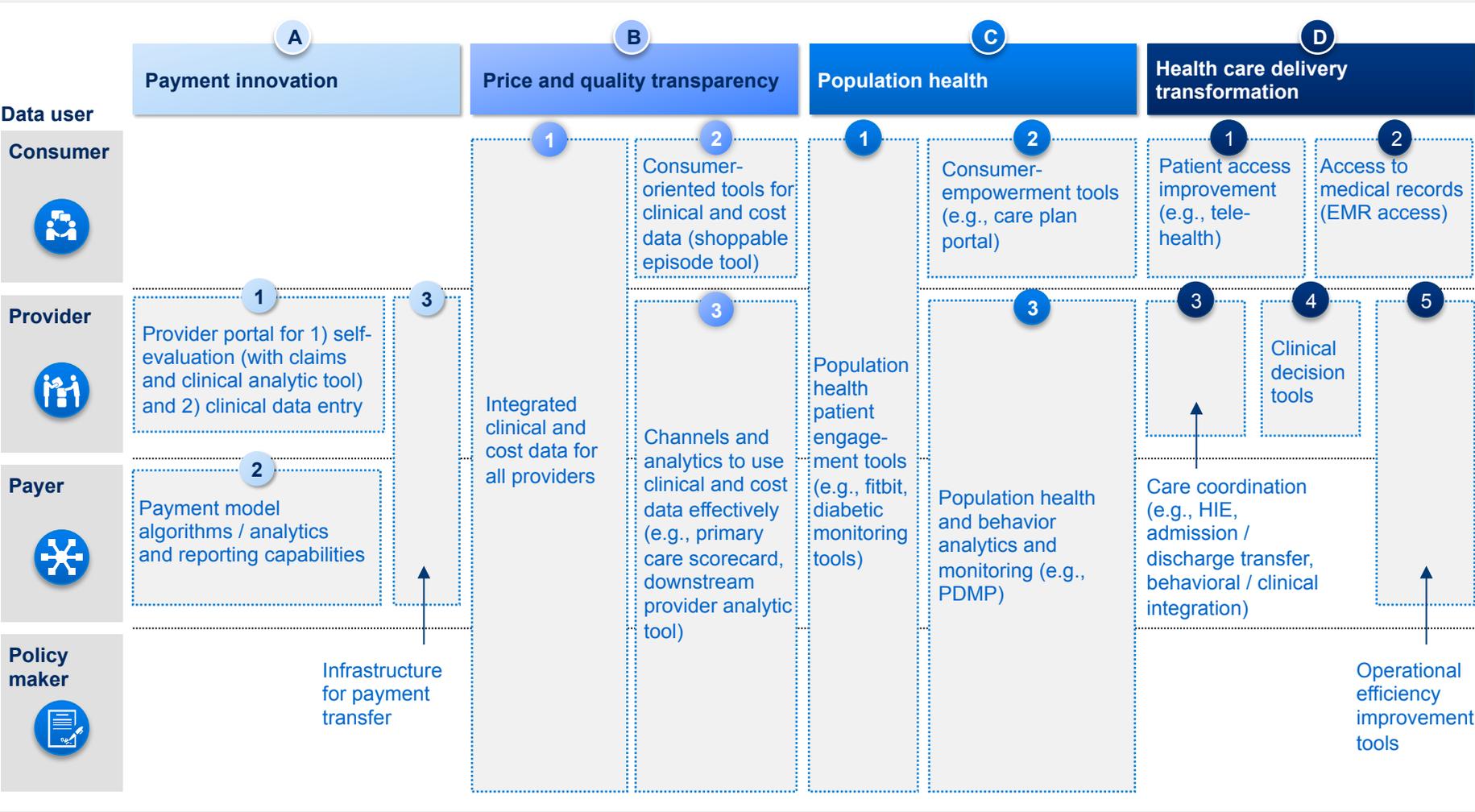
- Develop high-level population health strategy focused on five priorities:
 - 1) Childhood obesity/physical inactivity; 2) diabetes prevention and self-management; 3) oral health; 4) substance abuse; and 5) tobacco use

Health care transformation

- Determine health care delivery system transformation strategy with three main goals:
 - 1) Workforce development; 2) tele-health services; and 3) clinical and behavioral health integration

HIT strategy will enable the broader HIP by implementing the highest priority technology requirements (e.g., rewarding value to providers, care coordination, etc.).

HIT requirements to enable HIP



Breakout exercise questions

- What is the **role of the Commonwealth** in ensuring successful implementation?
- Which **stakeholders** will need to be engaged?
- What **assets** should be leveraged to successfully implement the HIT requirement?
- What are the most significant **barriers** to implementation?
- How should **resources** (e.g., funding) be deployed?

November 30th Agenda: HIT

Work group 1



Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

Debrief and discussion

- What surprised / excited you from your break out discussions?
- What is the role of the Commonwealth across HIT?
- What is the role of other stakeholders, and how should they be engaged?
- What are the largest assets and barriers to implement critical HIT requirements?

November 30th Agenda: HIT

Work group 1



Time	Session description	Session type
9:00-9:30	Introduction and goals of the work group	Presentation
9:30-10:00	Current state of PA	Presentation and discussion
10:00-10:30	HIT focus of state innovation plans	Gallery walk
10:30-10:45	Break	
10:45-11:30	HIT focus area exercise	Breakout exercise
11:30-11:50	Stakeholder input and full group debrief	Full group discussion
11:50-12:00	Closing and next steps	Presentation

Next steps

- Participate in follow-up webinars / calls
- Meet in February for work group session 2 to test preliminary strategic plan
- Continue to provide input on HIT strategic plan; preliminary draft to be shared prior to work group session 2

Questions

