

HIP: HIT work group – session 3

Discussion document

April 5, 2016

April 5th Agenda: HIT

Workgroup 3



Time	Session description	Session type
10:00-10:10	Introduction and status update of HIP	Presentation
10:10-11:00	HIT strategic approach and path forward	Presentation and group discussion
11:00-11:20	Break	
11:20-11:55	Update of HIP strategy across work groups	Presentation and discussion
11:55-12:00	Closing and next steps	Presentation

Goal of work group session 3 is to refine the strategy and identify interdependencies across the broader plan



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 commonwealth to align around a set of guiding principles
- Share informed view of what initiatives are happening across the country

Session 1 Provide input and align on principles

Session 2 Test preliminary strategy

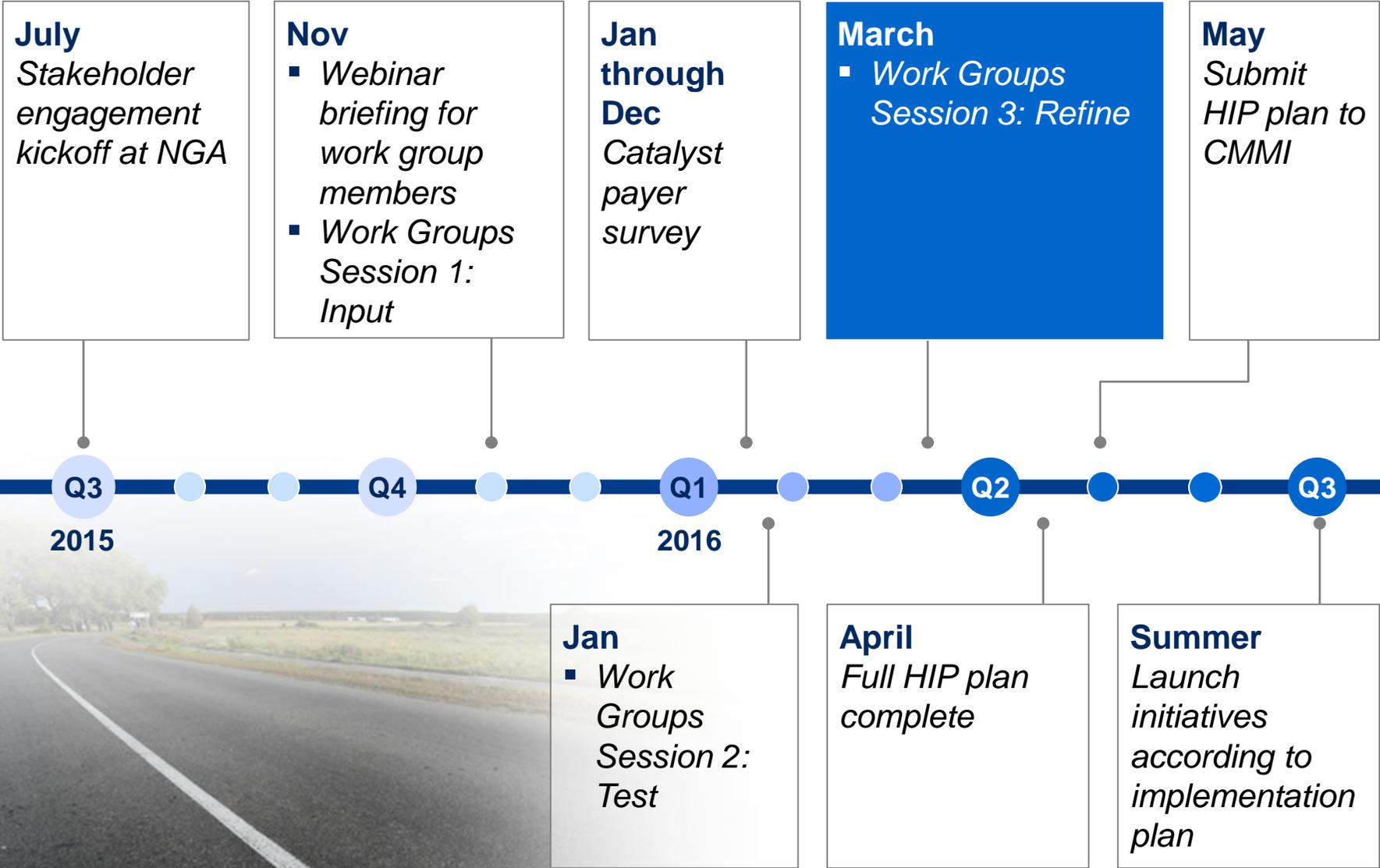
Session 3 Refine strategy and identify interdependencies across broader plan



Work group charter: HIT

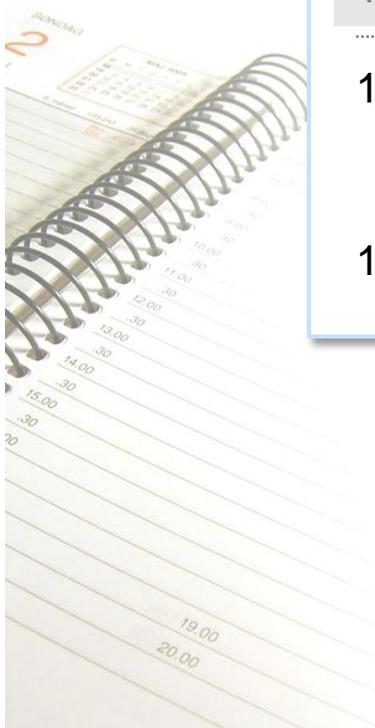
<p>Work Group title: HIT</p>	<p>Convener: Secretary Murphy</p>
<p>Problem statement:</p> <ul style="list-style-type: none"> ▪ Current gaps and variability in HIT capabilities across stakeholders hamper the ability for PA to improve quality, transparency, and affordability of care ▪ Many health care stakeholders 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 	

Milestones for HIP



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Health Information Technology Path Forward (1/2)

Priorities	Current state	Potential opportunities / options	Path forward
Expansion of statewide Health Information Exchange (HIE)	<ul style="list-style-type: none"> PA health exchanges enabled by: <ul style="list-style-type: none"> Six regional Health Information Organizations (HIOs) share information across providers within their regions. Five HIOs achieved P3N certification PA eHealth Partnership Authority's Patient and Provider Network (P3N) statewide exchange supports interoperable data exchanges across regional HIOs and enhanced provider reporting to state agencies 	<ul style="list-style-type: none"> Encourage EHR adoption and use Support connection of providers with EHRs to certified HIOs to achieve robust data exchange Continue stakeholder engagement to address data interoperability challenges and best practices 	<ul style="list-style-type: none"> Commonwealth will lead this work PA eHealth Partnership Authority is moving under the Department of Human Services
Price & Quality Transparency (claims and clinical data aggregation)	<ul style="list-style-type: none"> Regional federated HIE model integrated by PA eHealth Authority's P3N All-payer claims database (APCD) stakeholder group established to provide initial input APCD Council is in the process of reviewing feasibility and potential capabilities / opportunities 	<ul style="list-style-type: none"> Develop state-led centralized clinical database (e.g., centralized HIE) Develop state-led centralized all-payer claims database to support population health management, transparency efforts, provider benchmarking, etc. 	<ul style="list-style-type: none"> Commonwealth will review findings and input of APCD Council and APCD work group Commonwealth will then explore options for approach to claims and clinical data aggregation
Telehealth	<ul style="list-style-type: none"> The Senate codifies the steps necessary to adopt, effectively utilize, and receive payment for the use of telehealth services in a medical setting Regulations currently being developed for providers and health systems 	<ul style="list-style-type: none"> Potential to help leverage a shrinking and maldistributed provider workforce, increase access to services, improve population health and lower costs 	<ul style="list-style-type: none"> Commonwealth will serve as both a regulator and convener Commonwealth will develop and release regulations regarding the use of telehealth Commonwealth will reconvene the Telehealth Advisory Committee to continue work in this area

Health Information Technology Path Forward (2/2)

Priorities	Current state	Potential opportunities / options	Path forward
Prescription Drug Monitoring Program (PDMP)	<ul style="list-style-type: none"> In Pennsylvania, opioid abuse affects 1 in 4 families The CDC has identified Pennsylvania as seventh in the nation for drug-related overdose deaths The Department of Health is legislatively mandated to support the development and implementation of a robust prescription drug monitoring program (PDMP) 	<ul style="list-style-type: none"> Identify at-risk populations for opioid abuse and overdose Encourage prescribers to access and use the PDMP system 	<ul style="list-style-type: none"> Commonwealth will lead this effort by working to promote the use of the PDMP Multi-agency collaboration including: DDAP, OAG, DOS, etc. PDMP Office established within DOH that will solely work on this
Population Health Dashboard	<ul style="list-style-type: none"> Multiple disparate data files and sources, e.g. BRFSS, SHIP, etc. No links between local and state-collected data 	<ul style="list-style-type: none"> Streamline and standardize data collection and analysis through the use of a state dashboard 	<ul style="list-style-type: none"> Commonwealth will lead this effort, in conjunction with technical assistance from the National Governors Association

Questions for group discussion

For each strategic priority path forward:

- How would you refine the approach and the role of the commonwealth in the path forward? The role of stakeholders?
- How will additional stakeholders outside of the work group be engaged?
- How can we best use the commonwealth's assets to overcome the barriers and challenges to the strategic path forward?

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Drivers for achieving HIP objectives (1/2)

Aims

By the end of 2019, Pennsylvania will,

Improve Population Health

- Achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement

Improve Health Care Quality and Care Experience

- Achieve high standards for quality and consumer experience, including a reduction in avoidable hospital admissions and readmissions by 20%

Reduce Costs

- Target a goal for the amount of care delivered in Pennsylvania utilizing payment models that promote and incent value-based care

Primary Drivers

Population Health

Price & Quality Transparency

Payment Reform

Secondary Drivers

Expanded Efforts:

- Target women ages 18-44 for tobacco cessation
- Promote the increase in physical activity in school day
- Promote diabetes prevention and self-management
- Promote oral health for children
- Promote use of Prescription Drug Monitoring Program (PDMP) to track and monitor substance abuse

Promote price and quality transparency through:

- Broad primary care transparency for all data users
- Consumer health literacy
- “Shoppable” care transparency for both commodities and episodes of care

Establish a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of:

- Advanced Primary Care
- Bundled Payments
- Global Payments

Drivers for achieving HIP objectives (2/2)

Aims

By the end of 2019, Pennsylvania will,

Improve Population Health

- Achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement

Improve Health Care Quality and Care Experience

- Achieve high standards for quality and consumer experience, including a reduction in avoidable hospital admissions and readmissions by 20%

Reduce Costs

- Target a goal for the amount of care delivered in Pennsylvania utilizing payment models that promote and incent value-based care

Primary Drivers

Health Information

Health Care Transformation

Secondary Drivers

- Promote advancements in health information technology:
- Support expansion of Health Information Exchange (HIE)
 - Support price and quality transparency
 - Expand access through Tele-health
 - Promote use of the PDMP
 - Develop a dashboard measuring population health outcomes

- Expand access to health care services (primary care, mental/behavioral health, and oral health)
- Enable the integration of care (at multiple levels)
- Explore tele-health and workforce solutions in underserved areas

Overall HIP plan strategic initiatives (1/2)

— Driving - - - - - Convening

		2016		2017	
Strategic initiatives		Q3	Q4	Q1	Q2
Payment / Transparency	“Shoppable” care and episode-based payment and transparency	Continue to develop approach (e.g., organize work group, review findings from APCD council, etc)		Over time, drive increased cost transparency through identified strategy	
	▪ Commodity cost transparency	- - - - -		—	
	▪ Episode-based payment	- - - - -		—	
		Gauge stakeholder interest in adopting common approach; encourage use of episode-based reporting to influence referrals for elective care		Identify regions and/or clinical episodes where payers may shift to episode-based payment	
	Advanced primary care transparency and payment	Identify leaders interested initiative		Determine plan to drive transparency or payment innovation	
	APCD exploration	APCD council provides findings			
Payment	Other value-based payment initiatives				
Transparency	Consumer Health Literacy	Set-up sub-group to develop campaign strategy and content		Launch campaign	
Health care transformation	Community health workers	- - - - -		- - - - -	
	Behavioral health and primary care	- - - - -		- - - - -	
	Oral health / dental health access	—		—	
	Tele-health	Depends on sub-initiatives			
	Primary Care Pathway	—		—	
	Tiered nursing	—		—	
	Data analytics	—		—	

Overall HIP plan strategic initiatives (2/2)

— Driving - - - - - Convening

Strategic initiatives	2016		2017		
	Q3	Q4	Q1	Q2	
HIT	Support expansion / integration of HIE	Drive interoperability through centralization			
	Support “shoppable” care and episode transparency tool	Review findings from APCD council and develop approach			
	Develop public health dashboard				
	Deploy prescription drug monitoring program (PMDP)				
	Expand and enable tele-health	Convene stakeholders to provide recommendations		Amend regulations and remove barriers	
Popula- tion Health	Reduce childhood obesity				
	Improve diabetes prevention and self-management				
	Improve oral health for children				
	Reduce substance abuse				
	Decrease rate of tobacco use for women ages 18-44				

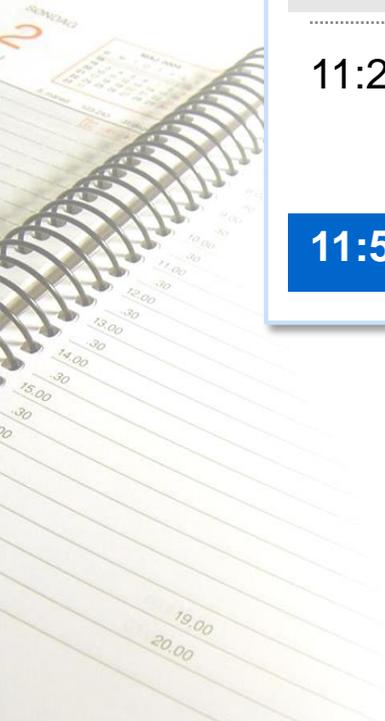
Opportunity for work group feedback on final SIM Plan

- Late April—Full draft of SIM plan sent to work group stakeholders for input
- Early May—Deadline for work group stakeholder feedback
- Mid-May—Completion of final draft of SIM plan
- May 30—Submission of final SIM plan

- Workgroup Session 3
 - March 28--Payments
 - March 28--Transparency
 - April 5--HIT
 - April 11--Population Health
 - April 11--HCT

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Next steps

- Look for communication with more details on accessing a preview draft of the entire SIM plan
- Submit feedback on SIM plan by May 2

Questions

