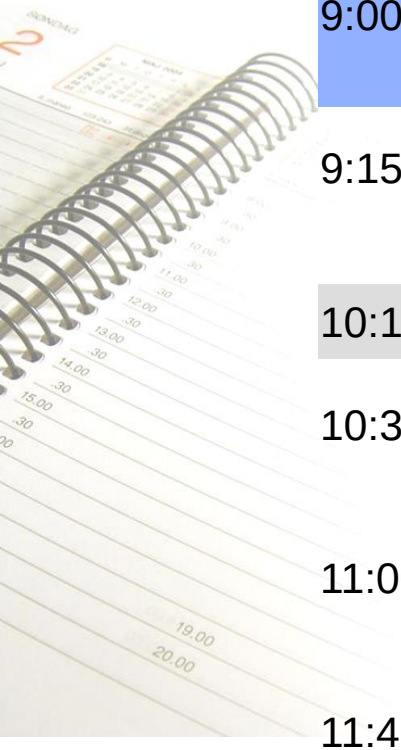
HIP: Health Information Technology work group – Session 2

Discussion document

February 3, 2016

February 3rd Agenda: HIT

Work group 2



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Goal of work group session 2 is to provide feedback on proposed strategies

Purpose/principles

- Collaborate with stakeholders across the Commonwealth to test preliminary strategies

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

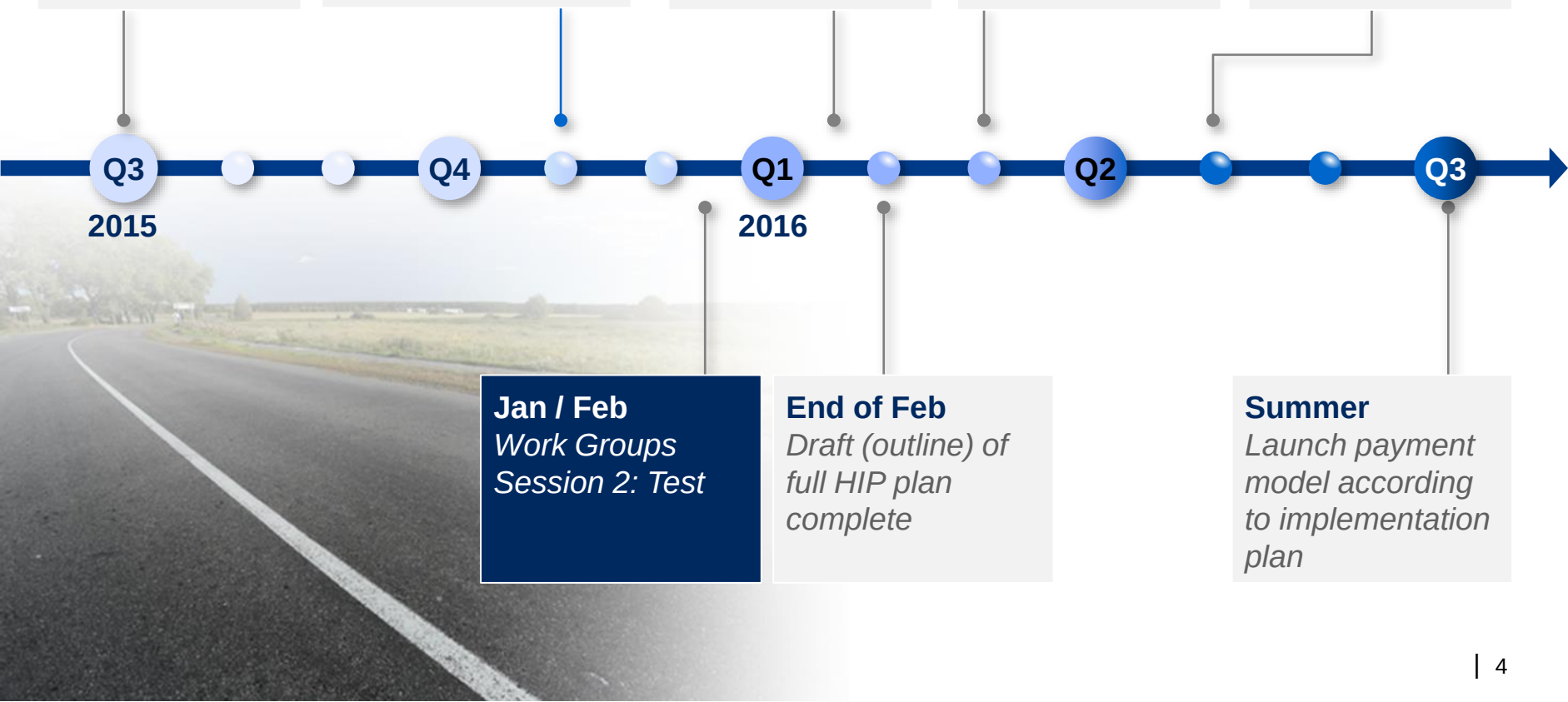
Work Groups Session 1: Input

Jan
Steering Committee webinar briefing

Catalyst for Payment Reform payer survey

March
Work Groups Session 3: Refine

May
Submit HIP plan to CMMI



Jan / Feb
Work Groups Session 2: Test

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

Summer
Launch payment model according to implementation plan

What we heard from HIT work group session 1: guiding principles

Guiding principles for Health Information Technology:

- Work group's main focus areas are: data extraction, data sharing, and technology
- Focus efforts on the outcome and impact for the final stakeholder (e.g. consumer, provider, payer, and policy maker)
- Strategies should build upon and leverage existing payment models
- Marry clinical data with claims data
- Identify appropriate standard cost and quality measures of data that are consistent across provider scorecards, consumer tools, and payer metrics based on evidence

Commonwealth should act as a leader by

- Bringing stakeholders together
- Ensuring standardization, especially around metrics
- Educating consumers and providers

What we heard from other work groups

Work group	What we heard
Payment	▪ Price and quality transparency is critical for enabling any type of payment model innovation, especially for provider self-evaluation ▪ Standardizing and agreeing-on a set of metrics helps enable transparency initiatives, which are then focused on single set of metrics increasing the ease of implementation
Population health	▪ Population health initiatives are enhanced by consistent and transparent population-wide claims and clinical data
Health care transformation	▪ Transparency of outcomes can help drive accountability of the care team throughout a care event or for a set of patients
Price & Quality	▪ Main focus is on consumers and how transparency innovations impact the end consumer

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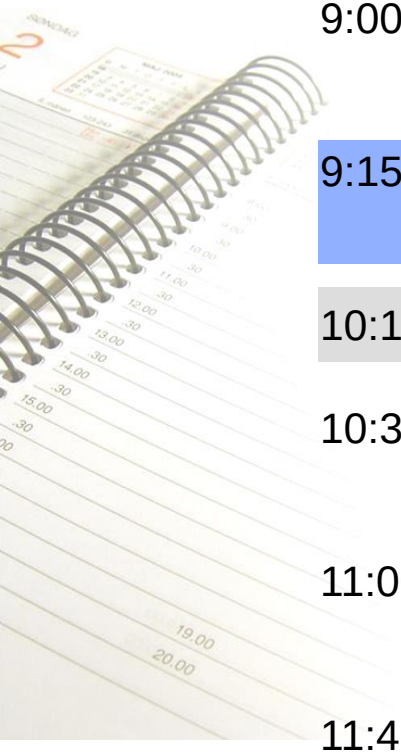

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Framing Health Information Technology in Pennsylvania

- What payment and service delivery actions does the Commonwealth want to support statewide?
  - Price and quality transparency
  - Standardizing and agreeing-on a set of metrics
  - Population health initiatives
  - Drive accountability of the care team
  - Impact the end consumer

- What is the information providers, consumers, policymakers and payers need to determine, deliver and pay for appropriate care?

- What data is needed and what are the data sources to be used?

- What is the core health IT functionality needed to support the extraction and transport of the data, including technology, business operations and policies?

- What are the components needed to activate the functionality, including interfaces, an HIE, data analytics, quality measurement reporting system, systems integrator, transport and terminology standards?

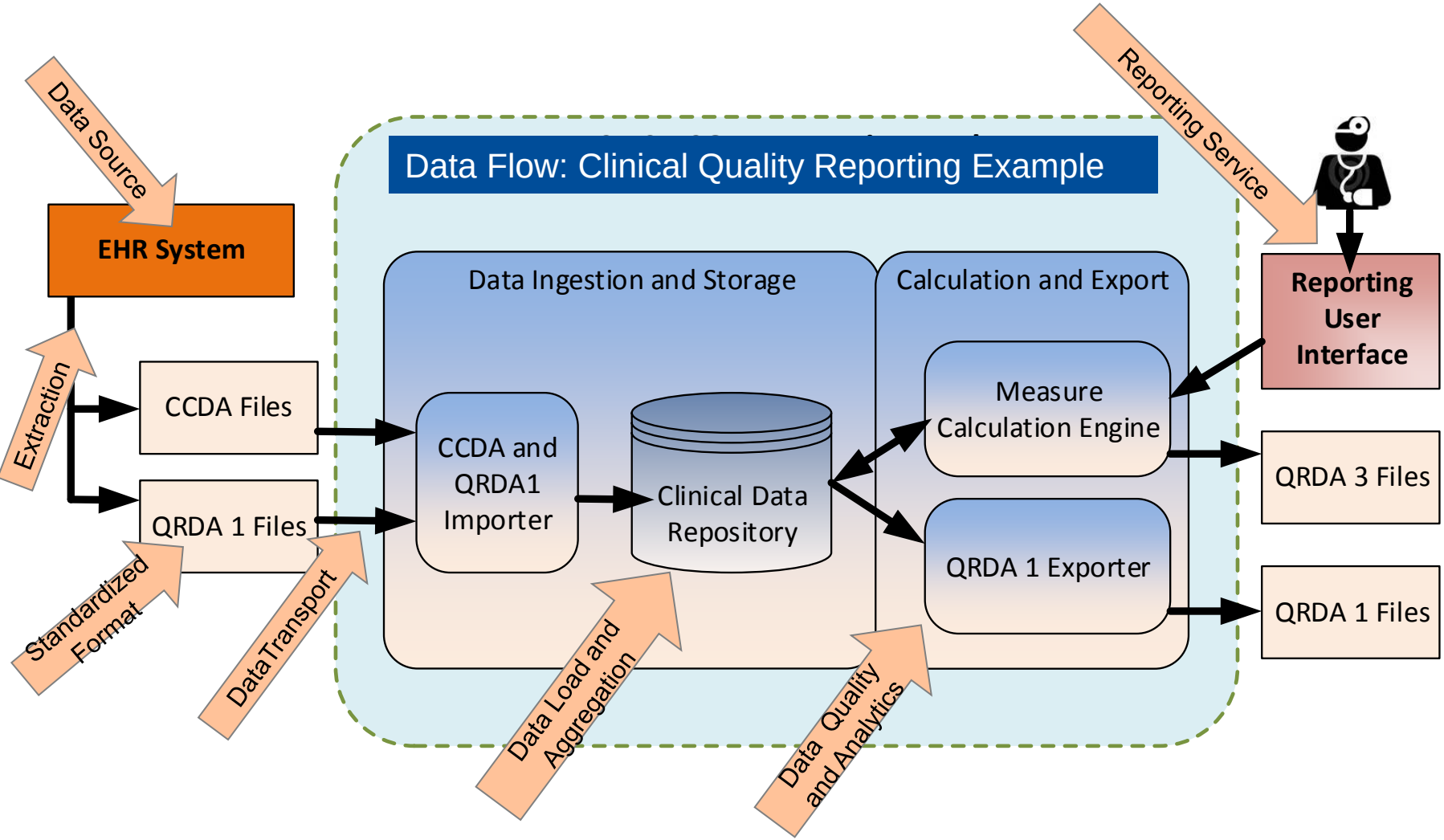
Health IT Operational Detail

- Need to be able to implement the HIT plan
  - There is a balance between “conceptual thinking” and detailed technical specifications for a contract.
  - It is easy to avoid the hard issues if plans remain conceptual.

- Not just about the technology
  - Governance, policy, business operations, funding, data quality need to be addressed.

- Multi-Layered Information and Technology Needs
  - State, health plan, provider, consumer
  - “New Ground”– consent for BH, services that impact health data sources/interfaces

Data flow to provide information to providers, consumers, policymakers and payers to determine, deliver and pay for appropriate care



Flow of data for health information technology

What data is needed?

Types of data:

- Claims and payment data
- Hospital volume data
- Clinical information
- Public health data

How is the data collected?

Collection options:

- State / government agency collects data
- Third-party organization collects data
- Data collected by individual organizations (e.g., payers, providers)

How is the data shared?

Data shared:

- Through HIE infrastructure
- Through interactive or customizable tool / portal
- Through recurring standard reports of raw data

How is the data analyzed?

Analyses conducted:

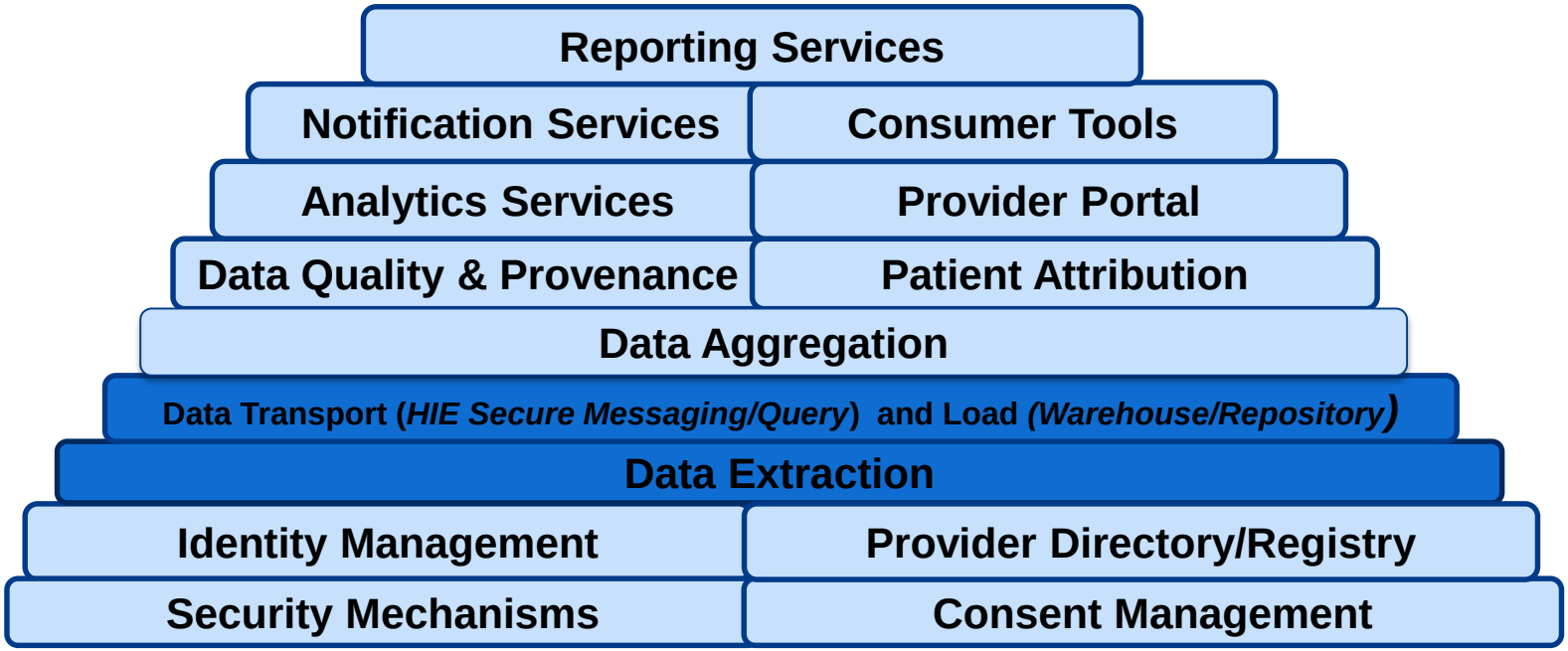
- Reporting (e.g., trend analyses over time)
- Monitoring (e.g., initiative impact analyses)
- Comparison reports (e.g., distribution of performance between organizations)

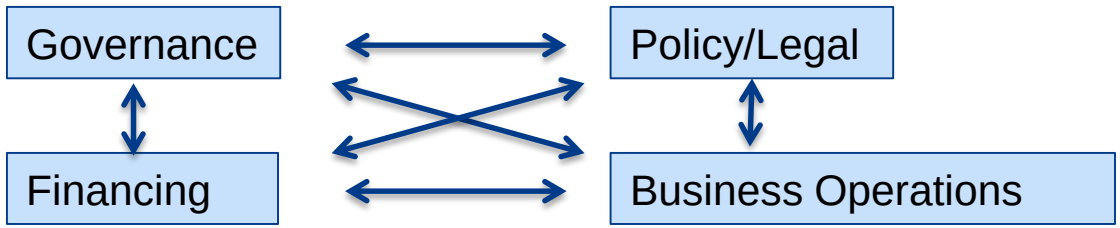
Oversight and governance for flow of information and data

Data users

- **Consumer**
- **Provider**
- **Payer**
- **Policy maker**

Health IT functionality to support flow of data

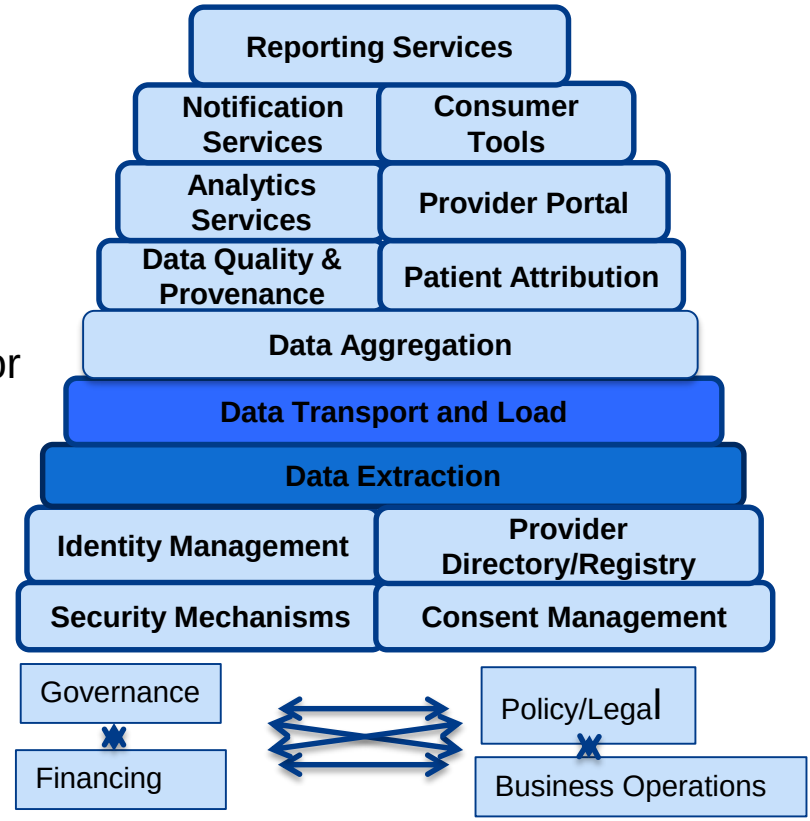




Data Extraction and Transport Techniques

Techniques and tactical options for extracting **clinical data** from electronic health records.

- HL7 messaging integration
  - Primary Source – ~90% of clinical data exchange
- Certified functions for data exchange and measurement
  - 3 certification sections that can be leveraged for data extraction: data portability, transitions of care, clinical quality measures- capture and report
- Two formats are specified: C-CDA and QRDA Category 1 (Both are based on the Clinical Document Architecture)



Standards for Exchange

- Ensure that organizations engaged in health information exchange are adhering to nationally recognized standards
- Ensure that HIE Service Providers properly protect patient privacy and security (42 CFR)

Group discussion:

Discussion questions

- What information needs to flow?
- What functionality is required for it to flow?
- How does this happen in a way that data can be understood?

What data is needed?	How is the data collected?	How is the data shared?	How is the data analyzed?
Types of data: ▪ Claims and payment data ▪ Hospital volume data ▪ Clinical information ▪ Public health data	Collection options: ▪ State / government agency collects data ▪ Third-party organization collects data ▪ Data collected by individual organizations (e.g., payers, providers)	Data shared: ▪ Through HIE infrastructure ▪ Through interactive or customizable tool / portal ▪ Through recurring standard reports of raw data	Analyses conducted: ▪ Reporting (e.g., trend analyses over time) ▪ Monitoring (e.g., initiative impact analyses) ▪ Comparison reports (e.g., distribution of performance between organizations)

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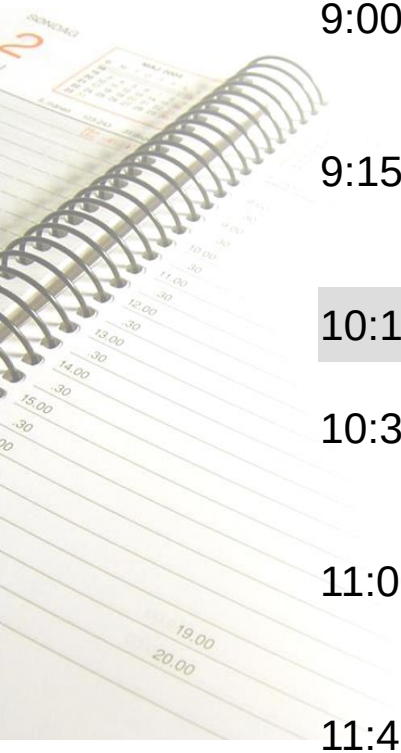

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BREAK
15 minutes
Please return at 10:30 AM

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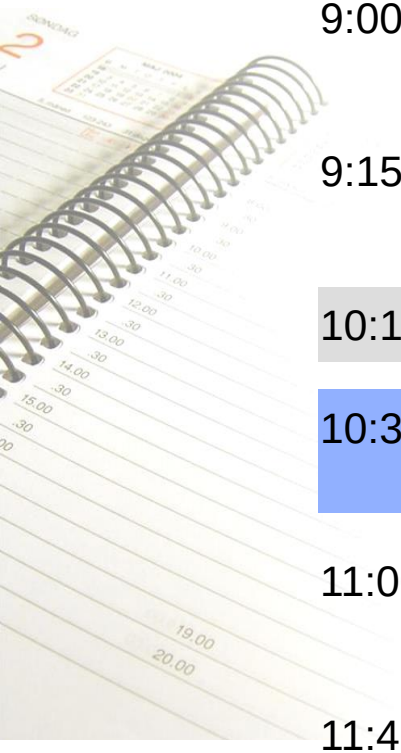

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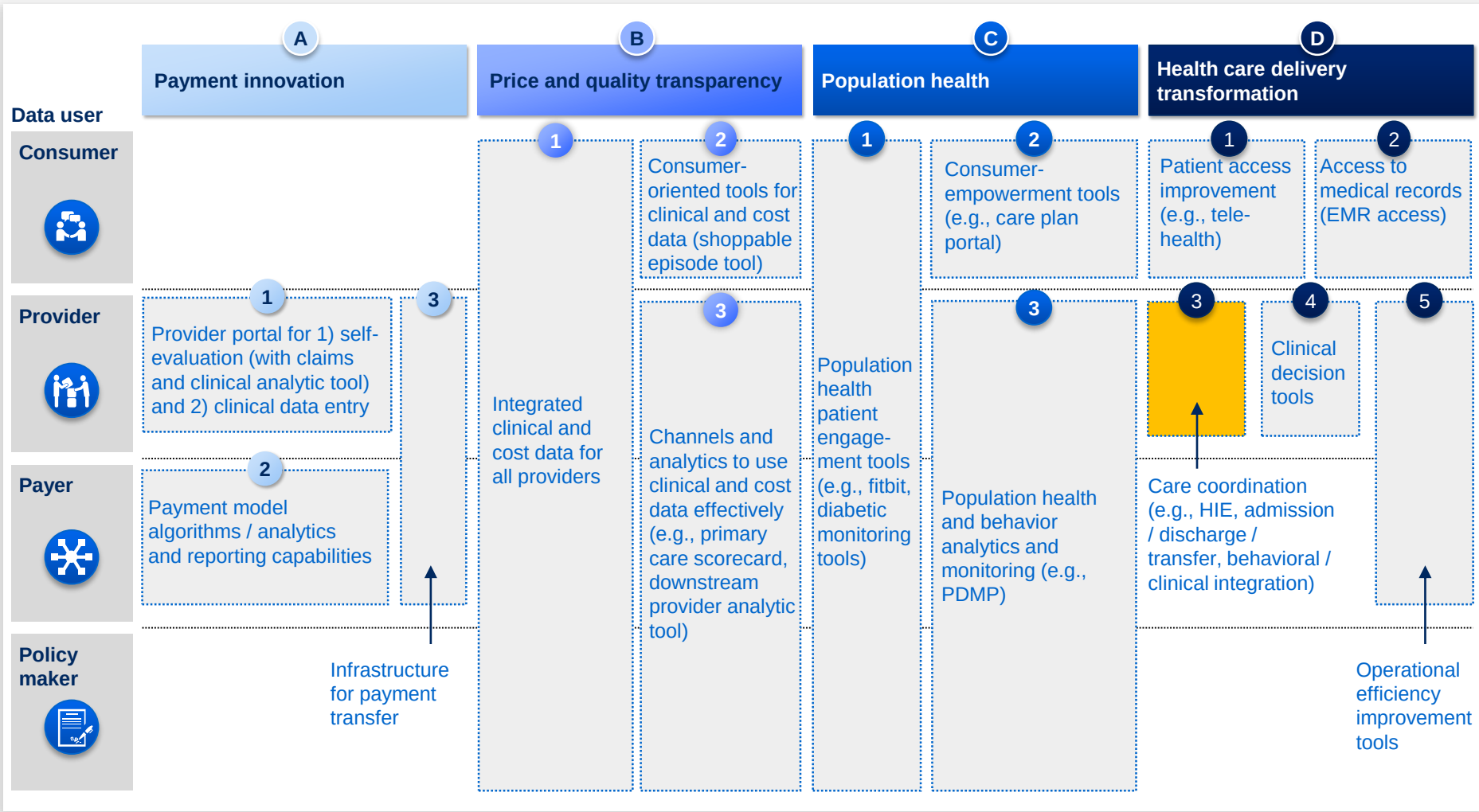
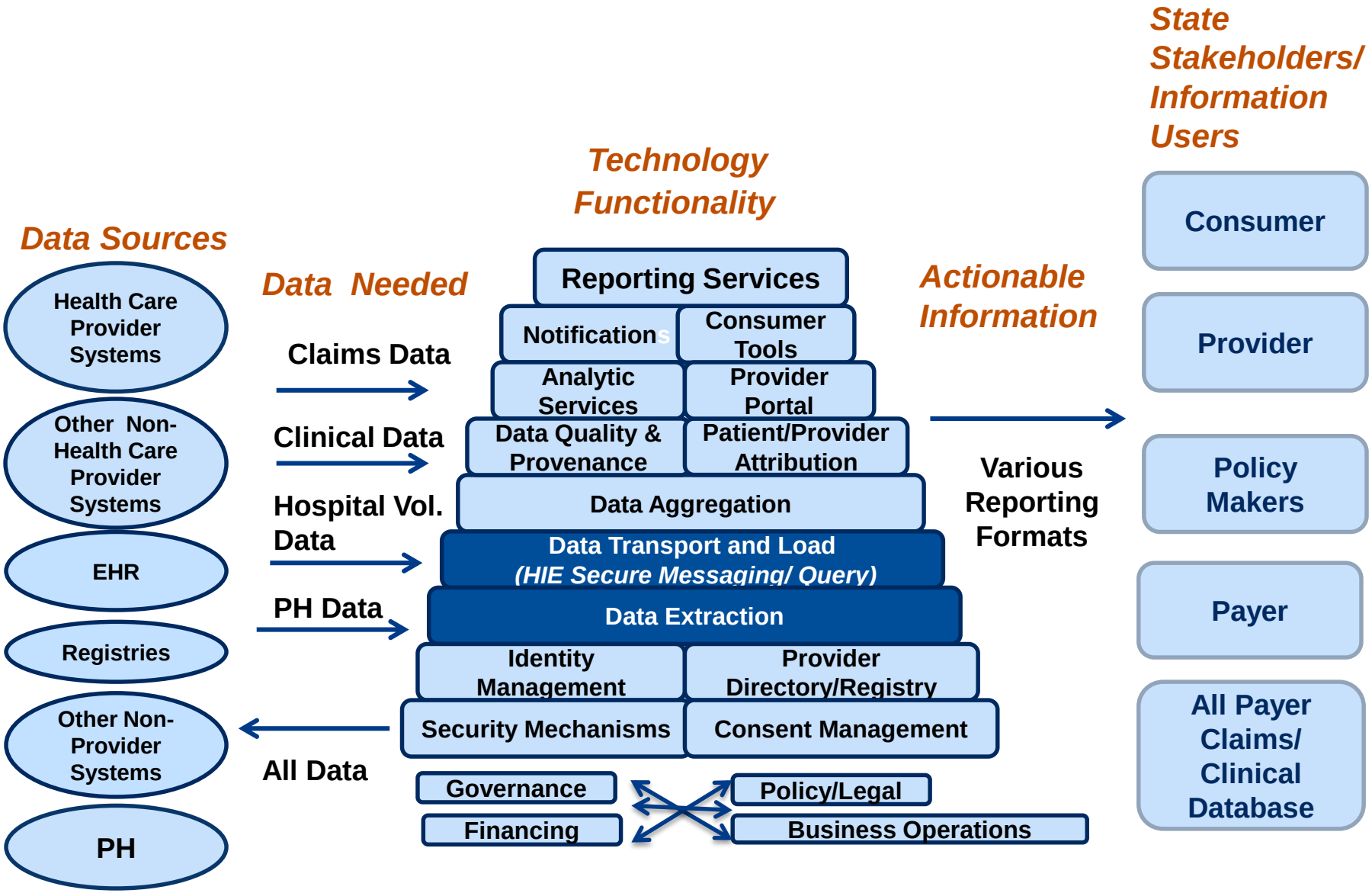
Reminder: HIT requirements to enable HIP



HIT Integration in Care Coordination

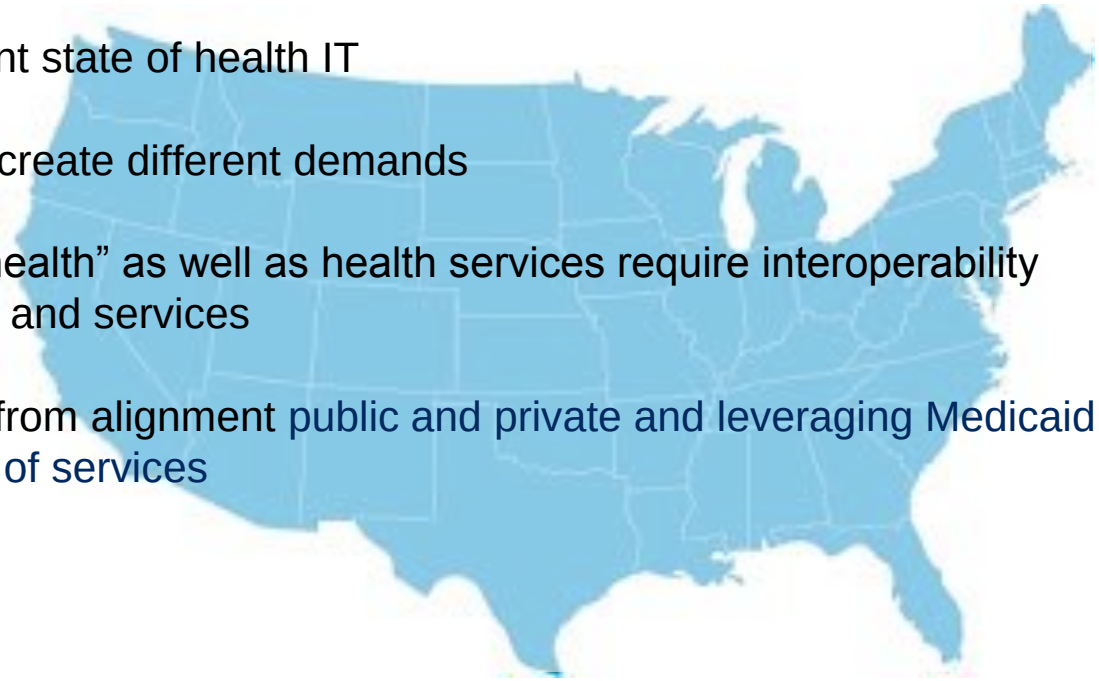
- Care coordination is the goal.
- Appropriate discharge planning, transitions of care, notifications, e-referrals are the activities.
- Core Health IT functionalities are the mechanism to support the activities.
- Functionalities are independent of who does it or where it resides.

Care Coordination Use Case



Learning from Other States

- Health IT discussions are a part of population health, payment & service delivery discussions – not isolated
- Governance is a challenge
- Foundational technology meets many needs
- Understand your current state of health IT
- Expanded care teams create different demands
- “Services that impact health” as well as health services require interoperability with different providers and services
- Sustainability benefits from alignment public and private and leveraging Medicaid – partner or purchaser of services



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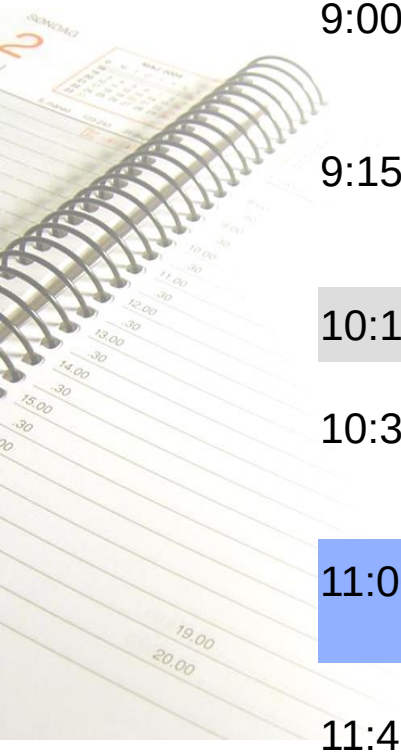

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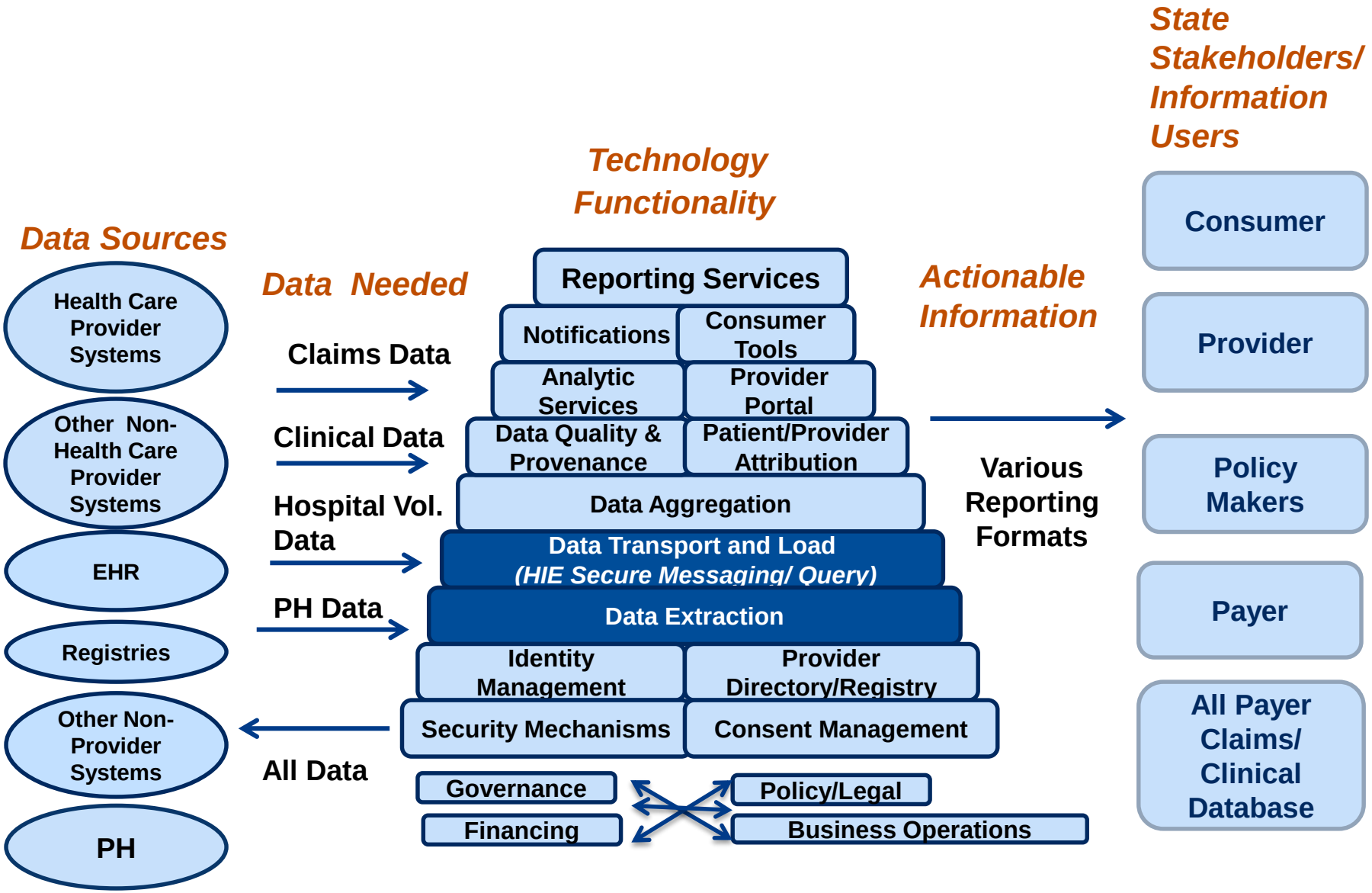
Framing the Breakout Session

- **Data Collection**
  - Refers to the process of gathering and measuring information on variables of interest, in an established systematic fashion

- **Data Extraction/Sharing/Transport**
  - Refers to the delivery of data from one entity to another

- **Technology**
  - Refers to the systems necessary to collect and share data

Care Coordination Use Case



Focus Areas for Care Coordination Strategic Discussion – Questions for the Group

Group 1: Data Collection

- What types of data / information are required for effective care coordination (e.g., clinical, claims, etc)?
- What data sources are necessary for care coordination?
- Who will collect / gather the data?
- Does the data need to be aggregated? If so, who is responsible for data aggregation?

Group 2: Data Extraction / Sharing / Transport

- What is the end-point for the data / who are the end users (e.g., consumers, providers, payers, policy makers)?
- How is the data transported (to the end users)? What infrastructure functionalities (shared services) are needed statewide?
  - Electronic health records integration
  - Health information exchange requirements
  - All-payer claims database
  - Adoption of HL7
  - Summary of care (e.g., CCD, CCDA)
  - Other?
- What interfaces will be used to share the data with the end users? How does this differ by users?

Group 3: Technology Functionality

- What types of services and analytics are required for care coordination within PA?
  - Notification and alerting (e.g., ADT) from different data sources
  - Population health management analytics (e.g., for a patient panel)
  - Medication reconciliation (e.g., through medication histories)
  - E-Prescribing (e.g., NCPDP)
  - Other?
- Who are the stakeholders that would provide or use these different services (e.g., consumers, providers, payers)?

What is the roadmap to develop the necessary capabilities for care coordination?

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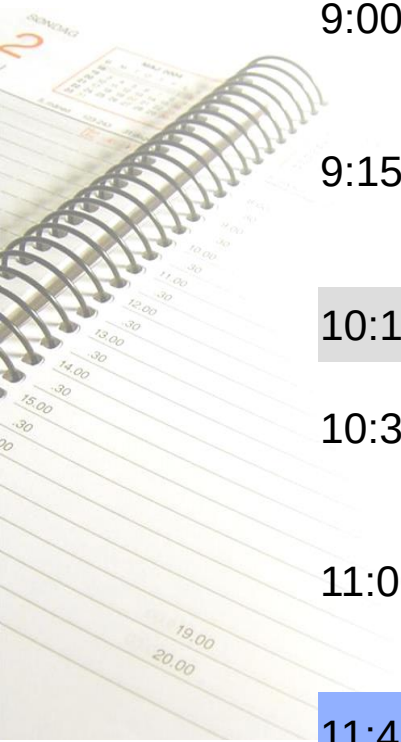

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Next steps

- Participate in follow-up webinars / calls
- Meet in March for work group session 3 to refine strategies and finalize the plan
- Continue to provide input; HIT plan draft to be shared prior to work group session 3