

Health IT Advisory Council

September 15, 2016

Session 6

Agenda

- Welcome and Introductions
- Public Comment
- Review and Approval of Minutes – 7/21/16
- Review of Previous Action Items
- Updates
 - Appointments
 - HITO Search
 - HIT Consulting Services
 - Alert Notification
- SIM HIT Council Recommendations and Next Steps
- Overview of MACRA
- Wrap-up and Next Steps



Public Comment



Review and Approval of July 21, 2016 Minutes

Review of Previous Action Items

Action Items	Responsible Party	Follow Up Date
SIM HIT Council Report	Faina Dookh/ Sarju Shah	9/15/2016
Overview of MACRA	Faina Dookh/ Sarju Shah	9/15/2016
Summary of HIE Presentations	Sarju Shah	8/09/2016 - COMPLETED
Provide links to the SIM Quality Council, State Medicaid Letter, ONC HIT Roadmap, MACRA Proposed Rule	Sarju Shah	8/09/16 - COMPLETED

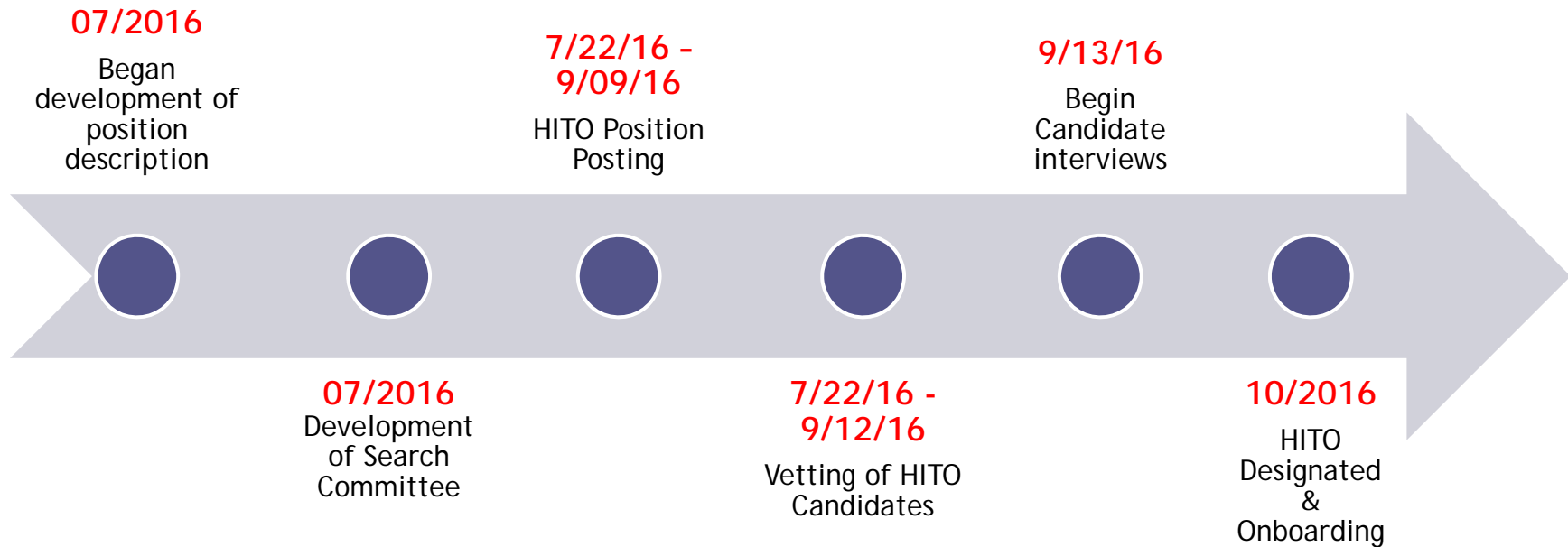


Updates

Appointments

Name	Represents	Appointment by
Matt Katz	CT State Medical Society	Sen. Looney
TBD	A FQHC	Sen. Looney
TBD	Technology expert who represents a hospital system	Rep. Sharkey
TBD	Provider of home health care services	Rep. Sharkey
TBD	Health care consumer or health care consumer advocate	Rep. Sharkey

HITO Search





HIT Consulting Services



CedarBridge Group LLC

Connecticut Health IT Advisory Council

September 15, 2016



A Little Bit About CedarBridge

Services to accelerate health transformation through strategy, technology, and data

Our clients (past and present) include:

Colorado Dept. of Health Care Policy and Financing	North Dakota Health Information Network	Michigan Health Information Network
Office of the National Coordinator for Health IT	Wisconsin Department of Health (SIM Planning)	Monterey County Health Department (California)
New York eHealth Collaborative	Intel Corporation	Colorado Telehealth Network
Multnomah County Health Department (Oregon)	Truven Health Analytics (TEFT grant)	Natividad Medical Center (California)





Topics We Know and Love

(all relevant to health transformation in Connecticut)

Health IT/ HIE Services Planning Building Operating	Health IT Architecture Standards Components Interoperability	Health IT System Requirements Business Technical Functional	Financing / Sustaining HIE Services Federal Funding Cost Allocations Value Propositions
Value-Based Payment Models	All Payer Claims Databases	Health Analytics	Electronic Clinical Quality Measures
Use Cases and Workflows	Patient Engagement Consent Personal Health Records Consumer Health Apps	Governance and Policies	Telehealth Mobile Health



CedarBridge Team/ Roles



Carol Robinson
Co-Facilitator / Project Oversight



Teresa Younkin
Co-Facilitator / Project Manager



George Beckett
Subject Matter Expert



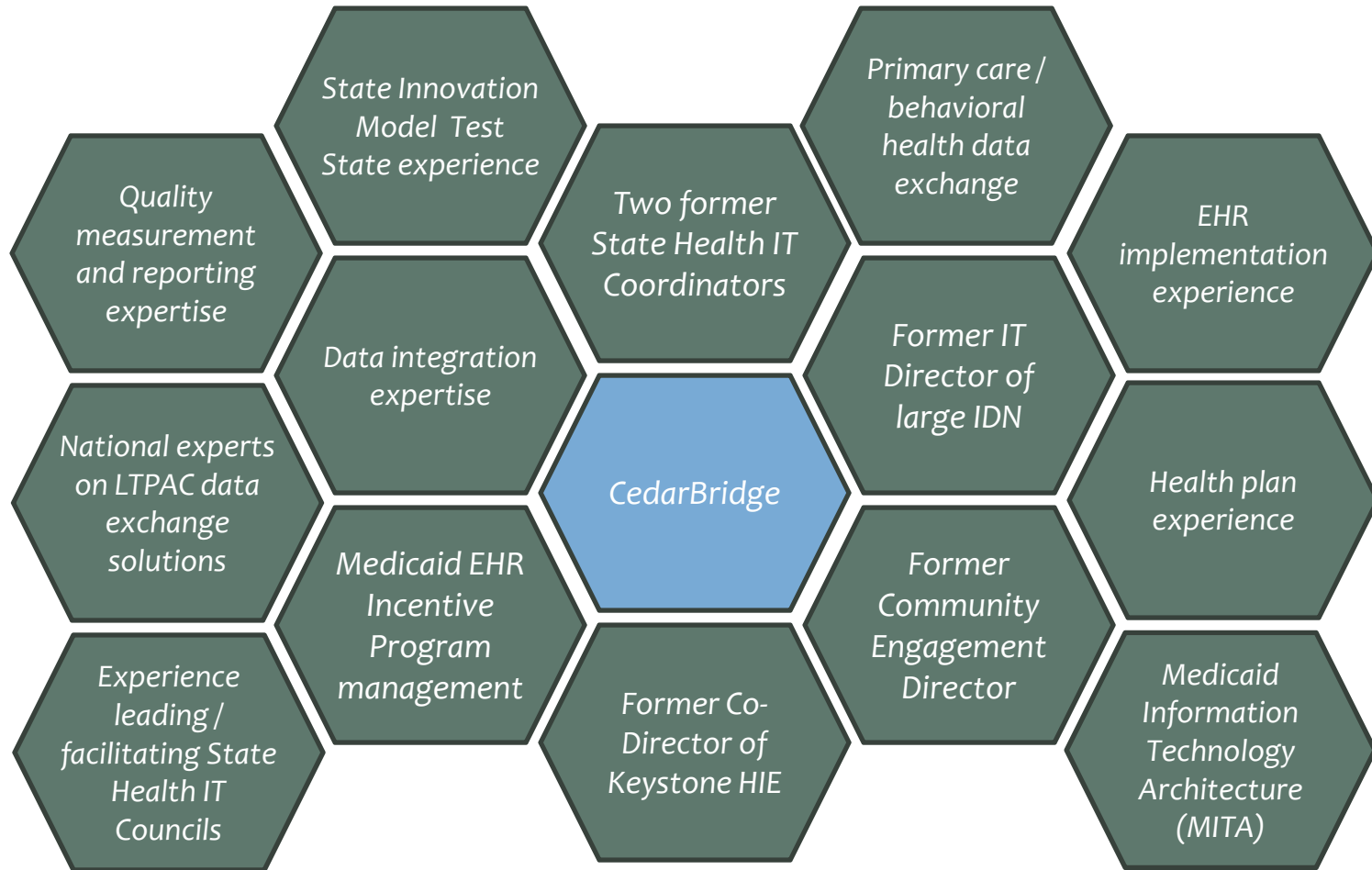
Jim Younkin
Subject Matter Expert

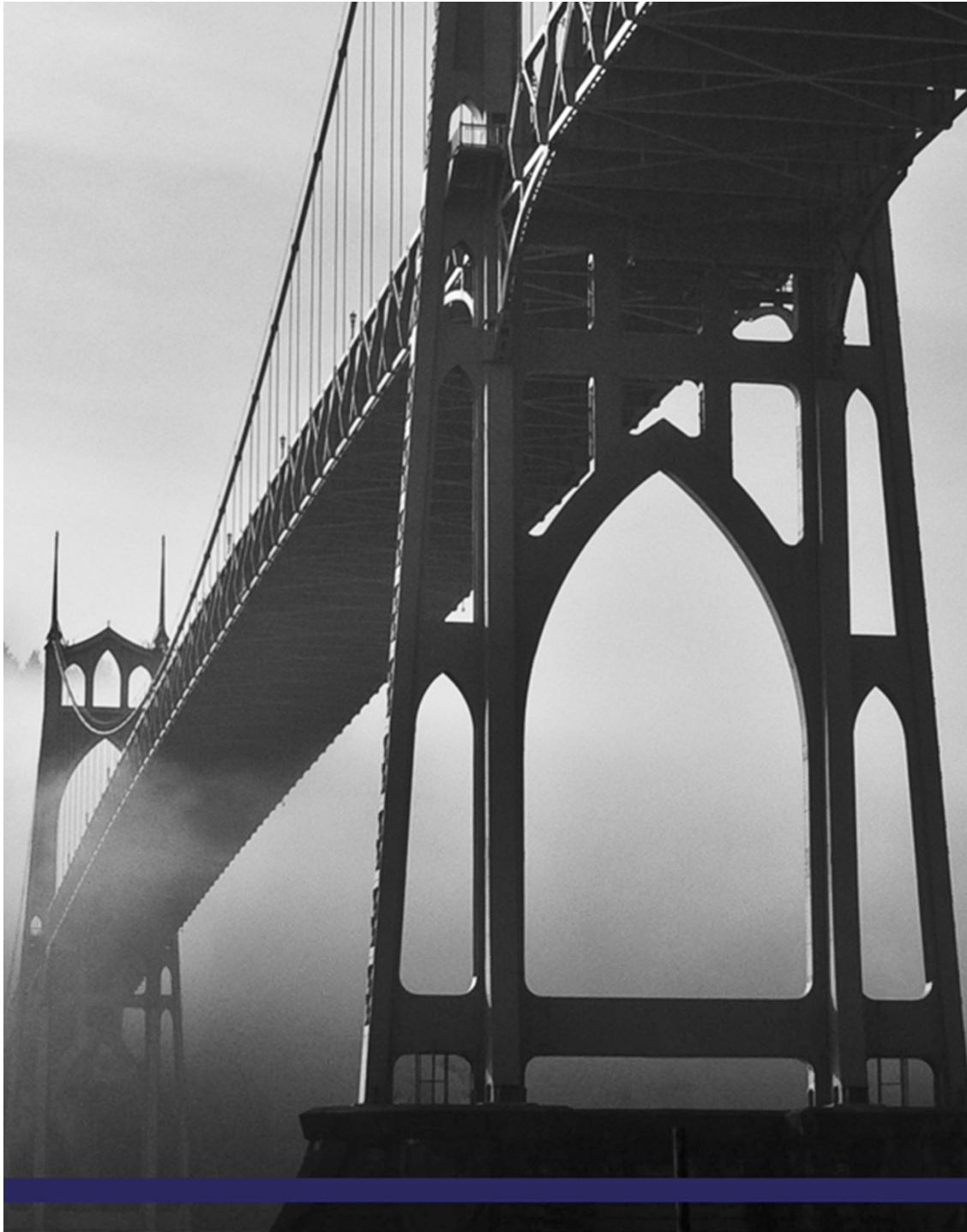


Chris Robinson
Analyst



Relevant CedarBridge Experience





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Alert Notification

Alert Notification

- DSS implementing alert notification system with Medicaid providers and beneficiaries
- Series of meetings to discuss coordinating SIM efforts and including non-Medicaid beneficiaries in alert notification solution
- State: SIM PMO, DSS, LG's office
- Federal: ONC, CMCS, CMMI
- Requirements/timetable TBD



SIM HIT COUNCIL RECOMMENDATIONS & Next Steps

Overview of SIM HIT Council

- Established on Dec. 18, 2014
- Served as an advisory body focused on State HIT investments
- SIM HIT Council membership included representatives of:
 - Health plans, Healthcare providers and entities, State agencies, Consumer representatives
- Charged to make HIT-related recommendations to the SIM Healthcare Innovation Steering Committee, including:
 - Advancing HIT Infrastructure
 - Technology to accelerate health information sharing



CMMI Expectations (Background)

- Support for SIM goals for healthier people, improved care, elimination of health inequities, consumer engagement, and affordability;
- Solutions that reach the majority of the state's population;
- Technologies that are scalable and based on national standards; and,
- Solutions that promote multi-payer engagement.

Council's Scope

- Council examined \$10.7M in proposed technology investments in the SIM Model Test grant proposal and budget.
- Passing of PA 16-77 - scope of the SIM HIT Council was folded into the Health IT Advisory Council activities

Summary of SIM HIT Council's Work

- The last meeting was held on June 17, 2016
- SIM HIT Council recommended themes and topics that should be shared with the Health IT Advisory Council. They include:
 - **Production of eCQMs**
 - Edge server technology
 - **Other**
 - HIT investments by other SIM States
 - Need for stakeholder engagement
 - Operational Plan
 - SIM work stream and HIT needs
 - OSC value based insurance design data pilot

Clinical Quality Measures (CQMs) vs. electronic CQMs (eCQMs)

- These measures quantify quality in our health care system. Measuring and reporting CQMs helps to make sure that care is delivered safely, effectively, equitably and timely
- Electronic CQMs (**eQMs**) use data from **EHRs** and/or **HIT systems** to measure health care quality
- Four federal agencies support eCQMs: CMS, AHRQ, NLM, ONC

<https://ecqi.healthit.gov/ecqm>

Purpose of CQMs

- CQMs measure aspects of patient care:

Health
Outcomes

Clinical
Processes

Patient Safety

Care
Coordination

Patient
Engagements

Population
and Public
Health

Adherence to
clinical
guidelines

Efficient use
of health care
resources

eCQMs at the Center of Change

- 50% of CMS payments tied to alternative payment models by 2018
- 90% of CMS fee for service payment tied to quality by 2018



- *Shared Savings Program*
- *Bundled Payments*
- *Capitated contracts*

Shift to Value



Quality Measures



Currency for demonstrating quality and value

- Meaningful Use introduced 29 eCQMs for attestation ONLY



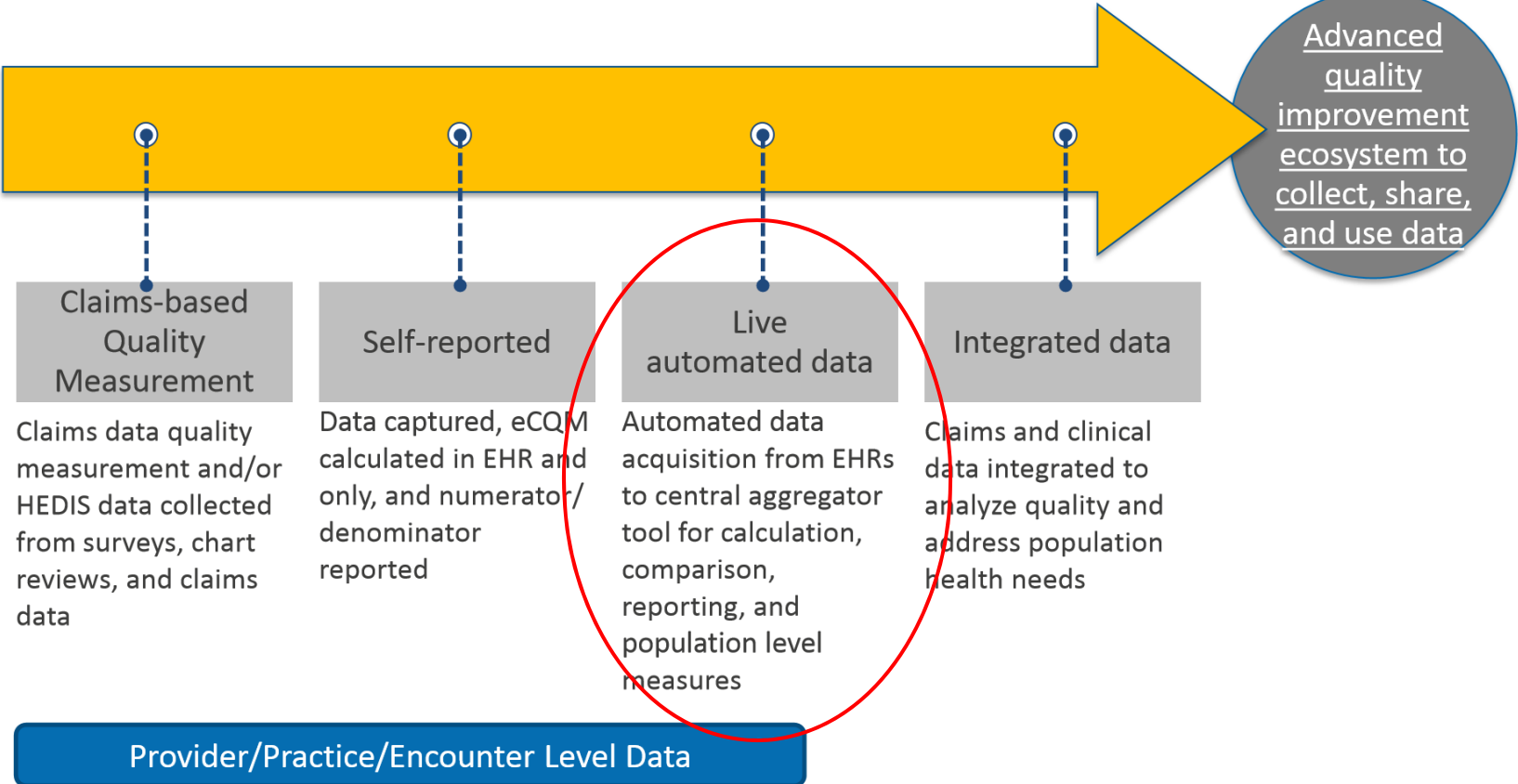
- *Value-Based Purchasing*
- *Pay-for-Performance Incentives*

Why do we Measure

- Patient Perspective
 - To choose providers
 - To plan care
- Payer Perspective
 - To improve population-level quality numbers, build out provider networks
 - To reduce costs
- Provider Perspective
 - To improve quality for individuals
 - To get paid

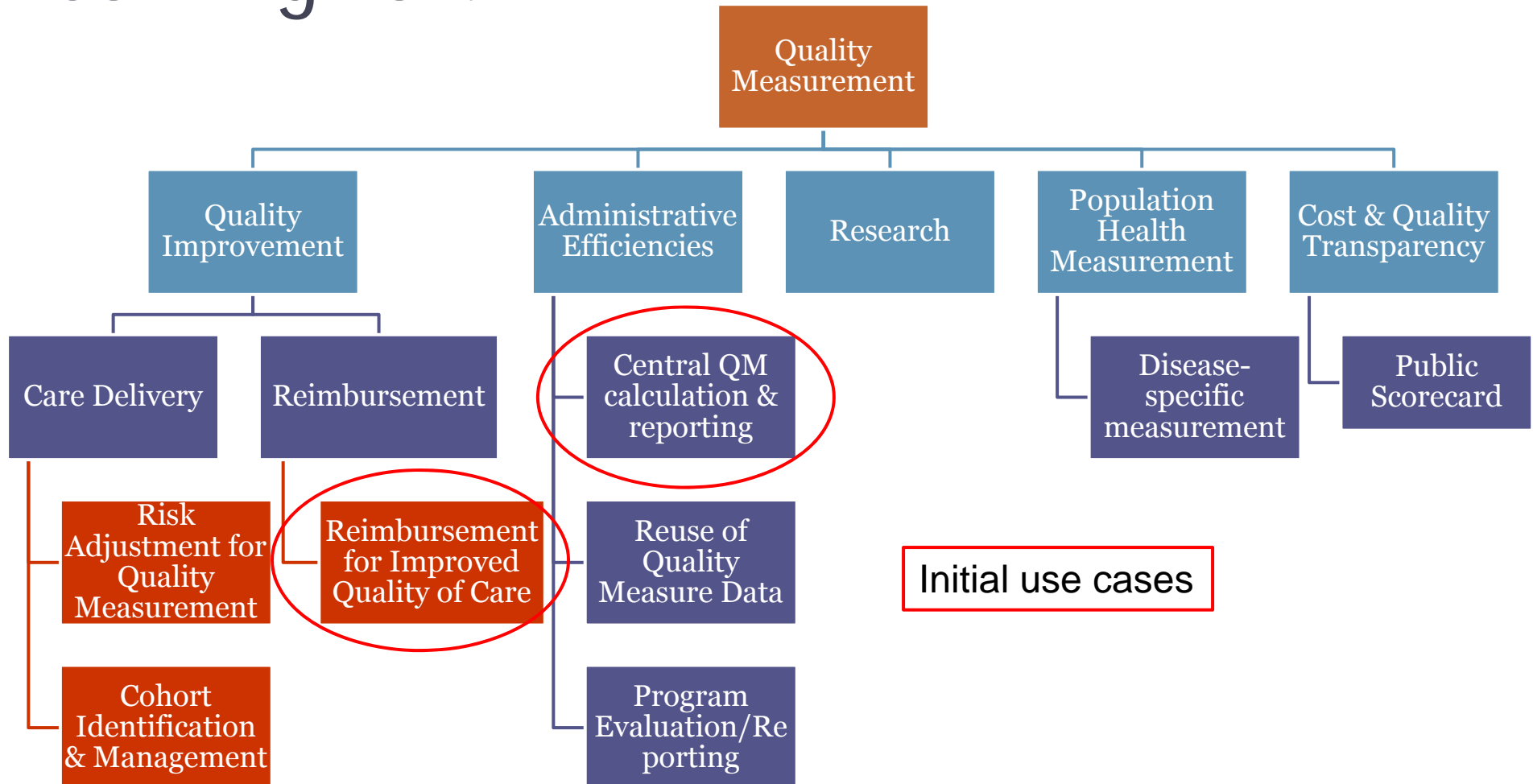
CAN'T FIX WHAT YOU CAN'T MEASURE

Quality Measurement Continuum



- Patient-Centric Reporting
- Provider-Centric Reporting
- Practice-Centric Reporting
- System-centric Reporting
- Population-level Reporting

eCQM Uses Cases - What are we solving for?



What are we solving for?

- Although some payers may be able to collect clinical data from EHRs, a robust infrastructure to efficiently collect data on a comprehensive set of meaningful measures does not exist currently
- Although some providers may be able to report clinical data from EHRs, a robust infrastructure to efficiently report data on a comprehensive set of meaningful measures does not exist currently

Test technology with two measures

- The SIM Quality Council proposed a core set of quality measures to promote voluntary alignment across payers value-based payment arrangements
- Two National Quality Forum (NQF) endorsed CQMs recommended to SIM HIT Council:
 - Hemoglobin A1c Poor Control (NQF 0059)
 - Controlling High Blood Pressure (NQF 0018)
- Recommended the ability to stratify the data by payer and by race/ethnicity

What is SIM's eCQM strategy?

- In the Test Grant, the State proposed building on DSS' work with Zato to stand up a shared utility to produce eCQMs
- Zato's technology would index clinical data repositories to enable the automated extraction, integration and reporting across data silos
- SIM HIT focused on how the state can use this technology to support quality improvement, especially as it relates to value-based payment arrangements
- The two eCQMs were used as a starting point to examining the capabilities of the edge server technology

What is Zato Health?

- Provides search and information extraction utilizing natural language processing and medical ontology
- Zato enables secure navigation, analysis and discovery across structured and unstructured data formats in EHRs, claims databases and other information storage applications (i.e. radiology, laboratory & other systems)
- Zato's platform operates a virtual data center and accesses different locations across multiple networks without the need to copy and transport information to a central location
- Currently working with BayState Health in MA.

SIM HIT Council Pilot Consideration

- SIM HIT Council considered launching a pilot of the Zato edge server before committing to this as an enterprise wide solution
- Two demonstrations were conducted to give members more information before piloting:
 - May 17 – using de-identified data
 - May 23 – using identified data sets

Zato Demonstration: Evaluation Form

Scoring included seven HIT Council members, and 4 non-members.

N=11 (HIT council members =7; others=4)

(1) poor, (2) fair, (3) good, (4) very good and (5) excellent

	N	RANGE	MIN	MAX	MEAN
OPINION	11	3	2	5	3.18
DEPLOYEDINHC	11	4	1	5	2.82
DATASOURCE	11	4	1	5	3.18
DATARETRIEVAL	11	4	1	5	3.04
REPORTING	10	4	1	5	2.30
QUALITY	11	3	2	5	3.18
SECURITY	9	4	1	5	2.63
OPERATIONS	10	4	1	5	2.44
CUSTOMIZATION	11	3	2	5	2.77

SIM HIT Council's Review of Zato

- Members' reactions to the demonstration were mixed
- Some expressed positive feedback regarding interoperability and auditability
- Others expressed concerns including uncertainty about Zato's ability to:
 - Integrate data across disparate platforms without adequate de-duplication of data
 - Deploy in a healthcare setting
 - Demonstrate data security
 - Recreate query searches in an efficient way
 - Perform systematic updates when changes to EHR/Data Sources
 - Implement its solution in the short-term without additional development and testing

Recommends: Defer to State Health IT Advisory Council



Options to Move Forward

- 1) Move forward with a Zato Pilot** – need to consider scope, participants, data, use case, demonstration time period
- 2) RFI/RFP** – Solicitation to assess the market (what other eCQM solutions exist, what are their capabilities) followed by procurement

To be shared with the Health IT Advisory Council

- Production of eCQMs
 - Edge server technology
- **Other**
 1. HIT investments by other SIM States
 2. Need for stakeholder engagement
 3. Operational Plan
 4. SIM work stream and HIT needs
 5. OSC value based insurance design data pilot

Topic 1: Other SIM States' HIT Investments

- A SIM consultant provided examples of HIT investments made by other SIM states, including but not limited to,
 - Expanding HIE capabilities
 - Creating physician portals
 - Establishing a Clinical Quality Metrics Registry
 - Investing in a statewide Provider Directory
 - Piloting telemedicine programs

Recommends: Review presentation

Topic 2: Need for Stakeholder Engagement

- More information and deeper engagement with stakeholders is needed to create a comprehensive HIT plan and ensure buy-in, scalability, & sustainability of proposed technologies

Recommends: Targeted stakeholder engagement to accelerate establishing technology and infrastructure to support SIM aims

Topic 3: Operational Plan HIT Needs

- The SIM Operational Plan outlines the timeline, risks, accountability targets & deliverables for the test grant.

Recommends: Align the State's HIT/HIE activities and leverage federal dollars to support HIT related improvements

Topic 4: CT SIM Work Stream HIT Needs

- Through the planning process potential HIT-related areas of improvement across accountable health organizations were revealed:
 - Share health info efficiently across clinical & community partners
 - Use of e-referrals to track and follow-up on services & supports
 - Receive timely information
 - Coordinate & communicate with inter-disciplinary care teams
 - Enable access by care teams for a comprehensive view of the patient and care plan
 - Enable analytic tools to identify high risk populations & sup-population analyses to support targeted continuous quality improvement.

Recommends: Support potential HIT-related improvements across accountable healthcare organizations throughout the state

OSC Pilot: Integrating Claims & Clinical Data

- Office of the State Comptroller (OSC) currently collecting quality measure data from healthcare providers who provide care to state employees
- OSC monitors quality measures based on claims data and is working on integrating data from EHRs with corresponding claims data
- EHR data is sent to the health plans, who match it with claims data, and send it to OSC's data warehouse

Recommends: Review presentation, as it pertains to the promotion of eCQMs



OVERVIEW OF MACRA

Quality Payment Program

Note: most slides are courtesy of CMS



Key Topics

1. What is MACRA and the Quality Payment Program
2. The Merit-based Incentive Payment System (MIPS)
3. Incentives to Participate in Advanced Alternative Payment Models (Advanced APMs)
4. Implications for Connecticut care delivery reforms and health IT strategy

What is “MACRA”?

The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is a bipartisan legislation signed into law on April 16, 2015.

What does Title I of MACRA do?

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare** rewards clinicians for **value** over volume
- **Streamlines** multiple quality programs under the new **Merit-Based Incentive Payments System (MIPS)**
- Provides **bonus payments** for participation in eligible **alternative payment models (APMs)**

MACRA Goals

Through MACRA, HHS aims to:

- Offer **multiple pathways** with varying levels of risk and reward for providers to tie more of their payments to value.
- Over time, **expand the opportunities** for a broad range of providers to participate in APMs.
- **Minimize additional reporting burdens** for APM participants.
- **Promote understanding** of each physician's or practitioner's status with respect to MIPS and/or APMs.
- Support **multi-payer initiatives** and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements.

Quality Payment Program

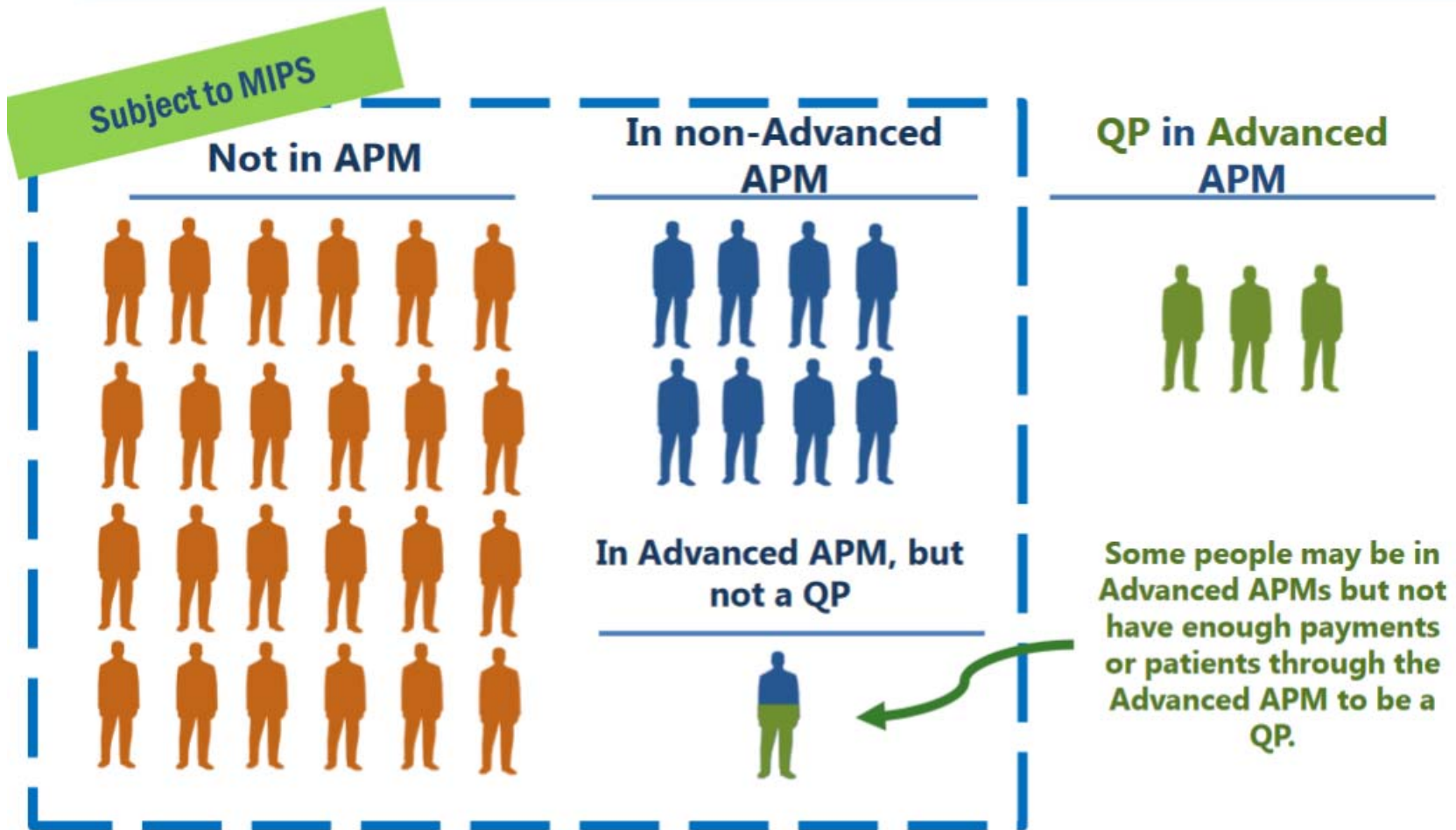
**The Merit-based
Incentive
Payment System
(MIPS)**

or

**Advanced
Alternative
Payment Models
(APMs)**

- ✓ **First step to a fresh start**
- ✓ **We're listening and help is available**
- ✓ **A better, smarter Medicare for healthier people**
- ✓ **Pay for what works to create a Medicare that is enduring**
- ✓ **Health information needs to be open, flexible, and user-centric**

Note: Most clinicians will be subject to MIPS.



Note: Figure not to scale.

MIPS changes how Medicare links performance to payment

There are currently multiple individual **quality and value** programs for Medicare physicians and practitioners:

Physician Quality Reporting Program (**PQRS**)

Value-Based Payment Modifier

Medicare EHR Incentive Program

MACRA streamlines those programs into **MIPS**:

Merit-Based Incentive Payment System
(MIPS)

How will physicians and practitioners be scored under MIPS?

A single MIPS **composite performance score** will factor in performance in **4 weighted performance categories**:



Quality



Resource
use



Clinical
practice
improvement
activities



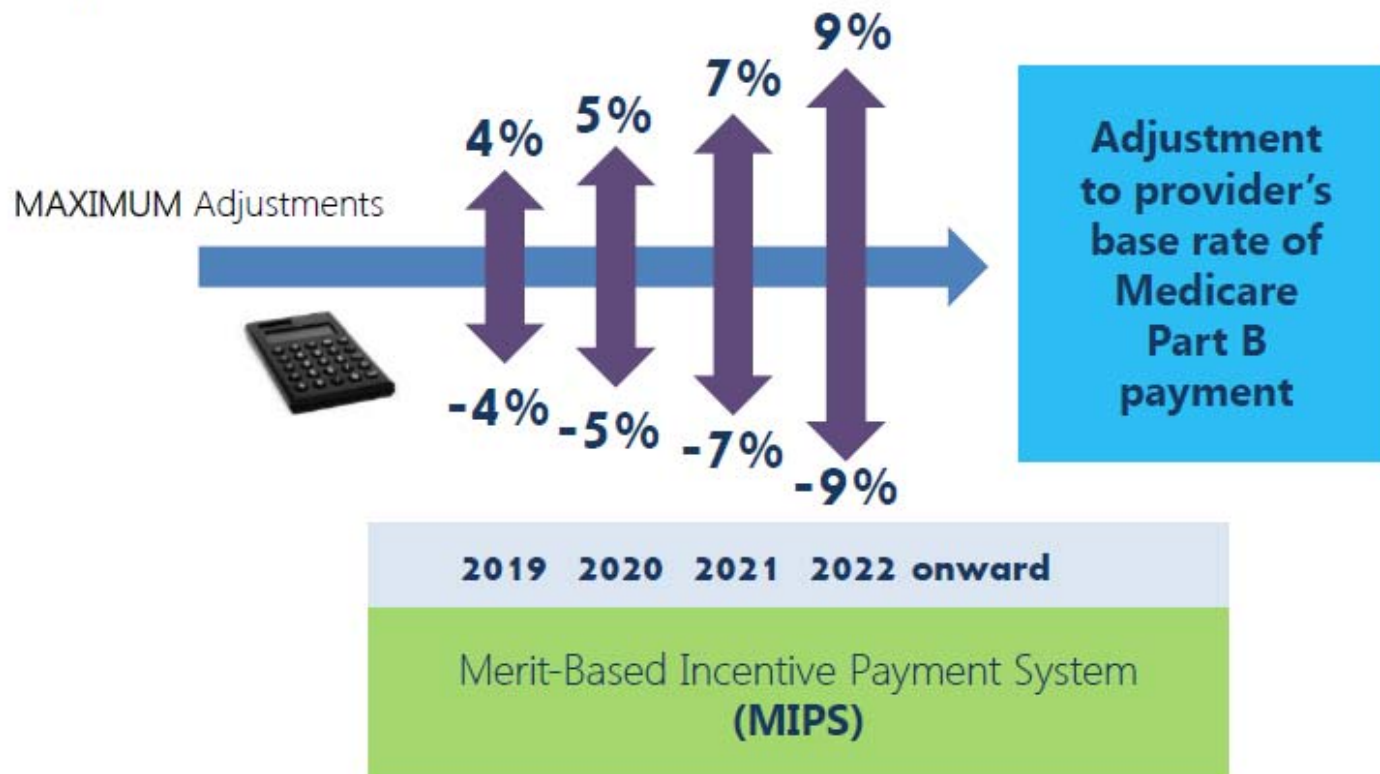
Meaningful
use of
certified EHR
technology



MIPS
Composite
Performance
Score

How much can MIPS adjust payments?

- Based on the MIPS **composite performance score**, physicians and practitioners will receive positive, negative, or neutral adjustments up to the percentages below.
- MIPS adjustments are **budget neutral**. A **scaling factor** may be applied to upward adjustments to make total upward and downward adjustments equal.



Are there any exceptions to MIPS adjustments?

There are **3 groups** of physicians and practitioners who will NOT be subject to MIPS:



FIRST year of Medicare participation



Participants in **eligible** Alternative Payment Models who **qualify** for the bonus payment



Below **low volume** threshold

Note: MIPS **does not** apply to hospitals or facilities

Alternative Payment Models (APMs)

APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value**.

According to MACRA law, APMs include:

- ✓ **CMS Innovation Center model**
(under section 1115A, other than a Health Care Innovation Award)
- ✓ **MSSP** (Medicare Shared Savings Program)
- ✓ **Demonstration** under the Health Care Quality Demonstration Program
- ✓ **Demonstration** required by Federal Law

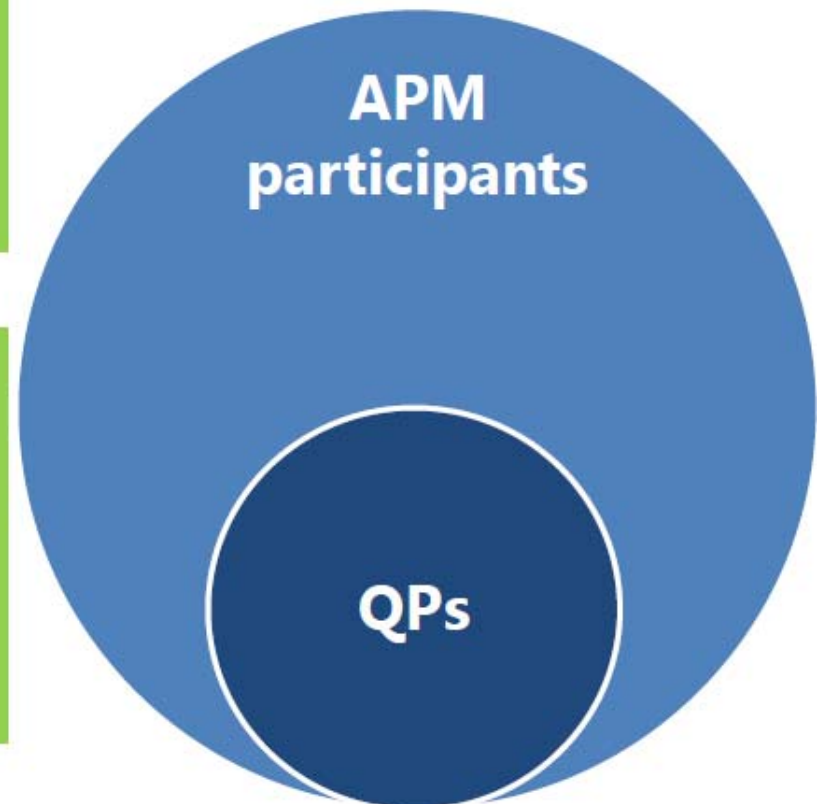
- MACRA **does not change how any particular APM rewards value**.
- APM participants who are not "QPs" will receive **favorable scoring under MIPS**.
- Only **some** of these APMs will be **eligible** APMs.

How does MACRA provide additional rewards for participation in APMs?

Most physicians and practitioners who participate in APMs will be subject to MIPS and will receive **favorable scoring** under the MIPS clinical practice improvement activities performance category.

Those who participate in **the most advanced** APMs may be determined to be **qualifying APM participants ("QPs")**. As a result, QPs:

1. Are **not subject** to MIPS
2. Receive 5% lump sum **bonus payments** for years 2019-2024
3. Receive a **higher fee schedule update** for 2026 and onward



What is an eligible APM?



Eligible APMs are the **most advanced** APMs that meet the following criteria according to the MACRA law:

- ✓ **Base payment on quality** measures comparable to those in MIPS
- ✓ Require use of certified **EHR** technology
- ✓ Either (1) bear more than nominal **financial risk** for monetary losses **OR** (2) be a **medical home model expanded** under CMMI authority

PROPOSED RULE

Advanced APM Criterion 1:

Requires use of CEHRT



Certified
EHR use

Example: An Advanced APM has a provision in its participation agreement that at least 50% of an APM Entity's eligible clinicians must use CEHRT.



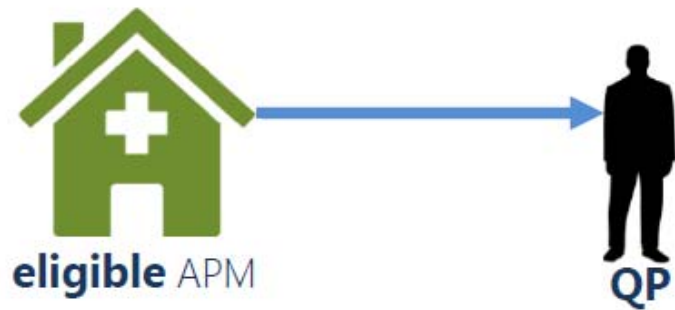
APM
Entity



Eligible
Clinicians

- ✓ An Advanced APM must **require at least 50% of the eligible clinicians in each APM Entity to use CEHRT** to document and communicate clinical care. The threshold will **increase to 75%** after the first year.
- ✓ For the **Shared Savings Program only**, the APM may apply a **penalty or reward** to APM entities based on the degree of CEHRT use among its eligible clinicians.

How do I become a **qualifying APM participant (QP)**?



QPs are physicians and practitioners who have a certain **% of their patients or payments** through an **eligible APM**.

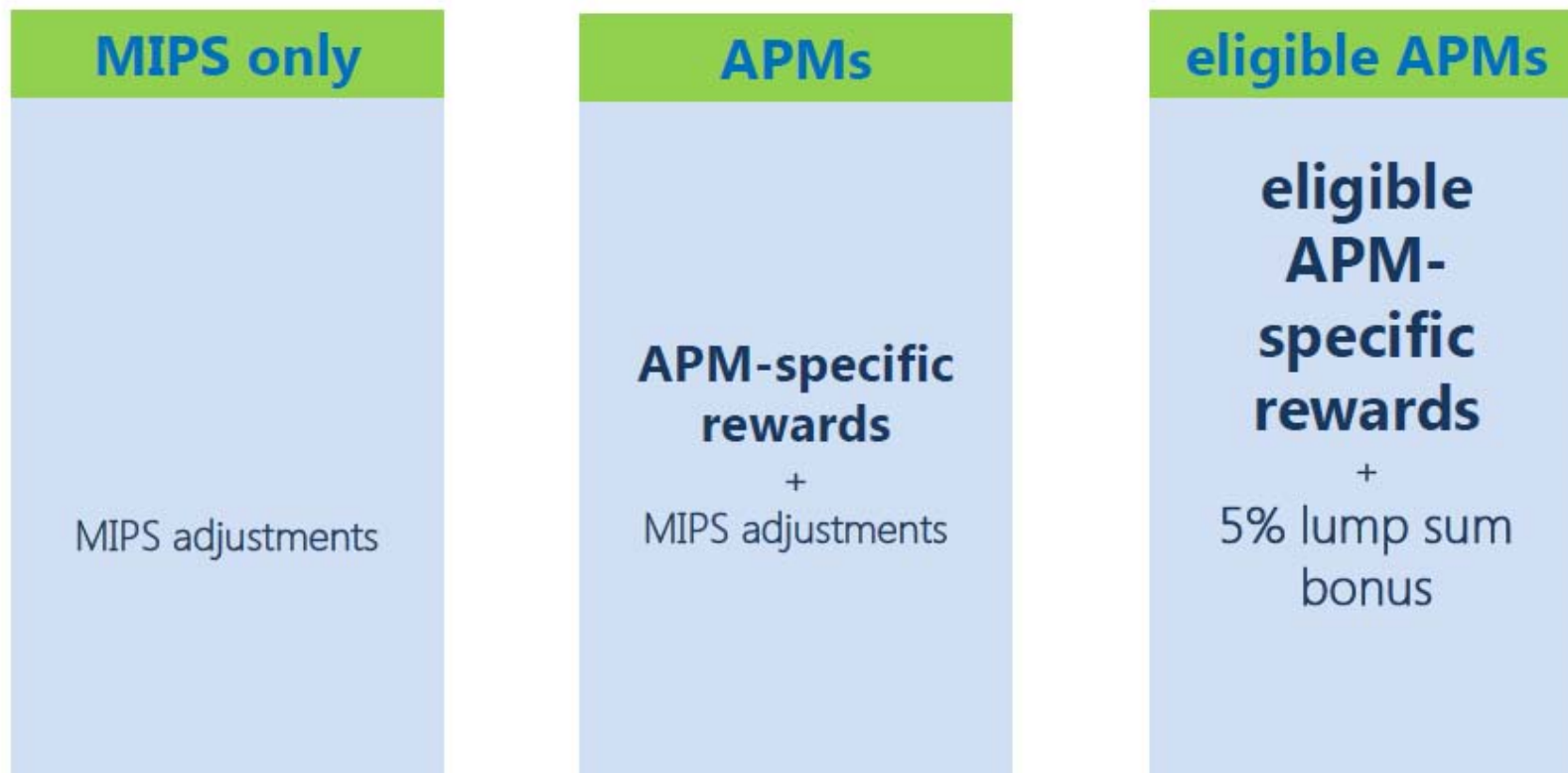
Beginning in 2021, this threshold % may be reached through a **combination** of Medicare and other **non-Medicare payer arrangements**, such as private payers and Medicaid.

QPs:

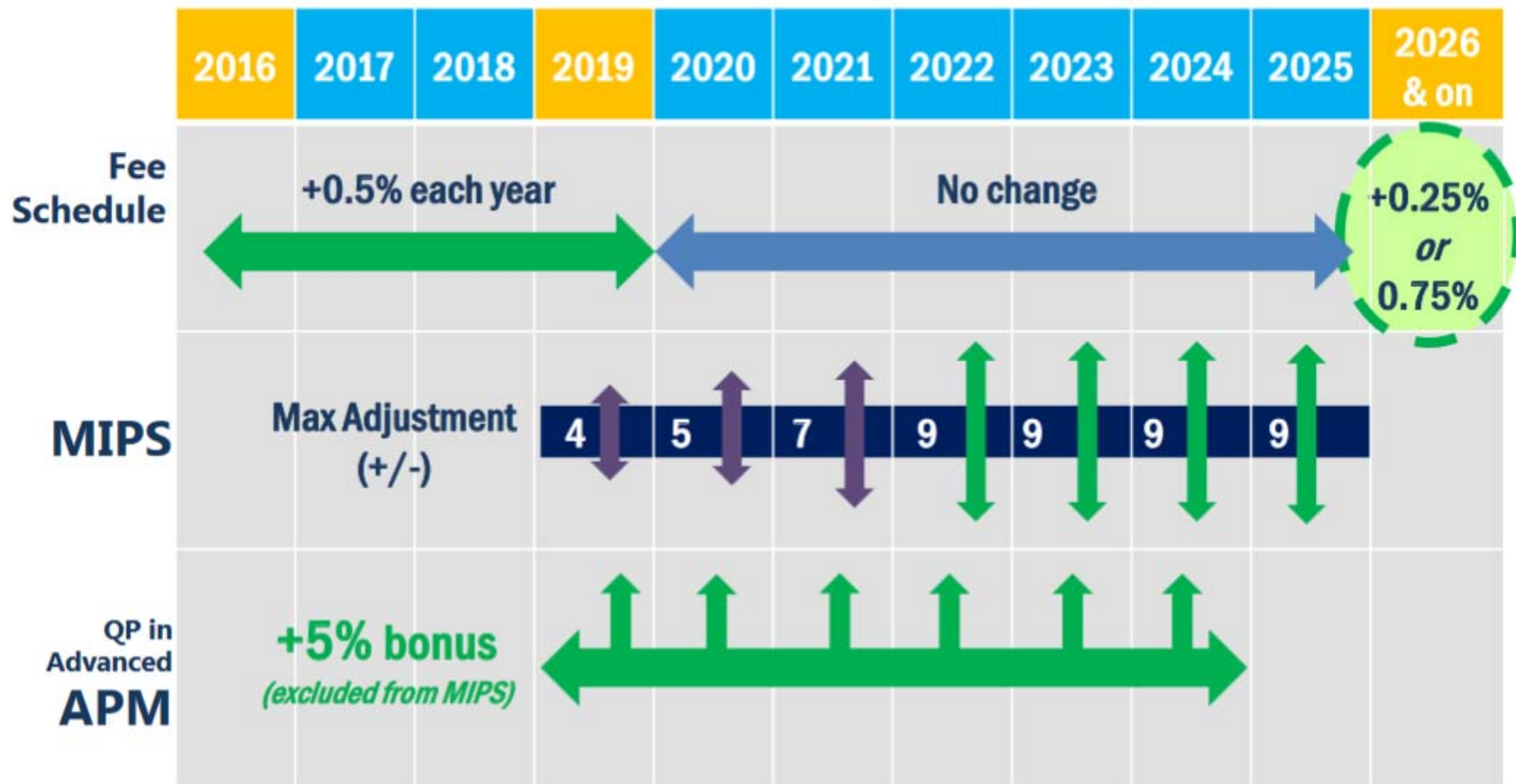
1. Are **not subject** to MIPS
2. Receive 5% lump sum **bonus payments** for years 2019-2024
3. Receive a **higher fee schedule update** for 2026 and onward

Potential value-based financial rewards

- APMs—and eligible APMs in particular—offer greater **potential risks and rewards** than MIPS.
- **In addition** to those potential rewards, MACRA provides a bonus payment to providers committed to operating under the most advanced APMs.



Putting it all together:

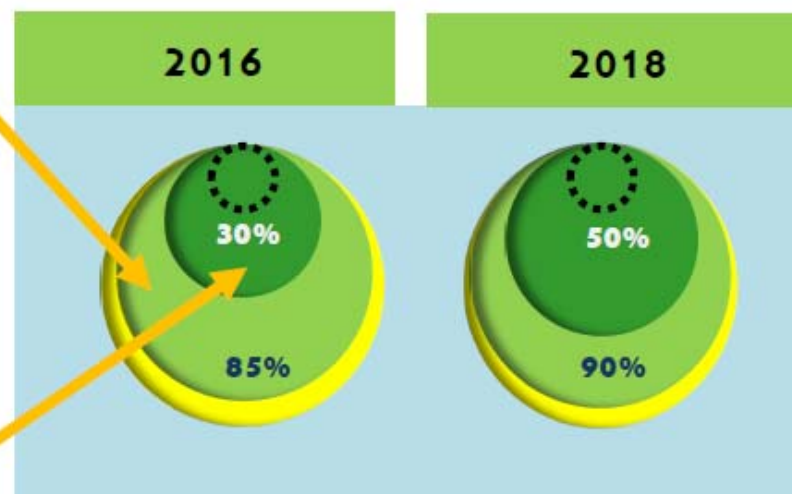


MACRA moves us closer to meeting these goals...

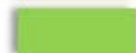
The new Merit-based Incentive Payment System helps to link **fee-for-service payments** to quality and value.

The law also provides incentives for **participation in Alternative Payment Models** in general and bonus payments to those in the most highly advanced APMs

New HHS Goals:



All Medicare fee-for-service (FFS) payments (Categories 1-4)



Medicare FFS payments **linked to quality and value** (Categories 2-4)



Medicare payments linked to quality and value **via APMs** (Categories 3-4)



Medicare-Payments to those in the most highly advanced APMs under MACRA

Implications for Connecticut care delivery reforms and health IT strategy

- SIM reforms will enable providers to do better in the Quality Payment Program. Examples:
 - AMH Program: patient-centered medical home recognition earns clinicians “full credit” in 1 of 4 quality categories (Clinical Practice Improvement Activities) under MIPS
- Providers will be thinking about how to meet Quality Payment Program requirements, for example reporting key measures of interoperability and information exchange for MIPS. SIM will continue to assess how reforms can create a pathway for providers

Thinking Ahead:

As the national Quality Payment Program is rolled out, it will be critical that SIM payment and care models are aligned in the state of Connecticut in order to help providers make that transition.

- Steve Cha, CMMI



More Information

- **For further information about MACRA MIPS/APMs go to:**

<http://go.cms.gov/1LHY4Fg>



Wrap up and Next Steps

- Upcoming Meetings
 - October 20, 2016
 - November 17, 2016
 - December 15, 2016

- Future Agenda Item Requests
 - DSS Alert Notification

Contact Information

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Health IT Advisory Council Website

[http://portal.ct.gov/ltgovernor/Health IT Advisory Council/](http://portal.ct.gov/ltgovernor/Health_IT_Advisory_Council/)