Health IT Advisory Council

October 20, 2016 Session 7

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – 9/15/16	1:10 pm
Review of Previous Action Items	1:15 pm
 Updates Appointments HITO Search Federal Context for Delivering HIE Services in Connecticut 	1:20 pm 1:30 pm
Implementing HIE Services in Connecticut • Alert Notification Services • eCQMs	1:50 pm
Federal Financing Information	2:30 pm
Wrap-up and Next Steps	2:45 pm

Public Comment

Review and Approval of September 15, 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
eCQM Learning Experience	CedarBridge Group	11/17/2016
eCQM RFI/RFP Process	CedarBridge Group	11/17/2016

Updates

Pending Appointments

Name	Represents	Appointment by
Robert Rioux	An 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

07/2016

Began development of position description 7/22/16 - 9/09/16

HITO Position Posting 9/13/16

Begin Candidate interviews













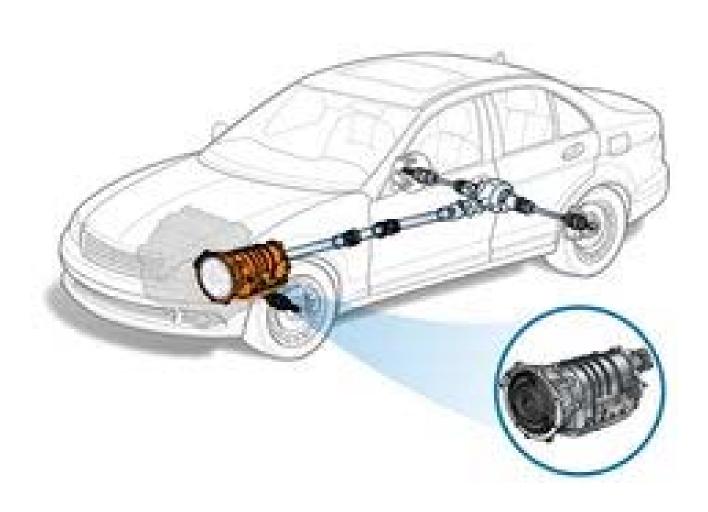
07/2016
Development
of Search
Committee

7/22/16 -10/14/16

Vetting of HITO Candidates

10/31/16

Finalists recommended to the LG





Federal Context: Delivering Services to Exchange Health Information in Connecticut

Federal Technical Assistance for Connecticut's State Innovation Model Provided by ONC / CMS



Patricia MacTaggart

Senior Advisor



Terry Bequette

ONC Consultant



Tom Novak *Medicaid Interoperability Lead*

Foundation for Delivery System Reform

Use information to transform Enhanced access and continuity Data utilized to improve delivery and outcomes Patient engaged, community resources Patient centered care coordination Team based care. case management Registries to manage patient populations Privacy & security protections Connect to Public Health **Delivery System**

Reform

2010

Utilize technology to gather information

> Basic EHR functionality, structured data

Privacy & security protections

Connect to Public Health

MU1

Improve access to information

Care coordination

Patient engaged

Connect to Public Health

Privacy & security protections

Structured data utilized for Quality Improvement

MU2

Data utilized to improve delivery and outcomes

Patient self management

Care coordination

Evidenced based medicine

Registries for disease management

Privacy & security protections

Connect to Public Health

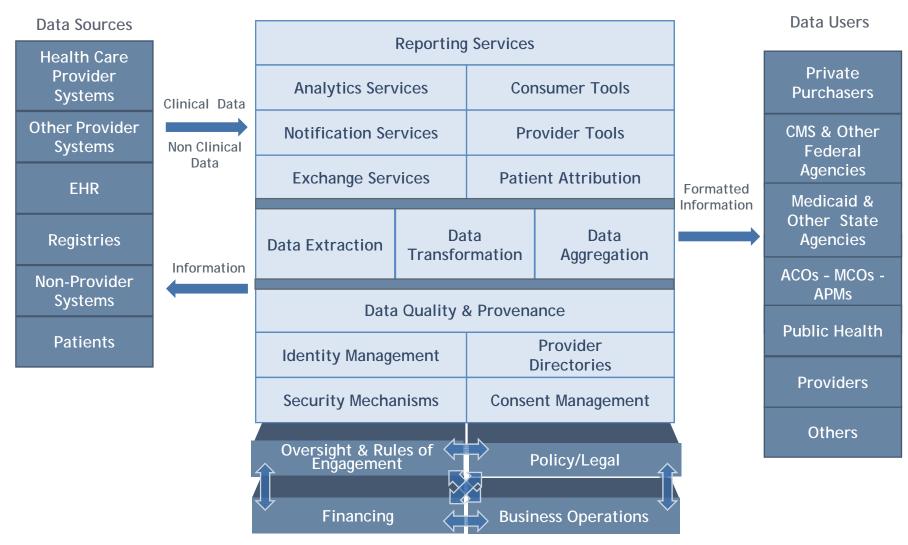
MU3

2016

Three Requirements for Exchange of Information

Secure Technical Infrastructure and Connection **Entity X Entity Y Trust Value Proposition**

Modular Functionalities and Foundation Elements to Operationalize the Exchange of Information



Modular Services

Alert Notifications

> Public Health Reporting

Consent Management

Provider
Directory linked
with e-MPI and
HISP services

Clinical Data
Repositories
(regional network
of networks, or
statewide)

Other Stakeholder Assets

eCQM Reporting and Measurement Services

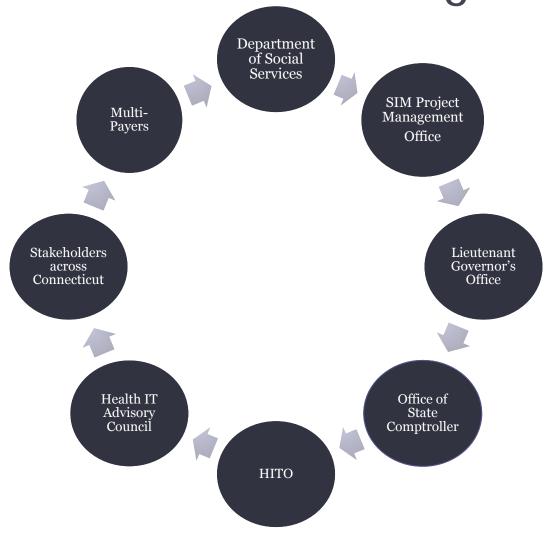
Policy and Program Drivers

- Connecticut's SIM award commits the state to support multi-payer participation in valuebased payment models to achieve "Triple Aim" care transformation goals.
- Legislative Acts: 15-146 and 16-77 support these efforts.
- Health IT supports healthier people, healthier communities and improved health equity.

Timing Drivers

- SIM award requires the implementation of PCMH+, Advanced Medical Home and CCIP using robust statewide exchange of health information by 9/27/2017
- Medicaid funding requires accommodating IAPD-Us, etc.

Collaborative Planning Needed



Implementing Health Information Exchange Services in Connecticut

Council Discussion

Alert Notification Services: Council Discussion

Use Case Proposal

Begin with an initial use case for hospital alert notifications to a subset of providers for individuals on Medicaid

Establish a schedule of activities to support production of additional alert notification messages

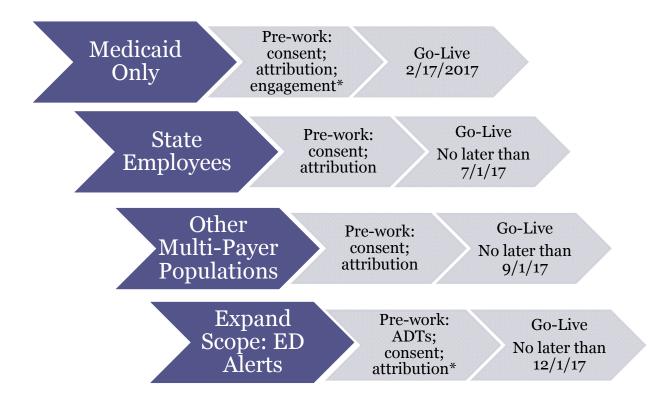
Expand to additional notifications to providers for individuals covered by multi-payers

Initial Use Case Approach

- <u>Population:</u> Begin with Medicaid patient-provider attribution and include only Medicaid patients and physician providers for 2/17/17 golive
 - Current Medicaid strategy to begin with one FQHC (13 sites)
 - Through HITO-led engagement of payers/providers/consumers to begin once the HITO
 is on board, explore timetable to expand this strategy to include all FQHCs and Advanced
 Networks
- <u>Scope</u>: Begin with hospital ADT-based alert notifications for admissions, discharges, and transfers
 - Key areas of focus:
 - Accurate patient matching
 - Transitioning from manual to automated workflows
 - Timely receipt of alerts
 - Provider follow-up workflows
 - Demonstrating cost savings to participants

Use Case Approach:

First and Subsequent Populations & Expanding Scope of Notifications



^{*} HITO-led engagement of hospitals and provider networks in Connecticut to evaluate existing private-sector technology assets, in order to determine how those can be leveraged, where possible

Process to Select Use Case Strategy for Alert Notification Services

As part of the state's strategy, HITO will support engagement of hospitals and providers to align and leverage strategies:

Identify and evaluate health IT needs related to alert notifications

Understand current alert notification solutions that have been invested in by hospitals and provider groups Determine if current hospital/provider alert notification solutions can easily interoperate with Medicaid alert notification strategy

Determine if enhancements of current hospital and/or provider solutions are needed to meet alert notification needs of providers

Use Case Proposal Timeline

October 20, 2016 Advisory Meeting

Mutual understanding of

- Medicaid use case no later than 2/17/17
- Expansion of Medicaid use case to state employees no later than 7/1/17
- Expansion of Medicaid use case to general population no later than 9/1/17

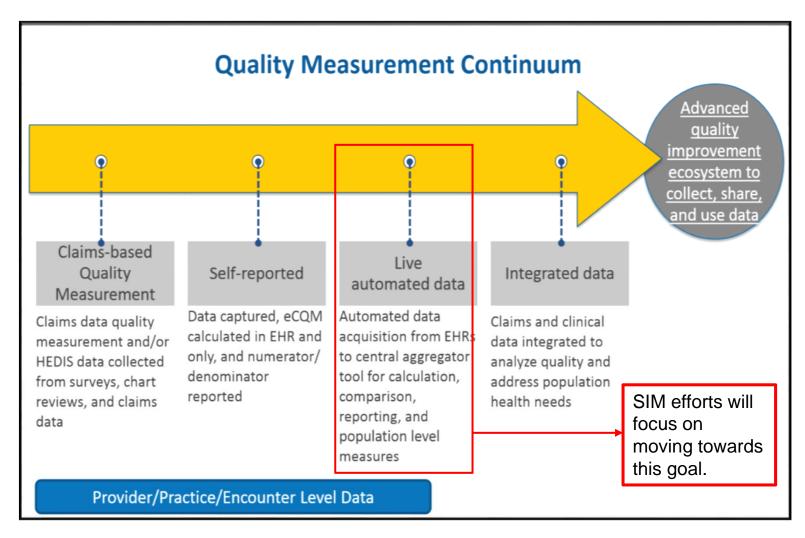
November 17, 2016 Advisory Meeting

Mutual understanding of

- Identify additional work required to support the expanded use case
- Identify incremental support requirements for multi-payer individuals and providers

eCQM Planning

ONC Guidance: Developing eCQMs



Background on eCQMs

- Measuring and reporting CQMs has been shown to ensure care is delivered safely, effectively, equitably and timely
- Electronic CQMs (**eCQMs**) use data from EHRs, registries, and/or HIT clinical systems to measure health care quality
- Four federal agencies are supporting as well as driving the adoption of eCQMs:
 - Centers for Medicare and Medicaid Services (CMS),
 - Agency for Healthcare Research and Quality (AHRQ),
 - National Library of Medicine (NLM), and
 - Office of the National Coordinator (ONC)

eCQM Planning Activities for November Council Meeting

- In planning for the November meeting, would the Council be interested in:
 - eCQM educational webinars with other states?
 - Invited guest speaker for the November meeting?
- Discussing the timeline for development of an RFI/RFP for a Connecticut eCQM Reporting System?
- What else would you like to see?

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.



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



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
Enterprise funding
supports the
Medicaid program;
funding rates
depend on the type
of activity

90/10 funding for Design, Development and Implementation



Cost allocation for non-Medicaid uses



75/25 funding for ongoing operations and maintenance

Further Considerations

CMS Requirements

Approval of
Implementation
Advanced Planning
Document (IAPD)

Timing:

CMS review and approval of funding requests extend timelines

Contract oversight:

CMS must pre-approve RFPs and contracts

Alignment of investments:

Feds do not want to pay for the same thing twice

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

Next Steps

Wrap up and Next Steps

- Upcoming Meetings
 - November 17, 2016
 - December 15, 2016
- Future Agenda Item Requests

Contact Information

- Health IT Advisory Council and SIM HIT
 - Sarju Shah, <u>Sarju.Shah@ct.gov</u>
- SIM PMO
 - Mark Schaefer, <u>Mark.Schaefer@ct.gov</u>
 - Faina Dookh, Faina.Dookh@ct.gov

Health IT Advisory Council Website

http://portal.ct.gov/ltgovernor/Health IT Advisory Council/

Contact Information for CedarBridge Group

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- Teresa Younkin, teresa@cedarbridgegroup.com