Health IT Advisory Council

February 16, 2017

Session 11

Agenda

Welcome and Introductions	**1:00 pm**
Public Comment	1:05 pm
Review and Approval of Minutes – 1/19/17	1:10 pm
Review of Previous Action Items	1:15 pm
Updates • Council Appointments	1:20 pm
Budget Overview	1:25 pm
Council Procedures	1:35 pm
Stakeholder Engagement Update	1:45 pm
eCQM Design Group Update	1:55 pm
Finalize Guiding Updates and Discussion	2:10 pm
APCD Discussion	2:20 pm
Wrap-up and Next Steps	2:55 pm

Public Comment

Review and Approval of January 19, 2017 Minutes

Review of Action Items

Action Items	Responsible Party	Follow Up Date
1. Revise & Circulate Guiding Principles (v.3)	CedarBridge	COMPLETE
2. Circulate eCQM Design Group Charter	Sarju Shah	COMPLETE

Updates

Appointments

Name	Represents	Appointment by

Pending Appointment

Name	Represents	Appointment by
TBD	Health care consumer or health care consumer advocate	Speaker of the House

Budget Overview

Funding for HIE and Shared HIT Investments

Current and Potential

High Level Description

State Funding

- Office of the Healthcare Advocate (OHA) Funds: Funds available through the OHA insurance assessment support the SIM Program Management Office including HIT related activities.
- Bond funding: Funds allocated to OHA in 2014 for the development, acquisition and implementation of HIT systems in support of SIM.

State Innovation Model Grant

- Time-limited (2015-2019) federal grant from CMMI to implement statewide. multi-payer healthcare payment and delivery reforms that will promote healthier people, better care, health equity, and smarter spending.

Federal Matching Funds

- Administrative Funds through the Medicaid EHR Incentive Program 90/10: Supports EHR incentive program administrative expenses and Medicaid providers' participation in value-based models through HIT infrastructure and technical assistance
- Medicaid Enterprise 90/10 Funding: Used for HIT functions that directly relate to Medicaid business services and their interfaces to the MMIS

Sustainable Financing Models

- A successful HIE/shared HIT model must provide a sustainable business model that draws on multiple funding sources. Parties who derive value from HIE services can include any of the following: providers (physicians, hospitals), payers, employers, researchers, and consumers

Funding for HIE and Shared HIT Investments

Current and Potential

	How Funds are Accessed
State Funding	• Office of the Healthcare Advocate (OHA) Funds • Bond funding • HITO will make decisions about how to use the portion of funds allocated for HIT.
State Innovation Model Grant	• The SIM Office submits an annual Operational Plan that includes a scope of work and budget. Upon federal approval, the SIM Office draws down federal funds to cover cost incurred. Funds are only available for one performance year at a time (current performance year 9/28/16 to 9/27/17).
Federal Matching Funds	• Administrative Funds through the Medicaid EHR Incentive Program • Medicaid Enterprise 90/10 Funding • DSS submits annual Implementation Advance Planning Document (IAPD). Activities must be integral to the Medicaid program, but may be part of a broader statewide solution. State must account for Medicaid share, state share, and other fair share of costs reflected in the IAPD.
Sustainable Financing Models	• Potential approaches vary. Examples: (a) Subscription Fees; (b) Service/cost Sharing Fees; (c) Transaction Fees; (d) Pay for Performance

State Innovation Model Funding: Health IT

State Funding

State Innovation Model HIT Funding

IAPD Funding

Sustainable Financing Models

Insurance assessment Fiscal Year 2017

Total: $3.8M

A portion of the budget can be used to support statewide health IT efforts

Funding currently supports a member of the HIT PMO staff and CedarBridge Group

Will support 10% share under IAPD-U

Bond funding

Total: $1.9M

Total spent to date: **$0**

State Innovation Model Funding: Health IT

- State Funding
- State Innovation Model HIT Funding
- IAPD Funding
- Sustainable Financing Models

Total Remaining: $10.2 Million

(Out of $10.6 allocated for HIT. Total grant = $45M)

Category	Total Available	Amount Spent	Remaining
Personnel & Fringe	$ 1,676,236	$ 0	**$ 1,676,236**
Technology	$ 7,259,100	$ 0	**$ 7,259,100**
Contracting	$ 1,656,220	$ 435,760	**$ 1,220,460**
Supplies	$ 5,233	$ 5,233	**$ 0**
Total	$ 10,591,556	$ 440,993	**$ 10,150,563**

State Innovation Model Funding: Technology

- State Funding
- **State Innovation Model HIT Funding**
- IAPD Funding
- Sustainable Financing Models

Technology	Amount Spent	Total Available
BEST Hosting	$ 0	$ 480,000
Care Analyzer	$ 0	$ 700,000
Consent Registry	$ 0	$ 1,100,000
Disease Registries	$ 0	$ 2,200,000
Mobile Apps	$ 0	$ 360,000
EMPI	$ 0	$ 208,600
Provider Directory	$ 0	$ 225,000
Direct Messaging	$ 0	$ 450,000
Edge servers	$ 0	$ 1,000,000
EHRs SAAS	$ 0	$ 535,500
Total	**$ 0**	**$ 7,259,100**

Funding for HIE and Shared HIT Investments

IAPD-U 2016-2017: HIE/HIT Planning

- State Funding
- State Innovation Model HIT Funding
- **IAPD Funding**
- Sustainable Financing Models

Total: $1.6 Million

90% Federal share = $1.5M
10% State share = $162K

(Total request = $17.9M; PA-15-146 contributes to state share)

Category	Total Requested	Amount Spent	Remaining
Statewide HIT/E planning	$ 982,946	$ 0	$ 982,946
Contracts (CedarBridge)	$ 641,372	$ 0	$ 641,372
Total	**$ 1,624,318**	**$ 0**	**$ 1,624,318**

1/1/17 – 9/30/17

Health IT Council Updates related to HIT Budget

- Discussion
  - On what would you like to receive updates?
  - What information is most relevant to you?

Council Procedures

Getting the Most from the HIT Advisory Council

- **Ensuring effective engagement of the Council:**
  - Should we adopt polling or voting mechanisms for collect recommendations?
  - What is the desired balance between information sharing and discussion?
- **Optimizing the use of member's time and energy:**
  - Should we make use of topical committees?
  - Can we benefit from time-boxed task forces to advance development of specific recommendations?
- **Ensuring inclusiveness of the Council:**
  - Are any voices missing (e.g., health insurers, etc.?)
- **Ensuring effective communications:**
  - What information should be available?
  - How should information be delivered (web, blog, social media, etc.?)

The HITO will be seeking input and ideas over the next few weeks

Stakeholder Engagement Update

Project Schedule Overview

Jan Feb Mar April May June July Aug Sept

Kick-off

Stakeholder Engagement/Environmental Scan

eCQM System Planning

HIE Entity Planning

HITO and Health IT Advisory Council Support

Project Review

Project Schedule Overview

Jan Feb Mar April May June July Aug Sept

Stakeholder Engagement

Phase	Activities
Gather Jan. – Mar.	Environmental Scan
	Robust Understanding of Current and Desired Future State
	Interviews, Surveys, Focus Groups, Historical Document Review
Communicate Jan. – Sept.	Communication Plan
	Newsletters
	Decision Documents
Convene Jan. – Sept.	Webinars and Round Table Discussions
	Health IT Advisory Council Meetings
	Design Workgroups

Environmental Scan:

Current State and Desired Future State

32 Interviews Completed | 129 Individuals included

Snapshot of Completed Interviews	
Hospitals and Health Systems	• CHA Focus Group (14 hospitals) and 4 Interviews
Physicians and Providers	• 5 Interviews
Health Plans and Payers	• TBD
Long Term Post-Acute Care	• 2 Interviews and Scheduling Focus Group
Behavioral Health	• 1 Interview and Scheduling Focus Group
Consumers and Community Organizations	• 5 Interviews and Scheduling Focus Group
State Agencies / Programs and Legislators	• 12 Interviews
Other (e.g., pharmacies, labs, radiology)	• 1 Interview

Additional Research and Data Collection Strategies

Focus Groups

- Behavioral health providers
- LTPAC Organizations
- Consumers

Surveys

- Distributed via associations
- Gather information from stakeholders not available for in-person or phone interviews

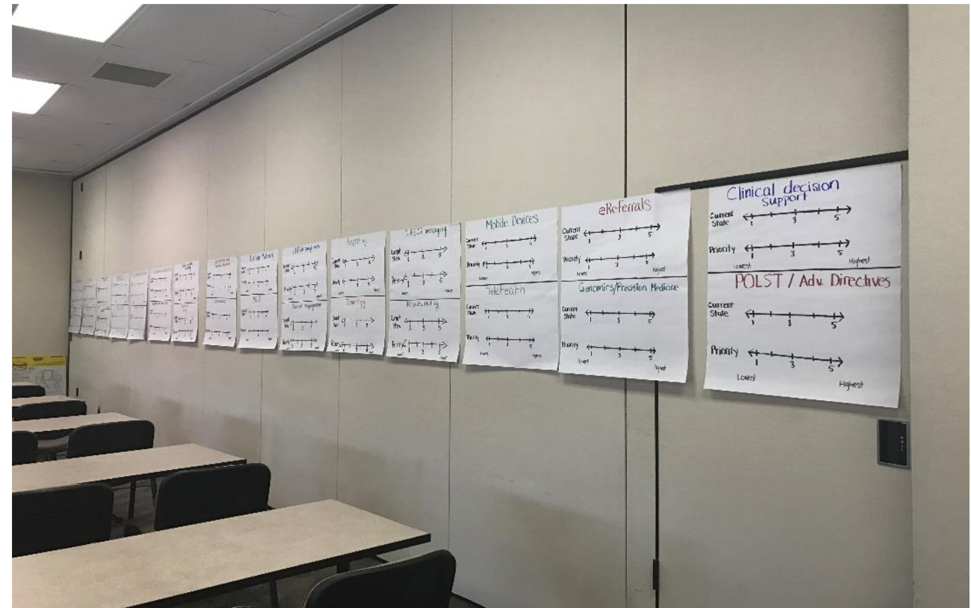
Association Meetings

- Connecticut Hospital Association
- Connecticut State Medical Society
- 9 Advanced Networks
- CAFP, ACP, American Academy of Pediatrics
- FQHCs
- CHCACT
- CT Association for Healthcare at Home
- And more

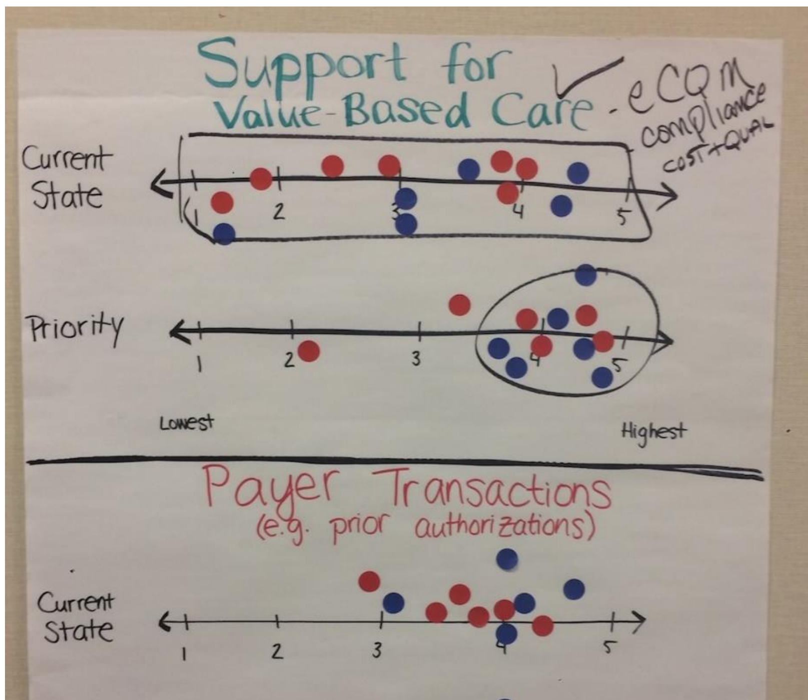
Literature Review (examples)

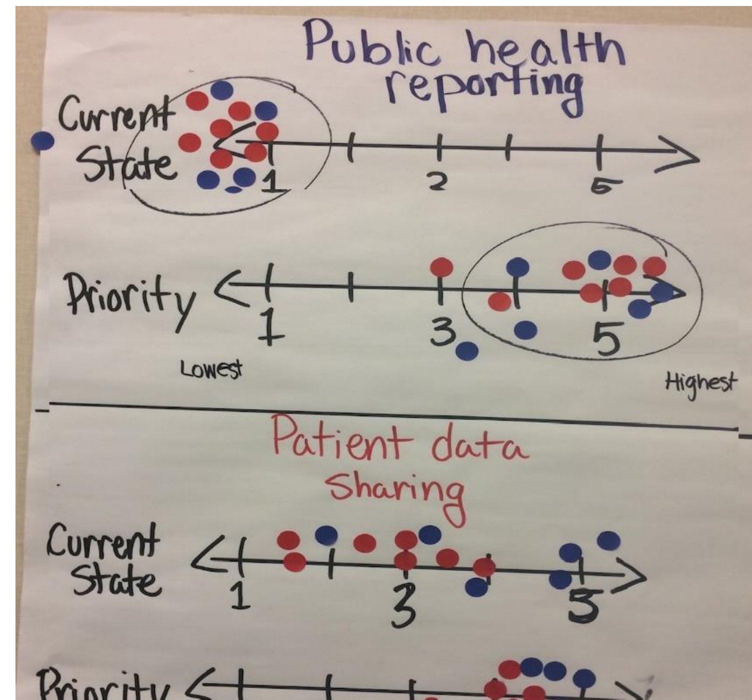
- CCIP HIT Requisites
- SIM Operational Plan Narrative
- Healthy Connecticut 2020
- DSS HIT SOP August 2014
- FY16 CT HIT Annual IAPD
- HIT Funding Options Brief
- Key documents from leading states

Preparing for the CIO/CMIO Meeting, Sponsored by CHA

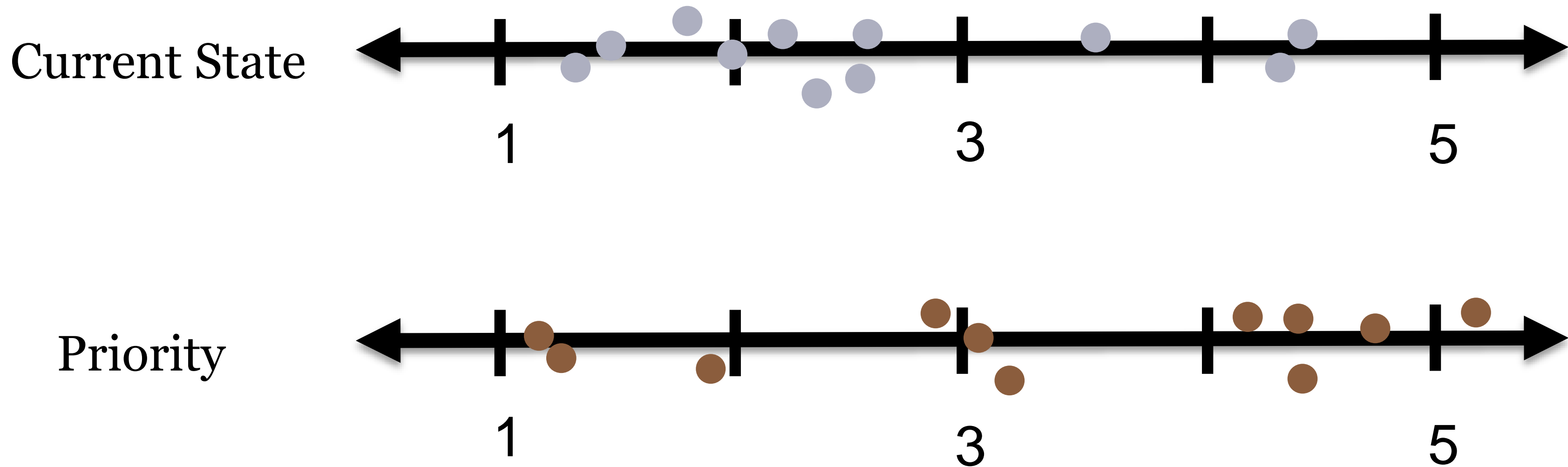


Weighing In….

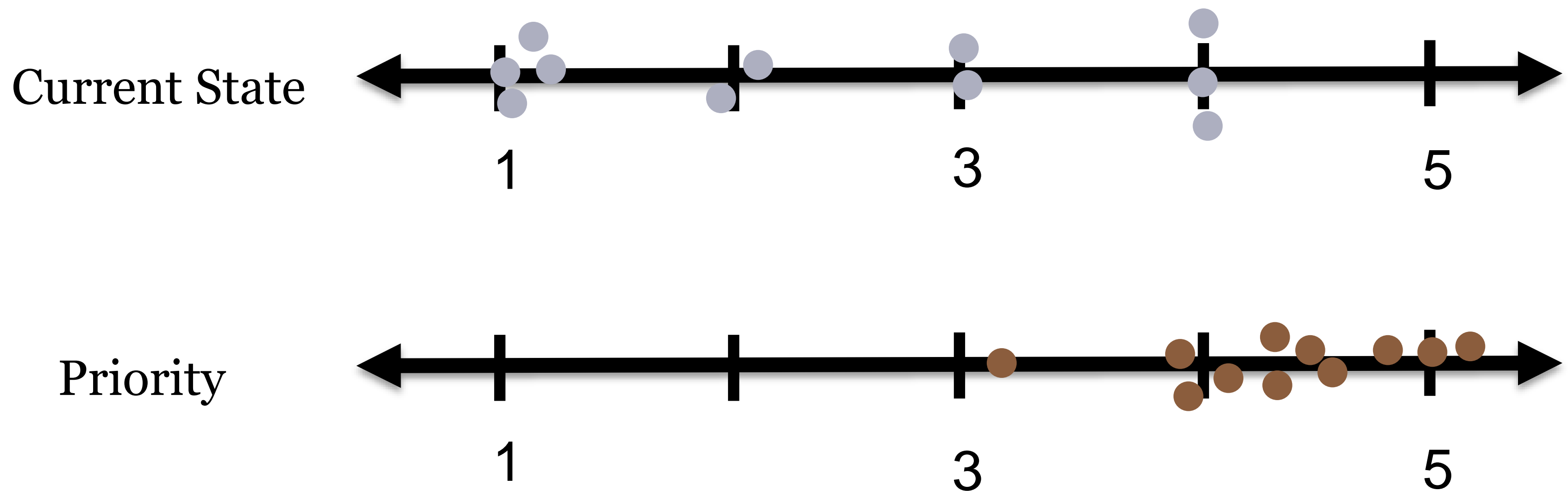




Digital Data Display: eReferrals



Exchange with LTPAC



eCQM Design Group Update

eCQM Design Group: Purpose

- The purpose of this design group is to identify the objectives and requirements of an efficient, shared, statewide health IT-enabled electronic clinical quality measure solution that can extract, aggregate, and analyze relevant data from existing clinical sources (e.g. EHRs and registries) in the context of APMs. The design group may consider future requirements related to the integration of data from other electronic sources such as claims, patient-generated data, and state-sponsored databases.

eCQM Measurement System: Business Case

- Paying for value through alternative payment models (APMs)requires the use of eCQMs that draw from clinical data in EHRs and other clinical sources
- The use of such measures in APMs will drive improvement in healthcare outcomes
- The SIM Quality Council recommended a common set of quality measures for public and private payers in their APMs
  - ~50% of these measures require data from EHRs
- No efficient means to report and measure quality
- Consumers, providers, payers and policymakers need better information about cost, quality and outcomes of healthcare delivery

Planning for a Shared eCQM Solution

Workplan Will Include:

- Identification of the value propositions for a shared solution accrued to various stakeholders, including consumers
- Identification of priority use cases with
  - Clearly defined business requirements
  - Functional requirements that augment and inform the business requirements

Considerations for Functional Requirements Must Include:

- Clinical data extraction approaches that will meet the needs of a provider community with varying levels of readiness for extracting data clinical data from patient records
  - Phased approach for reporting EHR and non-EHR data
- Data transport security needs
- Data validation methods, including patient attribution to providers and organizations
- Desired feedback methods of aggregate and individual quality reports
- Desired system performance reports and auditing capabilities
- Other system user needs for health IT-enabled measurement

Recommendations Should:

- Encourage alignment of stakeholders including Medicaid, commercial payers, accountable provider organizations, and consumers
- Accommodate the Quality Council's recommended core quality measure set, and other quality measures that present a value proposition to stakeholders
- Outline a technical assistance framework including targeted and prioritized provider categories, sequence, and prioritization

Design Group Timeline Goals

Milestone/Deliverable	Goal to Complete
Kick-Off Meeting: Charter, Value Propositions, Roles and Responsibilities, Timeline	2/16/17
Develop the use case process; Identify provisional set of eCQM use cases	3/02/17
Examine business requirements of provisional use cases	3/09/17
Review preliminary environmental scan and begin to prioritize use cases Present initial work to Health IT Advisory Council	3/16/17
Finalize prioritization of use cases Consider draft functional requirements to meet use case needs	3/23/17
Refine draft functional requirements	3/30/17
Considerations related to sustainability models and future workgroup needs	4/06/17
Finalize recommendations	4/13/17
Present Final Report and Recommendations to Health IT Advisory Council	4/20/17

Proposed Timeline of Activities

Stakeholder Engagement / Environmental Scan

January - March 2017
Stakeholder engagement / environmental scan

February - May 2017
Use Case process planning

January - December 2017

Ongoing stakeholder communications

eCQM System Planning

January 2017

eCQM webinars

February - April 2017

eCQM Design Group meets to develop recommendations

April - June 2017

RFP development

July - December 2017

Possible pilot for an eCQM solution

HIE Entity Planning

March - June 2017

HIE entity planning process

June - TBD

Proposal for operating entity for HIE services

Guiding Principles
Council Discussion

Guiding Principles Handout

Version 3
Revised DRAFT:

Guiding Principles for Health Information Exchange Services* in Connecticut

Revised for discussion
at the February 16, 2017
Health IT Advisory Council meeting

BACKGROUND:

On November 17, 2016, the statewide Connecticut Health Information Technology Advisory Council (Council) held a discussion at their monthly meeting about the need for a set of guiding principles to use when making recommendations as a Council about health information technology (health IT) investments and health information exchange (HIE) services in Connecticut. During the November meeting, Council members reviewed an initial set of draft guiding principles which had been adapted by staff from the tenants of Public Act 16-77 and from previous Council meeting discussions. Several revisions to the draft guiding principles were suggested by Council members, and a second version of draft guiding principles was developed for the Council's consideration at the December 15, 2016 Council meeting.

At the December meeting Council members weighed in on the second version of draft guiding principles and recommended additional revisions. Staff and CedarBridge consultants have since retooled the earlier version through a series of iterations, striving to stay true to the legislative guidance in Public Act 16-77 and to represent the values expressed by Council members and Connecticut stakeholders over the course of many discussions about the potential for health information exchange services to have positive impacts on the health of Connecticut residents by improving the quality and affordability of healthcare delivery in Connecticut.

The guiding principles proposed in *Version 3 Revised Draft: Guiding Principles for Health Information Exchange Services in Connecticut* will be considered by the Council during the February 16, 2017 meeting. In order to have the most productive discussion possible at the meeting, ***we request that Council members submit comments and suggestions in advance, preferably by Friday February 10, via email to*** Faina.Dookh and Wayne@cedarbridgegroup.com.

GUIDING PRINCIPLES
For Health Information Exchange Services* in Connecticut

** Health information exchange services should be considered to include all electronic health information exchange technology that is implemented, maintained, or administered by any organization conducting business in Connecticut, including the State of Connecticut.*

1. Connecticut health information exchange services should be patient-centered with an emphasis on ease of use, accessibility, and control over any use and/or disclosure of information beyond what is permitted under the Health Information Portability Authorization Act (HIPAA), 42 CFR Part 2, and other relevant state and federal regulations.
2. Connecticut health information exchange services should be easy to use by providers in care delivery with an emphasis on efficiency, interoperability, ease of use, and integration into clinical systems and workflows.
3. Organizations providing health information exchange services in Connecticut should adopt technology solutions that use approved national standards, when such standards are available.
4. Organizations providing health information exchange services in Connecticut should adhere to state and federal regulations.
5. Organizations providing health information exchange services in Connecticut should monitor and adopt industry best practices to deliver cost effective, sustainable services to system users.
6. Organizations providing health information exchange services in Connecticut should adopt "plug and play" solutions that can be rapidly deployed and will connect easily with other health IT systems across the continuum of patient care, including with technology solutions operated by the state.
7. Electronic health information exchange should deliver value by improving the quality, safety, and affordability of healthcare delivery.
8. Organizations providing health information exchange services in Connecticut should support and promote strong data stewardship policies to improve the accuracy and availability of health data.
9. Governance of health information exchange services should be as streamlined as possible while also being inclusive of participating stakeholders to ensure the sustainability of services needed by system users.
10. Organizations providing health information exchange services in Connecticut should have a proven track record of effective management and efficient delivery of technology solutions that address the needs of system users.

Draft

Comments Received from Council

"We need to address the benefits of Health IT, to whom do they accrue, and who should pay to build and sustain the benefits."

Submitted by: Mark Raymond

Guiding Principles Comments Received

Lisa Stump comments

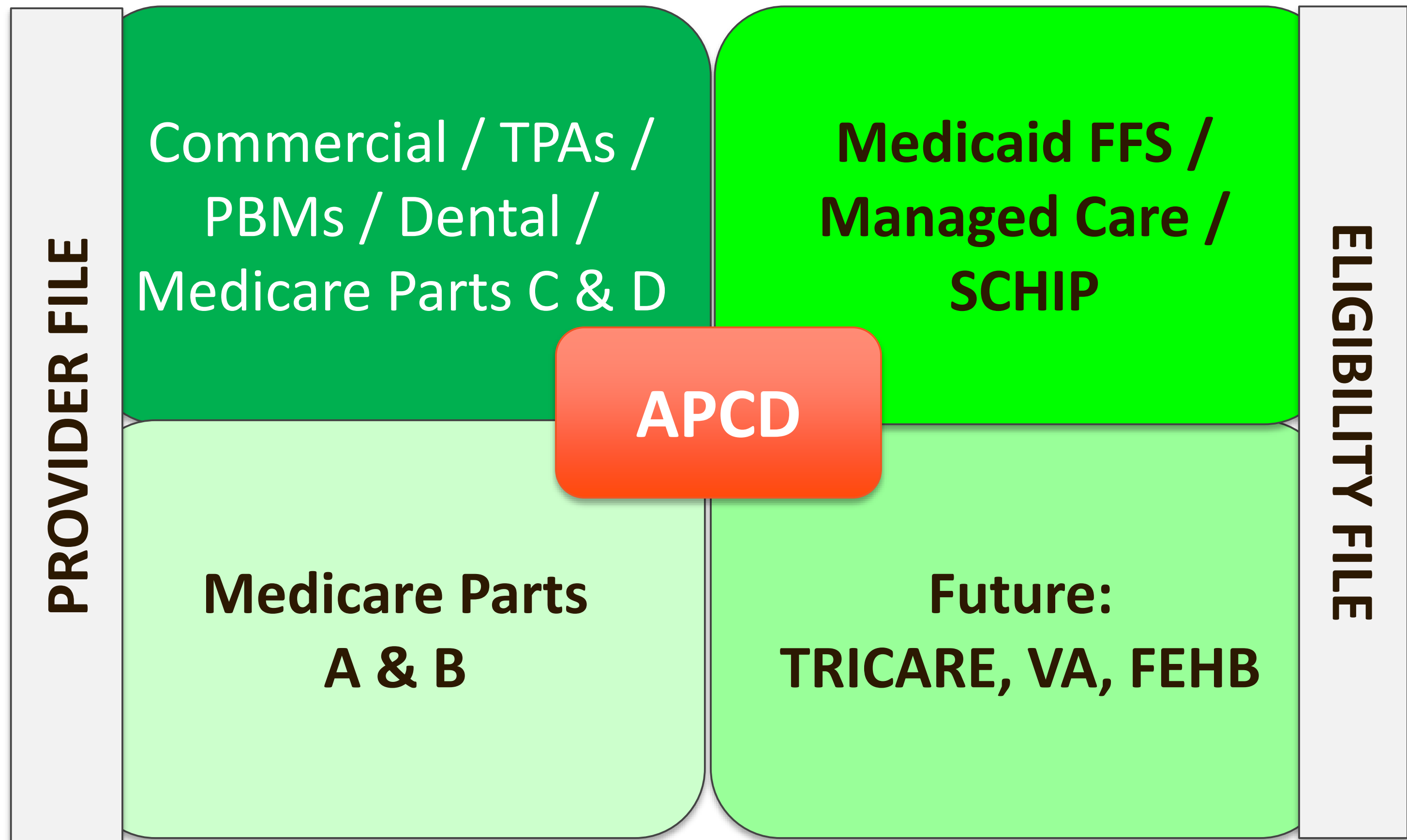
APCD Discussion

All-Payer Claims Database (APCD) - Overview

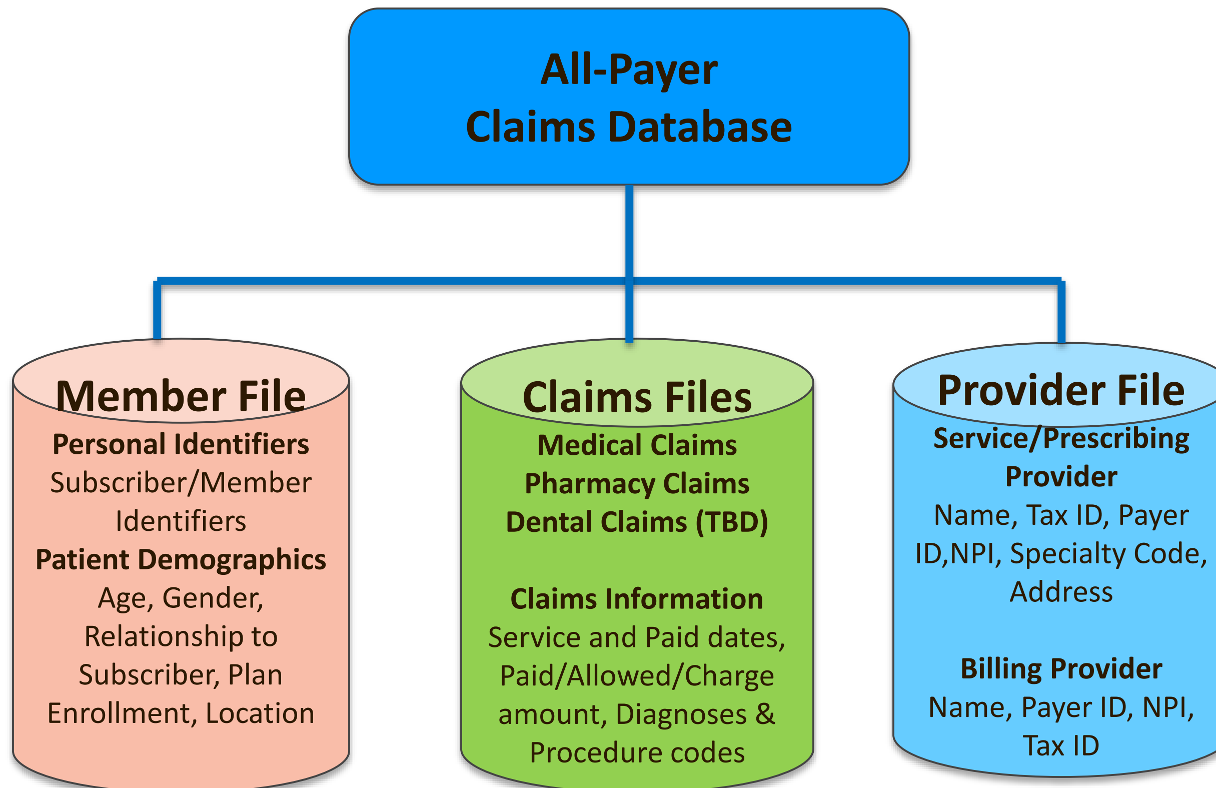
Creation of APCD

- All-Payer Claims Database is created by CT's state legislation Public Act # 13-247
- Under this legislative act, all payers – commercial and government – will have to submit administrative health insurance data
- This mandate further instructs use of APCD
  1) to provide health care consumers in the state with information concerning the cost and quality of health care services that allows such consumers to make economically sound and medically appropriate health care decisions, and
  2) make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services, researcher or the Connecticut Health Insurance Exchange for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services.

Sources of APCD Datasets

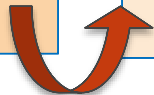


APCD - Files and Selected Elements



APCD Dataset Medical, Rx , Dental Files Contents

- ✓ Member Identifiers
- ✓ Member demographics – DOB, Sex, Location, Relationship
- ✓ Type of Product – POS, HMO, PPO, Indemnity
- ✓ Type of Contract – Single, Family, etc.
- ✓ Diagnoses Codes – Multiple ICD-9 or ICD-10 Diagnoses, including E-Codes
- ✓ Procedure Codes – CPT, ICD, HCPCS
- ✓ NDC Code, Generic Indicator / Mail Order Indicator



- ✓ Revenue Codes
- ✓ Service dates
- ✓ Service Provider Details – Name, Tax ID, NPI, Payer ID, Specialty Code, Address
- ✓ Prescribing / Billing Entity
- ✓ Financial fields – Billable, Allowable, Paid
- ✓ Member Liabilities – Co-pay, Coinsurance, Deductible
- ✓ Date paid
- ✓ Type of bill
- ✓ Type of service
- ✓ Facility type
- ✓ Others

APCD Dataset Future Not Included Currently

- ✓ Services provided for uninsured members
- ✓ Denied Claims (planned for future collection)
- ✓ Worker compensation claims
- ✓ Referrals
- ✓ Test results from Lab, Imaging
- ✓ Premium
- ✓ Capitation
- ✓ Administrative fees
- ✓ Payments due to P4P or PCMH payments

Current Data Integration Status

1. Due to Gobielle v. Mutual Liberty decision at the U.S. Supreme Court meant APCDs cannot force the submissions of employers' self-funded data
2. Most of the commercial carriers have submitted fully-insured data except for couple of carriers
3. We are collecting Qualified Health Plans' (QHPs) data
4. We are collecting state employee plan data
5. Medicaid data is still not integrated yet; it is hopeful that we'll be able to finally integrate it over the next few months
6. Procurement of Fee-for-Service Medicare data is very close to approval from CMS
7. We are collecting Medicare Advantage data from the commercial carriers

Report Release Schedule on APCD Website

Population Health Reports

1. Population Characteristics Report
2. Disease Prevalence Report
3. Claims-Based HEDIS Measures
4. Physician Density
5. Healthcare Utilization of Services
6. Total Costs of Care
7. Accountable Care Target Populations
8. Multi-Morbidity
9. Targeted Condition: Diabetes
10. Cost of Disease Report

Report Release Schedule on APCD Website

Price Transparency Reports

1. Hospital Episode Costs
2. Outpatient Surgery Costs
3. Outpatient Procedures Costs
4. Emergency Room Care Costs
5. Pharmacy Services
6. Physician Services

Data Release Process Status

- Successful first meeting of the Data Release Committee on January 25. Monthly meetings will be held on the first Thursday of each month if there are data request applications in the pipeline
- Data Request Form is complete and Data Use Agreement is being reviewed. The Committee will be ready to start considering applications at next meeting on March 2nd
- Approved applicants will be required to sign off a Data Use Agreement (DUA) and pay the data access/procurement fees as determined by the APCD's policies and procedures on data security and privacy

APCD Website (www.analyzehealthct.com)

Analyze Health CT
a program of access health CT

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Are you a researcher or professional?

Learn how to access and use our data sets and reports

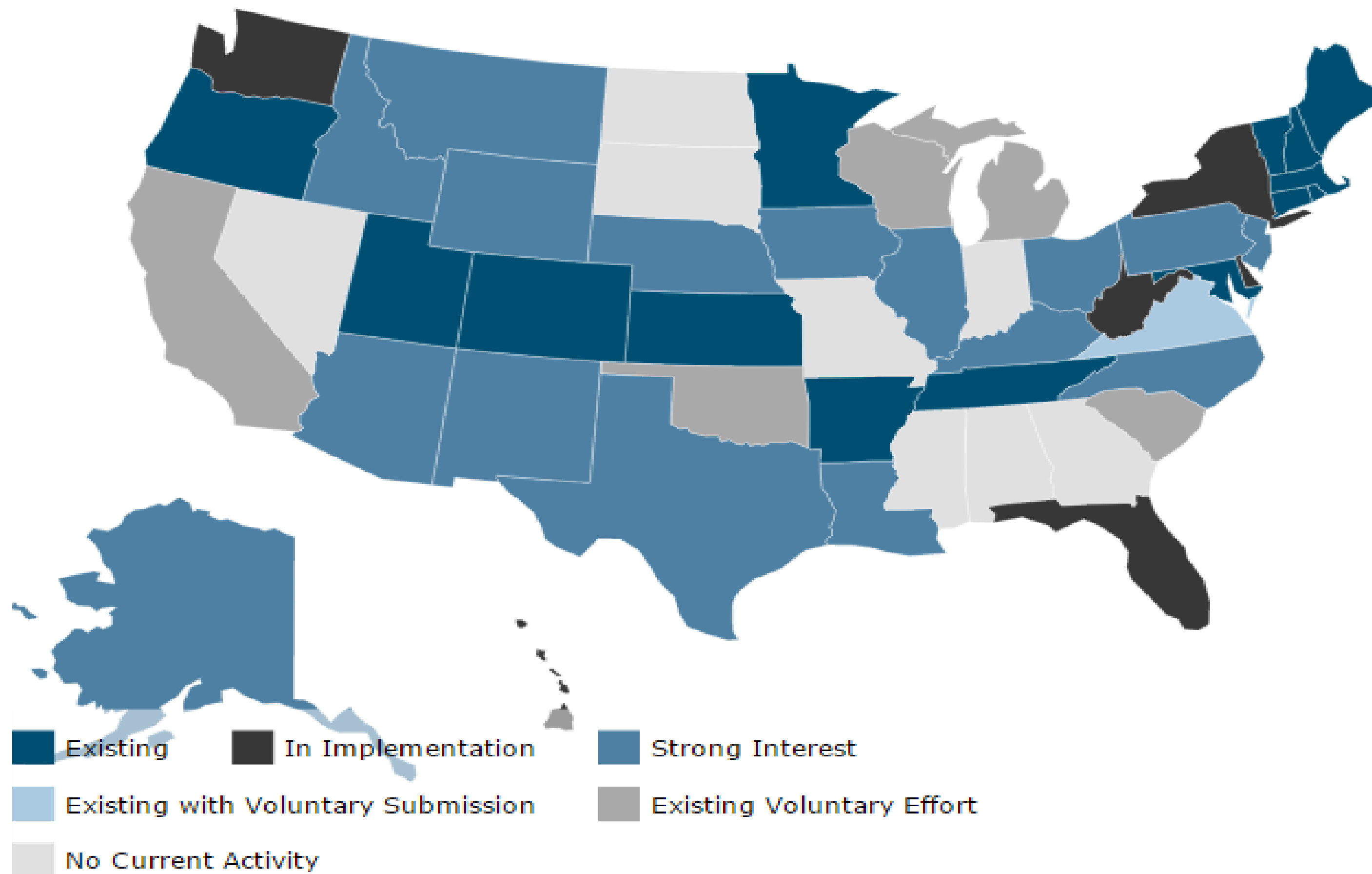
HIE and APCD Integration

1. Health Information Exchange (HIE) integrates clinical (HER) data from providers, hospitals and clinics
2. Clinical data brings in various strong health outcome oriented measures like Blood Pressure, Lab Results, Physician Assessments, etc.
3. APCD does not have information from clinical data
4. Data integration between APCD and HIE will create an increased demand for data for research leading to improvements in healthcare via enhanced research in this area
5. The integration will provide caregivers with decision support tools for more effective care and treatment
6. Improves public health reporting and monitoring
7. Ultimately, it will lead to reducing healthcare costs

Various State Registries and APCD Integration

1. APCD can be improved in value tremendously with the integration of the following data streams
   A. Tumor registry – integration of cancer information, particularly stage-specific dates, will improve claims data analysis considerably. We have been asked seriously by various medical schools in the state to undertake this integration
   B. Birth registry – integration of birth registry will provide information of race and ethnicity of the children plus their parents; this will pave the way for various racial disparities in healthcare costs, utilization, compliance and access to care studies
   C. Death registry – commercial claims often lack information on member's death. This is an important quality marker for treatments, surgeries, etc.. Absent that information researchers often assume that the members recovered and/or lost eligibility

APCDs in Other States – End of 2016



Source: http://www.apcdcouncil.org/state/map

access health CT

Wrap up and Next Steps

eCQM System Design Group Meetings

- Kick-off on February 16, 2017
- Working to determine schedule for seven additional meetings

Next Health IT Advisory Council Meeting

- March 16, 2017

Contact Information

- Health IT Advisory Council and SIM HIT
  - Allan Hackney, Allan.Hackney@ct.gov
  - Sarju Shah, Sarju.Shah@ct.gov
- SIM PMO
  - Mark Schaefer, Mark.Schaefer@ct.gov
  - Faina Dookh, Faina.Dookh@ct.gov
- CedarBridge Group
  - Carol Robinson, carol@cedarbridgegroup.com
  - Michael Matthews, michael@cedarbridgegroup.com

Health IT Advisory Council Website

http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council