# Health IT Advisory Council

March 16, 2017

# Agenda

| | |
|---|---:|
| **Welcome and Introductions** | **1:00 pm** |
| Public Comment | 1:05 pm |
| Review and Approval of Minutes – 2/16/17 | 1:10 pm |
| Review of Previous Action Items | 1:15 pm |
| Updates<br>    • Council Appointments | 1:20 pm |
| Stakeholder Engagement Update | 1:25 pm |
| eCQM Design Group Update | 2:05 pm |
| Wrap-up and Next Steps | 2:45 pm |

# Public Comment

# Review and Approval of February 16, 2017 Minutes

# Review of Action Items

| Action Items | Responsible Party | Follow Up Date |
|---|---|---|
| 1. Review eCQM Design Group Charter | Advisory Council | 3/16/2017 |
| 2. Review eCQM Design Group Progress Report | Advisory Council | 3/16/2017 |
| 3. Revise Guiding Principles based on discussion | CedarBridge | 4/20/2017 |
| 4. Review SB-811/P.A. 15-146 requirements for APCD | Tamim Ahmed/ APCD | TBD |
| 5. Review SB-445 impact on APCD | Dina Berlyn | TBD |

# Updates

# Pending Appointment

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

# Stakeholder Engagement Update

# Project Schedule Overview

| Jan | Feb | Mar | April | May | June | July | Aug | Sept |
|-----|-----|-----|-------|-----|------|------|-----|------|

**Stakeholder Engagement**

| Gather | Environmental Scan |
|--------|--------------------|
| **Gather**<br>January – March | Robust Understanding of Current and Desired Future State |
| | Interviews, Surveys, Focus Groups, Historical Document Review |

| **Communicate**<br>January – September | Communication Plan |
|----------------------------------------|--------------------|
| | Newsletters |
| | Decision Documents |

| **Convene**<br>January – September | Webinars and Round Table Discussions |
|------------------------------------|--------------------------------------|
| | Health IT Advisory Council Meetings |
| | Design Workgroups |

# Environmental Scan Review

**Current State and Desired Future State**

**46 interviews to-date; 176 individuals included**

| Snapshot of Completed Interviews |
| --- |
| Hospitals and Health Systems |
| Physicians and Providers |
| Health Plans and Payers |
| Long Term Post-Acute Care |
| Behavioral Health |
| Consumers and Community Organizations |
| State Agencies / Programs and Legislators |
| Other (e.g., pharmacies, labs, radiology) |

*The following themes are **<u>preliminary findings</u>** and are subject to further data collection and analysis as the stakeholder engagement process continues*

# Research and Data Collection Strategies

| Focus Groups | Surveys | Association Meetings | Literature Review (examples) |
|---|---|---|---|
| • LTPAC Organizations<br><br>• Consumers | • Distributed via associations<br><br>• Used as supplemental data collection tool | • Connecticut Hospital Association<br>• Connecticut State Medical Society<br>• 9 Advanced Networks<br>• CAFP, ACP, American Academy of Pediatrics<br>• FQHCs<br>• CHCACT<br>• CT Association for Healthcare at Home<br>• And more | • CCIP HIT Requisites<br>• SIM Operational Plan Narrative<br>• Healthy Connecticut 2020<br>• DSS HIT SOP August 2014<br>• FY16 CT HIT Annual IAPD<br>• HIT Funding Options Brief<br>• Key documents from leading states |

# Preliminary Themes
*DRAFT For Discussion Purposes Only*

### *Technology Themes*

- Many interviewees reported they had to **make do** without a statewide HIE; their needs are evolving from 3-5 years ago

- **Old-fashioned way** (e.g., fax, phone) still widely utilized and necessary

- **DIRECT** messaging in use, but not consistently or in standardized manner

- **Public health reporting** is widely regarded as high priority need across state

- **Clinical workflow** is a top consideration for providers; "smart" care summaries would be helpful

- **Encounter alerts** are valuable; concerns about functionality and potential for duplication of effort in the state

- **A statewide eCQM solution** is viewed positively if measures and reporting can be harmonized and standardized

- **ACOs** emerging as important part of healthcare ecosystem in CT, with implications for both HIE and value-based care

# Preliminary Themes
### *DRAFT For Discussion Purposes Only*

### ***Relationship Themes***

- **Community organizations** are critical to coordinating systems of care and to addressing health disparities

- Some **key stakeholders feel their needs have been neglected** (e.g., behavioral health and long-term/post-acute care)

- **Consumer engagement** is critical for value-based care and HIE; devices, patient portals, etc., along with privacy, security and confidentiality

- Patients should be viewed as the **"North Star"** to guide decisions

- **Trust and confidence in planning and implementing technology** are viewed as critical success factors

# eCQM Design Group Update

# eCQM Design Group Progress

Roadmap for the Development of a Health IT-enabled Clinical Quality Measurement System
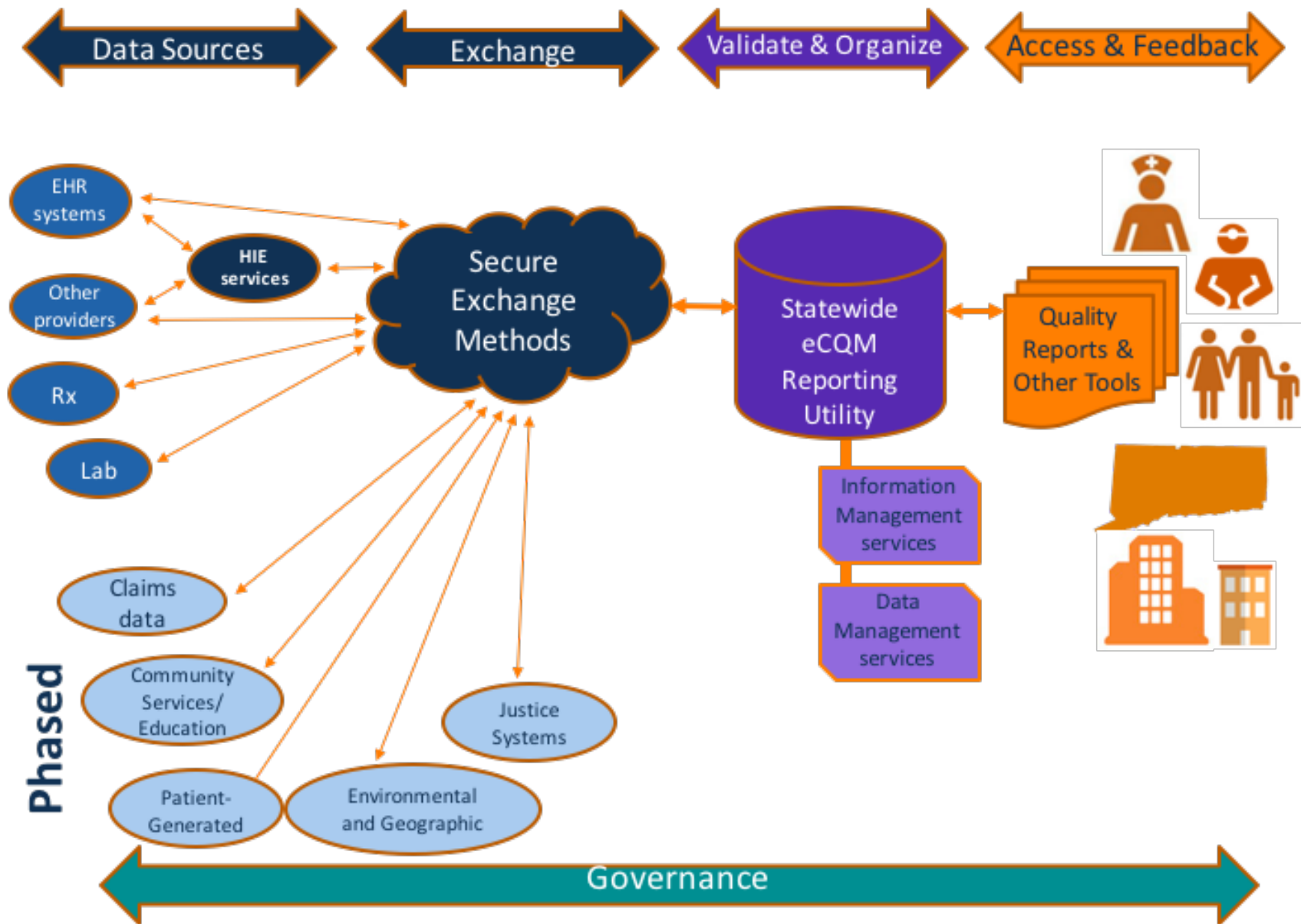
Validate Stakeholders and Value Propositions

Identify Clinical Data Sources and Data Flows

Validate Components of an eCQM System and the Scope of Design Group Work

Confirm Business and Functional Requirements to Meet Needs of Priority Use Cases

Discuss Future Planning Needs (Governance, Sustainability, Other)

# Conceptual Model of Statewide System

Data Sources ⟷ Exchange ⟷ Validate & Organize ⟶ Access & Feedback

- EHR systems
- HIE services
- Other providers
- Rx
- Lab

**Secure Exchange Methods**

- Claims data
- Community Services/ Education
- Patient-Generated
- Environmental and Geographic
- Justice Systems

**Statewide eCQM Reporting Utility**

- Information Management services
- Data Management services

**Quality Reports & Other Tools**

Phased

Governance

# Central Value Proposition

A statewide system for electronic clinical quality measurement will enable providers and encourage payers to more efficiently participate in successful value-based payment models through

- Person-centric measures that reflect the clinical care referable to a measure that has been received from all providers, included those who are outside specified network of providers

- Trusted data and information from a third party with state-of-the-art security infrastructure; a quality assurance program; a data governance system that focuses on data integrity, reliability, timeliness; and an overall governance system that is inclusive of stakeholder needs and priorities

- A goal of decreased administrative burden for providers by enabling a solution that could allow data senders to submit standardized data and measures once to a single entity, and could eliminate the need for data and measure users to collate and recalculate data and measures from multiple sources

Over time, a robust healthcare delivery system of high-performing organizations will thrive in a value-based payment environment, and will help Connecticut achieve the quadruple aim of better health, better care, lower costs, and improved work life of healthcare providers.

# Considerations for Functional Requirements Must Include:

- Data and measure extraction methods to meet varying levels of technical readiness
  - Phased approach for reporting EHR and non-EHR data

- Secure data exchange

- Accurate patient attribution and data validation methods

- Aggregate and individual-level quality reports

- System performance and audit reports

- Additional requirements will be considered

# Recommendations Should:

- Encourage measure alignment

- Ensure stakeholder buy-in

- Prioritize SIM Quality Council's core quality measure recommendations

- Include additional measures where appropriate

- Provide a technical assistance framework to meet the needs of various provider categories

# Design Group Timeline Goals

| Milestones/Deliverables | Planned Dates |
|---|---|
| Validate value proposition summary<br>Validate clinical electronic data sources necessary for clinical quality measures<br>Review components of a statewide eCQM system and prioritize use case categories | *3/07/17* |
| Review preliminary themes from Environmental Scan<br>Validate priority use case categories for statewide eCQM system<br>Consider necessary components of a statewide eCQM system | *3/14/17* |
| Consider draft business and functional requirements for a statewide eCQM system | *3/21/17* |
| Validate recommendations for requirements for a statewide eCQM system | *3/28/17* |
| Consider governance, sustainability, and ongoing stakeholder planning needs | *4/04/17* |
| Validate recommendations for ongoing planning<br>Review and finalize the recommendations for Statewide eCQM system | *4/11/17* |
| 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 communication

## eCQM System Planning

**January 2017**

eCQM webinars

**Jan - 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

**April- June 2017**

HIE entity planning process

**June - TBD**

Proposal for operating entity for HIE services

# Wrap up and Next Steps

## eCQM System Design Group Meetings
- Tuesday March 21, 2017 | 10:00 am – 11:30 am

## Next Health IT Advisory Council Meeting
- Thursday April 20, 2017 | 1:00 pm – 3:00 pm

# Contact Information

- **Health Information Technology Office**
  - Allan Hackney, Allan.Hackney@ct.gov
  - Sarju Shah,  Sarju.Shah@ct.gov

- **CedarBridge Group**
  - Carol Robinson, carol@cedarbridgegroup.com
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## Health IT Advisory Council Website

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