STATE OF CONNECTICUT
State Innovation Model
Inter-Council Memo

Date:	**February 25, 2015**
To:	HIT Council
From:	Council Chair on behalf of the Quality Council
Subject:	2016 Proof of Solution for quality data collection, metric calculation, analysis and reporting
Narrative:	The Quality Council is requesting the HIT Council to design a proof of solution to meet the 2016 EHR based requirements. Using selected measures (ACO measures 27 and 28), the design will incorporate the core IT components (edge server indexing, metrics calculation, data/communication exchanges and scorecards with the above filtering capabilities. The final draft design will be presented to HIT and Quality Councils for discussion and recommendation. The next step will be to present the design to the HIT Steering Committee. On approval, the tech team will work on the technical design and provide feedback on how the solution can meet (or why it cannot meet) the requirements.
Action Requested:	**Request for assistance**

Key Dates and Actions:		
	March 4	Quality Council review of inter-council memo, update and approval
	March 4-20	Presentation of the request to the HIT Council design group to flesh out design
	March 20	Presentation of the request to the HIT Council w/design group comments
	April 1 through June 15	SIM CTO and Chartis SMEs will complete draft design in consultation with HIT Council design group
	June 19th	Design is presented to HIT and Quality Councils for final review and recommendation
	June 2015	Joint presentation to HIT Steering Committee for decision

Assumptions, issues and questions:	• Work will be done by design group from HIT council. Presentations will be made to both councils for review and input. • Based on the technical team feedback there will be further discussions about issues and requirements that cannot be met using the proposed Edge server solution.

Additional Sources for Reference:	1. A technical resource will be needed to complete several of the work stream steps for the design. At this time, the person has not been hired.
	
	 2. Input and output requirements:
	     o Input - Metric names and calculations and data sources (see attached)
	     o Output - Reporting requirements
	        ▪ Reporting aggregation options (payer):
	           • Cross payer all population (not just the attributed pop)

		- Ability to limit to attributed population by individual payer – individual commercial health plans, Medicare and Medicaid - Ability to pool payers as needed for specific metrics (e.g. hypertension control) - Reporting analytic options (clinical/program to support CQI): - Metric reporting by individual clinician or practice within advanced network/FQHC - Metric reporting by member residence/geo-code - Metric reporting by race/ethnicity - Metric reporting by other specified patient characteristics (e.g., co-morbidities)