

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Quality Council

April 1, 2015

Proof of Solution for Quality Measure Production

2016 Proof of Solution for Quality Measure Production



- InterCouncil memo sent to Quality Council in late February
- HIT Council convened a design group, which reviewed the memo and raised a number of questions where our requirements need to be further define
- Memo also shared with the full Council and questions discussed HIT Council meeting on March 20th
- Based on the questions raised by the Council and subsequent consultation with Chartis/Aspen, the PMO is suggesting that we divide our original request for proof of solution into two stages

- Quality Council requested that HIT Council design a proof of solution to support the production of EHR based measures to support commercial and Medicaid value-based payment.
- Proof of solution should initially focus on selected measures (NQF 0059 - Diabetes Mellitus: Hemoglobin A1C Poor Control (>9%) and NQF 0018 - Controlling high blood pressure) recommended for inclusion in the multi-payer common measure set.
- Design should incorporate core IT components (edge server indexing, metrics calculation, data/communication exchanges and scorecards) with the above filtering capabilities.

Stage 1 - Quality Measure Production



- Production of measures of provider performance that can be used by all payers as the basis for shared savings distribution
- Requires measurement of the provider's performance (advanced network or FQHC) for all patients attributed to that provider by each payer
- In aggregate and stratified by race/ethnicity

Stage 1 – Quality Measure Production



- Assume that:
 - All measures are eCQM measures that can be produced by any ONC certified EHR,
 - Providers are responsible for developing their own analytic methods to inform continuous quality improvement, and
 - Measures and any associated data are de-identified

Stage 1: Process and Issue Resolution



- Analysis will be done by the design group from the HIT council and the CTO, **with participation of QC liaison(s)**
- Presentations will be made to both councils for review and input
- Based on the HIT technical team feedback there will be further discussions about issues and requirements that cannot be met using the proposed Edge Server solution

Stage 2 – Bi-directional Analytics



- QC request for stage 2 of this initiative is to allow for additional data, introduce analytics capabilities and to conduct reporting at the level of the individual clinician focused on driving improvement in care delivery
- Will require new analytic functionality, new technology and resources to support central and site-specific measure querying and the production of dashboards and reports.

Preliminary and pre-decisional

Stage 2 – Bi-directional Analytics



- End users in stage 2 will include:
 - Providers – detail review of their performance and ability to access SIM aggregated reports
 - Payers – Reports by payer and in total
 - PMO – generates aggregated reports
 - Consumers – TBD

Preliminary and pre-decisional

Stage 2 – Bi-directional Analytics



- Collaboratively the Design Group with the inclusion of Quality Council representation will document stage 2 options
- Includes the requirements that are met, not met, additional costs, timeframe, resources.
- Options and the recommendation will be presented to the HIT Council for discussion and recommendation and then taken to the HISC for final decision.

Preliminary and pre-decisional

Questions

Appendix

Acronyms



Acronym	
ACO	Accountable care organization
AHCT	Access Health Connecticut
AMH	Advanced Medical Home
ASC	Ambulatory Care Sensitive Conditions
BEST	Bureau of Enterprise Systems and Technology
CID	Connecticut Insurance Department
DAS	Department of Administrative Services
DCF	Department of Children and Families
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health
DSS	Department of Social Services
HEC	Health Enhancement Community
HIT	Health Information Technology

Acronyms



Acronym	
HIT	Health Information Technology
MCC	Multiple Chronic Conditions
MOA	Memorandum of Agreement (contract between state agencies)
MQISSP	Medicaid Quality Improvement & Shared Savings Program
OSC	Office of the State Comptroller
OHA	Office of the Healthcare Advocate
PCMH	Patient Centered Medical Home
PMO	Program Management Office
RFP	Request for Proposals