Health IT Advisory Council

July 21,2016

Session 5

Agenda

- Welcome and Introductions
- Public Comment
- Review and Approval of Minutes – 6/16/2016
- Review of Previous Action Items
- Appointments Update
- Update on HITO Search
- Overview of HIT Presentations
- SIM HIT Operational Plan Overview
- SIM Update
- Wrap-up and Next Steps

Public Comment

Review and Approval of June 16, 2016 Minutes

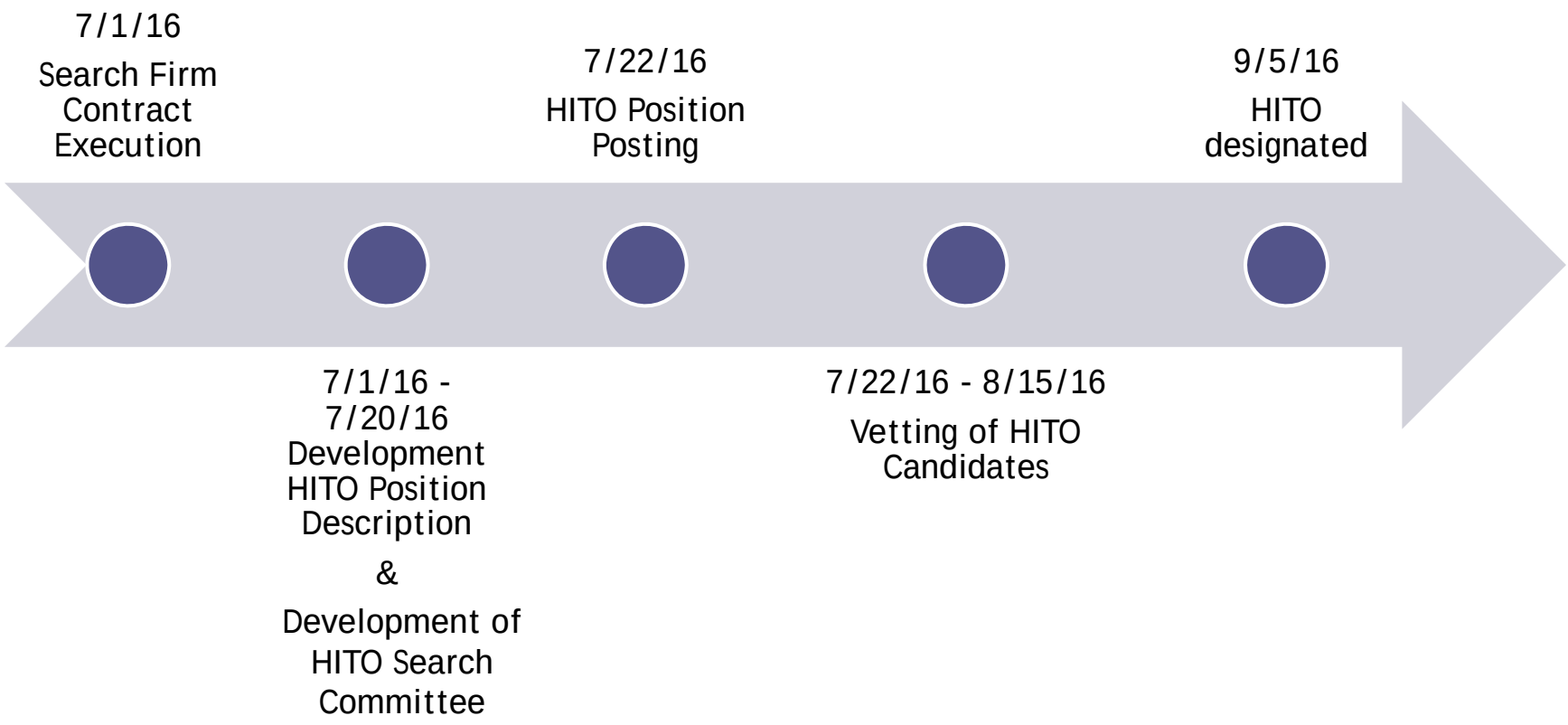
Review of Previous Action Items

Action Items	Responsible Party	Follow Up Date
SIM HIT Council Report	Faina Dookh	8/18/2016
Summary of HIE Presentations	Sarju Shah	7/21/2016

Appointments Update

Name	Represents	Appointment by
Matt Katz	CT State Medical Society	Sen. Looney
TBD	A 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


7/1/16
Search Firm Contract Execution
7/1/16 - 7/20/16
Development HITO Position Description
&
Development of HITO Search Committee
7/22/16
HITO Position Posting
7/22/16 - 8/15/16
Vetting of HITO Candidates
9/5/16
HITO designated

Overview of HIE Presentations

Date	State	Presenter	Organization
1/13/16	Ohio	Dan Paoletti, CEO	CliniSync
1/27/16	Michigan	Douglas Dietzman, Exec. Dir.	Great Lakes Health Connect (GL-HC)
2/10/16	Rhode Island	Amy Zimmerman, State HIT Coordinator	CurrentCare
2/24/16	New Jersey	Lou Hermans, Exec. Dir. Jim Cavanagh, Interoperability Services Van Zimmerman, Privacy & Security Officer	Jersey Health Connect (JHC)
3/02/16	Maine	Devore Culver, CEO	HealthInfoNet (HIN)

Background Information

State	Organization Type	Date Started	Type of Entity	Consent Model
OH	Ind./Priv. 501c3	2009	State Designated Entity	2011-2015: Opt-In 2016: Opt-Out
MI	Ind./Priv. 501c3	2014	RHIO	Opt-Out
RI	Ind. 501c3	2004	State HIE	Opt-In
NJ	501c3	2010	RHIO	Opt-Out
ME	Ind. 501c3	2006	State HIE	Opt-Out

Participating Organizations

OH	• 4886 Physicians & Offices • 15K Providers • 8M Individuals • 150 Hospitals & Health Systems • 365 LTC Facilities	
MI	• 4000+ Physicians & Offices • 18K Providers • 6.5M Individuals	
RI	• 4677 Physicians & Offices • 400+ Providers • 4900 Individuals	
NJ	• 8000 Physicians & Offices • 6M Individuals • 32 Hospitals • 175 LTC Facilities	
ME	• 37 Hospitals • 38 FQHCs • 456 Outpatient Sites (Practices, BHC, LTC)	• National connectivity w/ VA • Nationwide Health Information Network

Governance

OH	• **Organizational:** Founding board members include: Ohio Hospital Assoc.; OH Osteopathic Assoc.; & OH State Medical Assoc.
	  • 16 Member Board
	  • 3 Provider Assoc. (Founding)
	  • 3 Physicians
	  • 2 Hospitals
	  • 4 At Large
	  • 1 each of Consumer, FQHC, Payer, Bus. Reps
	• **Operational:** CliniSync Advisory Council (CAC), a 28 member council

MI	**Director Based Organization – 15 Board members** • 7 elected from Legacy org. • 1 jointly selected GLHC • 5 Board Exec. Cmte. * Representatives includes Physicians, CMH, & Health System Executives * No Predetermined Board Composition required

Governance (cont.)

RI	• **Board of Directors**
	  • CEO from Insurers, Hospitals, Large Provider Groups, Behavioral & Community Health, Academia, Consumer groups, Business, etc.
	  • State Government are non-voting, ex-officio
	• **Committees** – Board level and community
	
	* State oversight – Governor's Office monitors efforts
	* State law, –HIE Act of 2009 – HIE Advisory Commission

NJ	Governed by a voluntary Board of Directors made of 32 hospitals • **Organizational**: Board of Trustees, Exec. Directory, Program Manager, JHC Exec. Committee and other designated committees • **Operational**: JHC Exec Director, Admin. Asst., Relay Health Acct. Manager & Member Services representatives

ME	Governed by a voluntary Board of Directors between 11-21 Members
	• **Organizational**:
	  • Standing Directors include Commissioner of DHHS, Director of CDC & Governor Appointee
	  • Business, Providers, Consumers, Payers, State Government
	• **Operational**: CEO, COO, Director Finance, Communications, Information Services, Client Services

Vision and Mission

OH	VISION: For electronic healthcare information to be wrapped around the patient MISSION: To improve the quality and affordability of health care for all by promoting the use of electronic and PHR and the exchange of Health information among stakeholders in a private and secure manner
MI	VISION: To significantly improve health outcomes and healthcare value for patients, providers, organizations and communities we serve. MISSION: To create and operate a digital information system to promote the secure access to health information for the advancement of the patient care delivery, coordination, and value of healthcare across the communities we serve.
RI	VISION: To maximize the effective use of technology by patients, providers, policy makers and researchers to realize significant and continuous improvements in the quality and outcomes of health care delivery in the state

Vision & Mission (cont.)

NJ	VISION: Jersey Health Connect will be the leading Health Information Organization providing Health Information Exchange services to all members, healthcare providers, and patients within the regions we serve. MISSION: We aggregate and deliver the right health information to the right provider and the right patient though the right technology to improve healthcare outcomes and reduce overall costs.
ME	VISION STATEMENT (2015 – 2017) To be the leading resource of health information exchange services in Northern New England. Partnering with the healthcare community, HealthInfoNet will deliver innovative technical tools built on comprehensive, timely and actionable information. Services will be responsive to changing clinical decision-making and operational needs across the care continuum. MISSION: To deliver trusted health information exchange services that help the healthcare community create lasting system-wide improvements in the value of patient care.

Start-up & Annual Operating Costs

State	Start-up / Implementation:	Annual Operating Cost:
OH	$43.8 M Fed	$5M – $8M
MI	$5M Fed (2004)	$9M
RI	$28M (thru 2011 Go Live)	$9M – $11M
NJ	Private Funding	$5.8M
ME	Private Funding	$6.5M

Sources of Funding

OH	• $1500 CAH payment/month • $2000 non-CAH payment /month	• PMPM (per member per month) • Annual Subscriptions Fee per Provider per Year
MI	• Core participation fee • One time project fee • Solution/service fees (ongoing)	• No federal or state funding
RI	• Federal Grants • State Funding	• $1PMPM by state Voluntary Broad Based Payer Model
NJ	• Flat charge of $130K per Hospital per Year	• No State Funding
ME	• 60% Federal, State and/or Private Funds	• 40% Provider subscription fees and service contracts covers the core costs of running the HIE

Data in the HIE

OH	• ADT/ Registration and CCD/CCDA • Referrals and other communications in Referral application • Eligibility Files • Pharmacy, optometry, and other services • Looks at claim contribution • Provider Directory for Transition of Care • Public Health Reporting • Clinical Data Marts • Notifications
MI	• Patient Records • Encounter Data • Registry Data (immunizations, syndromic, newborn screening, reportable labs)
RI	• Lab Results • ADT Transactions • Medications • Clinical Summaries • Diagnostic/Imaging Reports • EKGs • Telehealth data • State Continuity of Care form

Data in the HIE (cont.)

NJ	• Medicaid data (received from payer, not Medicaid) • Claims data • Patient records • Clinical data/ test results
ME	• Patient Identifiers, demographics, and PCP registration data • Encounter/Visit History • Laboratory and microbiology results • Radiology reports • Vital signs • Adverse reactions/allergies • Medicaid History from Pharmacies, Medicaid Claims • Diagnosis/ Conditions/ Problems (primary and secondary) • Immunizations (primarily adult) • Documents – Discharge summaries, office notes, reports, etc. • Continuity of Care Documents (CCD)

Services Provided

OH	• Community Health Record • Clinical Results inbox and reports • Direct Messaging • Encounter Notification • Health Plan Services • Integration into National Prescription Drug Monitoring Database (PDMP) • Master Person Index • Referrals
MI	• Closed loop referral management/ Care Coordination • Direct Messaging • Meaningful Use Support • Virtual Integrated Patient Record (VIPR) • Image Exchange • Results & CCD Delivery • State Registries • Data Enrichment Services • Exploring Operational Reporting and Analytics

Services Provided (cont.)

RI	• Bi-directional data integration with EHR • Encounter Notification /Hospital Alerts (CurrentCare Alerts) • Web-base Portal (CurrentCare Viewer) • Patient Portal (CurrentCare for Me) • Telehealth Alerts • Provider Directory • Telehealth Alerts • Analytics
NJ	• Direct Messaging • Encounter Notification • Enterprise Imaging • Patient Lookup Query
ME	• Notification Services • Statewide Data Repository & Secondary Use • Accountable Care Data Services • Automated Laboratory Reporting • Syndromic Surveillance • Reporting and Analytics

Recommended Best Practices

OH	• Don't create the theory of HIE and hope participants come – solve real problem • Potential partnership model to maximize investments already made and to leverage a Sustainability Model • Grassroots efforts are key • The "Circle of Trust" is very fragile • Low pricing and community approach is key for buy in • Don't believe half of what you hear about capabilities
MI	• Don't create the theory of HIE and hope participants come – solve real problem • Run it like any other business • Start with the easier items to build momentum of success • Implement in a highly focused way • HIE is not fundamentally about technology, but workflow and people
NJ	• Open Governance Structure • Outsource Staffing • Vendor Neutral Model • Patient Identification Standards • Dedicated Patient Portal • Support Population Health

Recommended Best Practices (cont.)

RI

- Patient/ Consumer
  - Keep focus on Patients/Consumers and all decisions/actions should be based on this principal
- Use
  - Change to value based purchasing will drive use of the system
  - Educate individuals to adopt/use the system early on
- Local Leadership
  - Create a vision that recognizes that an HIE's power is about what can be accomplished collectively for the betterment of patients
  - Actively engage in driving that vision to reality
- Collaboration and Transparency
  - Critical to gain trust of health care community and individuals; listen carefully to respond
- Policy
  - Should drive technology yet be considered in conjunction with technical, operational and sustainability

Lessons Learned

OH	• Absolutely critical to keep providers in their EMR experience • Your model must be flexible. Direction and priorities change every 12-24 months • Vendor must be a "Technology Partner" and have leverage to facilitate this relationship • Champions are key – facilitate conversations with EMR Companies • Define your "customer" • Paying stakeholders must "buy-in" and have a voice in your direction • Hospitals are the key starting point • Consumer/patient are always a priority; must decide how the best fit in your model
MI	• Minimize upfront investments- structured agreements to pay for infrastructure • Consider more, those who have been successful like you rather than "HIE by the book" – consider partnerships • There is no "end" to the HIE's development

Lessons Learned (cont.)

RI	• Community decision-making process can be slow, but the outcomes are worth the time and effort • Seek broad stakeholder input early and often • Appropriate governance, management and performance management measurement process must be in a place to drive sound decisions, ensure progress and provides transparency • Opt-out will generally allow for the greatest use of the HIE and avoid duplication of systems; but may limit types of data that can be included • Develop system that can include and link a patient's clinical data with their claims data • Role of government may change over time
NJ	• Establish support staff early on for implementation • Develop Patient ID standards at the start • Establish dedicated HIE reps for each organization (member) with defined roles/responsibilities

Lessons Learned (cont.)

ME	• Develop the Service and Product Infrastructure • Expand HIN HIE and Analytics Products into National and Regional

SIM HIT Ops Plan Overview

SIM Health IT Drivers

- Driver 1: Coordinate and connect various HIT initiatives throughout the state
- Driver 2: Execute a broad-based stakeholder engagement process
- Driver 3: Establish a technical infrastructure for sending alerts to providers and caregivers using Direct Secure Messaging
- Driver 4: Establish a statewide health information exchange
- Driver 5: Support Data Analytics (Performance Year 2 & 3)
- Driver 6: Deployment of Health IT Tools (Performance Year 2 & 3)

Health Information Technology	Pre-implementation	Perf. Year 1 (Beg. 10/1/16)			
Activities Planned for Year 1	**May- Sept. 2016**	**Q1** (Oct-Dec)	**Q2** (Jan-Mar)	**Q3** (Apr-Jun)	**Q4** (Jul-Sep)
1. Secure services of a search firm for HITO acquisition and selection process/ Onboarding of HITO	6/1/16 – 7/1/16	9/5/16			
2. RFP process for Broad-based Stakeholder Engagement (Prepare/Issue/Contract Execution)	8/1/16	10/31/16			
3. Broad-based Stakeholder Engagement	11/1/16			4/30/17	
4. RFP process for HIE (Prepare/Issue)	11/1/16			4/15/17	
5. HIE Vendor Negotiation/Contract Execution			4/15/17		6/1/17
6. Begin operations for the statewide HIE				6/1/17	
7. Alert Notification with Medicaid ASOs	3/2016			3/1/17	
8. Alert Notification with MQISSP participants	8/2/16				7/1/17

SIM Relevant Updates

CMMI Site Visit

CMMI Site Visit Occurred July 13-14

SIM connecticut state innovation model

SIM Team Participants:

- Steve Cha, Director, State Innovation Group
- Christina Crider, SIM Project Officer

SIM TA Providers:

- Akaki Lekiachvili, Office of the Medical Director, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
- Rob Houston, Senior Program Officer, Center for Health Care Strategies, Inc.
- Patricia Mactaggart, Senior Advisor, Office of the National Coordinator, Office of Care Transformation
- Lisa-Nicole Sarnowski, Senior Advisor, Office of the National Coordinator
- Colin Planalp, Research Fellow, State Health Access Data Assistance Center, University of Minnesota

CMMI Site Visit Occurred July 13-14

SIM connecticut state innovation model

- ONC technical assistance expertise available on:
  - *HIEs*
  - *HIT strategic planning*
  - *HIT implementation and execution*
  - *HIT national and local policies*
  - *Experiences and investments of other states, particularly SIM states*
  - *Aligning HIT with payment and care delivery reforms*
  - *Assistance with coordination on SIM/Medicaid and other IT efforts*

SIM HIT Council Meeting

SIM HIT Council Meeting 6/17/16

- Final SIM HIT Council meeting held June 17th
- Updated on merger with Health IT Advisory Council
- Members also discussed topics that they wanted shared with the Health IT Advisory Council
- The PMO is preparing a report to summarize these topics, and to provide a high-level description of the work of the council. Will include:
  - Discussions regarding edge server technology and use of clinical quality measures
  - Other SIM States – HIT investments
  - SIM updates regarding other work streams
- All council agendas, minutes, and presentations can be found here

Work Stream Updates

Review: Connecticut SIM Aims

Healthier People and Communities and Improved Health Equity

Reduce the statewide rates of diabetes, obesity, and tobacco use

Better Care and Improved Health Equity

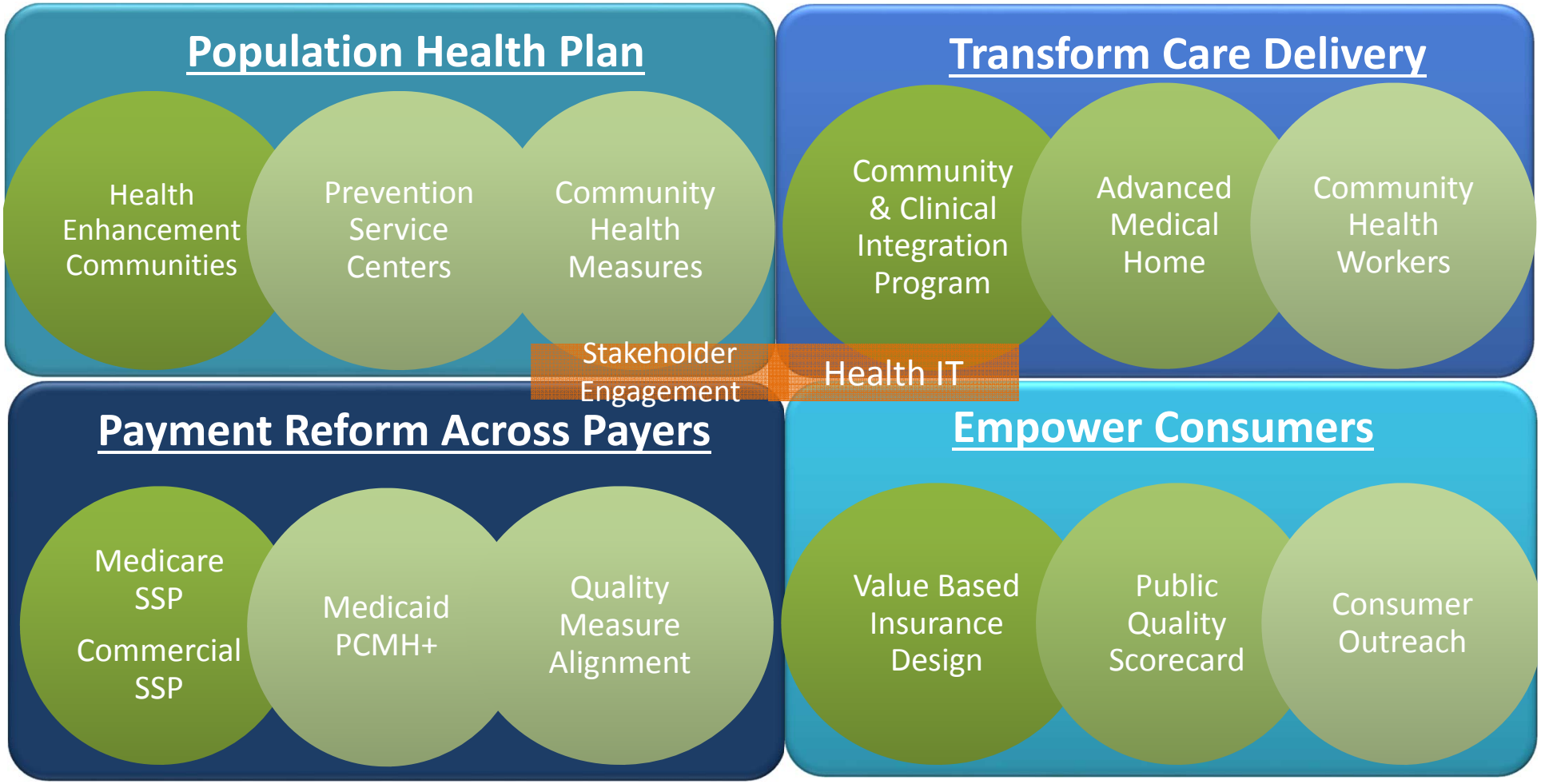
Improve performance on key quality measures, including preventative care and care experience

Smarter Spending

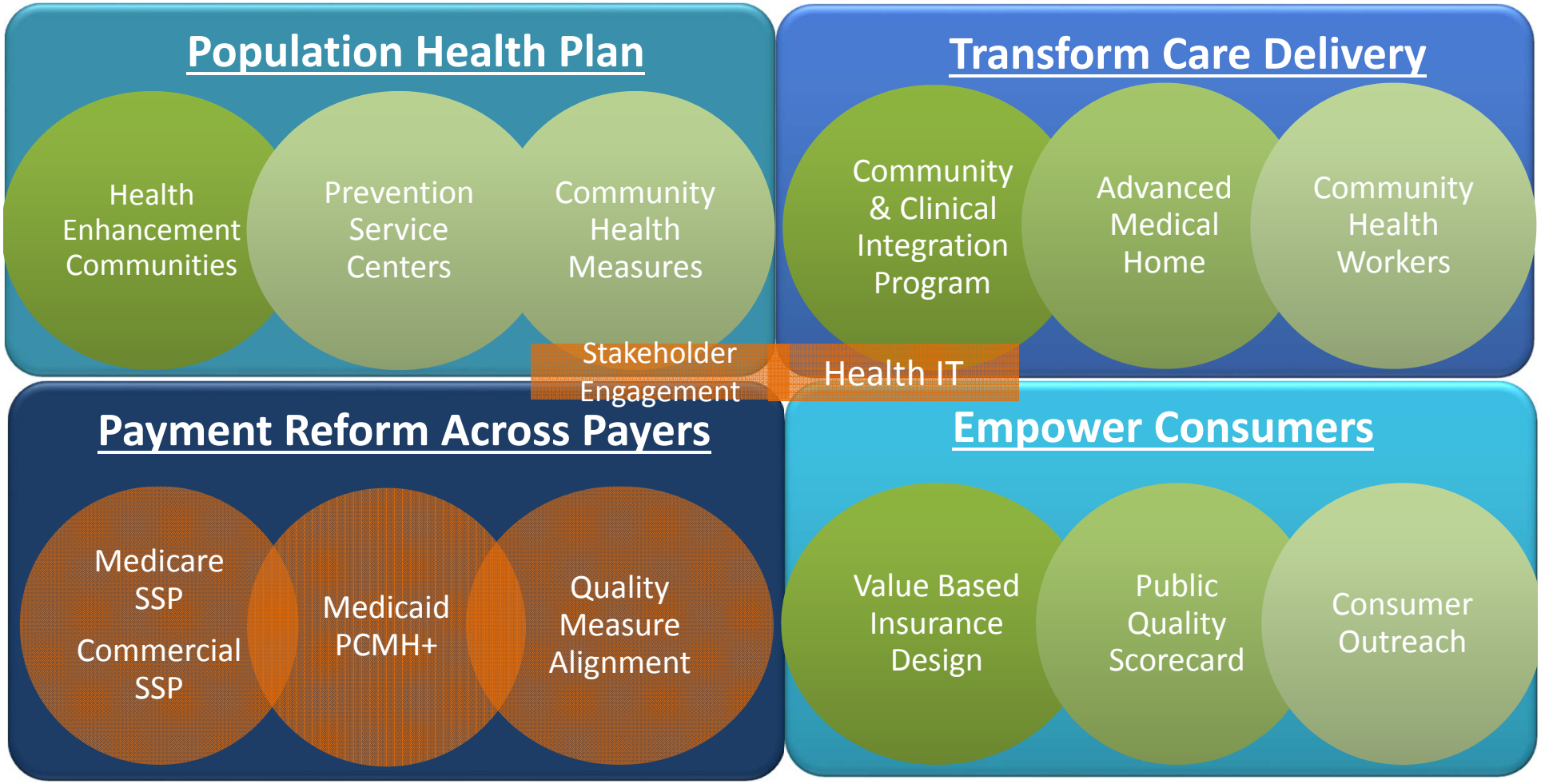
Achieve a 1-2% reduction in the annual rate of healthcare growth

CT SIM: Primary Drivers to achieve our Aims

CT SIM: Secondary Drivers



CT SIM: Secondary Drivers



Work Stream Updates

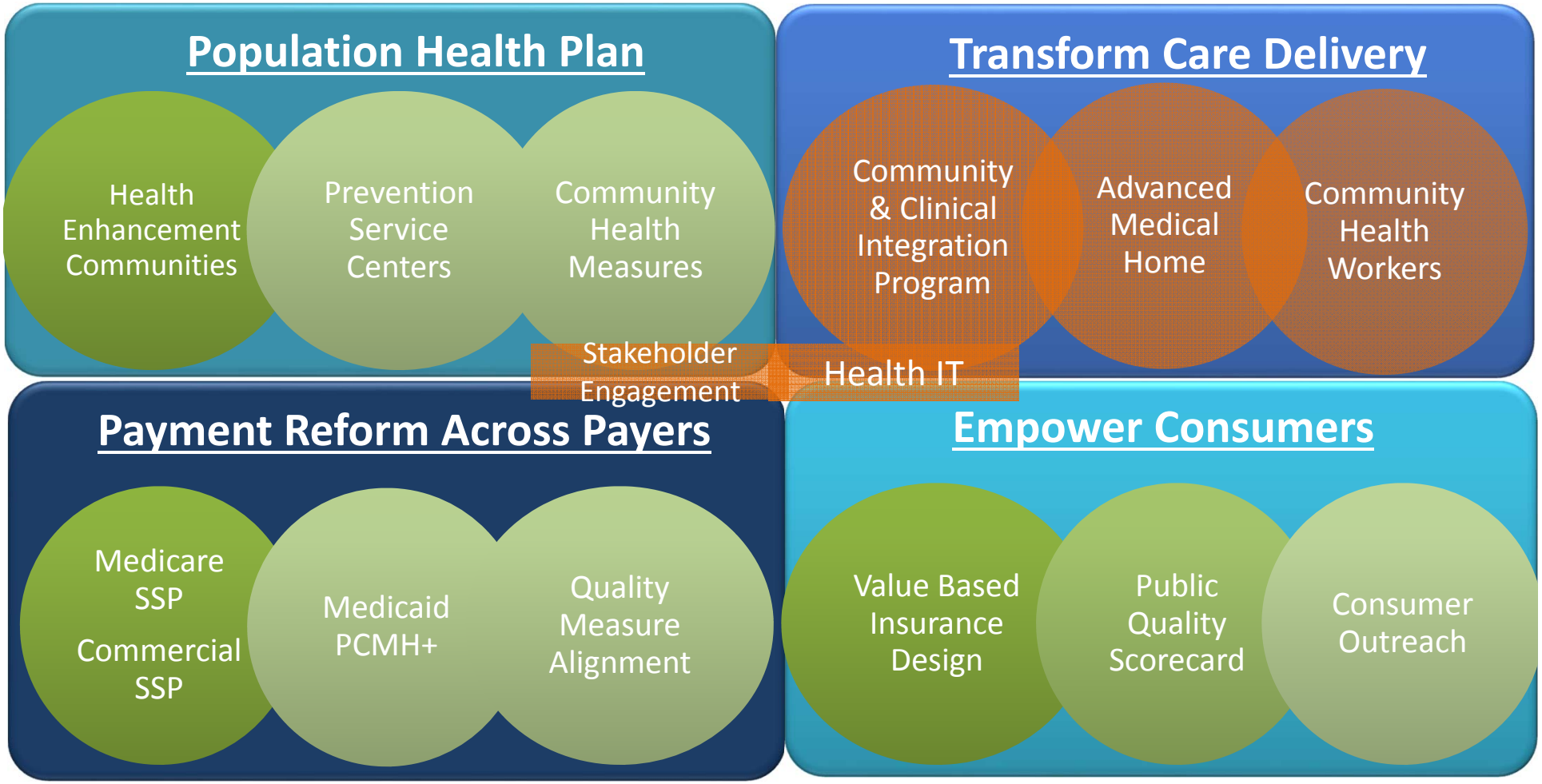
PCMH+ RFP was released

Deadline: August 2

Quality Measure Alignment Report

Public Comment: August 5

CT SIM: Secondary Drivers



Work Stream Updates

SIM connecticut state innovation model

CCIP Transformation Awards RFA was released

Deadline: August 11

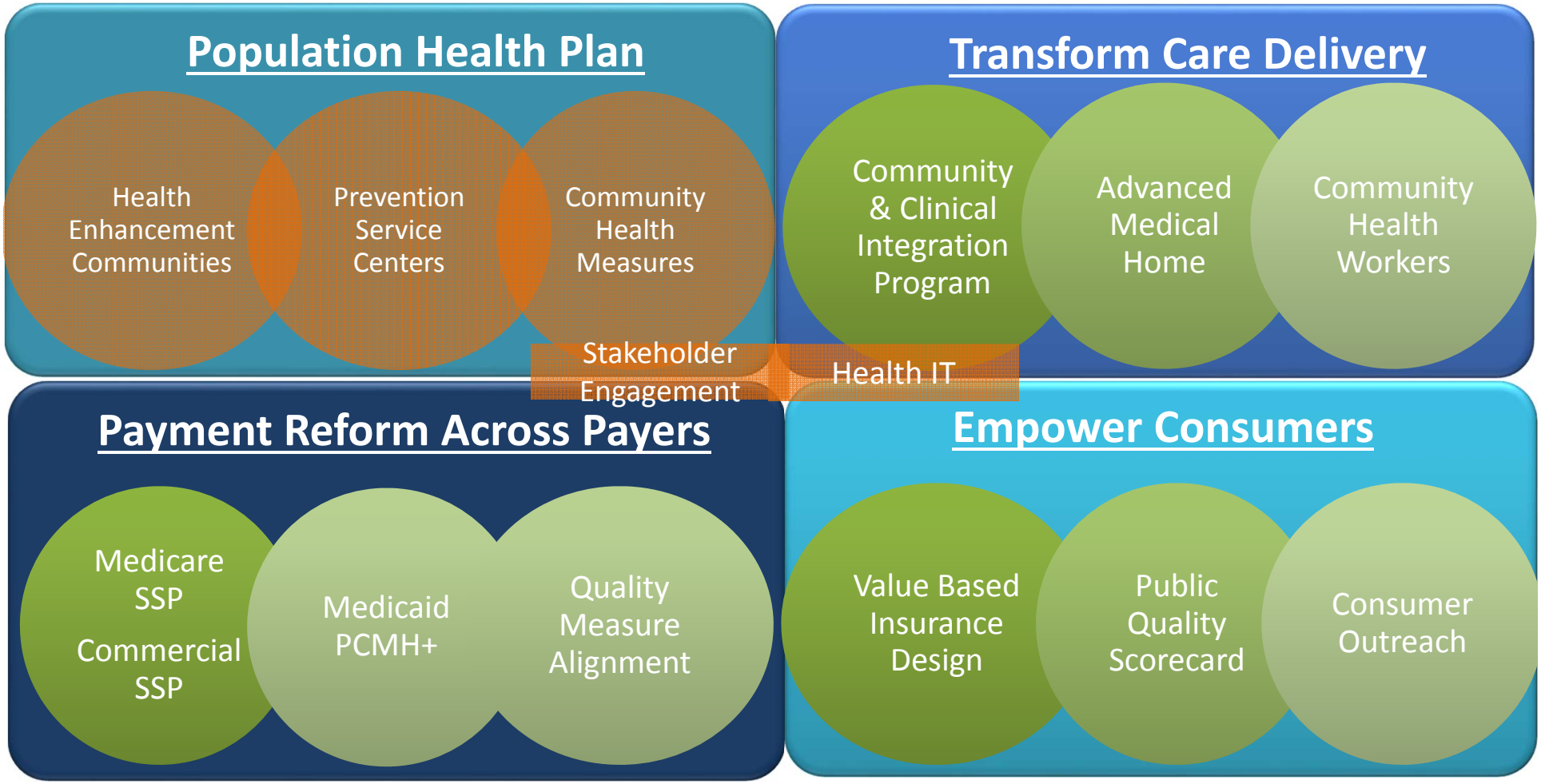
CCIP vendor RFP was released

Deadline: August 18

PMO still accepting applications for AMH program

CHW Advisory Committee worked on developing definition and scope of practice

CT SIM: Secondary Drivers

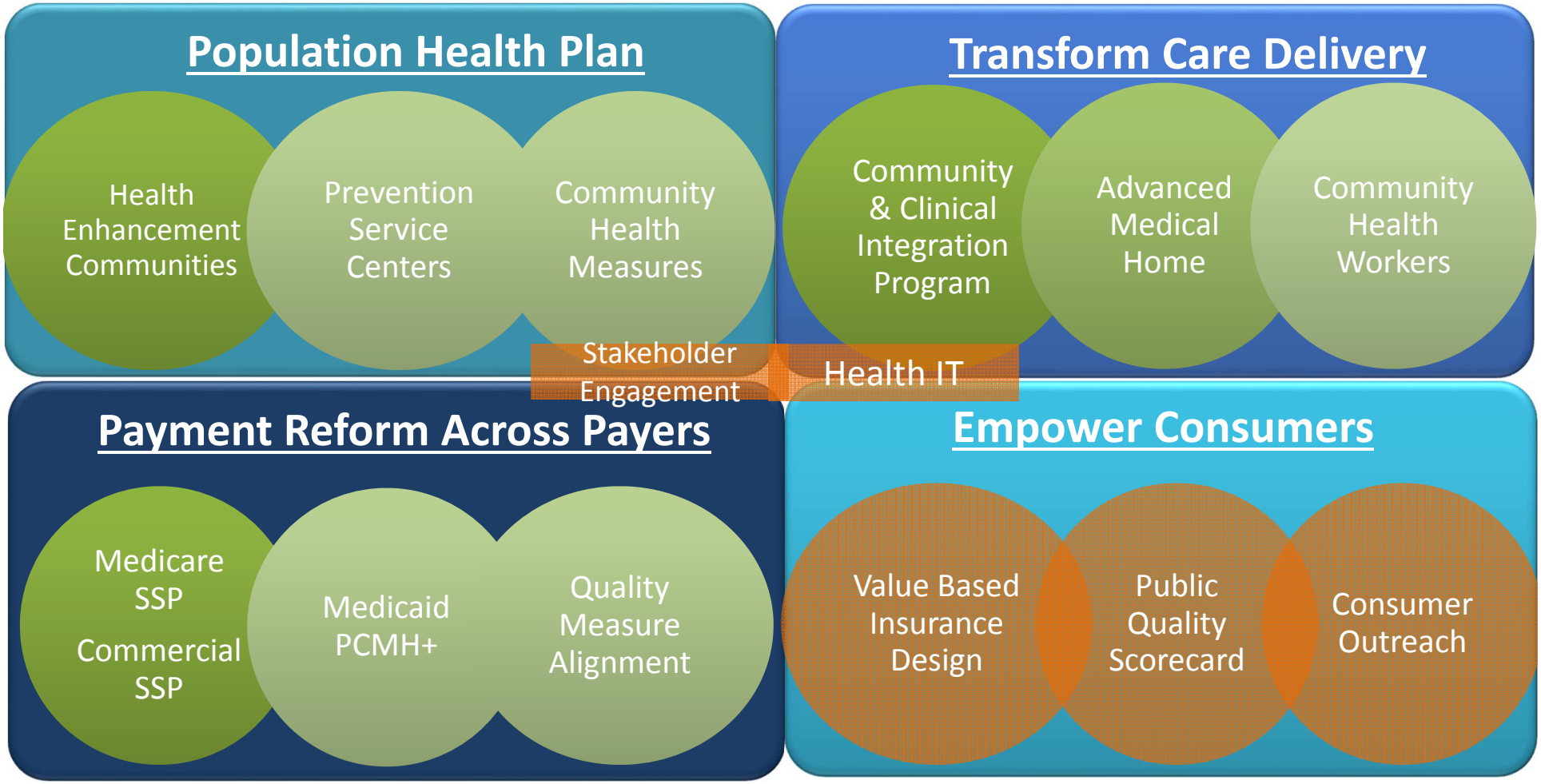


Work Stream Updates

SIM connecticut state innovation model

Population Health Council held first meeting June 30

CT SIM: Secondary Drivers



Work Stream Updates

VBID Templates Finalized- VBID Employer Manual Developed

Evaluation Team began work on Public Scorecard with Quality Council as advisory body

North Central Regional Mental Health Board will serve as Consumer Engagement Coordinator

Second Rural Health Forum held at Northwestern CT Community College on June 3

Wrap up and Next Steps

- Upcoming Meetings
  - August 18, 2016
  - September 15, 2016
  - October 20, 2016

- Future Agenda Item Requests

Contact Information

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

Health IT Advisory Council Website

http://portal.ct.gov/ltgovernor/Health_IT_Advisory_Council/