

Health IT Advisory Council

January 19, 2017

Session 3

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:10 pm
Review and Approval of Minutes – 12/15/16	1:15 pm
Review of Previous Action Items	1:20 pm
Updates	
• Council Appointments	1:25 pm
• Guiding Principles	
• Stakeholder Engagement	
• Housekeeping	
Stakeholder Engagement/ Environmental Scan	1:40 pm
eCQMs Discussion	1:50 pm
Wrap-up and Next Steps	2:50 pm



Public Comment



Review and Approval of December 15, 2016 Minutes

Review of Action Items

Action Items	Responsible Party	Follow Up Date
Revise and Circulate Guiding Principles (v.2)	CedarBridge Group	01/17/17 – COMPLETE
eCQM Learning Experience	Sarju Shah	01/13/17 – COMPLETE
IAPD Review and Discussion	Sarju Shah	01/05/17 – COMPLETE



Updates

Pending Appointment

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

Guiding Principles Handout

Revised DRAFT:

Guiding Principles for Health Information Exchange Services* in Connecticut

Revised for discussion
at the January 19, 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 January 19, 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 noon on Wednesday January 18th, via email to Sariu.Shah@ct.gov 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.



Housekeeping

- Please submit short bios and photographs by January 31st.



Stakeholder Engagement Plan

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



Stakeholder Engagement

- Strategy for engaging the State
- Target date for surveys
 - Thursday, January 26
- Target dates for stakeholder interviews and focus groups
 - Friday, January 20
 - Tuesday – Thursday, January 24 – 26*
 - Tuesday – Thursday, January 31 – February 2
 - Tuesday – Thursday, February 7 – 9
 - Tuesday – Friday, February 14 – 17 (*if needed*)
 - Adjacent Fridays and additional dates as needed
- 2 Interview Teams
 - Michael Matthews
 - Christina Coughlin/Carol Robinson

Interview Topics

- Current Health IT Environment
 - Foundational
 - Overall perceptions
- Desired Future State
 - Health IT
 - HIE
 - eCQM System
 - Specific system functionalities
- Workflow considerations/workforce readiness
- Technical assistance
 - Educational and training needs

	Interview Priority (In-person or Phone)	Survey	Focus Group
Hospitals and Health Systems			
Physicians and Providers			
Health Plans and Payers			
Long Term Post-Acute Care			
Behavioral Health			
Consumers			
State Agencies			
Other (e.g., pharmacies, labs, radiology)			



Planning for Connecticut's eCQM Reporting and Measurement System



Overview of Quality Measurement

- National Perspectives
- eCQM Basics
- State Experiences: Oregon and Rhode Island
- Connecticut: Takeaways and Next Steps

Health IT Foundation for Delivery System Reform

Use information to transform healthcare

Increase access to information

Create data and information

Basic EHR
functionality,
structured data

Connect to Public
Health

Privacy & security
protections

Patient
engagement

Care coordination

Registries for
disease
management

Structured data
utilized for
Quality
Improvement

Basic EHR
functionality,
structured data

Connect to Public
Health

Privacy & security
protections

Using data from
enhanced
sources to
improve care

Patient self
management

Patient
engagement

Care coordination

Registries for
disease
management

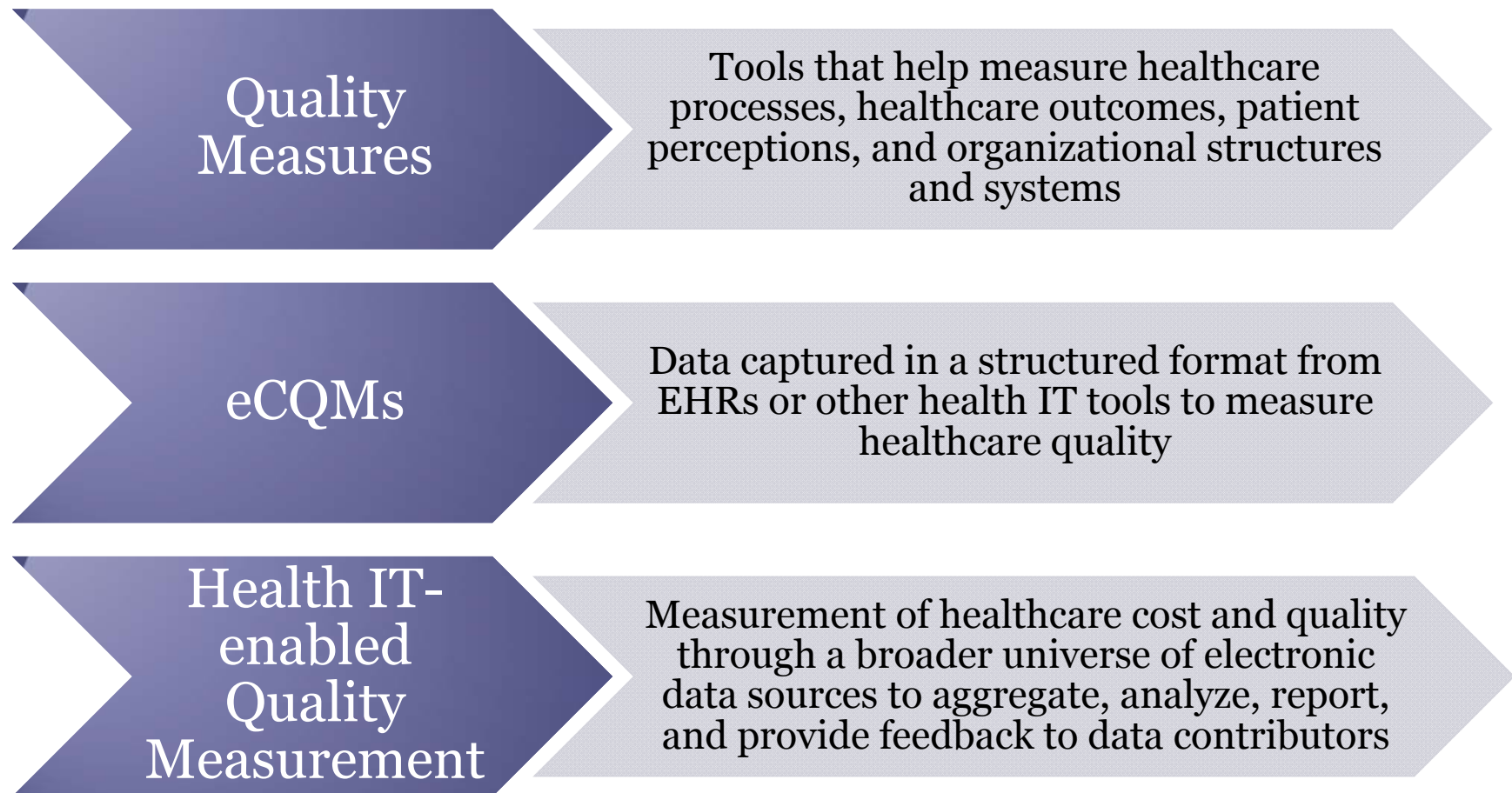
Structured data
utilized for
Quality
Improvement

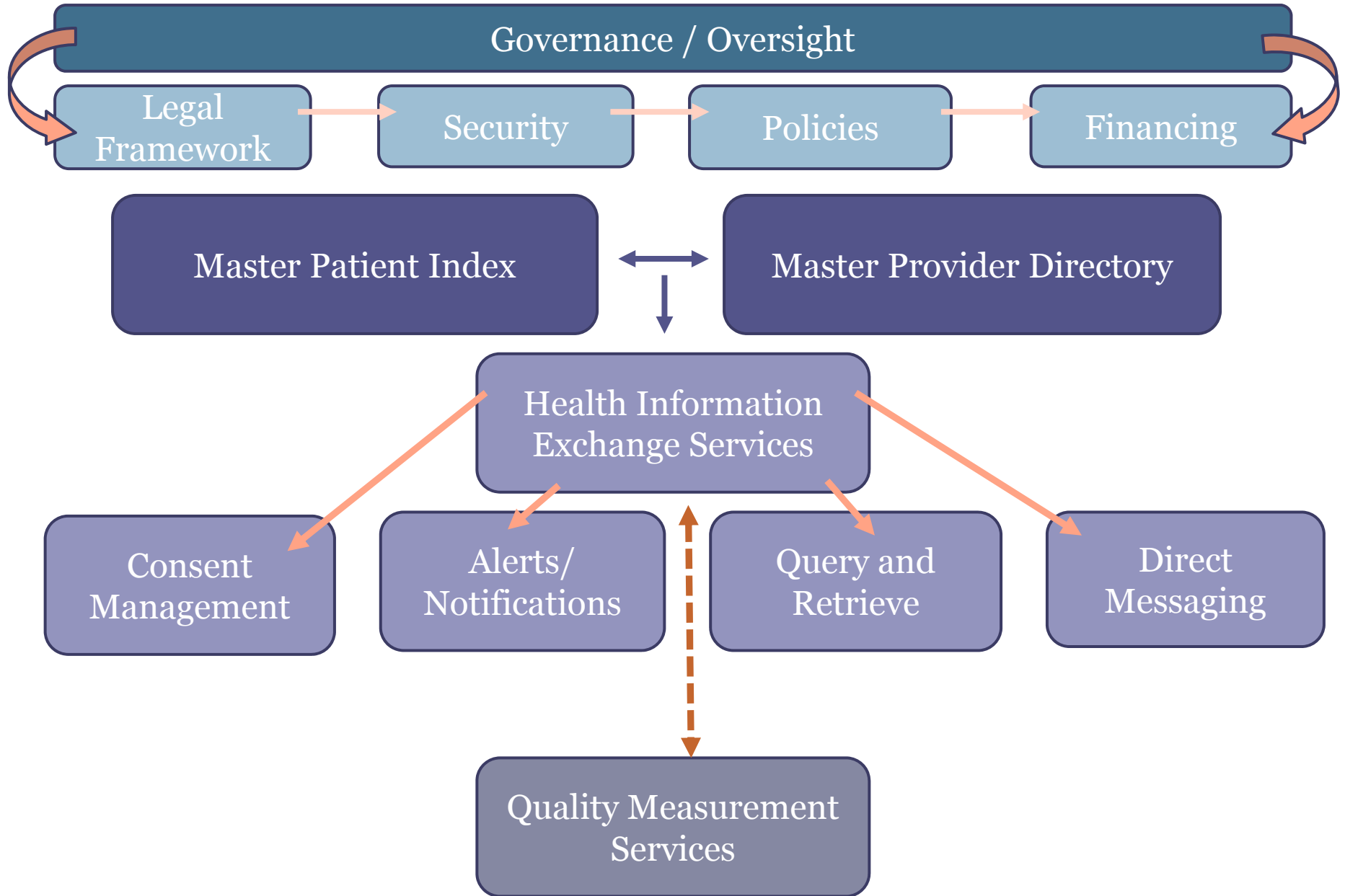
Basic EHR
functionality,
structured data

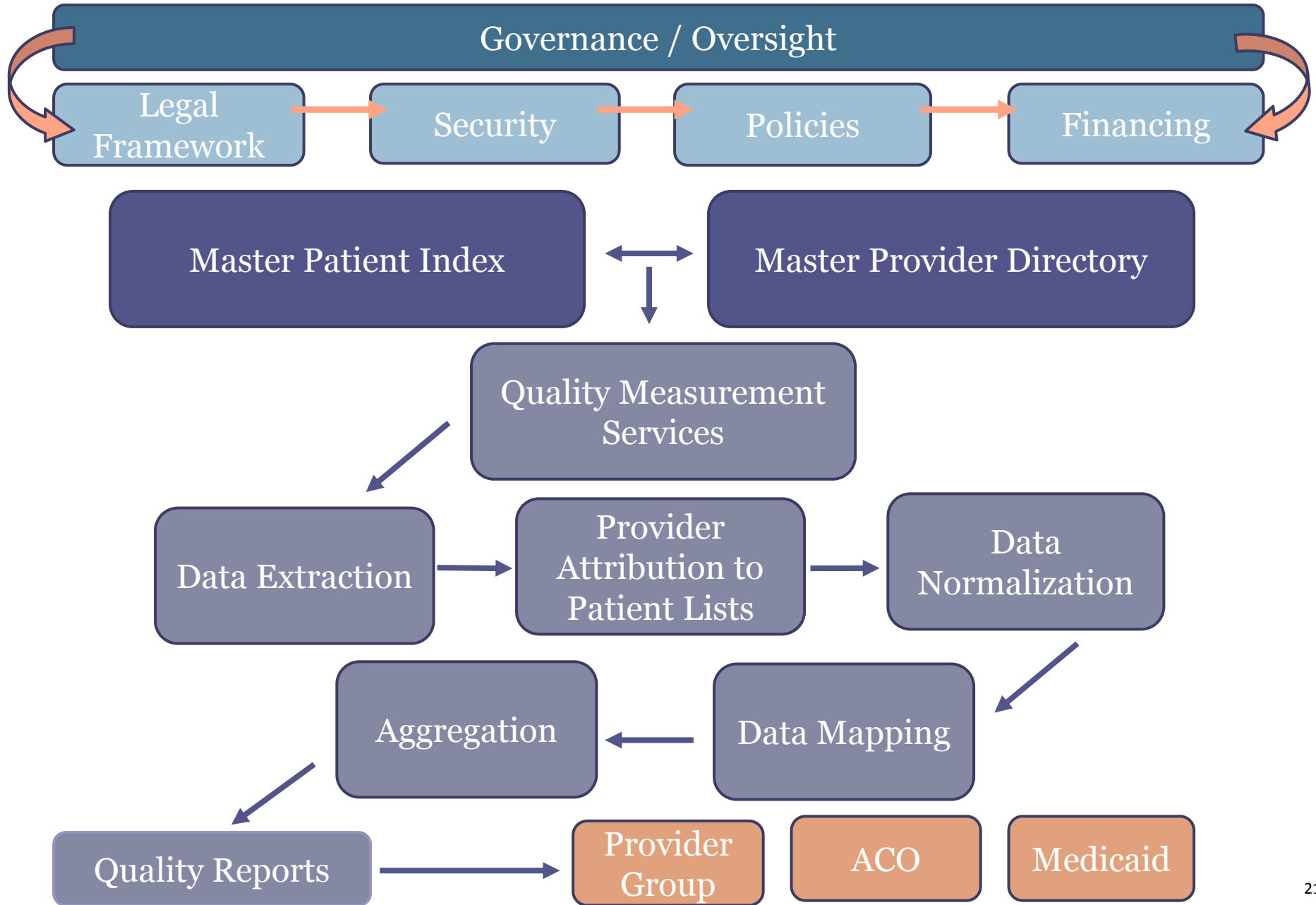
Connect to Public
Health

Privacy & security
protections

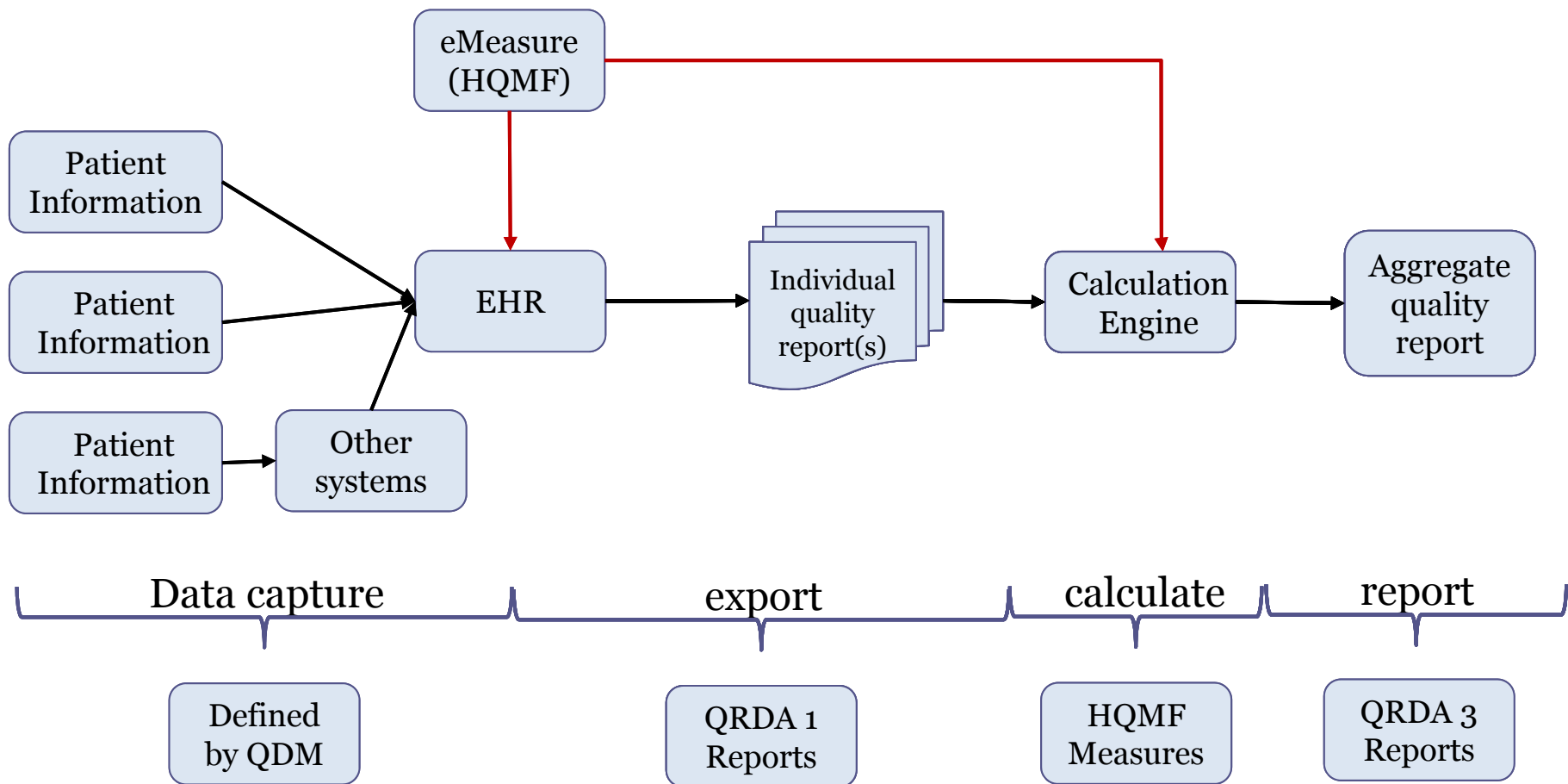
Terminology Reminders



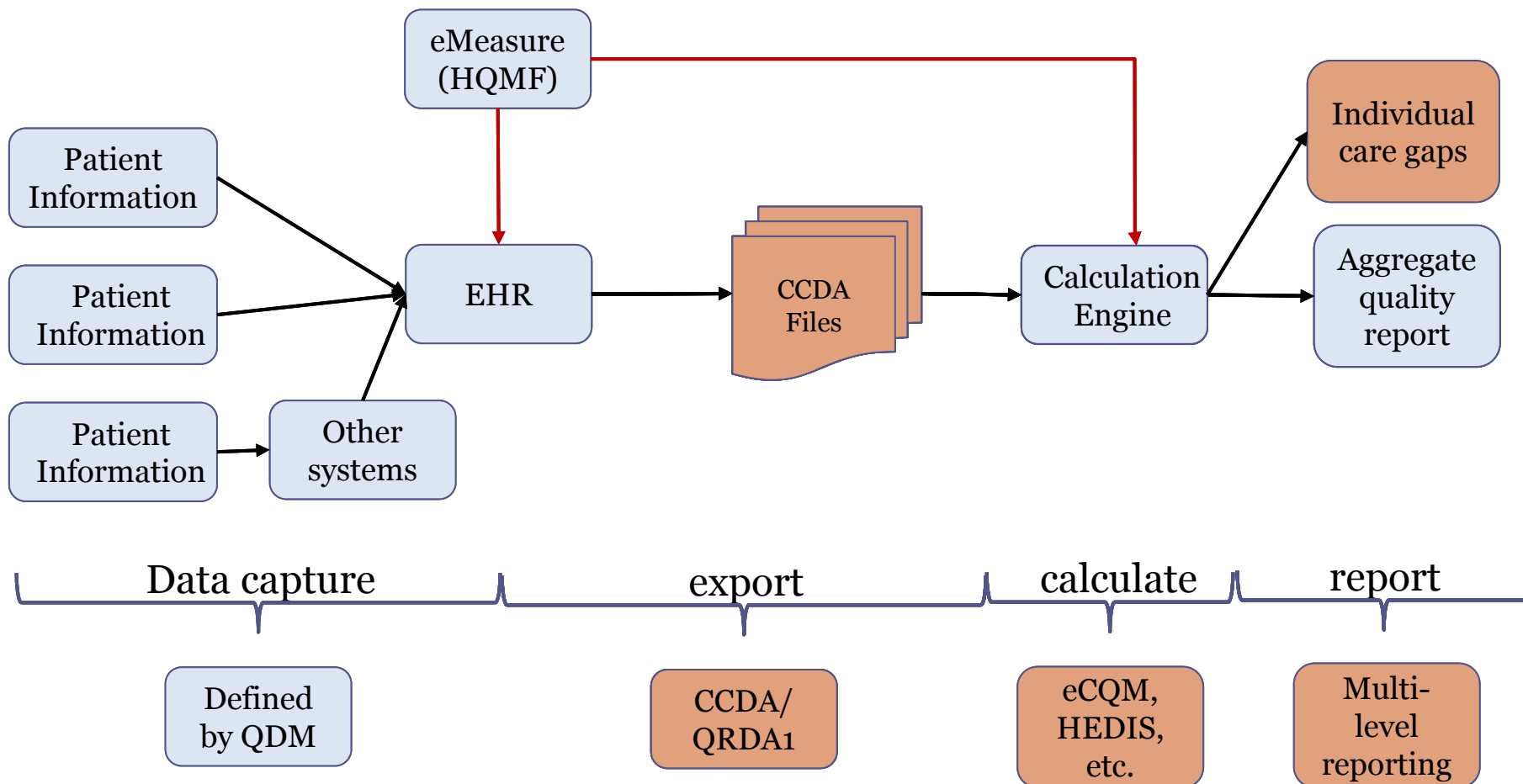




End to end measure reporting process: EHR-centric

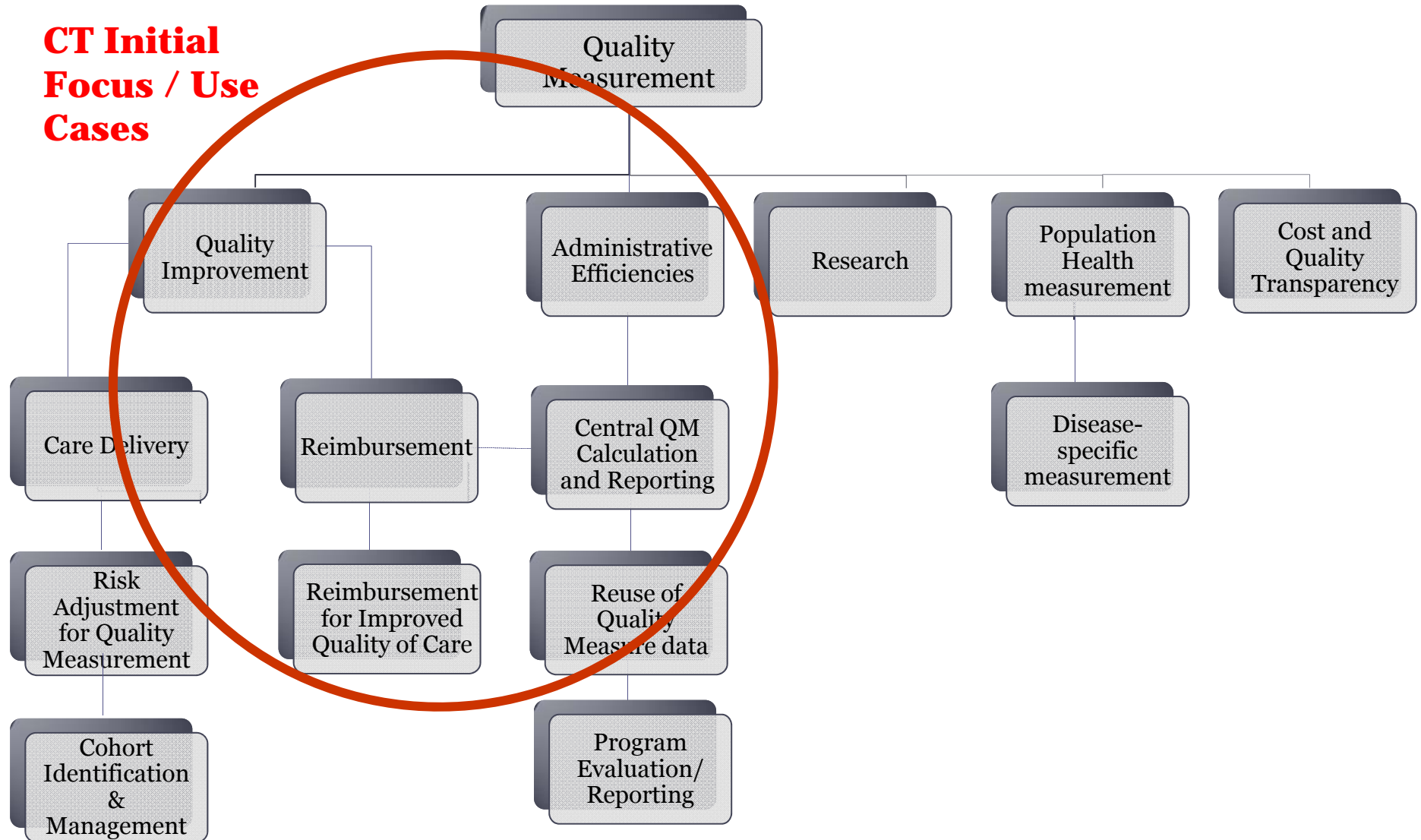


End to end measure reporting process: Community/Patient-Centric

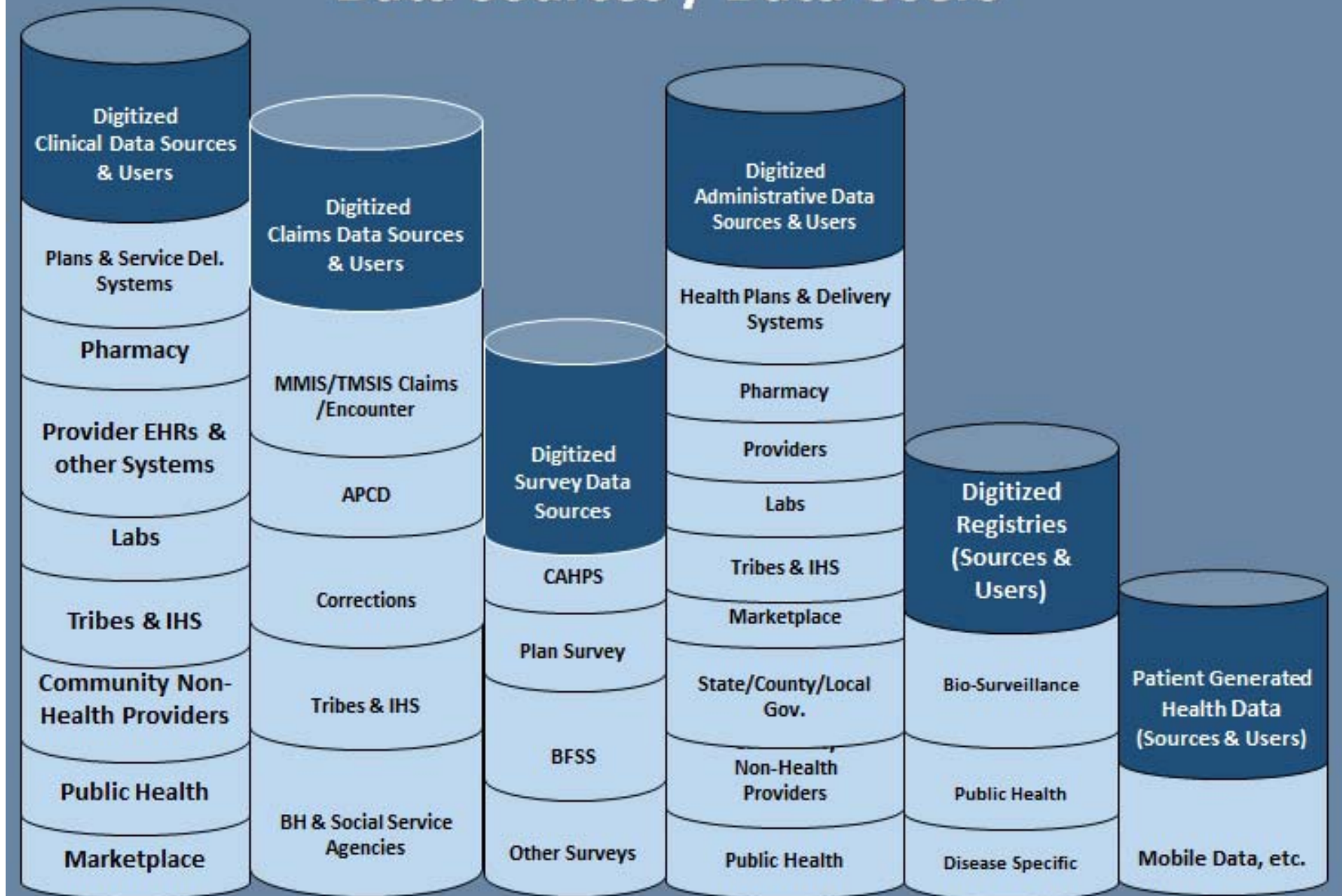


Priority Use Cases for Clinical Quality Measure Information

**CT Initial
Focus / Use
Cases**



Data Sources / Data Users



Oregon Goals for Clinical Quality Registry

Collect meaningful clinical data for transparency and improvement, without creating undue burdens

- Gather timely quality measure data out of electronic health records (EHRs), as opposed to claims or chart review
- Measure outcomes as opposed to processes
- Collect patient-level data to support analytics, including analysis of disparities
- Decrease reporting burdens
 - Goal of reaching a “report once” strategy
 - Align with federal standards for certification of EHRs (e.g., QRDA I and QRDA III) and quality reporting (e.g., MACRA/ MIPS)

Oregon Clinical Quality Measure Reporting Solution: RFP Objectives

Trying to find the sweet spot

- A solution works well for end users with a wide range of technical sophistication
- Meets program needs for Medicaid EHR Incentive Program and EHR-based CCO incentive measures
- Can expand to meet future needs without incurring immediate costs for functionality that isn't needed immediately
 - Focused on data collection, validation, and calculation with basic tracking
 - Not procuring a wide range of analytics within the CQMR itself

Rhode Island: Possible Functions of Healthcare Quality Measurement and Reporting System:

Selection and harmonization of measures

- Standardized set for provider practices for value based purchasing
- Ideally aligned with national measures
- Develop and manage ongoing community governance process

Data Collection

- Be electronic to extent possible, adjust for those without EHRs
- Individual or aggregate level, use national standards

Technical infrastructure

- Submit data once and send to all
- View provider & practice level data
- Generate provider alerts/reports if falling below benchmark
- Ability to export data from analytics

Analytics and Reporting

- Need attribution and risk adjustment strategies
- Tool to display data with actionable feedback to providers, practices, payers, state, etc. ; combine with other data sources (e.g. APCD/HIE)
- Foster sharing of best practices; peer to peer learning

Public Reporting

- Increase transparency of provider performance for consumers
- Allow public to compare across providers and practices
- Create performance ranking system

Rhode Island: Some RFP Considerations

- Data considerations:
 - clinical only or clinical and claims
 - EHR derived data and accepting other data
 - standards (CCD, QRDA, other)
- Technical assistance needs
- Link(s) to provider information (track provider affiliations)
- Leveraging existing resources
- Data governance needs
- Sustainability



Takeaways for CT's Planning

Rhode Island and Oregon both emphasized

- Importance of engaging stakeholders throughout the planning process
- Need for harmonization of measures
- Need to meet providers where they are now, with user-friendly tools
- Need to build incrementally to more robust reporting using more sophisticated technology
- RFI processes did not yield great value

Planning for Connecticut's eCQM System

Who?

- Payers, providers, and other key stakeholders

What?

- Establish priorities, goals, and roadmap for eCQM program

How?

- Create repeatable processes and align strategies
- Establish consistent measure sets
- Facilitate development and use of shared infrastructure
- Align clinical quality measures programs and common business cases
- Identify value-proposition for all stakeholders
- Workforce training and workflow changes

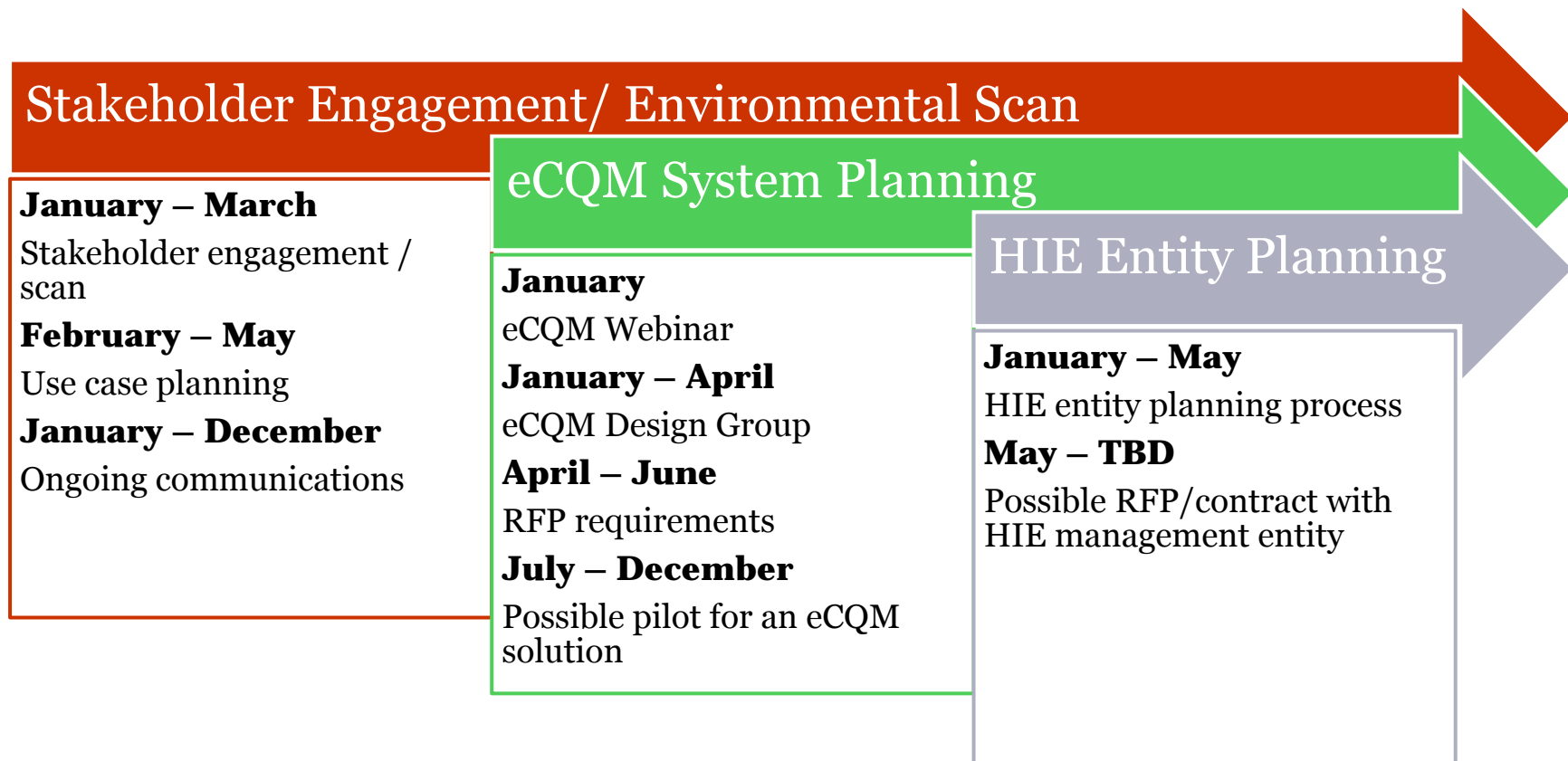
Next Steps: eCQM System Design Group

Establish a multi-stakeholder group to contribute, evaluate, and recommend options for electronic clinical quality measurement system, including needs, technical approach, priority uses, collaboration, and implementation approaches.

Objectives

- Identify priority *use cases* for eCQM technical infrastructure
- Align strategies with SIM PMO Quality Council
- Review technical options based on stakeholder readiness and technical capability
- Recommend technical approach to HIT Advisory Council and HITO
- Identify quality measurement phases and future objectives

Proposed Timeline of Activities





Wrap up and Next Steps

eCQM System Design Group Meetings

- **To be announced**

Health IT Advisory Council Next Meeting

- **February 16, 2017**

Contact Information

- Health IT Advisory Council and SIM HIT
 - Sarju Shah, Sarju.Shah@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>