Health IT Advisory Council

April 20, 2017

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – 3/16/17	1:10 pm
Review of Previous Action Items	1:15 pm
Updates • Council Appointments	1:20 pm
Stakeholder Engagement Summary of Findings	1:25 pm
eCQM Design Group Report and Recommendations	2:10 pm
Wrap-up and Next Steps	2:55 pm

Public Comment

Review and Approval of March 16, 2017 Minutes

Review of Action Items

Action Items	Responsible Party	Follow Up Date
1. Review eCQM Design Group Charter	Advisory Council	COMPLETE
2. Review eCQM Design Group Progress Report	Advisory Council	COMPLETE
3. Distribute KHIN slide deck as requested by Council Members	Matthew Katz	ASAP
4. Revise Guiding Principles based on discussion	CedarBridge	~~4/20/2017~~ TBD
5. Review SB-811 and PA 15-146 requirements for APCD	HIT PMO	TBD
6. Review SB-445 impact on APCD	HIT PMO	TBD

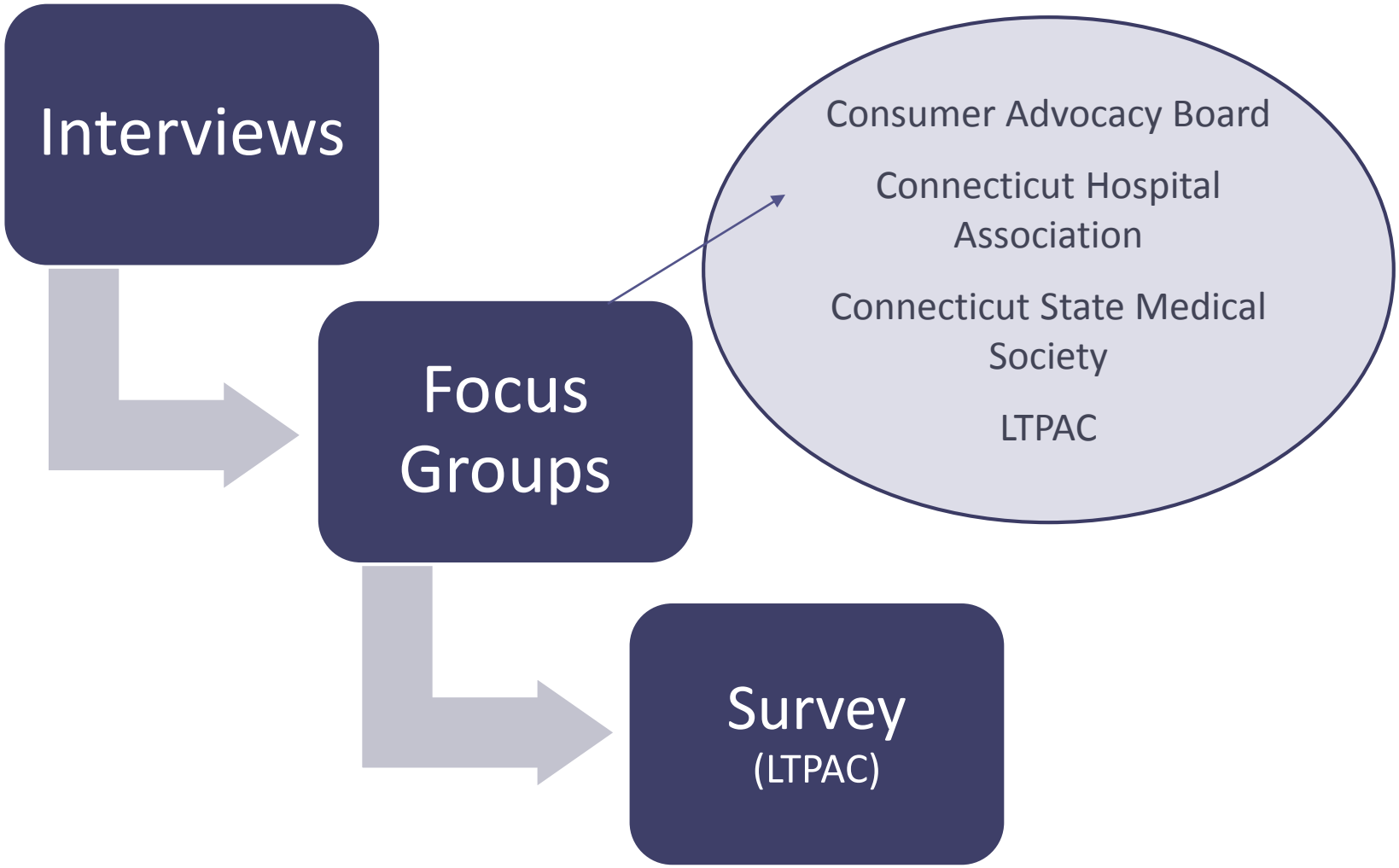
Updates

Pending Appointment

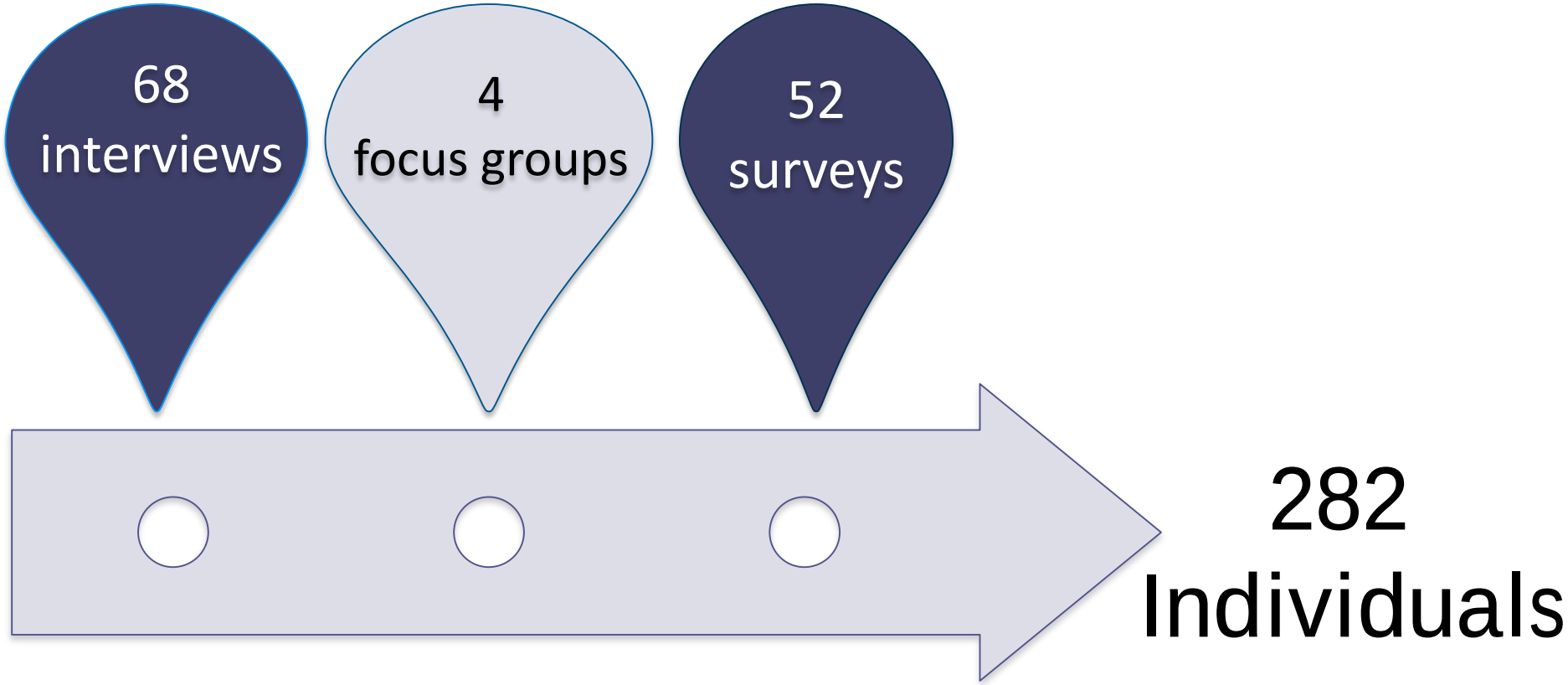
Name	Represents	Appointment by
TBD	Health care consumer or health care consumer advocate	Speaker of the House

Stakeholder Engagement Summary of Findings

Mechanisms for Input



Number of Stakeholders Engaged



Topics Covered

- Health IT Current State
- Health IT Desired Future State
- Clinical Quality Measurement
- Technical Assistance, Education, Training
- Governance

Stakeholder Domains

- **Consumers**
- **Hospitals and Health Systems**
- **Primary and Specialty Care Providers**
- **Other Healthcare Service Providers and Organizations, including:**
  - Behavioral Health Providers
  - Long Term and Post Acute Care (LTPAC) Providers
  - Radiological Services
  - Commercial Reference Laboratories
  - Pharmacies
- **Members of the Connecticut Health IT Advisory Council**
- **Accountable Care Organizations and Clinically Integrated Networks**

Stakeholder Domains

- **Professional and Medical Associations**
- **Community Organizations, including in the areas of:**
  - Homeless and Housing Services
  - Addiction Services
  - Aging Services
  - Services for HIV/AIDS Patients
  - Services for Victims of Trauma
- **Payers, including Commercial Insurers and Employers**
- **Pharmaceutical and Bio-tech Interests**
- **Other Stakeholders as Needed for Completeness of Input**

Stakeholder Domains

State agencies

- Department of Administrative Services
- Department of Children and Families
- Department of Consumer Protection
- Department of Corrections
- Department of Developmental Services
- Department of Mental Health and Addiction Services
- Department of Public Health
- Office of the Healthcare Advocate
- Office of State Comptroller

Documentation Review

- SIM Operations Plan and other SIM documentation
- State Medicaid Health IT Plan (SMHP)
- Connecticut's IAPD for Health IT and HIE
- Reports and documents from the Connecticut Department of Public Health, including Healthy Connecticut 2020
- Annual reports of community organizations
- Documentation from Health IT Exchange of Connecticut (HITE-CT)
- National interoperability initiatives: eHealth Exchange, Car*e*quality, CommonWell
- ONC Nationwide Interoperability Roadmap
- RFPs for Rhode Island and Oregon for eCQM Systems
- Documentation on State HIE organizations, HIE vendors, and HIE governance

Summary of Findings

Patients and Consumers

Summary of Findings

Patients and Consumers

Environment

Summary of Findings

Patients and Consumers

Environment

Tools

Summary of Findings

Patients and Consumers

Environment

Tools

Governance

Stakeholder Engagement Themes

The Patient is the "North Star"

- **Privacy, security, and confidentiality**
- Work to address **health equity and the social determinants of health**
- **Consumer engagement** and tools for better management of one's health and healthcare in partnership with the care team
- **Patient access to integrated clinical data** rather than patient portals tethered to a single EHR
- **Quality and price transparency**

"…skate to where the puck is going to be, not where it has been." (Wayne Gretzky)

- **Core shared services requirements**
  - **Statewide healthcare directory**
  - **Statewide master person index (MPI)** and **attribution services**
  - **Data stewardship and data normalization**
  - **Security and privacy** of protected health information

- "**Network of networks"** approach to interoperability in the state, linking individual interoperability initiatives

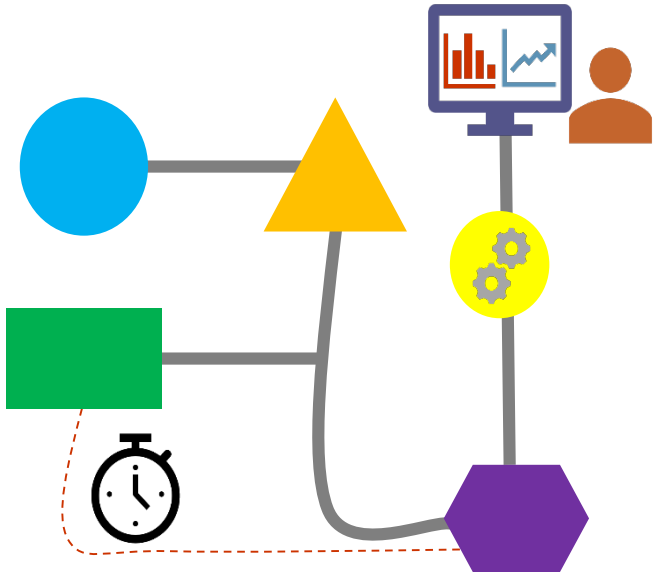
- **"Rules of the road" - a basis for entities engaged in interoperability in the state**

Credit: Edmonton Journal

Workflow, workflow, workflow

Examples:

- **eCQMs:** Establishing a harmonized and standardized approach to the reporting of electronic clinical quality measures in support of value-based care
- **CPMRS:** Further integrating controlled substance database into the e-prescribing workflow of providers
- **Public Health Reporting:** Improving bi-directional functionality immunization, lab, and syndromic reporting to Department of Public Health
- **Direct Messaging:** Expanding Direct messaging to support basic provider communications, particularly for providers excluded from MU

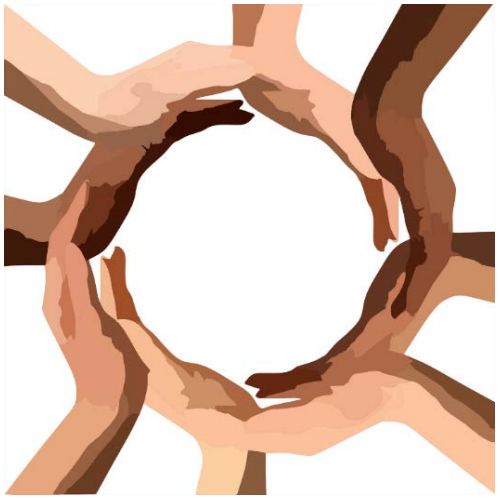


No Stakeholder Left Behind

- **"Whole-person care"** requires expanded definitions of healthcare teams

- Many stakeholders, including **behavioral health providers, LTPAC providers, and community organizations can contribute** to a more value-driven healthcare system

- **Improvement should be made in care coordination tools and secure data exchange beyond EHR users**

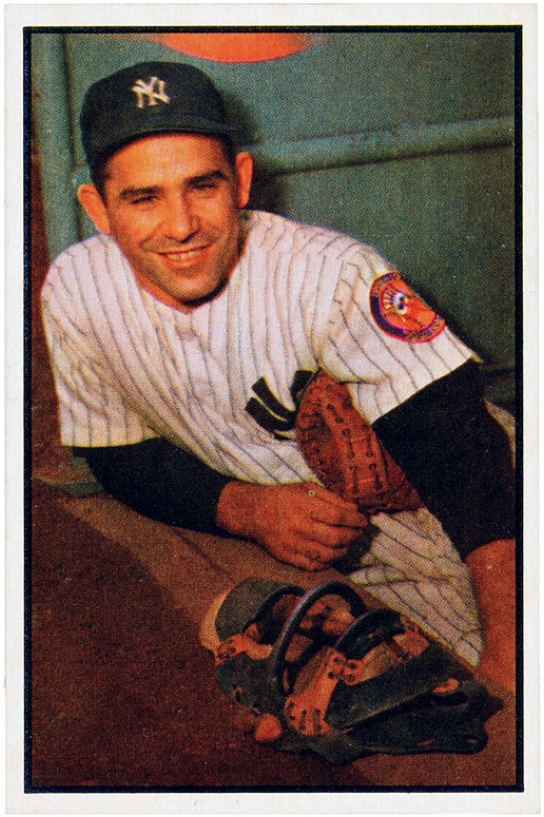


"Give me a lever long enough and a fulcrum on which to place it, and I shall move the world." (Archimedes)

- Connecticut has important **levers in place in the form of ACOs and Advanced Networks (ANs)**
- **ACOs and ANs also provide important value in health IT and HIE design**
- Specific strategies for **data sharing *within* ACOs and ANs, as well as *across* ACOs and ANs,** should be identified
- Harnessing **market forces that are enabled or enhanced by HIE and interoperability** will increase sustainability

“The future ain’t what it used to be.”
(Yogi Berra)

- **Genomics and precision medicine**
- **Bring your own device (BYOD)**
- **Patient-generated data**



Credit: Bowman Gum

Calls to Action

Calls to Action: Priority Recommendation #1

Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.

Calls to Action: Priority Recommendation #2

Connecticut must leverage, not duplicate, existing interoperability initiatives; and provide technical assistance, education, and coordinated communication to all stakeholders using health IT and HIE services

Calls to Action: Priority Recommendation #3

Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations

Calls to Action: Priority Recommendation #4

Connecticut must establish "rules of the road" to provide an appropriate governance framework

Calls to Action:
Priority Recommendation #5

Connecticut must support provider organizations and networks that have assumed accountability for quality and cost

Calls to Action: Priority Recommendation #6

Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient's care and treatment

Calls to Action:
Priority Recommendation #7

Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery

Calls to Action:
Priority Recommendation #8

State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches

Council Discussion

eCQM Design Group: Final Report and Recommendations

Background: Design Group Charge

- **SIM Grant Objectives:** Alignment on quality, health equity, and care experience measures through a statewide quality measurement system

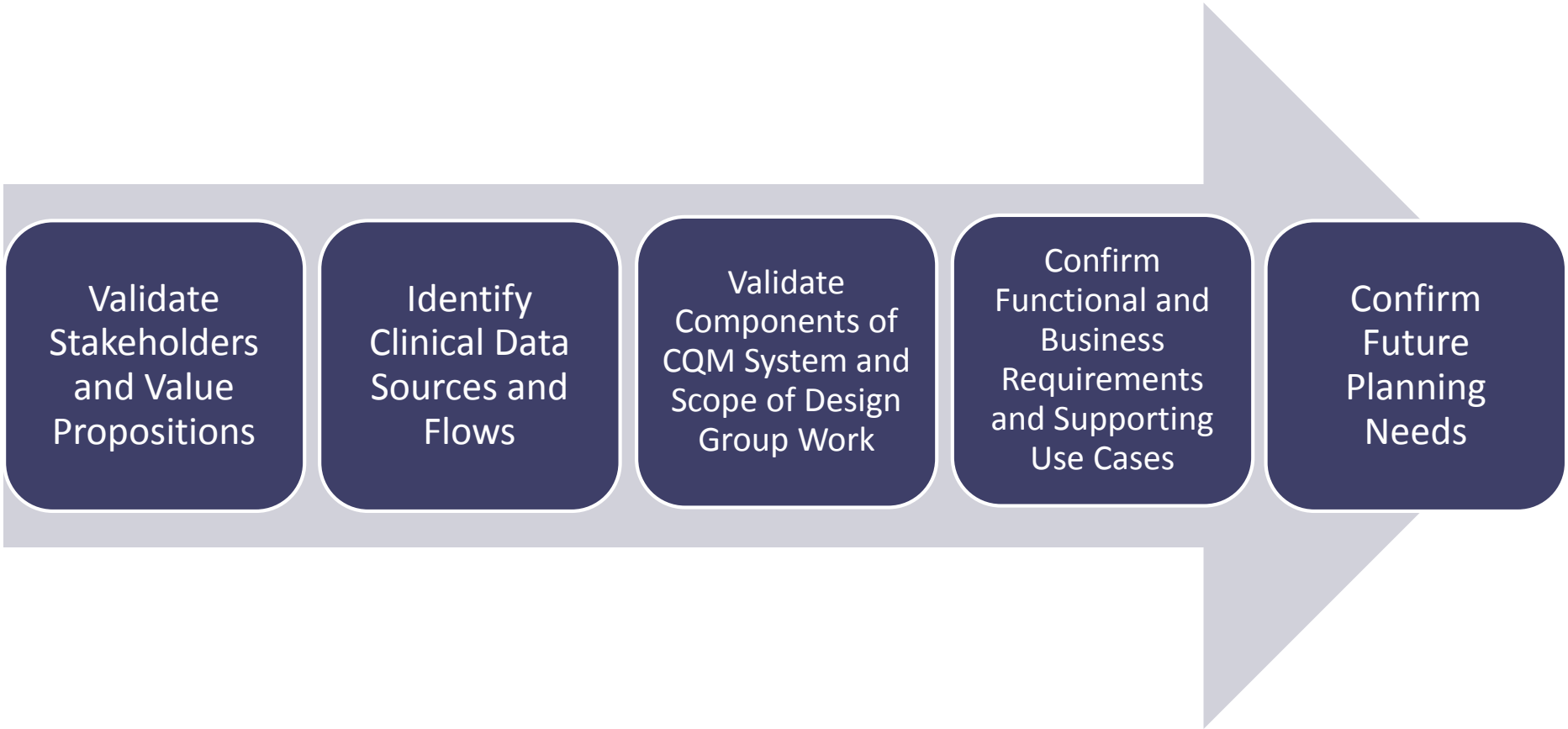
- **Charge to the HITO:** Develop policy recommendations and priorities to advance the state's health IT and HIE efforts and goals

- **Design Group Charge:** Identify and recommend objectives and requirements for clinical quality measurement system in the context of alternative payment models (APMs)

Design Group Membership

Member	Stakeholder Representation
Patricia Checko, DrPh, MPH	Healthcare consumers
David Fusco, MS	Commercial payers
Michael Hunt, DO	Community hospitals
Nitu Kashyap, MD	Hospital systems (Designee of Lisa Stump, MS, RPh)
Robert Rioux, MA	Federally Qualified Health Centers
Nicolangelo Scibelli, LCSW	Behavioral health providers
Craig Summers, MD	Clinicians (Designee of Joseph Quaranta, MD)
Tom Woodruff, PhD	Office of the State Comptroller

Design Group Planning Process



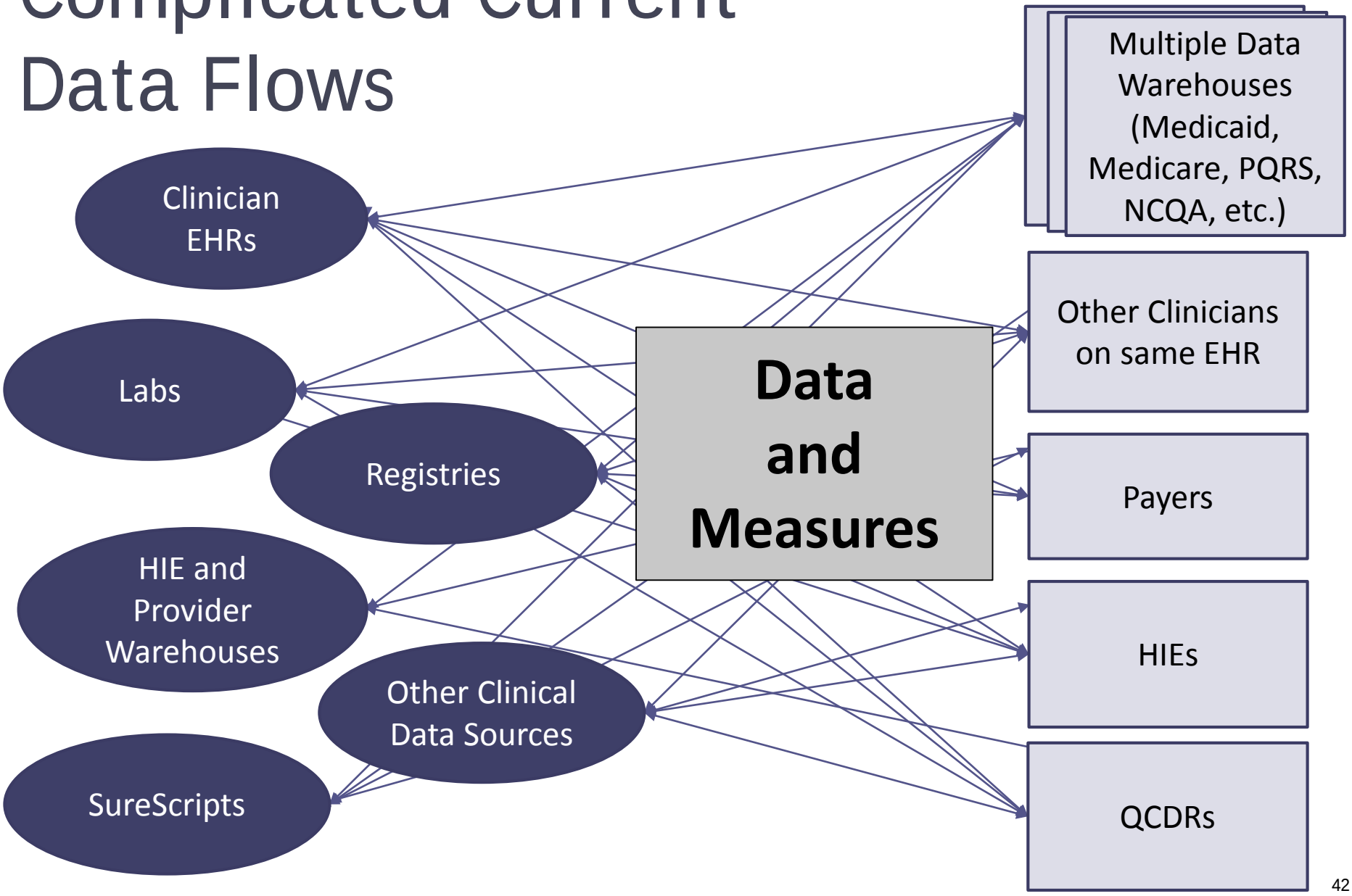
Central Value Proposition

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

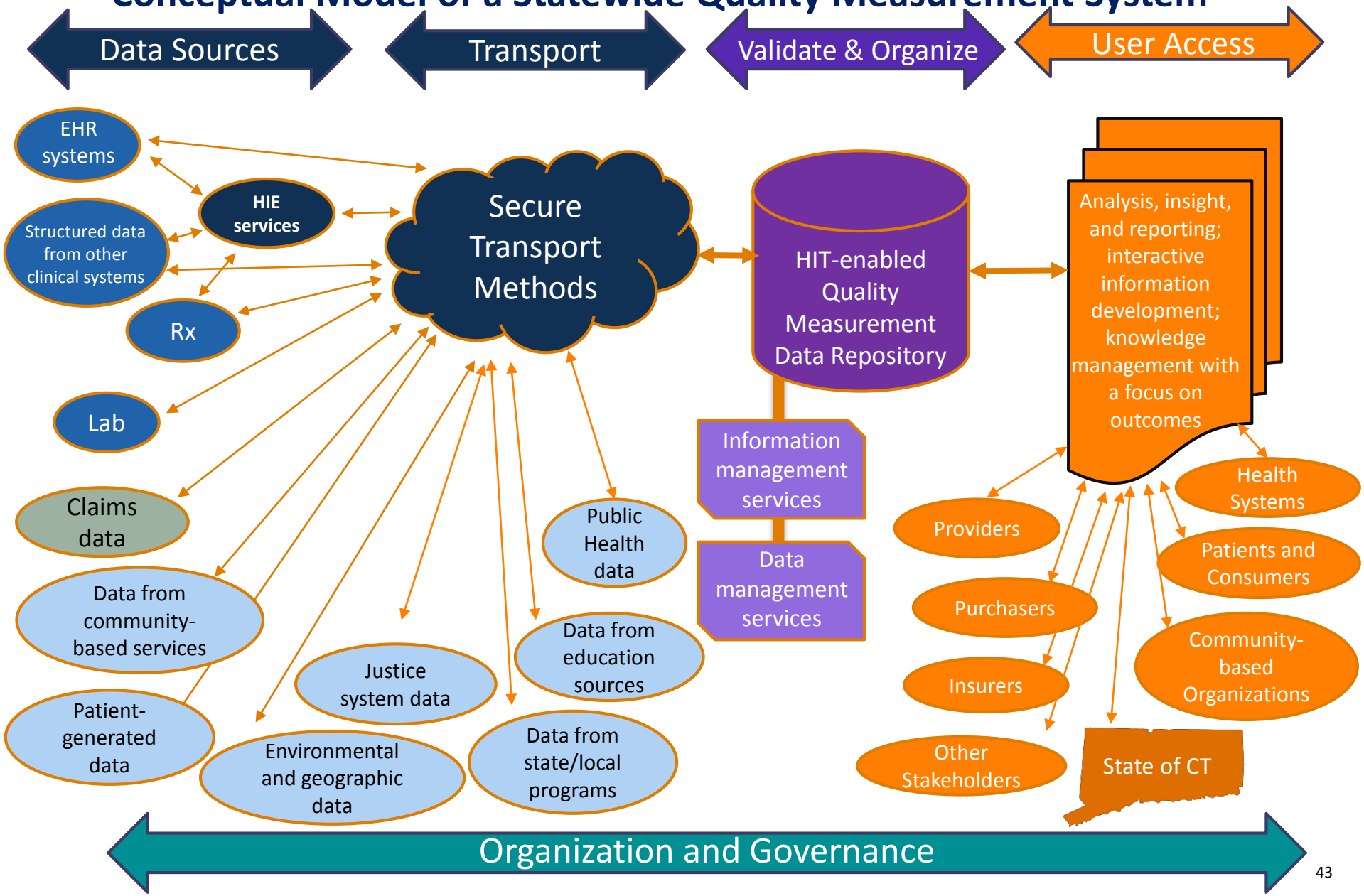
- **Person-centric measures** that reflect the clinical care referable to a measure that has been received from all providers, included those who are outside specified networks of providers
- **Trusted data and information from a third party** with a state-of-the-art security infrastructure; quality assurance program; 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 system 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.**

Complicated Current Data Flows



Conceptual Model of a Statewide Quality Measurement System



Business Requirements Definition

Business requirements may be defined as the structures and processes that must be in place to benefit the enterprise as a whole. At a project level, business requirements also include the reasons and objectives for the project

Example: Provider organizations must conduct care coordination to decrease the costs associated with preventable hospital admissions.

Source: Kupersmith, Mulvey, McGoey: Business Requirements for Dummies

Sample Stakeholder Business Requirements

Clinical quality improvement activities (providers)

- Required by the Medicare Access and CHIP Reauthorization Act (MACRA) for enhanced payments
- May be required by certifying bodies [e.g., The Joint Commission and National Committee for Quality Assurance for Patient-Centered Medical Home Certification] both current and future
- Planning for quality improvement initiatives as new measures are adopted

Administrative efficiency (payers and providers)

- Decrease administrative burden of reporting to multiple quality programs

Additional Stakeholder Business Requirements

- **Care coordination and management of specific patient cohorts** (multiple stakeholders)
- **Integration of care between physical health and behavioral health** (multiple stakeholders including consumers)
- **Develop and evaluate value-based payment contracts and networks** (payers)
- **Accurate calculation of performance measures related to incentive reimbursement** (providers)
- **Transparency of healthcare quality measures** (multiple stakeholders, including consumers)

Additional Stakeholder Business Requirements

- **Development of targeted, effective, and efficient Public Health programs at the state, regional, and community levels** (all residents of Connecticut)
- **Transparency of healthcare costs** (multiple stakeholders, including consumers)
- **Research on public health programs and health services, and program evaluation at all levels** (multiple stakeholders)
- **Patient and consumer engagement**

Use Case Definition

Use Cases describe **how** data can be gathered and analyzed and **how** they will support a specific business need.

Design Group identified priority use cases for each stakeholder business requirement, based on three types of quality data:

Data Definitions for Use Cases

Clinical Data	Clinical *and* Claims Data	Multi-Source Data
Measures and data using clinical data from Electronic Health Records (EHRs), registries, laboratories, pharmacies, etc. (includes basic demographic data) *Unique features: Close to real-time availability and includes data on clinical outcomes*	**Measures and data using currently available claims data (with lag period from time of care) integrated with clinical data** *Unique feature of claims data: Include a full picture of who has provided what healthcare services, when, and where*	**Measures and data from community services, environmental sources, social determinants, and patient-generated data, where possible (includes basic demographic data)** *Unique features: Includes data that influences use of healthcare services that are not captured by either claims or clinical sources*

Use Case Examples: Integration of Behavioral and Physical Health

Clinical Data	Clinical *and* Claims Data	Multi-source Data
Monitor outcome measures, such as: • **Hemoglobin A1c** • **Episodes of depression** • **Other measures** **in patients with co-morbid conditions**	**Analyze patterns of care in patients utilizing behavioral health and physical health services** *Can be used for predictive modeling and to plan treatment*	**Monitor composite outcome measures, such as:** • **Quality of life** • **Functional assessments** • **Other measures** **in patients with co-morbid conditions** **Identify patients who may benefit from community-based interventions**

Use Cases Example: Public Health Programs

Clinical Data	Clinical *and* Claims Data	Multi-source Data
Identify relationships between demographic information and specific clinical outcomes *to support community and geographic assessments, health equity programming, and resource planning*	**Calculate cost of care for specific populations and clinical outcomes**	**Evaluate equity across regions, conditions, and social determinants**

Functional Requirements Definition

Functional requirements describe how a system will support the business requirements. They should be, as far as possible, expressed independently from any technology that will be used to implement the system. The functional requirements specify the system to be developed, so they may contain sufficient detail for the developer to build the correct product with only the minimal clarification and explanation from the business and its stakeholders.

Source: Adapted from *Mastering the Requirements Process: Getting Requirements Right* by Suzanne Robertson, James Robertson

Functional Requirements Process

Review of system components

Confirmation of in-scope components for development of functional requirements

Development, review and validation final functional requirements

Functional Requirement Categories

- Data Collection
- Data Transport
- Data Validation
- Data Attribution
- Data Aggregation and Normalization
- Data Measurement
- Measure Calculation
- Measure Reporting
- Results Dissemination
- System Access and Security
- Patient Consent

Sample Functional Requirements

Data Aggregation and Normalization
The System should support users in identification of cohorts of individuals using a variety of parameters, including demographic, clinical, and cost data, as well as race and ethnicity and other data related to social determinants of health where such data is available in standard formats or through NLP.
The System should be able to identify cohorts of high-risk patients using predictive modeling algorithms and support stratification within the cohorts by clinician, practice, organization, community, and public health levels.
The System must have a clearly-defined process to normalize clinical data across submitting organizations in order to increase comparability of data from disparate sources.

Sample Functional Requirements

Results Dissemination
The System should support users in preparing reports that aid in evaluating the effectiveness of service and clinical programs represented in the data, including population health indices with respect to health equity and disparities in care.
The System must support clinical quality improvement activities with individual and aggregate-level data, reports, and dashboards that are easily customizable and can display data at the patient level, provider level, practice level, Accountable Care Organization (ACO) or organization level, payer level and statewide level, in a variety of depths to meet the needs of system users as defined by these users.
The System should include consumer-facing web access to quality and cost reports, the timing and details of which would be determined by a governance process.

Governance Recommendations

A governing entity be established to address the following needs:

1. Governance authorities
2. Compliance and auditing mechanisms
3. Accountability to and transparency with stakeholders
4. Bylaws and policies
5. Maintenance of a policy framework
6. Clear decision-making processes
7. Principles to guide prioritization of programs and processes
8. Well-defined roles of governance entity and operations
9. Sustainable business model
10. Data governance

Operational Recommendations

Operational requirements to be addressed:

1. Hiring and retention of experienced staff
2. Interoperability with existing health IT infrastructure
3. Electronic consent management
4. Quality assurance and quality control programs
5. Technical assistance and communication

General Recommendations

The **development of a statewide quality measurement system**:

1. **Should focus on the Quadruple Aim** of better health, better care, lower costs, and a positive healthcare workforce;
2. **Should keep the patient as the "north star"** with a vision for a person-centered system;
3. **Should incorporate all types of quality-related, structured data**; and ingest and create quality measures from different data sources;
4. **Should include the Design Group's Functional Requirements**;
5. **Should interface with provider-specific reporting systems** (such as behavioral health and long-term and post-acute care providers) to the extent possible;

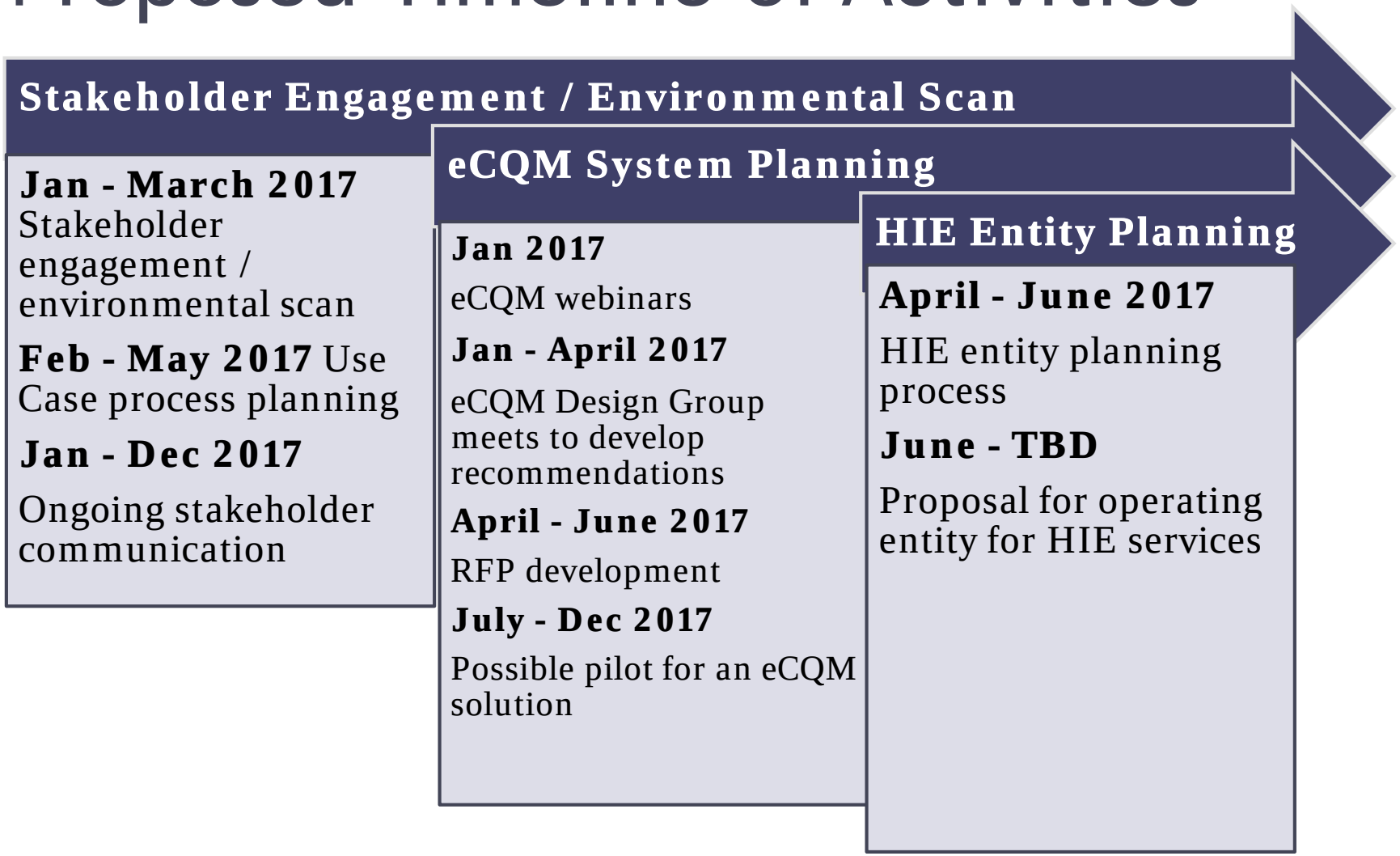
General Recommendations, cont.

The **development of a statewide quality measurement system**:

6. **Should adopt specifications for aligned measures** as they become available [through the efforts of CMS, America's Health Insurance Plans (AHIP), and other national initiatives];
7. **Should maintain flexibility** as quality measurement improves from measuring processes to measuring outcomes, including patient-reported outcomes;
8. **Should integrate with other components of Connecticut's health IT infrastructure**, including the state's APCD;
9. **Should address transparency of costs** and availability of public-facing data over time; and
10. **Should recognize the key challenges** that will be faced as the system is implemented.

Council Discussion

Proposed Timeline of Activities



Wrap up and Next Steps

Next Health IT Advisory Council Meeting

- Thursday May 18, 2017 | 1:00 pm – 3:00 pm

Contact Information

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Health IT Advisory Council Website

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