

Health IT Advisory Council

November 16, 2017



CONNECTICUT
HEALTH INFORMATION
TECHNOLOGY OFFICE

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – October 19, 2017	1:07 pm
Updates <ul style="list-style-type: none">• Introduce Dr. Bruce Metz	1:10 pm
Legislative Update	1:15 pm
Governance/Trust Agreement Discussion	1:45 pm
SIM Ops Plan Update	2:05 pm
IAPD-U Status Report	2:35 pm
Wrap-up, Action Items, and Next Steps	2:50 pm

Public Comment

Review and Approval of October 19, 2017 Minutes

Welcome and Introduction of Dr. Bruce Metz

Legislative Update

Sec. 164: Office of Health Strategy

- Establishes the Office of Health Strategy
 - Formed January 1, 2018
 - Fully effective July 1, 2018
- Charged with developing and implementing comprehensive and cohesive health care vision for the state including coordinated state health care cost containment strategy
- Governed by the Health Care Cabinet

Sec. 164: OHS Components

- OHCA develops a statewide health plan based in part on up-to-date hospital data sets and practice information. It also runs the certificate of need (CON) program that determines appropriate siting and need for various healthcare services and facilities around the state
- The State Innovation Model (SIM) aims to improve healthcare quality, improve population health, eliminate health inequities and reduce costs through reforms to the delivery system, the use of alternative payment models, value-based insurance design, and population health planning. The SIM is a multi-payer initiative and works across DSS, DPH, DMHAS, CID, DCF, UConn, the Comptroller's office, employers, carriers, providers and advocates.
- HIT and APCD – key enablers of reform work.

Sec. 164: OHS Objectives

- The OHS provides the state's first overall framework for health policy strategy
- Allows for unified data-driven policymaking and coordinated cost containment strategy decisions.
- Central coordinating structure to develop health policy to improve health outcomes and investigate or limit healthcare cost growth across all sectors whether private or public—hospital, physician and clinical services and prescription drugs.
- Brings together critical data sets and health information exchange efforts

Sec. 112-114: Transfers APCD and Consumer Web Site

- HITO will seek funding for and oversee the planning, implementation, and development of policies and procedures for the administration of the all-payer claims database program
- HITO will establish and maintain a consumer health information Internet web site
- HITO may seek private and federal funds for staffing to support such initiatives

Sec. 113: Updates to the APCD

- HITO shall oversee the planning, implementation and administration of the all-payer claims database program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care

Sec. 114: Establishes a Consumer Health Information Website

- "Consumer health information Internet web site" means an Internet web site developed and operated by the Health Information Technology Officer to assist consumers in making informed decisions concerning their health care and informed choices among health care providers
- Defines specific information regarding cost and frequency of procedures to be available on the web site.

Sec. 125: HIE Designation

- The HITO shall be responsible for designating, and posting on its Internet web site, the list of systems, technologies, entities and programs that shall constitute the State-wide Health Information Exchange.
- Systems, technologies, entities, and programs that have not been so designated shall not be considered part of said exchange.

Sec. 126: Baseline Connectivity to the HIE

- Upon commencement of HIE operations:
 - Within one year each hospital will connect and participate in the HIE
 - Within two years, each health care provider with an EHR will connect and participate in the HIE
 - (new) Each health care provider without an EHR shall be capable of sending and receiving Direct secure messages

Sec. 127: HIT Advisory Council

- Adds the Comptroller or designee as an ex-officio member
- The HIT Advisory Council co-chairs may designate up to four additional members at their discretion
- The co-chairs of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups.

Sec. 127: APCD Advisory Group

- Establishes that the All-Payer Claims Database Advisory Group becomes a working group of the Health IT Advisory Council
- HITO becomes the chair of the group and may appoint new members

Sec. 128: HIE Entity Creation

- The HITO shall design, and the Secretary of the Office of Policy and Management, in collaboration with said officer, may establish or incorporate an entity to implement the HIE. Such entity shall, without limitation, be owned and governed, in whole or in part, by a party or parties other than the state and may be organized as a nonprofit entity.

Sec. 128: HIE Entity Creation

- Establishes the composition of the board (two year terms):
 - Advocate for consumer health care
 - Clinical medical doctor
 - Expert in hospital administration
 - Expert in corporate law or finance
 - Expert in group health insurance
 - HITO (chair)
 - Secretary - OPM
 - State CIO
- Establishes the duties and authorities of the entity

Council Discussion

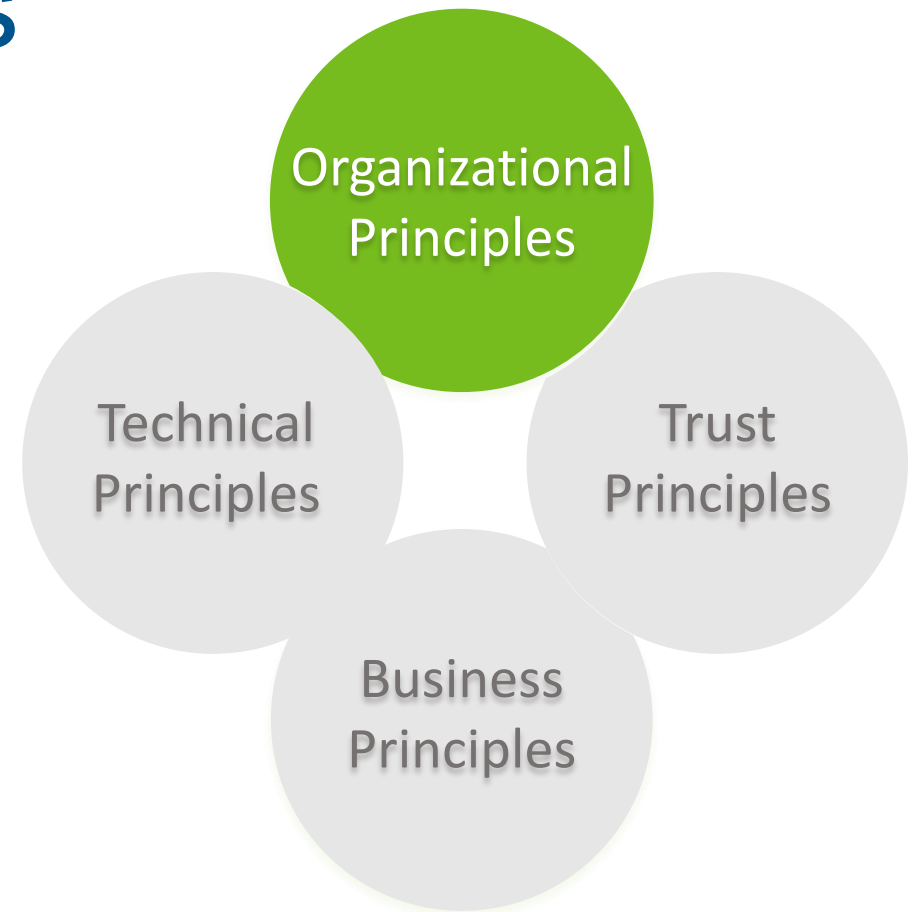
Introduction to Governance Models

Components of Governance Framework



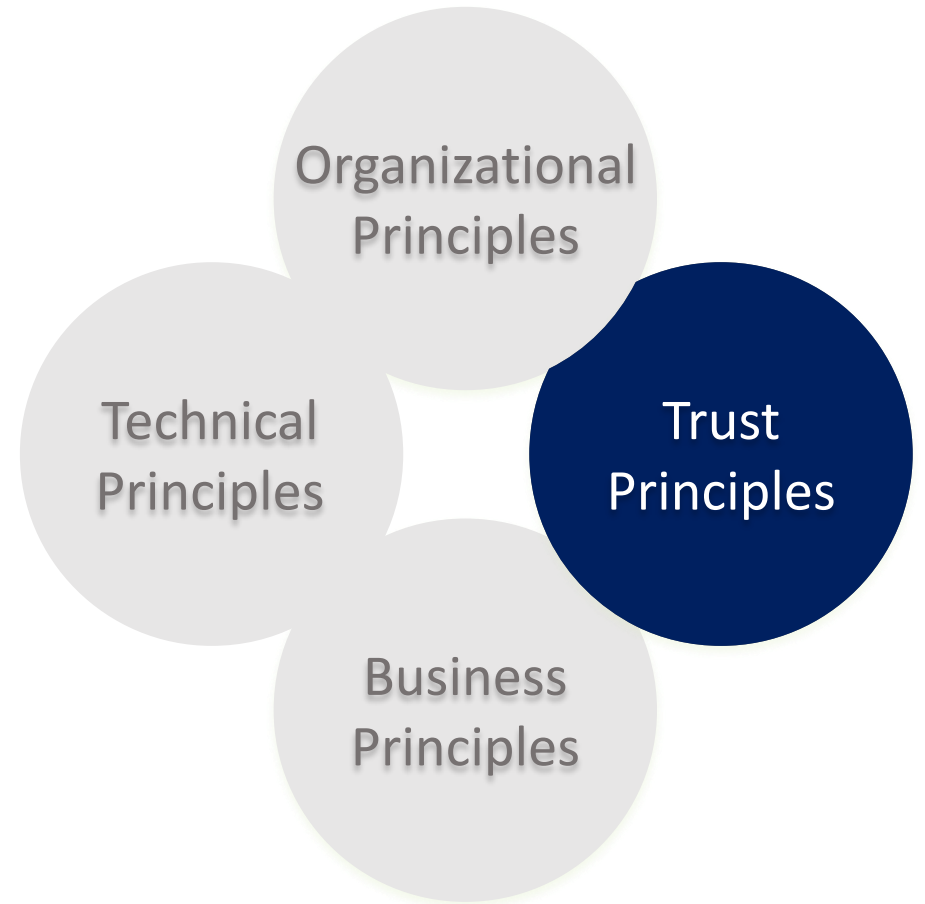
Organizational Principles

- ▶ Operate with transparency and openness
- ▶ Establish mechanisms to ensure adherence to federal and state laws
- ▶ Promote inclusive participation and adequate stakeholder representation, especially patients
- ▶ Ensure oversight is consistent and equitable
- ▶ Provide due process to the stakeholders to which it provides oversight



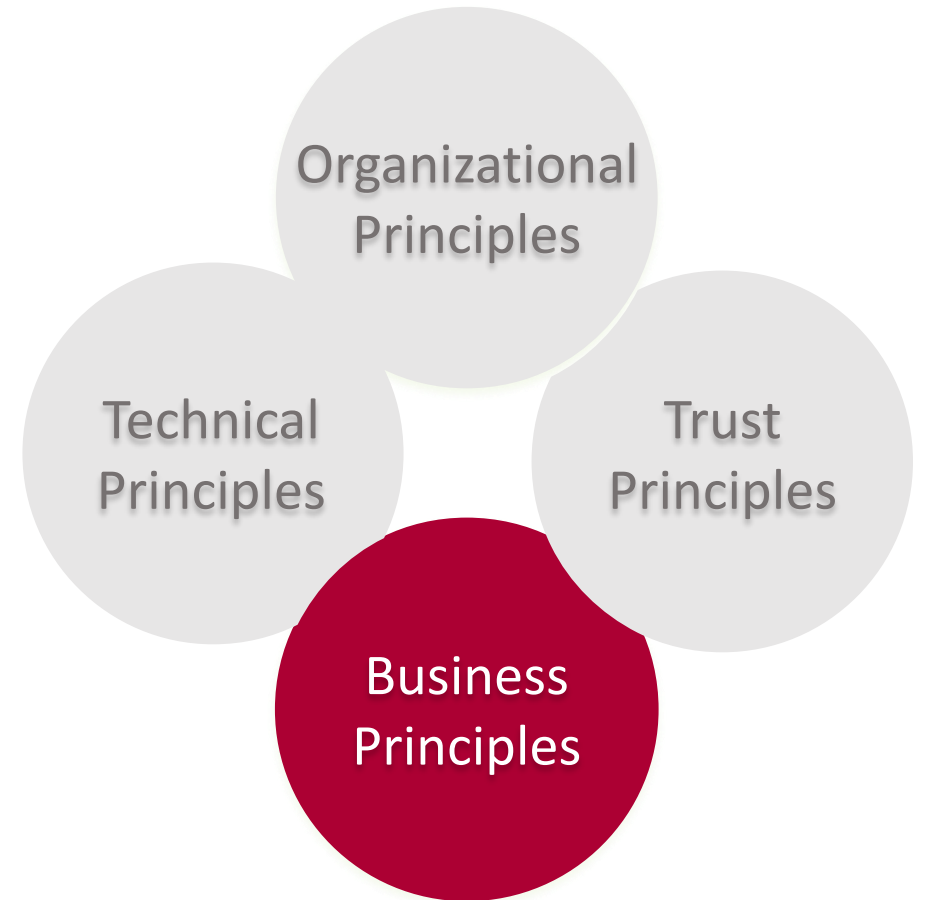
Trust Principles

- ▶ Public access to “Notice of Data Practices,” including data use agreements
- ▶ Explanation of privacy and security policies
- ▶ Provide meaningful choice as to whether personally identifiable information can be exchanged
- ▶ Request data exchange limits based on data type or source (e.g. substance abuse treatment)
- ▶ Ability to access and request changes to personally identifiable information
- ▶ Assurance that personally identifiable information is consistently and accurately matched when electronically exchanged



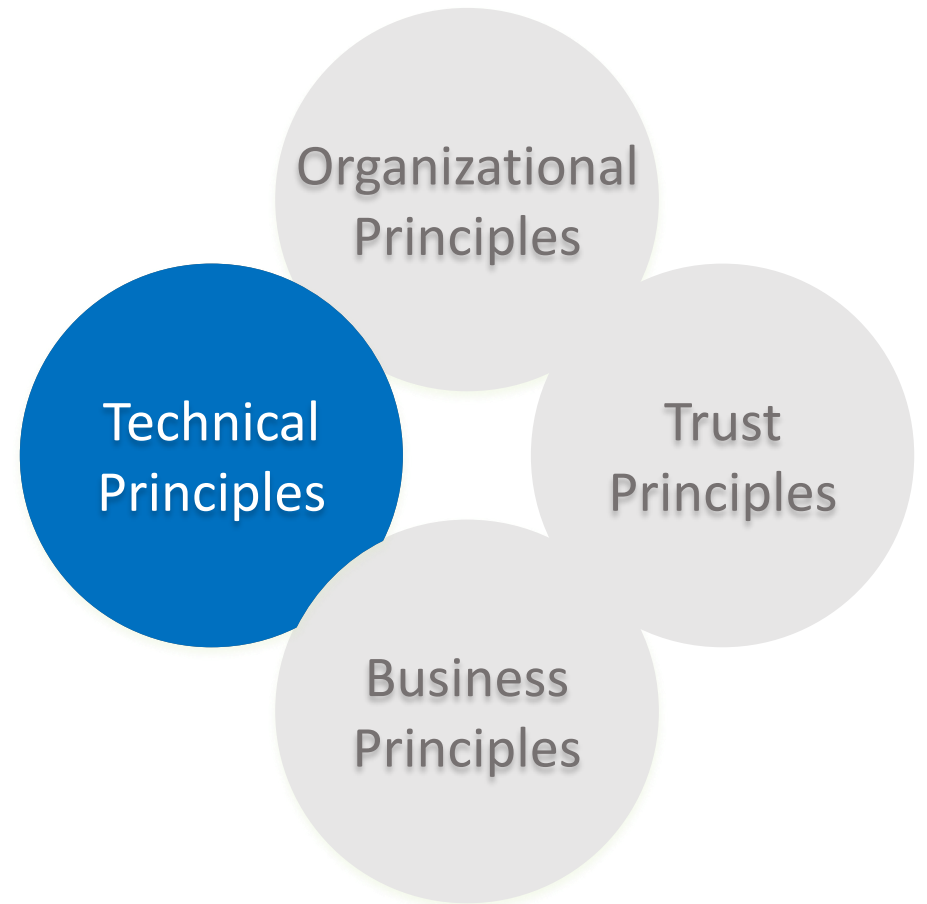
Business Principles

- ▶ Set standards of participation that promote collaboration
- ▶ Provide open access to exchange services (e.g. directory data) that would enable partners to identify with whom they can electronically exchange information
- ▶ Publish statistics describing their electronic exchange capacity
- ▶ Maintain and disseminate up-to-date information about: compliance with relevant statutory and regulatory requirements; available standards; potential security vulnerabilities, and best practices developed for HIE



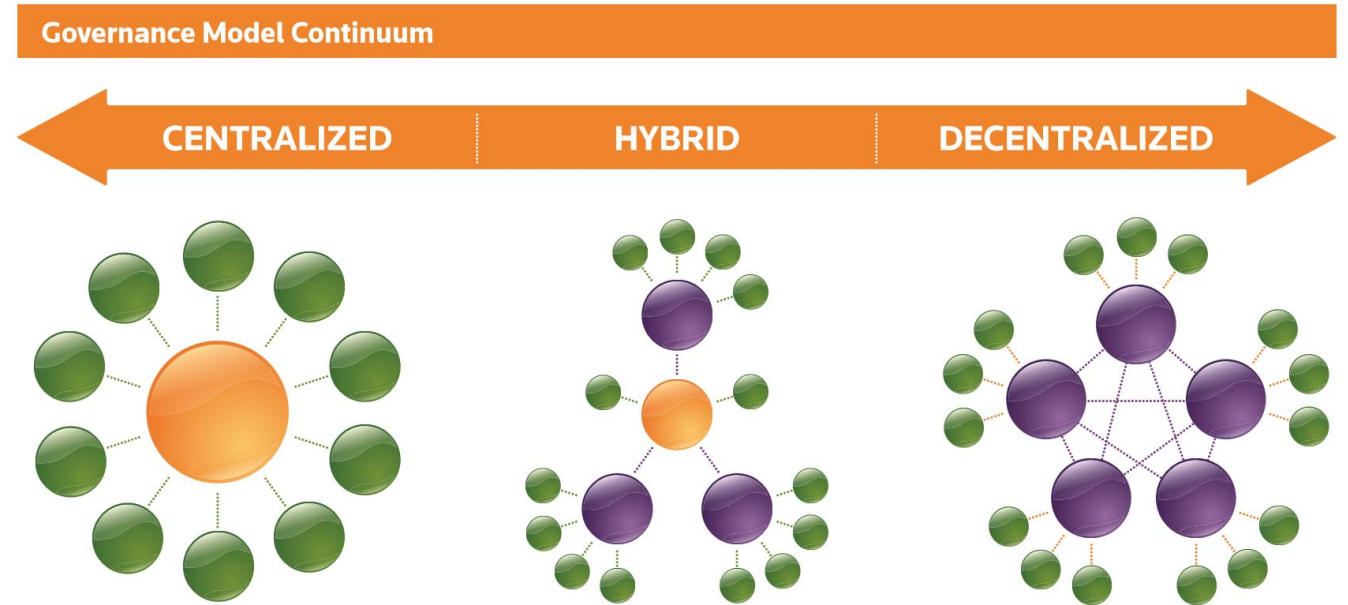
Technical Principles

- ▶ Ensure that technology is implemented to support the Trust and Business Principles
- ▶ Encourage the use of vocabulary, content, transport, and security standards, and associated implementation specifications developed by voluntary consensus standards organizations (VCSOs)
- ▶ Work with VCSOs to develop standards for specific use cases and volunteer to pilot and use new standards when no such standards exist
- ▶ Take an active role in development and implementation of conformance assessment and testing methods for HIE and utilize (or promote the use of) testing methods developed to assess compliance with federal standards




Governing Authority

- ▶ HIE entity established or designated
- ▶ Governing authority codified
- ▶ “Rules of the Road” established for Participants
- ▶ *“Form follows function”*
 - ▶ Board
 - ▶ Board committee
 - ▶ Empowered council




Source: eHealth Initiative

Role of the Board for Statewide HIE Entity (1 of 2 example)

- ▶ Setting strategic direction
 - ▶ Establishing goals, objectives and performance measures
 - ▶ Convening stakeholders to create trust and consensus
 - ▶ Determining acceptable uses that are driven by value and considerations related to privacy and security of health information
 - ▶ Managing and maintaining financial sustainability
 - ▶ Providing oversight and holding customers accountable for complying with all participation requirements
 - ▶ Interpreting and applying standards, policies and agreements for health information exchanges that are recommended by the state and that apply both to public and private sector entities
 - ▶ Approving the design, implementation, and administration of a certification process for customers to ensure compliance with state and national health information exchange standards, policies, and agreements
 - ▶ Coordinating integration and use of HIE amongst other public and private sector health information technology related projects within the state
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Role of the Board for Statewide HIE Entity

(2 of 2 example)

- ▶ Recommending policy changes, as appropriate and necessary, to state executive, legislative, and judicial branches to reduce barriers to participation in HIE and enhance privacy and security protections for the health information that is exchanged through the HIE
 - ▶ Providing recommendations for the resolution of issues of standards harmonization, interstate/national policy, technical interoperability and applicable current and future federal and state regulations
 - ▶ Contracting with vendors to provide any additional services that are necessary to build, maintain, and operate the HIE
 - ▶ Enforcing accountability with vendors contracted to the HIE for meeting designated service metrics and imposing penalties as contractually appropriate
 - ▶ Determining how the HIE will be represented in dispute resolution
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Status and Process Update

- ▶ Working with LG's General Counsel to define approach for Connecticut
- ▶ Engaging Attorney General's office
- ▶ Developing comparative analysis of trust frameworks from other states
- ▶ Proposing funding for legal services
- ▶ Using Business Associate Agreements (BAAs) and single-purpose data agreements for early use cases in quality measurement and HIE beta services

Recommendation for 4-session Design Group to advise and recommend components of trust framework for Connecticut analytic and HIE services

SIM Operational Plan Update

SIM Operational Plan Update

- What is the State Innovation Model?
- What is the Operational Plan Process?
- Why is SIM investing in Health IT?
- Where is the funding for the State's Health IT strategy coming from?
- Where is the SIM Health IT funding going?
- Agile Delivery Roadmap
- Solution Architecture Approach
- Quality Measures Conceptual Model

What is SIM?

- The State Innovation Model (SIM) initiative partners with over half of all states to advance multi-payer health care payment and delivery system reforms.
- Aims to achieve **healthier people, better care, smarter spending, and health equity.**
- Testing the ability of state governments to utilize policy and regulatory levers to accelerate health system transformation to meet these aims.
- Connecticut received \$45M SIM grant for 2015-2020 time frame.



Population Health



Payment Reform



Transform Care Delivery



Empower Consumers

Health Information Technology

What is the Operational Plan Process?

- Submitted annually
- Includes:
 - Context
 - Operational activities
 - Timeline
 - Risks
 - Targets
 - Budget

Why is SIM investing in Health IT?

- SIM aims to achieve healthier people, better care, smarter spending, and health equity.
- HIE and Health IT are critical:
 - Patient-centered care
 - Expanded care teams
 - Care coordination
 - Reduction of duplicative care
 - More targeted interventions
 - Tracking of quality and cost effectiveness

Where is the funding for the State's Health IT strategy coming from?

State Funding

- Office of the Healthcare Advocate (OHA) Funds: insurance assessment funds to support the SIM and HIT PMOs.
- Bond funding: Allocated to OHA in 2014 for the development, acquisition and implementation of Health IT systems in support of SIM.

SIM Funding

- Time-limited (2015-2020) federal grant from CMMI to promote healthier people, better care, health equity, and smarter spending.

Federal Matching Funds (IAPD)

- Funds through the Medicaid EHR Incentive Program 90/10: Supports EHR incentive program and Medicaid providers' participation in value-based models.
- Medicaid Enterprise 90/10 Funding: Used for Health IT functions that directly relate to Medicaid business services and their interfaces to the MMIS.

Sustainable Financing Models

- A successful HIE/Health IT approach must provide a sustainable business model that draws on multiple funding sources. Parties who derive value from HIE services can include any of the following: providers, payers, employers, researchers, and consumers.

SIM Health IT Funding

Total Remaining: \$8.7 Million

(Out of \$10.6 allocated for HIT. Total SIM grant = \$45M)

State Funding

State Innovation
Model
HIT Funding

IAPD Funding

Sustainable
Financing Models



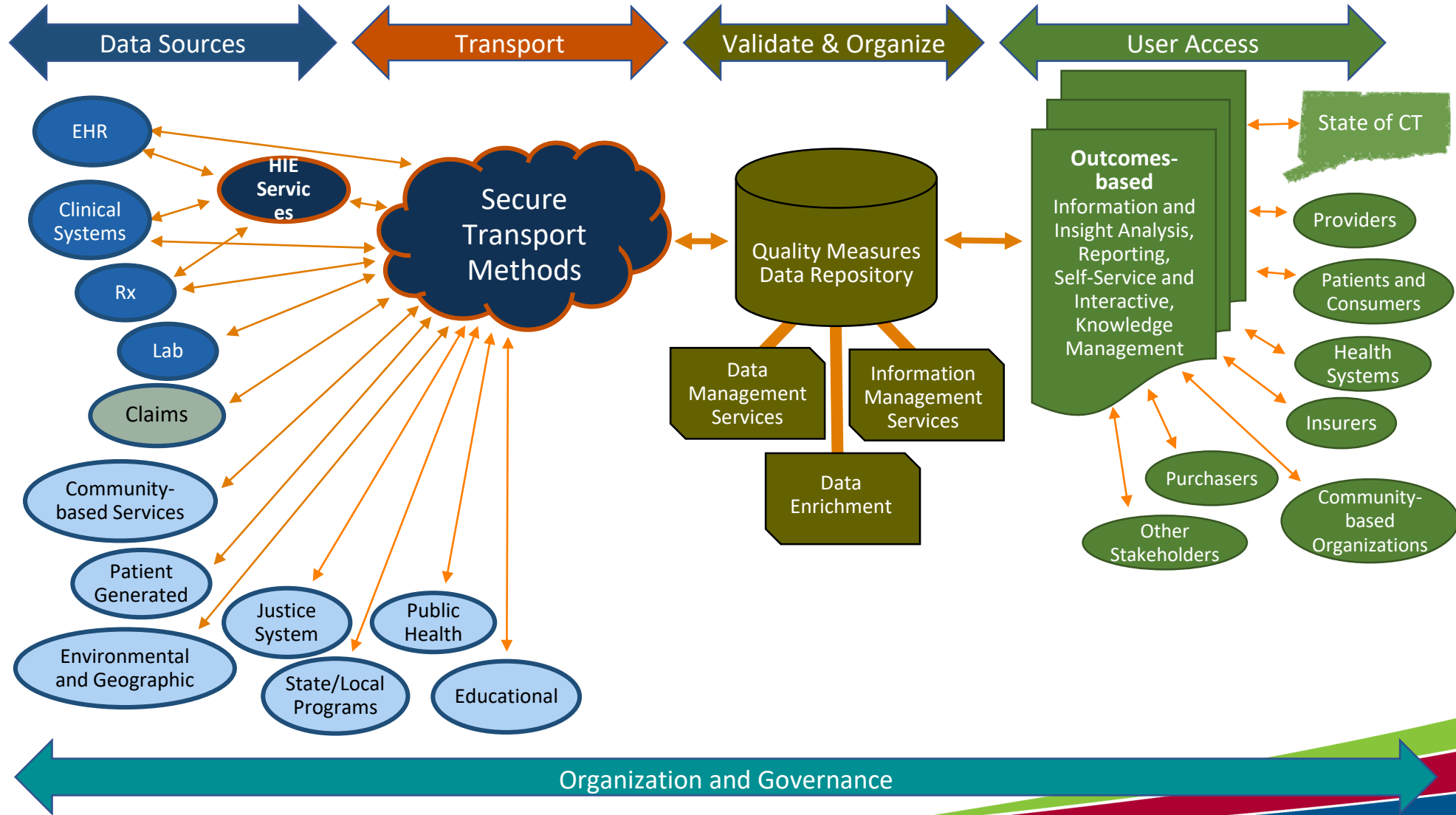
Category	Amount allocated for (2/1/18-1/31/19)
HIT PMO Personnel & Fringe	\$ 646,825
UConn Personnel & Fringe	\$ 301,158
Technology	\$ 3,826,000
Contracting	\$ 1,340,000
TOTAL SIM Health IT Funding for AY3	\$ 6,113,983

Solution Architecture Approach

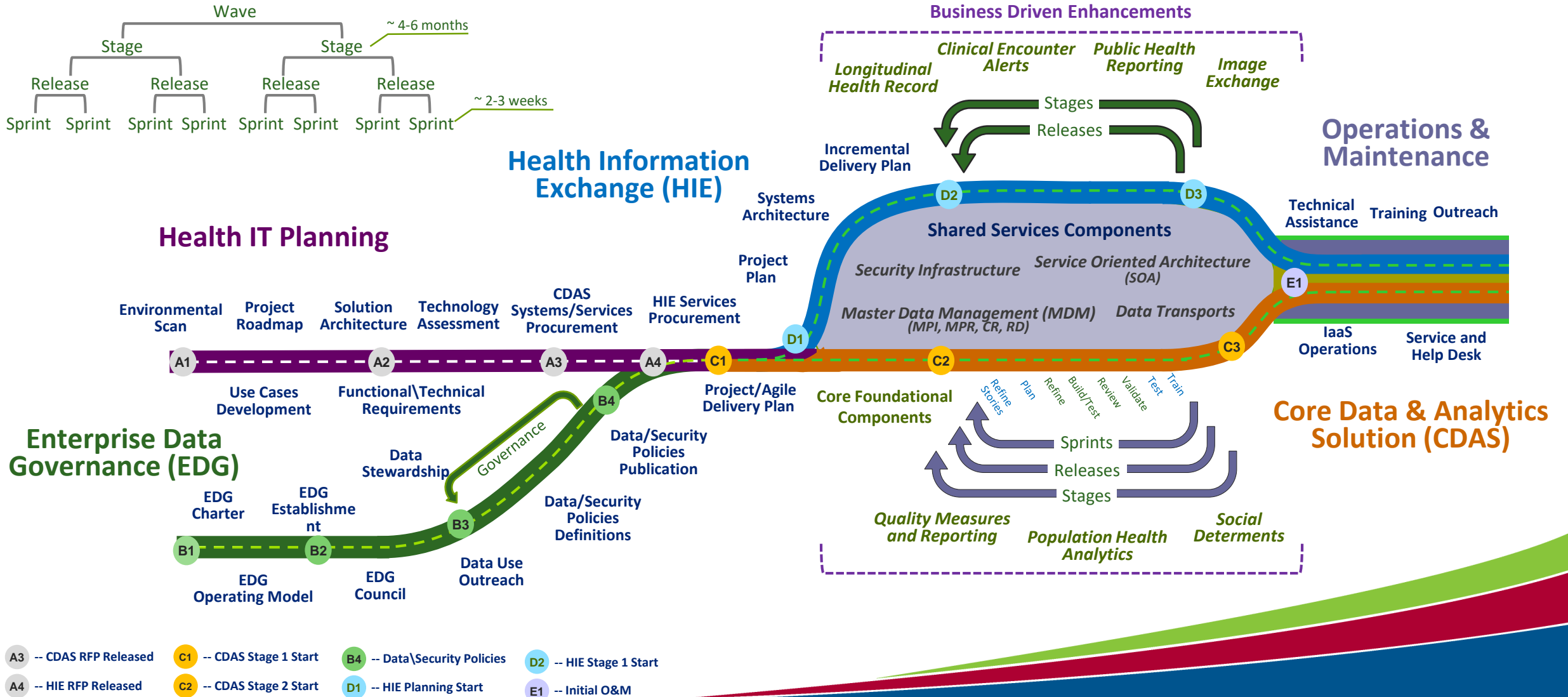
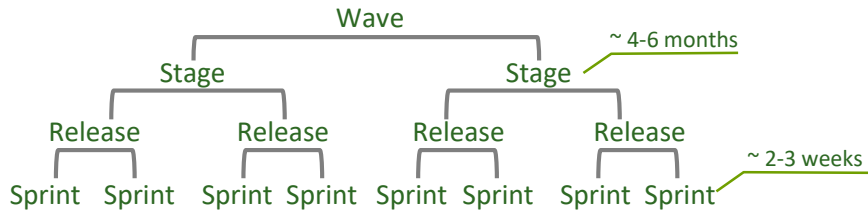
The Solution Architecture will focus on the following guiding principles...

- Open source software and tools
- Commercial off the Shelf (COTS) software product
- Modular, adaptable and scalable of solution component
- Custom configuration of components
- No custom code – high risk and vendor dependencies
- Dynamic configuration of business logic – no hard coding
- Ease of use – self service capabilities
- Highly Secure from data intake to user access

Quality Measures Conceptual Model



Agile Delivery Roadmap




- A3 -- CDAS RFP Released
- A4 -- HIE RFP Released
- C1 -- CDAS Stage 1 Start
- C2 -- CDAS Stage 2 Start
- B4 -- Data\Security Policies
- D1 -- HIE Planning Start
- D2 -- HIE Stage 1 Start
- E1 -- Initial O&M

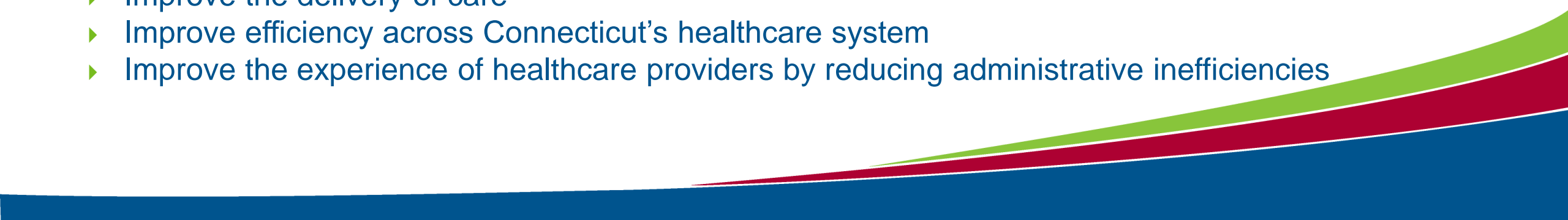
Council Discussion

IAPD-U Update

Fun Facts About Submitting an IAPD-U

- ▶ Only one Health IT IAPD can be submitted at a time to CMS, including the HIE Appendix D portion of an IAPD
 - ▶ States must wait for approval of one IAPD before submitting another
 - ▶ IAPDs are cyclical and account for 2-year budgets, but must be updated once a year, at a minimum
 - ▶ An IAPD can be updated more often than once a year, if additional funds are needed for a health IT project
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Overview of IAPD-U Progress


- ▶ First draft has been reviewed by HIT PMO and budget determinations are in process
 - ▶ Collaboration is occurring with DPH; IAPD-U will include funding to support the end-user needs of the Immunization Information System (IIS) and DPH IIS staff
 - ▶ Collaboration is occurring with SIM PMO; IAPD-U must align with SIM HIT Operational Plan
 - ▶ Collaboration is occurring with DSS; IAPD-U must support Medicaid providers in meeting Meaningful Use requirements and in participating in health transformation initiatives, including TEFT and SIM
 - ▶ IAPD-U will describe a health IT infrastructure in Connecticut that will enable interoperable exchange of digital health information to:
 - ▶ Improve population health
 - ▶ Improve the delivery of care
 - ▶ Improve efficiency across Connecticut's healthcare system
 - ▶ Improve the experience of healthcare providers by reducing administrative inefficiencies
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Format of IAPD-U

- ▶ **Section 1** – Executive Summary
- ▶ **Section 2** – Results of Activities Included in the IAPD-U, Appendix D
- ▶ **Section 3** – Statement of Needs
- ▶ **Section 4** – Statement of Alternative Considerations*
- ▶ **Section 5** – Personnel Resource Statement
- ▶ **Section 6** – Proposed Activity Schedule
- ▶ **Section 7** – Proposed Budget
- ▶ **Section 8** – Cost Allocation Plan for Implementation Activities

*Not applicable for this IAPD-U, per CMS

IAPD-U Budget Details

- ▶ IAPD-U funding is set up as an eight quarter budget
 - ▶ Categories included in the budget:
 - ▶ Governance of HIE services
 - ▶ HIE Shared Services technologies
 - ▶ HIE Use Case technologies
 - ▶ State agency personnel and fringe
 - ▶ Contractor services
 - ▶ Onboarding, including interfaces for Medicaid MU-eligible providers
 - ▶ Technical assistance, stakeholder engagement, and educational support for all providers participating in HIE services
 - ▶ Stakeholder Engagement and Outreach
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Cyclical Review for Future IAPDs

Year 1

- Shared Services implementation
- Support Services implementation
- “Wave 1” Use Case planning and implementation
- “Wave 2” Use Case planning
- Continued assessment of business / functional requirements

Revalidate Use Case Sequencing

Year 2

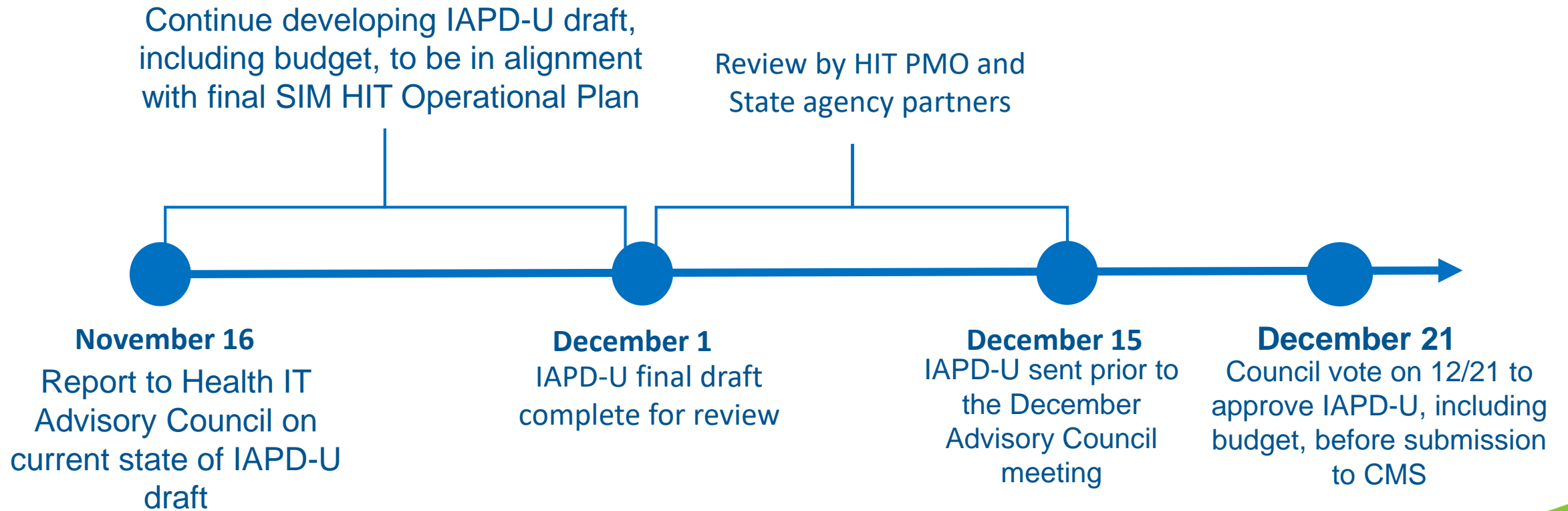
- “Wave 2” Use Case implementation
- “Wave 3+” Use Case planning
- Continued assessment of business / functional requirements

Revalidate Use Case Sequencing

Year 3

- “Wave 3” Use Case implementation
- “Wave 4+” planning
- Continued assessment of business / functional requirements

Next Steps



Council Discussion

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

Thursday December 21, 2017 | 1:00 pm – 3:00 pm

Legislative Office Building, Hearing Room 1D

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