HIT Update

Health Care Cabinet
April 10, 2018

Electronic Clinical Quality Measures (eCQM's)

eCQM 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

❑ *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.

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Operationalizing the eCQM Concept

eCQM Design Group Concept

Core Data and Analytic Solution (CDAS)
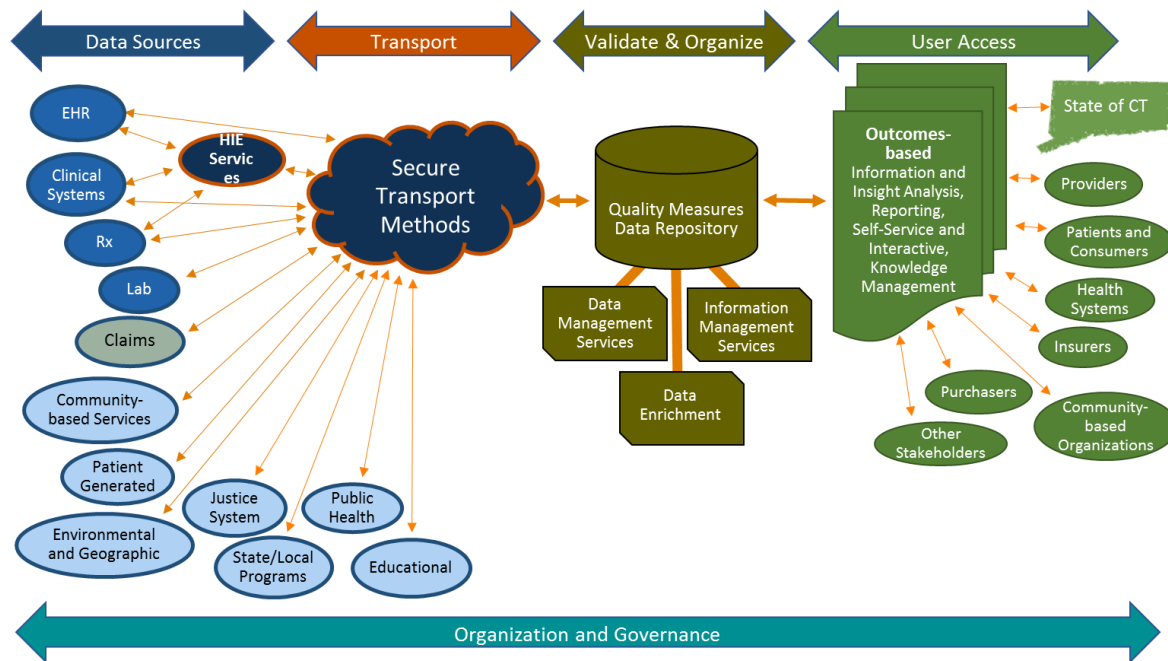
- ☐ *Implementation approved by CMMI Feb 2018*

- ☐ *Initial infrastructure available by June:*
  - Piloting with Comptroller's Office
  - Includes basic claims and clinical data

- ☐ *Planning post-pilot:*
  - Developing deployment plan, initially targeting ACO's
  - Quality data quality assurance and transport to be an early HIE use
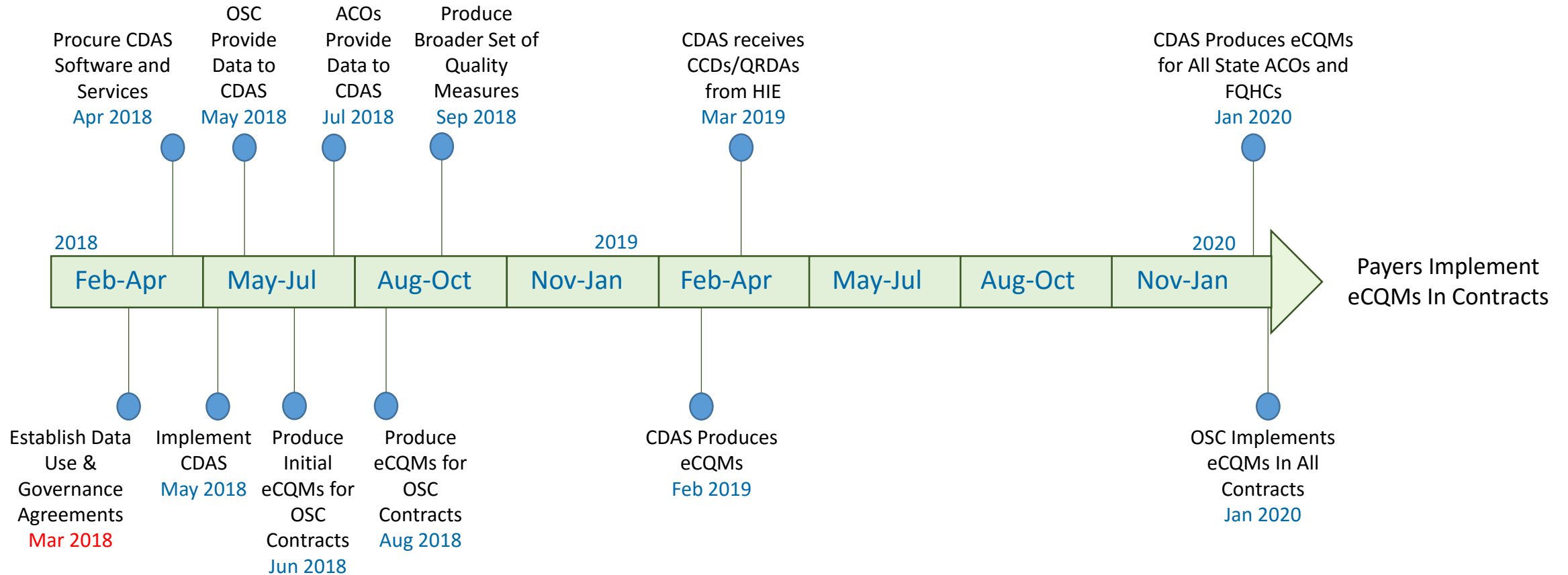
CDAS – Foundation for Health Analytics

CDAS Componentry

Analytics
- Analytics & Risk Groupers
- Data Visualization & Reporting

Master Data Mgmt.
- Relationships & Attribution
- Metadata & Audit
- Permitted Use & Consent

Data Lake
- Quality Metrics
- Claims
- People & Families
- Providers & Orgs.
- Future Data A
- Future Data B

Design Approach

- ☐ *Using "open" architecture:*
  - Open Source tools enables flexibility, reduces costs and avoids vendor "lock-in"

- ☐ *Solving for eCQM's while anticipating the future:*
  - Potential to integrate APCD, health equity data, etc.

- ☐ *"Agile" iterative process delivers "minimally viable products" repeatedly:*
  - Short time to deliver value
  - Pivoting around changing priorities is a central and expected concept

eCQM's Milestones

Above timeline (top milestones):

- Procure CDAS Software and Services — Apr 2018
- OSC Provide Data to CDAS — May 2018
- ACOs Provide Data to CDAS — Jul 2018
- Produce Broader Set of Quality Measures — Sep 2018
- CDAS receives CCDs/QRDAs from HIE — Mar 2019
- CDAS Produces eCQMs for All State ACOs and FQHCs — Jan 2020

Timeline bar:

2018 | Feb-Apr | May-Jul | Aug-Oct | Nov-Jan | 2019 Feb-Apr | May-Jul | Aug-Oct | 2020 Nov-Jan → Payers Implement eCQMs In Contracts

Below timeline (bottom milestones):

- Establish Data Use & Governance Agreements — Mar 2018
- Implement CDAS — May 2018
- Produce Initial eCQMs for OSC Contracts — Jun 2018
- Produce eCQMs for OSC Contracts — Aug 2018
- CDAS Produces eCQMs — Feb 2019
- OSC Implements eCQMs In All Contracts — Jan 2020

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Approved SIM Funding

❑ *AY3 funding for CDAS approved ($5.3M):*
- Core infrastructure – Data repository, master data management, cloud services
- Development services – Configuration, analytics design, data integration, project management
- Required supporting services – Security, audit, training

❑ *Procurements imminent:*
- Utilizing state contracts for software; verifying pricing with Gartner
- Utilizing state Microsoft Azure cloud contract

Health Information Exchange (HIE)

HIE Use Cases

A Design Group was convened to prioritize use cases for the Initial deployment of the HIE

A **Use Case** is set of events or processes that define the interactions between a system and its users

A **Design Group** is a subset of the HIT Advisory Council, or designated subject matter experts, that develop specific recommendations in a time-boxed, facilitated deliberation process

HIE Design Group
13-week process:

Use case library created (31 possibilities)

Prioritization / sequencing activities conducted

Validated "Top 10" use cases for additional analysis

Expanded "Top 10" to include financial, legal, technical policy aspects

"Top 10" revalidated/prioritized for presentation to HIT Advisory Council

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HIT Priority Use Cases

Wave 1 Use Cases and Associated Tasks

#1

eCQM	• *Drives value-based SIM initiatives*
Immunization (Submit/Query)	• *Collaborating with DPH to scale deployment of new immunization system*
Longitudinal Health Record (virtual)	• *Establishes identity management and record locator services* • *Establishes basis for consumer portals*
Public Health Reporting	• *Provides simplified gateway for local health departments*
Clinical Encounter Alerts	• *Augments existing notification capabilities*
Image Exchange	• *Enables efficient image exchange; reduces duplication; increases patient safety*

Wave 2 Use Cases and Associated Tasks

#2

Medical Reconciliation	• *High priority with providers; basis for polypharmacy*
MOLST / Advance Directives	• *Partner with existing MOLST Task Force and Advisory Committee for assessment of technology value-add and the value of a complementary AD Registry*
Patient Portal	• *Plan for rollout after implementation of virtual longitudinal health record*
Public Health Reporting	• *Plan for rollout after eCQM reporting system and required technical architecture*

**"Wave 1" provide immediate value while building basic capabilities**

"Wave 2" are high priorities, but require prerequisite capabilities needed from "Wave 1"

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Health Information Exchange Milestones
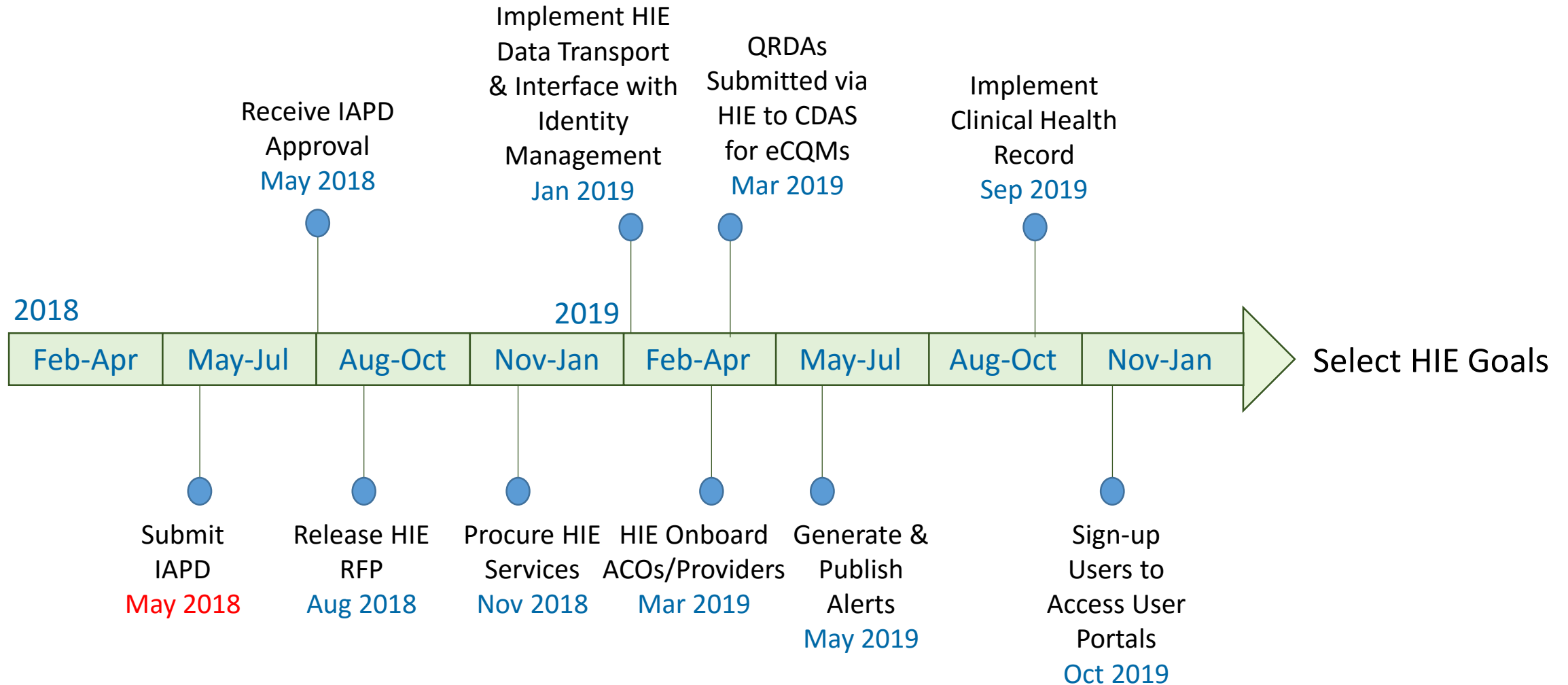
NB: Timeline assumes a two-phased IAPD/SHMP update approach discussed with DSS Mar 26

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HIE Vision for CT – "Network of Networks"
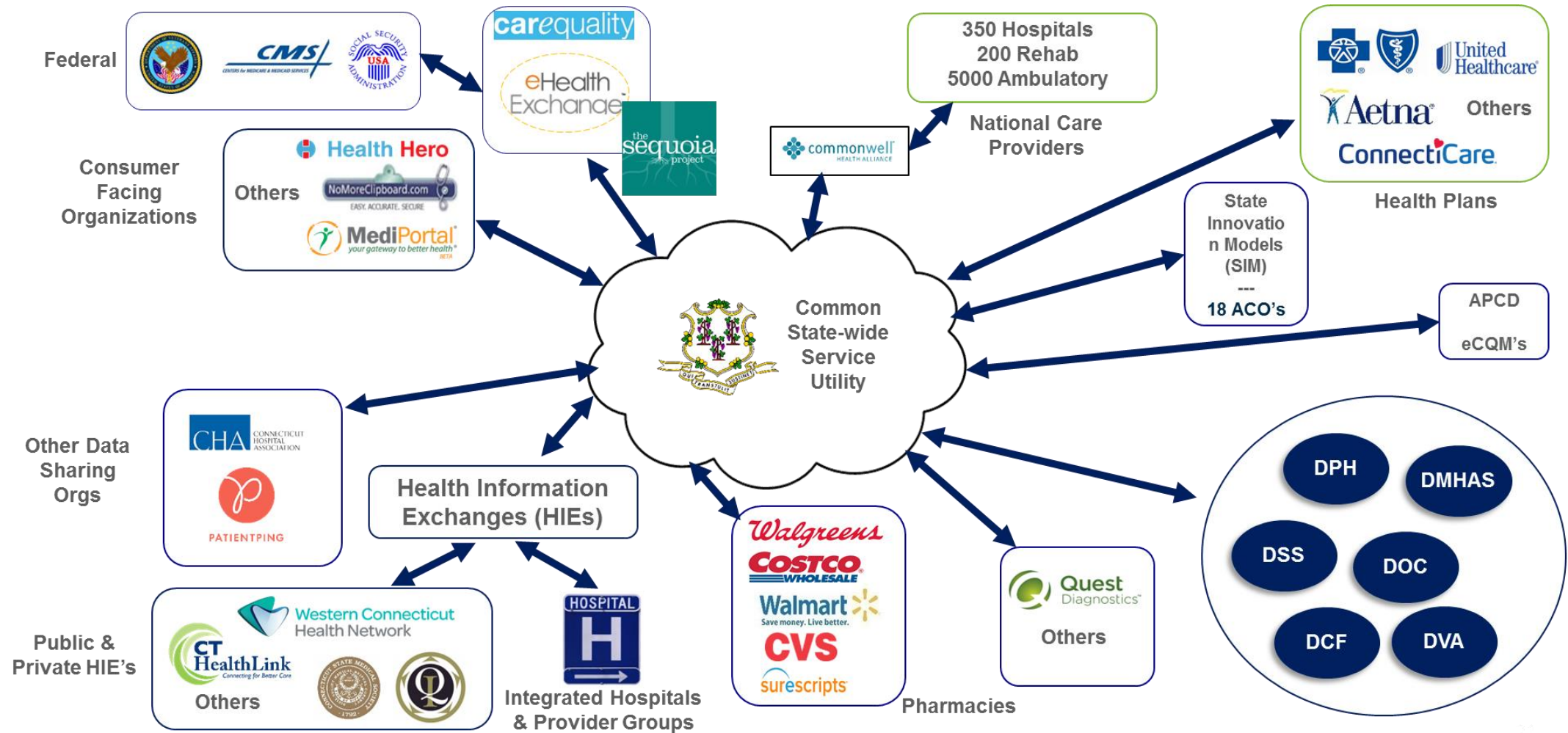
Approved IAPD Funding

❏ **FY18-19 approved "planning" funding ($5.0M):**
- Track 1: HIT PMO and Advisory – Strategy planning, support for HIT Advisory Council, APCD Advisory Group, new funding requests or updates
- Track 2: eCQM Deployment – Deployment strategy, eCQM design, outreach
- Track 3: HIE Services Deployment – Deployment strategy, use case technical design, procurement, outreach
- Track 4: Sustainability – Development of sustainability model for post-construction operating expense

❏ **Contracts imminent:**
- 17 respondents to RFQ narrowed to two awardees
- Contract for Track 1 awarded to CedarBridge; work started
- Contract for Track 2-4 awardee SoW finalized; awaiting approvals

Pending IAPD-U Funding

❑ *FY18-19 OHS "implementation" funding requested ($11.6M):*
- HIE Technical Requirements – Define use cases to support procurement
- Procurement – Develop and manage RFP service selection process
- Integration Support – Technical assistance to organizations to connect and participate
- Trust Framework and Standards – Data use agreements and governance, entity establishment

❑ *FY18-19 DPH "implementation" funding requested ($3.0M):*
- Immunizations – Deployment of new immunization system via HIE

All Payer Claims Data Base (APCD)

APCD Data Availability

What Data Are Payers Required to Submit?

Administrative or billing data generated from paid claims incurred in medical and pharmacy settings. Includes drug claims data administered through medical and pharmacy benefits.

Reporting Requirements
Reporting Entities with more than 3,000 members enrolled must submit

Reporting Format
Claims submitted in standardized format established by APCD

Claims Dates
Claims span CY2012 – CY2017. Data submitted monthly

Total Volume*

Medical Claims:
Over 75 million claims
$30 billion paid by carriers

Pharmacy Claims:
Over 129 million claims
$11.9 billion paid by carriers
42.6 thousand unique drug codes

Entities Reporting Data

- **Caremark**
- **Express Scripts****
- **United Health**
- **Connecticare**
- **Aetna**
- **Anthem**
- **Cigna**
- **WellCare**
- **Harvard Pilgrim**
- **Healthy CT**

* Figures do not include Medicare FFS or Medicaid claims

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APCD Activities

❑ *Data release pipeline is building:*
- Three releases to date:
  - UConn Health, Altarum, Univ. So. California
- Five more in pipeline

❑ *Focus on integrating Medicaid data:*
- MoA drafted for data sharing
- Project manager at DSS assigned; file format settled

❑ *Completing Medicare FFS load:*
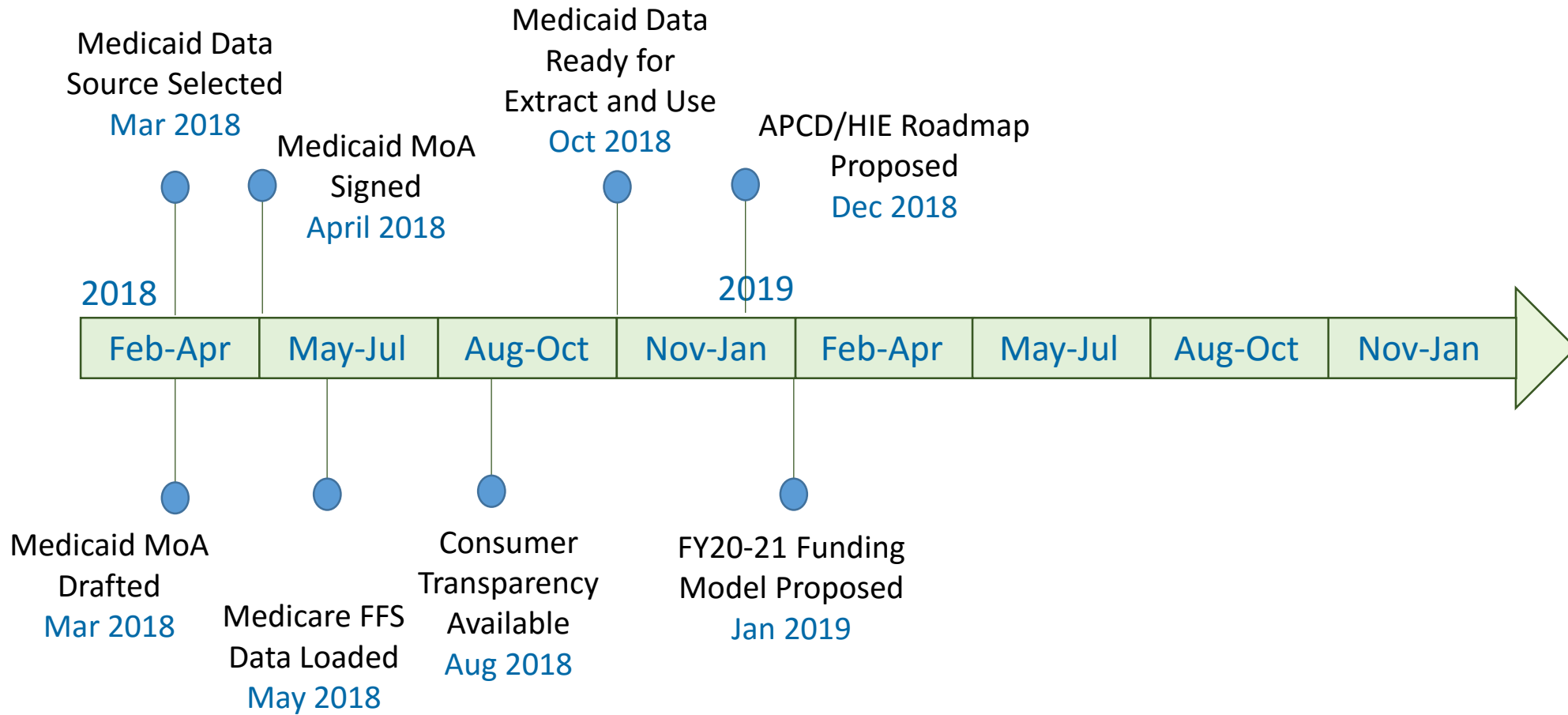- Necessary infrastructure upgrade in flight

❑ *Finalizing consumer transparency reporting:*
- OnPoint (APCD vendor) completing deliverable based on finalized spec

❑ *Finalizing cost reductions with OnPoint:*
- Operating expense savings coming in line with available funding
- Moving to simpler, higher capacity infrastructure

APCD Milestones

Medicaid Data Source Selected
Mar 2018

Medicaid MoA Signed
April 2018

Medicaid Data Ready for Extract and Use
Oct 2018

APCD/HIE Roadmap Proposed
Dec 2018

2018

Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan

2019

Medicaid MoA Drafted
Mar 2018

Medicare FFS Data Loaded
May 2018

Consumer Transparency Available
Aug 2018

FY20-21 Funding Model Proposed
Jan 2019

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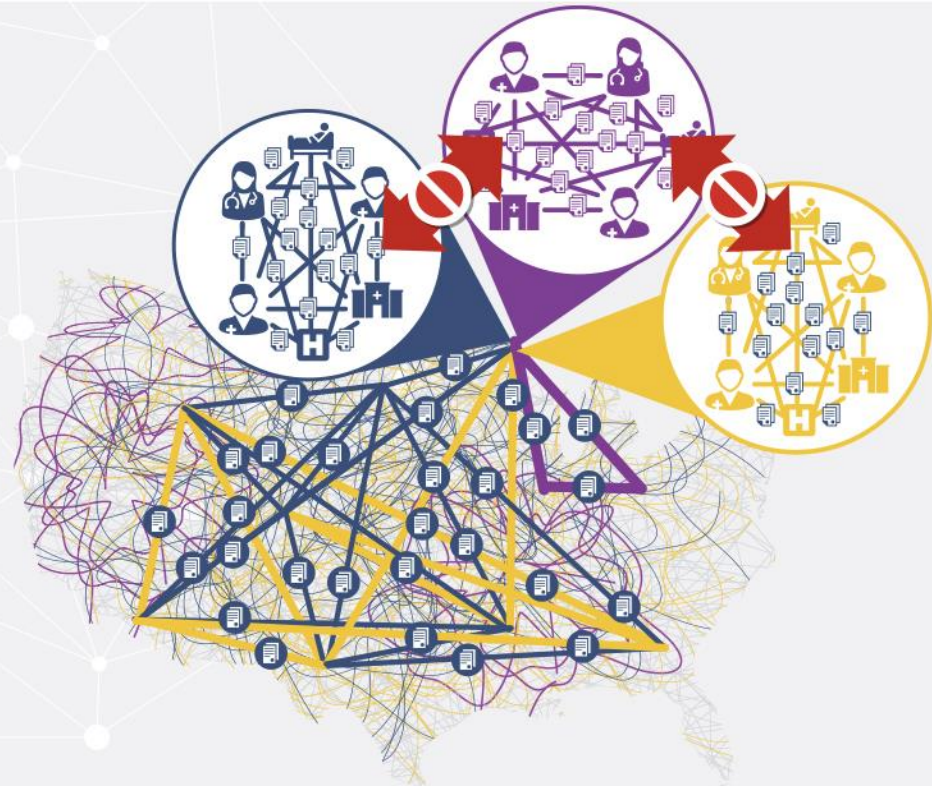# Trust Exchange Framework and Common Agreement (TEFCA)

TEFCA, con'd

Why did Congress require the Trusted Exchange Framework?
Need for the Trusted Exchange Framework – Complexity

Current Proliferation of Agreements

Many organizations have to join multiple Health Information Networks (HINs), and the HINs do not share data with each other.

Trusted exchange must be simplified in order to scale.

Each line color on the map represents a different network.
There are well over 100 networks in the U.S.

Source: healthit.gov

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TEFCA, con'd

Why did Congress require the Trusted Exchange Framework?
Need for the Trusted Exchange Framework – Costs

Costs to healthcare providers due to lack of a Trusted Exchange Framework

Healthcare organizations are currently burdened with creating many costly, point-to-point interfaces between organizations.

The Trusted Exchange Framework will significantly reduce the need for individual interfaces, which are costly, complex to create and maintain, and an inefficient use of provider and health IT developer resources.

Proliferation of Interoperability Methods
Based on a pilot survey of roughly 70 hospitals:

Few hospitals used only one interoperability method.

» A majority of hospitals required three or more methods

» About three in 10 used five or more methods

Rated their own Interoperability as…

63% Not or a little bit interoperable

17% Somewhat interoperable

19% Largely or Fully interoperable

Source: healthit.gov

TEFCA, con'd

What is the Draft Trusted Exchange Framework?
Format of the Draft Trusted Exchange Framework

Part A—Principles for Trusted Exchange

General principles that provide guardrails to engender trust between Health Information Networks (HINs). Six (6) categories:

» **Principle 1 - Standardization:** Adhere to industry and federally recognized standards, policies, best practices, and procedures.

» **Principle 2 - Transparency:** Conduct all exchange openly and transparently.

» **Principle 3 - Cooperation and Non-Discrimination:** Collaborate with stakeholders across the continuum of care to exchange electronic health information, even when a stakeholder may be a business competitor.

» **Principle 4 - Security and Patient Safety:** Exchange electronic health information securely and in a manner that promotes patient safety and ensures data integrity.

» **Principle 5 - Access:** Ensure that patients and their caregivers have easy access to their electronic health information.

» **Principle 6 - Data-driven Accountability:** Exchange multiple records at one time to enable identification and trending of data to lower the cost of care and improve the health of the population.

Trusted Exchange Framework

PART A

6 PRINCIPLES

PART B

TERMS AND CONDITIONS
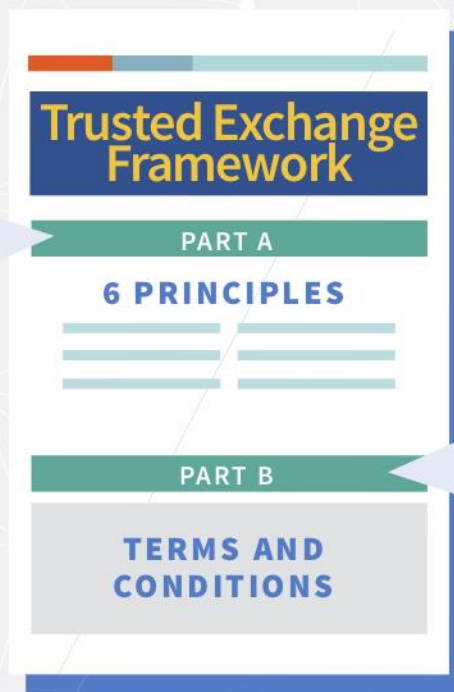
Part B—Minimum Required Terms and Conditions for Trusted Exchange

A minimum set of terms and conditions for the purpose of ensuring that common practices are in place and required of all participants who participate in the Trusted Exchange Framework, including:

» Common authentication processes of trusted health information network participants;

» A common set of rules for trusted exchange;

» A minimum core set of organizational and operational policies to enable the exchange of electronic health information among networks.

Source: healthit.gov

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TEFCA, con'd

When will the Trusted Exchange Framework be implemented?
Timeline

- 1st Listening Session — 30 day public comment period — AUGUST 2017
- 2nd Listening Session — SEPTEMBER 2017
- 3rd Listening Session — NOVEMBER 2017
- Draft Trusted Exchange Framework released for public comment — JANUARY 2018
- 45 day public comment period — JANUARY - FEBRUARY 2018
- Selection of a Recognized Coordinating Entity — MID 2018
- Release Final TEFCA — LATE 2018

Source: healthit.gov

Implications of TEFCA for CT HIT

❑ ***HIT governance model Design Group to launch during April:***

- Recommend guiding principles for the HIE entity creation
    - High-level requirements for HIE governance structure
    - Attributes of a "neutral and trusted entity"
- Review models of governance and recommend definitions and proposed functions based on successful governance models
- Recommend review of current state regulations and legislations that may impact or conflict with Design Group recommendations
- Review & Recommend trust frameworks, trust agreements, and guiding principles for the development of a trust agreement for CT
- Prepare final recommendations report or the HIT Advisory Council

Implications of TEFCA for CT HIT, con'd

❏ *HIE detailed requirements and implementation to commence upon IAPD-U approval:*
- CT HIE implementation will benefit from alignment to TEFCA national standards from the outset
  - CT's "Network of network" concept compatible with Office of National Coordinator (ONC) direction

❏ *TEFCA expected to accelerate market pressures on existing HIE's:*
- Nationally, HIE sustainability is challenging
- Expecting the emergence of highly-scalable, regional utility services
  - Local and state HIE's may opt to specialize beyond basic push/pull/query

❏ *CT uniquely positioned to capture value in the changing environment:*
- Lack of entrenched infrastructure allows CT to pivot quickly

Contacts

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

Appendix

Abbreviations

ACO	Accountable Care Organization		HEC	Health Enhancement Community
APCD	All-Payer Claims Database		HIE	Health Information Exchange
CDAS	Core Data Analytics Solution		IAPD	Implementation Advanced Planning Document
CMMI	Centers for Medicare & Medicaid Innovation		IIS	Immunization Information System
CMS	Centers for Medicare & Medicaid Services		MoA	Memorandum of Agreement
COTS	Commercial Off The Shelf		PACS	Picture Archiving and Communication Systems
eCQM	Electronic Clinical Quality Measure		QRDA	Quality Reporting Document Architecture
EDG	Enterprise Data Governance		RFP	Request for Proposal
FHIR	Fast Healthcare Interoperability Resources		SOA	Service Oriented Architecture

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HIT Roadmap

Conceptual HIE capabilities identified and incorporated into an HIT Roadmap with CDAS