



HIT Workgroup: Data Mapping Subcommittee

Scope and Process Proposal – January 2016 V1.0

Background

This subcommittee will be organized to provide a road map to operationalize the collection and reporting of the 16 clinical quality metrics for the SHIP. This workgroup will examine what will be the data collection methods and processes and what will be the collection roles and responsibilities.

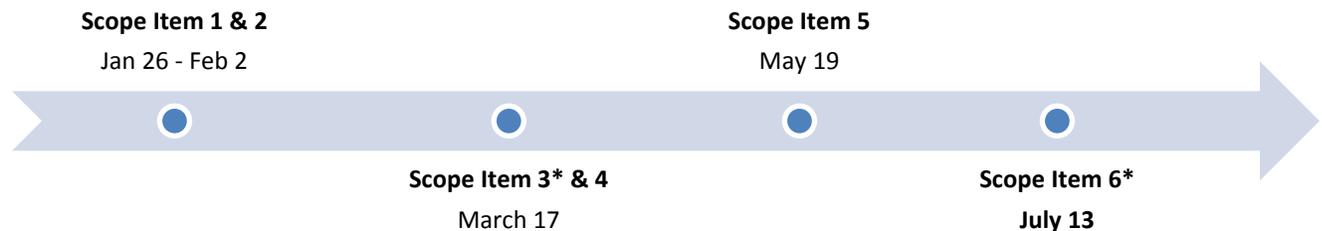
Proposed Subcommittee Composition

- Analytics vendor - Health Tech Solutions
- IHDE
- Clinic Representative
- Hospital Representative
- Payers Representative
- Virtual PCMH (CHEMS, CHW, Telehealth)

Frequency of Meetings

- Weekly subcommittee calls with each meeting scheduled for 2 hours.
- Proposed: Tuesday's at 10-11:30AM

Anticipated Timeline



*Target dates will depend upon the complexity of the data mapping.

Proposed Scope and Process

1. **Organize subcommittee.**
 - a. TBD chair (HIT Project Manager Burke Jensen to co-chair), establish subcommittee membership and meeting schedule.
 - b. **Anticipated Target Date: January 26, 2016**
2. **Finalize the list of the four clinical quality performance measures for Year 1.**

1 Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

- a. Review Initial Performance Measure Catalog to determine which one will be the fourth quality measure for Year 1. Preference will be given to performance measures for which PCMHs may already be collecting data or for which the quality measure will be easiest to begin collecting data and measuring.
 - b. Provide a recommendation to IHC for final approval.
 - c. Year 1 Clinical Quality Performance Measures.
 - i. Tobacco Cessation Intervention.
 - ii. Weight Assessment and Counseling for Children and Adolescents.
 - iii. Comprehensive Diabetes Care.
 - iv. Still to be identified from Idaho's Initial Performance Measure Catalog.
 - d. **Anticipated Target Date: February 2, 2016**
- 3. Determine how to data map the first four quality measures for Year 1.**
- a. Define information and information sources needed to assess progress toward the desired results. Determine what is already available and in what format.
 - b. Define the method and process for data collection and document in an Assessment Plan for each of the quality measures.
 - i. Consistent data format and semantics.
 - ii. How will the data be stored?
 - iii. How will the data be extracted?
 - iv. Establish roles and responsibilities.
 - v. Ensure consistent, secure transport techniques.
 - vi. Consider data load capabilities.
 - vii. Standard, secure services.
 - viii. Accurate identity matching (patient/ provider attribution – standardize minimum individual attributes used for matching).
 - ix. Adherence to best available national technical standards for core interoperability functions as published by ONC.
 - c. Seek stakeholder feedback.
 - d. Refine Assessment plan based on stakeholder input.
 - e. Recommend final proposal to HIT Workgroup.
 - f. **Anticipated Target Date: March 17, 2016**
- 4. Determine how to conduct metric measurements for the first quarter of Year 1.**
- a. Establish a method and process for conducting metric measurements for the first quarter of year 1 without IHDE connections and without Health Tech Solutions' data analytics; coordinate with SHIP team and TBD statewide evaluator.
 - b. Provide recommendations for adoption to HIT Workgroup.
 - c. **Anticipated Target Date: March 17, 2016**
- 5. Test data collection process with Health Tech Solutions.**
- a. Ensure PCMH connections to IHDE and Health Tech Solutions.
 - b. Test the data collection process outlined in the Assessment Plan.
 - c. Refine the process as necessary.

- d. Work with Analytics Vendor provide feedback on report/dashboard designs, templates and proposed reporting schedule.
- e. **Anticipated Target Dates: May 19, 2016**

6. Data map the remaining 12 clinical quality measures.

- a. Identify the gaps of where and how to collect the data for the remaining clinical quality measures.
- b. Define information and information sources needed to assess progress toward the desired results. Determine what is already available and in what format.
- c. Prioritize the remaining 12 clinical quality measures.
- d. Define the method and process for data collection and document in an Assessment Plan.
 - i. Consistent data format and semantics.
 - ii. How will the data be stored?
 - iii. How will the data be extracted?
 - iv. Establish roles and responsibilities.
 - v. Ensure consistent, secure transport techniques.
 - vi. Consider data load capabilities.
 - vii. Standard, secure services.
 - viii. Accurate identity matching (patient/ provider attribution – standardize minimum individual attributes used for matching).
 - ix. Adherence to best available national technical standards for core interoperability functions as published by ONC.
- e. Seek stakeholder feedback.
- f. Refine Assessment plan based on stakeholder input.
- g. Recommend final proposal to HIT.
- h. **Anticipated Target Date: July 13, 2016**

Appendix A – Initial Performance Measure Catalog

Measure Name (and Source)	Measure Description	Rationale for the Measure
Screening for clinical depression.	Percentage of patients aged 12 years and older screened for clinical depression using a standardized tool and follow up plan documented.	In Idaho, 22.5% of persons aged 18 or older had a mental illness and 5.8% had SMI in 2008–2009 while 7.5% of persons aged 18 or older had a major depressive episode (MDE). During the period 2005–2009, 9% of persons aged 12-17 had a past MDE. Suicide is the second leading cause of death for Idahoans aged 15–34 and for males aged 10–14. This measure aligns with Healthy People 2020.
Measure pair: (a.) Tobacco use assessment. (b.) Tobacco cessation intervention (SIM)	Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period. Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period.	In Idaho, 16.9% of the adult population were smokers in 2010 (>187,000 individuals). Idaho ranks fifteenth in the country in prevalence of adult smokers and its smoking-attributable mortality rate is ranked eighth in the country.
Asthma ED visits.	Percentage of patients with asthma who have greater than or equal to one visit to the ED for asthma during the measurement period.	While asthma prevalence (those with current asthma) in Idaho was 8.8% in 2010, reduction of emergency treatment for uncontrolled asthma is a reflection of high quality patient care and patient engagement.
Acute care hospitalization (risk-adjusted).	Percentage of patients who had to be admitted to the hospital.	While Idaho has one of the country's lowest hospital admission rates (81/1000 in 2011), this measure is held as one of the standards for evaluation of utilization and appropriate use of hospital services as part of an integrated network.
Readmission rate within 30 days.	Percentage of patients who were readmitted to the hospital within 30 days of discharge from the hospital.	Data currently unavailable. Metric will be used to establish baseline.

Measure Name (and Source)	Measure Description	Rationale for the Measure
Avoidable emergency care without hospitalization (risk-adjusted).	Percentage of patients who had avoidable use of a hospital ED.	While Idaho has one of the country's lowest hospital ED utilization rates (327/1000, 2011), this measure is still held as one of the standards for evaluation of utilization and appropriate use of emergency services, as well as a reflection of quality and patient engagement in primary care related to avoidable treatment.
Elective delivery.	Rate of babies electively delivered before full-term.	Data currently unavailable. Metric will be used to establish baseline.
Low birth weight rate (PQI 9).	This measure is used to assess the number of low birth weight infants per 100 births.	While Idaho's percentage of low birth weight babies is low compared to the national average, the opportunity to improve prenatal care across settings is an indicator of system quality. 1,355 babies in Idaho had low birth weights in 2011, compared to 1,160 in 1997.
Adherence to antipsychotics for individuals with psychotic diagnoses.	The percentage of individuals 18–64 years of age during the measurement year with a psychotic diagnosis who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Idaho has a 100% shortage of mental health providers statewide. Without these critical providers, there is little or no support for patient engagement and medication adherence. Improved adherence may be a reflection of improved access to care and patient engagement.
Weight assessment and counseling for children and adolescents (SIM).	Percentage of children, two through 17 years of age, whose weight is classified based on Body Mass Index (BMI), who receive counseling for nutrition and physical activity.	In 2011, 13.4% of children were overweight as defined by being above the 85 th percentile, but below the 95 th percentile for BMI by age and sex, while 9.2% were obese, i.e., at or above the 95 th percentile for BMI by age and sex.

Measure Name (and Source)	Measure Description	Rationale for the Measure
Comprehensive diabetes care (SIM).	The percentage of patients 18-75 with a diagnosis of diabetes, who have optimally managed modifiable risk factors (A1c<8.0%, LDL<100 mg/dL, blood pressure<140/90 mm Hg, tobacco non-use, and daily aspirin usage for patients with diagnosis of IVD) with the intent of preventing or reducing future complications associated with poorly managed diabetes.	Adult diabetes prevalence in 2010 was 8.0%. Overall, this represented one in 12 people in Idaho had diabetes.
Access to care.	Members report adequate and timely access to PCPs, BEHAVIORAL HEALTH, and dentistry (measure adjusted to reflect shortages in Idaho).	Idaho has a critical access shortage of primary care providers, behavioral health providers, and dentists across the State which impedes access to the appropriate level of care.
Childhood immunization status.	Percentage of children two years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine, and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	While there have been significant improvements in immunization rates, Idaho ranks 43rd in the nation with an immunization rate of 87.33% in 2012. This measure aligns with Healthy People 2020.
Adult BMI Assessment.	The percentage of members 18 to 74 years of age who had an outpatient visit and who's BMI was documented during the measurement year or the year prior to the measurement year.	In 2010, 62.9% of adults in Idaho were overweight, and 26.9% of adults in Idaho were obese.

Measure Name (and Source)	Measure Description	Rationale for the Measure
Non-malignant opioid use.	Percent of patients chronically prescribed an opioid medication for non-cancer pain (defined as three consecutive months of prescriptions) that have a controlled substance agreement in force (updated annually).	From 2010–2011, Idaho had the fourth highest non-medical use of prescription pain relievers in the country among persons aged 12 or older at 5.73%.