

- ***Are these the Idaho SIM priorities for service delivery transformation and payment reform ?***
 - PCMH expansion, including virtual PCMHs, and integration into Neighborhood Care Team, including LTC and BH
 - Reduce costs and track progress on selected quality measures at the individual patient level, regional level and statewide .
- ***Are these the levels needing information?***
 - State: to improve population health
 - Communities: to support population health
 - Purchasers: aggregated to manage and oversee and expanded definition of health (determinants of health = services that impact health)
 - Providers/Practices: to improve delivery the care
 - Individuals: to engage in their own health care
- ***Are these the requirements for health information?***
 - Impactable: actionable – timely – consistent – usable
 - Quality: consistent – usable – measureable
 - Baseline and Ongoing: consistent - standardized
 - Look to the Future: activate current – design for “where the putt will land?”

- **Purpose of Health IT:**

- Assist the state in implementing and utilizing health IT to support their SIM Model/Test Plans
 - Alternative Payment Methodologies
 - Service Delivery Reform

- **State Health IT SIM Deliverable:**

- Health IT components of the SIM Design State Health System Innovation Plan (SHSIP) or SIM Test State Operational Plan
 - Guidance, including checklists, templates and tables for use
 - No expectation that all the templates and/or all the element of the templates are relevant to every SIM state

- **“Roadmap”**
 - Information
 - Data
 - Specific health IT
 - Governance
 - Policy
 - Infrastructure
 - Technical Assistance
 - Role of Medicaid
- **Implementation of “Roadmap”**
 - Role of Policy Levers

Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft



VISION

High-quality care,
lower costs, healthy population,
and engaged people

MISSION

Improve the health and
well-being of individuals and
communities through the
use of technology and health
information that is accessible
when and where it matters most



2015 - 2017

Nationwide ability to send, receive, find, use a common clinical data set

2018 - 2020

Expand interoperable data, users, sophistication, scale

2021 - 2024

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

Functional and Business Requirements for a Learning Health System



Core technical standards and functions

1. Consistent data formats and semantics
2. Consistent, secure transport technique(s)
3. Standard, secure services
4. Accurate identity matching
5. Reliable resource location

Certification to support adoption and optimization of health IT products and services

6. Stakeholder assurance that health IT is interoperable

Privacy and security protections for health information

7. Ubiquitous, secure network infrastructure
8. Verifiable identity and authentication of all participants
9. Consistent representation of permission to collect, share, and use identifiable health information
10. Consistent representation of authorization to access health information

Supportive business, clinical, cultural, and regulatory environments

11. A supportive business and regulatory environment that encourages interoperability
12. Individuals are empowered to be active managers of their health
13. Care providers partner with individuals to deliver high value care

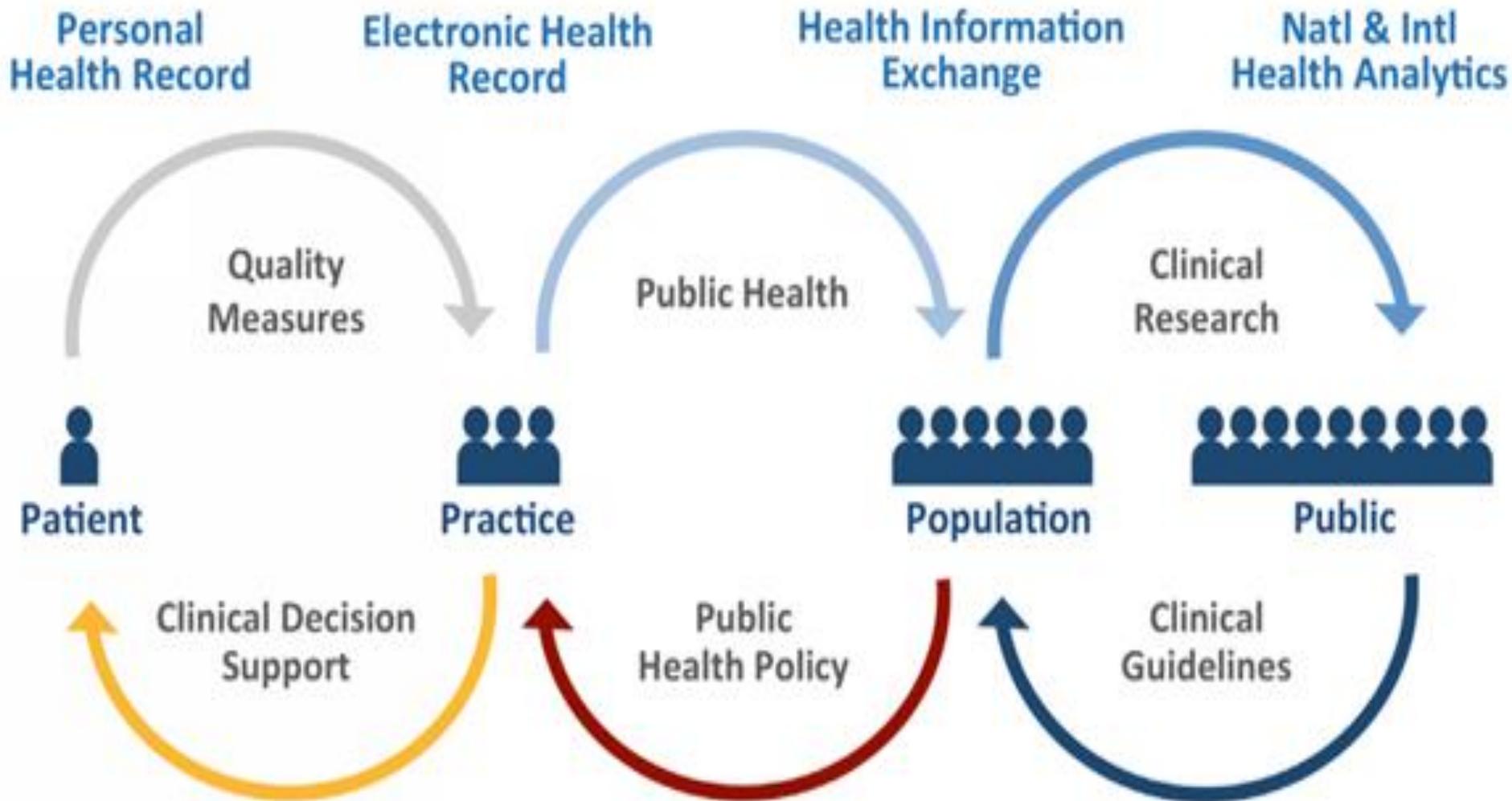
Rules of engagement and governance

14. Shared governance of policy and standards that enable interoperability

- **e-CQMs**
 - CMS will aim to administer 90% of fee-for-service Medicare payments with a tie to quality or value, including aligned e-clinical quality measures reported from certified health IT by the end of 2018
- **Value-based Payment Models**
 - Federal government will use value-based payment models as the dominant mode of payment for providers and require use of interoperable health IT tools.
- **Interoperability for Care Coordination**
 - CMS will encourage states to emphasize provider networks' health IT adoption and interoperability to support care coordination as a component of state oversight of Medicaid Managed Care required quality strategies, performance measurement reporting, etc.

- **Interoperability Roadmap**
 - All states should have an interoperability roadmap articulated in their health-related strategic plans (including their State Medicaid Health IT Plan).
- **Leverage Managed Care Contracts**
 - States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange in required quality strategies, performance measurement reporting, etc.
- **Multi-Payer**
 - States should implement models for multiplayer payment & health care delivery system reform.

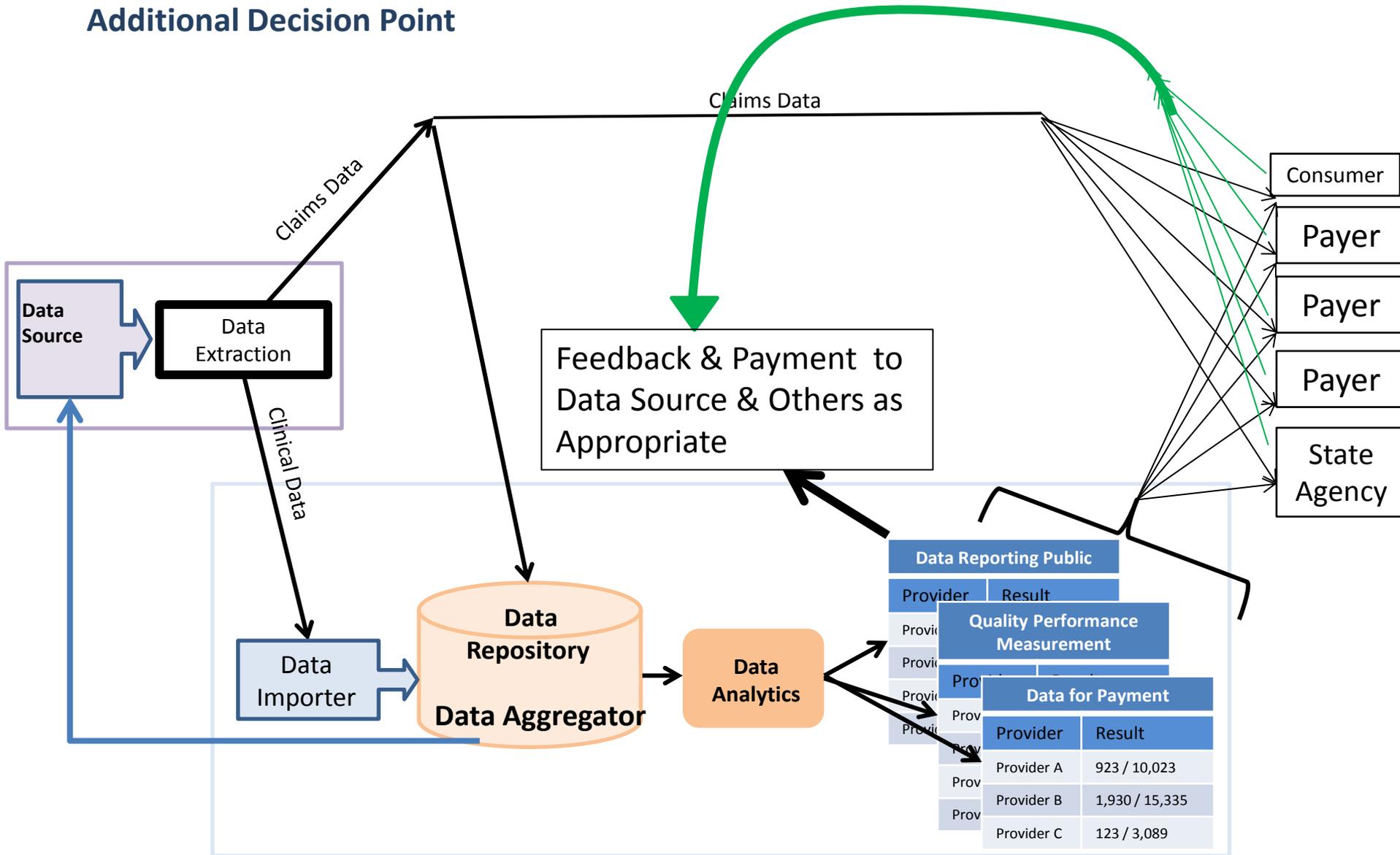
The Health IT Ecosystem as a Learning Health System



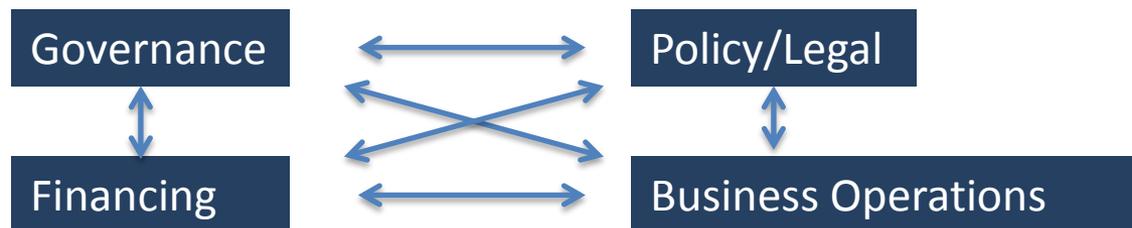
Data Flow: Multiple Variations

Data Exchange: Use of HIE

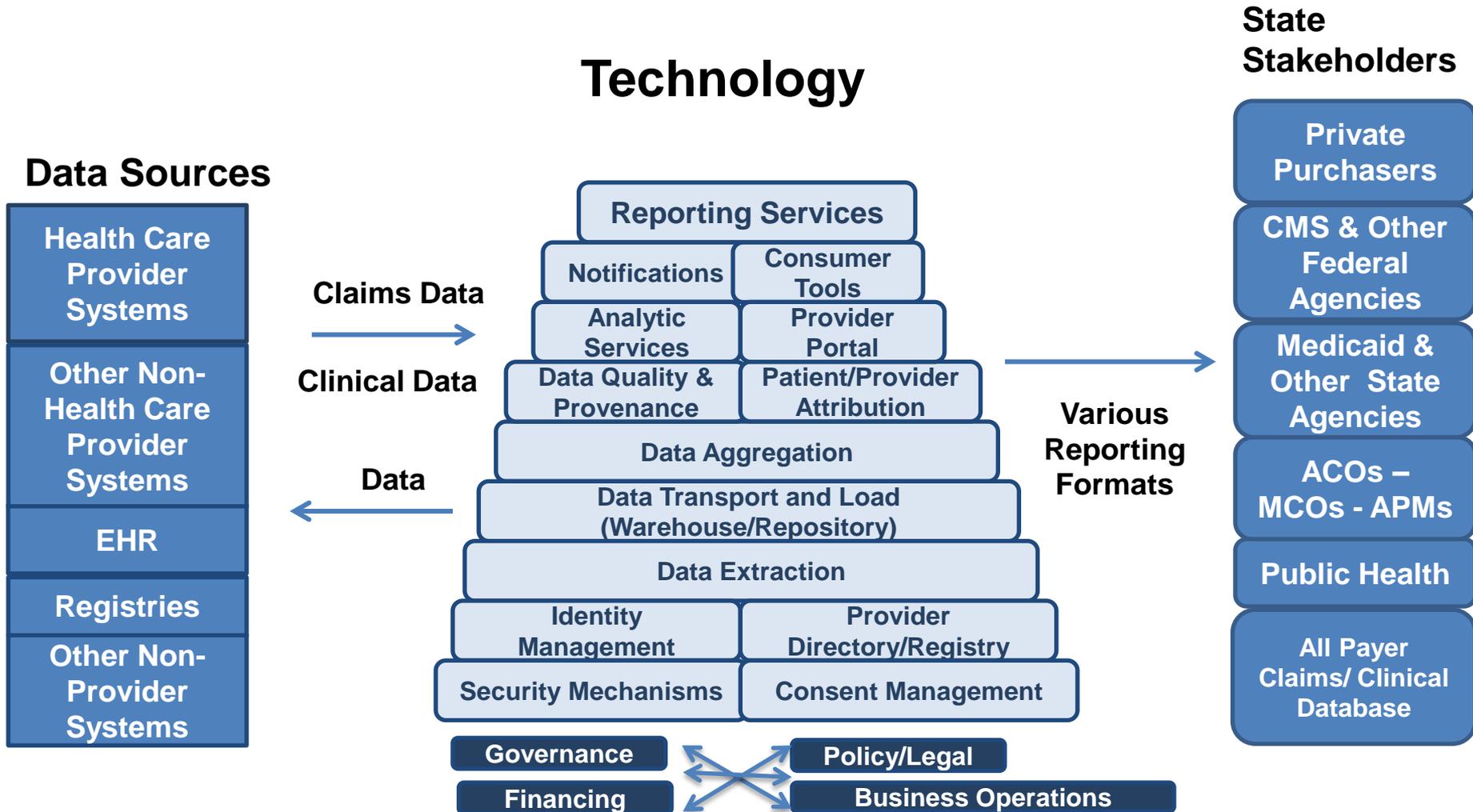
Additional Decision Point



Health IT Stack for Value-based Payment Models and the Learning Health System



Health IT Stack for Value-based Payment Models and the Learning Health System

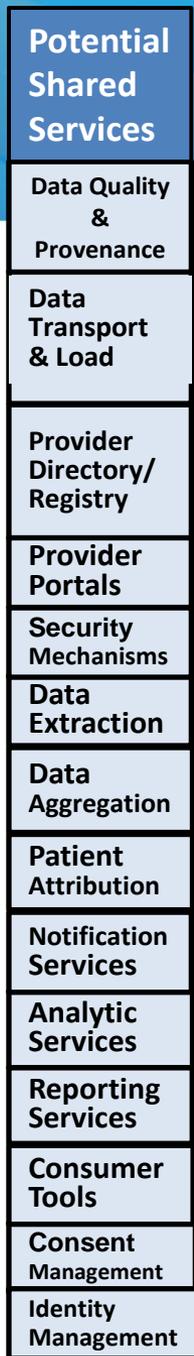
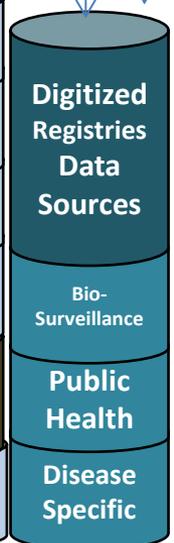
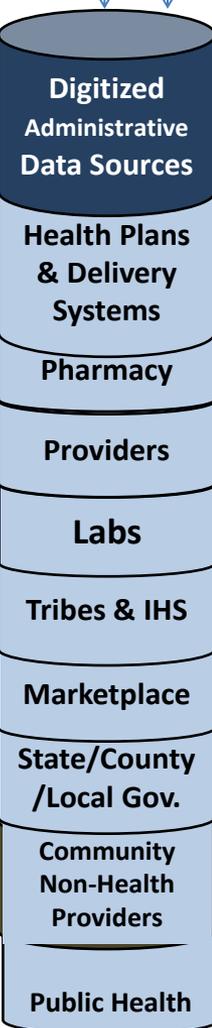
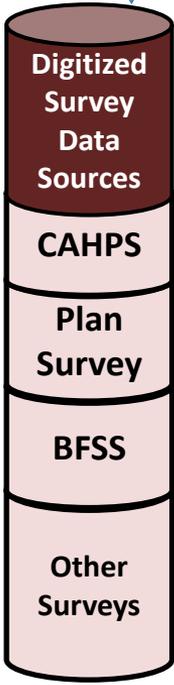
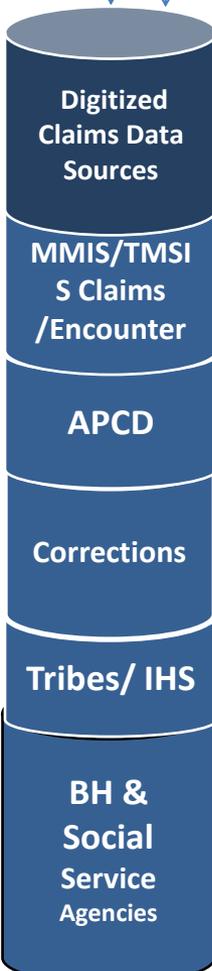
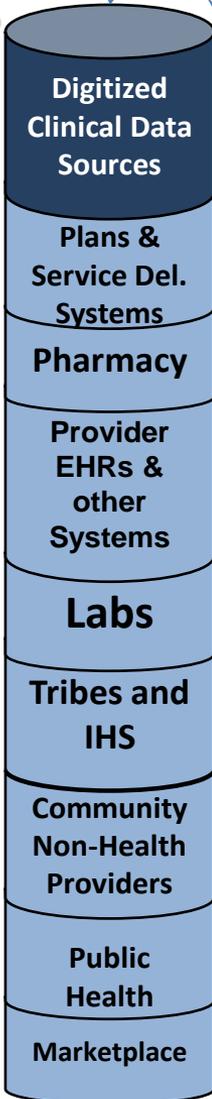


Leveraging Health IT to Create Actionable Information

- What and where is the data source – state? health care entity? school? person generated?
- Who is the focus population?
- What is the “gap” in coverage, delivery or outcomes that you want to focus the effort on?
- Do you have access to the data?
- Is it clinical, claims, administrative or a combination thereof?
- Do you need patient level, identifiable data or aggregated de-identified data?
- Do you have a source for “baseline” information/data?
Ongoing?

Exchange of Health Information

Send, Receive, Find and Use Health IT Ecosystem



- **State Government Direct Infrastructure/Activity**
- **State to Entities within the State: Non-State Government**
 - Direct Statutory/ Regulatory Mandate
 - Contractual Requirement
 - Incentive/Penalty
 - Public Reporting
 - Message Bully Pulpit

- **Statutory or Regulatory Authority**
- **Contractual Participation Requirements**
- **Payment and Service Delivery**

Idaho SIM and Roadmap Call to Action Synergies



National Roadmap	Idaho
State Roadmap	<p>Creating a state health IT roadmap is priority.</p> <ol style="list-style-type: none"> 1. Payer and provider <u>analytic capabilities</u> to support improvements in care delivery and health, with advancements in health information exchange. 2. Standardized approach to clinical information exchange to accelerate providers' use of a comprehensive, statewide, health information exchange. (Build a <u>statewide data analytics system</u> that tracks progress on selected quality measures at the individual patient level, regional level and statewide.)
Alternative Payment Models	Tele-health payment models for fee for service and beyond fee for service
Health Care Delivery Reform	<u>PCMH</u> expansion, including virtual PCMHs, and integration into <u>Neighborhood Care Team</u> , including LTC and BH
Multi-payer	Idaho Medicaid, Idaho Blue Cross, PacificSource of Idaho, and Regence

Questions and Discussion



Additional Background: Not Presentation



- **Clinical Quality Measures (CQM)**
 - “Tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and or/systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for healthcare”
- **Electronic CQM (eCQM)**
 - “CQMs that are specified in a standard electronic format and are designed to use data from Health IT systems for measurement”
- **Classification**
 - Unit of scoring
 - Patients or episodes
 - How the score is computed
 - Proportion or continuous variable

Core Technical Standards and Functions

Technical Standards

- **ONC:** publish annual list of best available technical standards for core interoperability functions
 - 2015 Interoperability Standards Advisory
- **Stakeholders broadly:**
 - Tightly define a common clinical data set
 - Consolidated clinical document architecture (C-CDA)
 - data provenance (*process of tracing and recording the origins of data and its movement between databases*)
 - Representational State Transfer Application Program Interface (RESTful APIs) (*A method of allowing communication between a Web-based client and server that employs representational state transfer (REST) constraints.*)

Individual Data Matching

- **Standards development organizations (SDOs) and stakeholders:** standardize the minimum individual attributes to be used for matching

Certification and Testing to Support Adoption and Optimization of Health IT Products and Services

Stakeholders who purchase and use health IT need reasonable assurance that what they are purchasing is interoperable with other systems. Certification is designed to provide confidence to stakeholders without the expertise to individually evaluate whether a product meets specific requirements.

- **Topics addressed in this section of the roadmap:**
 - Certification
 - Ongoing testing

Certification and Testing to Support Adoption and Optimization of Health IT Products and Services

- **ONC:** improve rigor of certification program and reach to health IT used in additional care settings
- **ONC and federal partners:** Continue to develop and provide testing tools for ONC HIT certification program
- **Stakeholders broadly:**
 - Accelerate suite of testing tools that can be used pre and post-implementation
 - Help identify gaps and provide feedback to ONC regarding certification criteria

Privacy and Security Protections for Health Information

Permission to Collect, Use, and Disclose Identifiable Health Information:

- Legal requirements for health information sharing are philosophically aligned, but differ in content across states
- Nationwide interoperability requires a consistent way to represent an individual's permission to collect, share, and use their individually identifiable health information
- Software systems need to capture and persist both written individual permission and what is permitted without written individual permission (computable privacy)

Other topics addressed in this section of the roadmap:

- Ubiquitous, secure network infrastructure
- Verifiable identity and authentication of all participants
- Consistent representation of authorization to access data or services

Privacy and Security Protections for Health Information

- **OCR and ONC:** Educate stakeholders on current federal laws
- **Federal and State government:** Reach consensus on what is permissible to exchange (use & disclosure) for Treatment, Payment, and Operations (TPO) without consent for information that is regulated by HIPAA (referred to as “background rules” in the roadmap)
- **Stakeholders broadly:** Align organizational policies for information sharing regulated by HIPAA with HIPAA permitted uses and disclosures for TPO, and actively share health information in accordance with the law

Supportive Business, Clinical, Cultural, and Regulatory Environments

Supportive Business and Regulatory Environment:

- New models of care reward providers for outcomes, help create an environment where interoperability makes business sense
 - HHS announcement: 30 percent Medicare fee-for-service payments in alternative payment models by the end of 2016
 - 50 percent of payments by the end of 2018
 - 90 percent tied to quality by 2018
 - Requirements for participants in these new models can reinforce interoperability

Other topics addressed in this section of the roadmap:

- Individuals are empowered to be active managers of their health
- Care providers partner with individuals to deliver high value care

Supportive Business, Clinical, Cultural, and Regulatory Environments

- **Federal government:** Link policy and funding activities beyond Meaningful Use (MU) to adoption and use of certified health IT and electronic information sharing according to national standards
 - Example of current: Department of Defense Electronic Health Record Request For Proposals
 - Example for the future: CMS conditions of participation
- **State government:** “call to action” to use available levers and Medicaid purchasing power to expand upon existing efforts to support interoperability and explore new options
- **Non govt payers/purchasers:** “call to action” to explore financial incentives and other ways to emphasize the interoperable exchange of health information among provider networks

Rules of Engagement and Governance

- Proliferation of data sharing arrangements has created many different processes and rules for interoperability that do not facilitate interoperability nationwide
- Achieving nationwide interoperability will require a single governance framework and process to facilitate trust and agreement on policy, operation, and standards issues
- Governance framework and associated rules of the road should address:
 - Policy
 - Operations
 - Standards

Rules of Engagement and Governance

- **ONC:** establish a common governance **framework** with rules of the road for interoperability of a common clinical data set
- **ONC:** identify a process for recognizing organizations that comply with the rules of the road
 - Evaluating regulatory and certification options
- **Public and Private Stakeholders:** establish a single coordinated governance **process**