PROJECT CHARTER

GOAL 2: Improve care coordination by improving real-time communication between PCMHs, their patients, and other entities across the healthcare system (e.g., hospitals and specialty care) through adoption and use of EHRs and Health Information Exchange (HIE) connections among the 165 PCMHs, as well as building statewide capacity for data exchange across the system.

Version 6.0 – FINAL

Summary

Mercer Lead	David Shadick
SHIP Staff	Casey Moyer
Key Participants	Clinical Quality Measures Workgroup, Regional Health Collaboratives (RCs), Population Health Workgroup, Idaho Medical Home Collaborative (IMHC), Idaho Healthcare Coalition, Office of the Attorney General, Idaho Public Health Districts, Idaho Health Data Exchange (IHDE), Idaho Department of Health and Welfare (IDHW), Briljent (PCMH Contractor), IHDE Expansion and Connections Contractor, Data Analytics Contractor.
IHC Charge	Improve care coordination using electronic health records (EHRs) and health data connections to share clinical information among PCMHs and across the Medical/Health Neighborhood.

Success Measures

Success Measures	SHIP Desired Outcomes	Measurement					
1.	• Increased use of EHRs by PCMHs.	• Cumulative (CUM) # (%) of PCMH sites with EHR systems that support Health Information Exchange (HIE) connectivity capabilities. Model Test target: 165 PCMHs. • Numerator: Number of PCMHs with EHR connectivity capabilities. • Denominator: Model test target (165 PCMHs). Quarterly targets as shown in the table to the right.	**YR**	**Q1**	**Q2**	**Q3**	**Q4**
			Pre	-	-	-	-
			1	55	55	55	55
			2	75	85	95	110
			3	130	140	150	165

Success Measures	SHIP Desired Outcomes	Measurement
		• Data Source: Quarterly survey of PCMH sites.

2. — Increased number of Idahoans who have a PCMH and an EHR.

• Cumulative # (%) of patients in designated PCMHs (sites) that have an EHR (each practice estimated to have 5 providers, each with panel of 1,000). Model Test Target: 825,000 (50.4% of Idahoans).

• Numerator: PCMH members with electronic health records.

• Denominator: Model Test target (825,000 (50.4%) Idahoans). Quarterly targets as shown in the table to the right.

• Data Source: Quarterly survey of PCMHs.

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	-
1	275,000	275,000	275,000	275,000
2	550,000	550,000	550,000	550,000
3	825,000	825,000	825,000	825,000

3. — Increased PCMH use of EHRs and health data connections to improve care coordination.

• Cumulative # (%) of designated PCMHs with an active connection to the Idaho Health Data Exchange (IHDE) and utilizing the clinical portal to obtain patient summaries, etc. Model Test target: 165 PCMHs.

• Numerator: Number of PCMHs that sent/received IHDE transactions that were for the purpose of care coordination.

• Denominator: Model Test target (165 PCMHs). Quarterly targets as shown in the table to the right.

• Data Source: TBD

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	-
1	55	55	55	55
2	110	110	110	110
3	165	165	165	165

GOAL 2 PROJECT CHARTER

Success Measures	SHIP Desired Outcomes	Measurement					
4.	• Increased HIT adoption and use by ID hospitals	• CUM # (%) of hospitals connected to the IHDE. *Model Test target: 21* • Numerator: Number of hospitals that are connected to IHDE. • Denominator: Model Test target (21 hospitals) Quarterly targets as shown in the table to the right. • Data Source: IHDE data.	**YR** Pre 1 2 3	**Q1** - - - -	**Q2** - - - -	**Q3** - - - -	**Q4** 5 15 18 21
5.	• Increased number of hospitals that are sharing data across the Medical/Health Neighborhood.	• CUM # (%) of hospitals connected to IHDE that provide information on PCMH enrolled patients. *Model Test target: 21.* • Numerator: Number of hospitals sending transactions via the IHDE • Denominator: Model Test target of 21 hospitals. • Data Source: IHDE data.	**YR** Pre 1 2 3	**Q1** - - - -	**Q2** - - - -	**Q3** - - - -	**Q4** - 15 18 21

Planned Scope

Deliverable 1	Result, Product, or Service	Description	Owner	Impacted Parties
	• Funding mechanisms are identified and secured to support statewide adoption and use of EHRs by PCMHs and hospitals.	• Financial incentives to emphasize interoperable exchange of health information among provider networks at the national, state, and regional level.	• HIT Workgroup • PCMHs • Hospitals	• CMMI • IHC

Est. Timeframe	Start: 01/01/2016	End: 12/31/2019

Milestones	Event	Target Date
	• Identify the EHR status of designated PCMHs and hospitals.	• 01/15/2016
	• Identify available funding mechanisms to support development and implementation of EHRs.	• 01/15/2016
	• Determine/document the extent to which potential funding has been secured by designated PCMHs and hospitals.	• 01/25/2016
	• Conduct gap analysis to identify further opportunities for securing funding.	• 02/01/2016
	• Draft plan to close identified gaps.	• 02/12/2016
	• Feedback from stakeholders.	• 02/29/2016
	• Finalize Funding Plan.	• 03/21/2016
	• Execute Funding Plan.	• 03/28/2016
	• Conduct follow-up activities, as needed, to ensure maximum use of available funding mechanisms.	• 04/11/2016

Deliverable 2	Result, Product, or Service	Description	Owner	Impacted Parties
	• Supportive business, clinical, cultural and regulatory environments are addressed, defined and achieved.	• Business and regulatory environments encourage interoperability.	• IHC • HIT Workgroup	• CMMI

Est. Timeframe	Start: 01/01/2016	End: 12/31/2019

Milestones	Event	Target Date
	• Define information/ information sources needed to assess progress toward the desired results.	• 01/08/2016
	• Define and document Assessment Plan.	• 01/22/2016
	• Seek stakeholder feedback.	• 01/25/2016
	• Refine Assessment Plan based on stakeholder input.	• 02/01/2016
	• Collect information.	• 02/19/2016
	• Analyze information.	• 02/29/2016
	• Design results deliverable.	• 03/14/2016
	• Draft deliverable.	• 03/21/2016
	• Obtain peer review.	• 03/27/2016
	• Finalize deliverable.	• 04/15/2016
	• Identify follow-up activities to improve results, as needed.	• 04/22/2016
	• Execute improvement activities.	• 04/29/2016

Deliverable 3	Result, Product, or Service	Description	Owner	Impacted Parties
	• Core technical standards and functions are established for EHRs/IHDE data exchange.	• Consistent data formats and semantics. • Tightly defined common clinical data set. • Data storage. • Data extraction. • Consistent, secure transport techniques. • Data load capabilities. • Standard, secure services. • Accurate identity matching (patient/ provider attribution – standardize minimum individual attributes used for matching). • Reliable resource location. • Adherence to best available national technical standards for core interoperability functions as published by ONC.	• RCs • PCMHs • IHDE • Hospitals	• CMMI • IHC
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	**Event**			**Target Date**
	• Define information and information sources needed to assess progress toward the desired results. • Define and document Assessment Plan. • Seek stakeholder feedback. • Refine Assessment Plan based on stakeholder input. • Collect information. • Analyze information. • Design results deliverable. • Draft deliverable.			• 01/11/2016 • 01/15/2016 • 01/25/2016 • 02/05/2016 • 02/19/2016 • 02/29/2016 • 03/14/2016 • 03/28/2016

	• Obtain peer review.			• 04/04/2016
	• Finalize deliverable.			• 04/15/2016
	• Identify follow-up activities to improve results, as needed.			• 04/22/2016
	• Execute improvement activities.			• 05/06/2016
Deliverable 4	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Privacy and security protections for health information are in place for the IHDE, PCMHs, and its consumer participants.	• Secure network service infrastructure. • Verifiable identity and authentication of all system users. • Consistent representation of permission to collect, share and use identifiable health information (consent management, including what may be obtained/ released for TPO without written permission (computable privacy). • Consistent representation of authorization to access health information (consent management).	• IHC • IHDE • HIT Workgroup • SHIP team	• CMMI • IHC • Data Analytics Contractor
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	**Event**			**Target Date**
	• Define information and information sources needed to assess progress toward the desired results.			• 01/08/2016
	• Define and document Assessment Plan.			• 01/22/2016

	Event	Target Date
	Seek stakeholder feedback.	01/25/2016
	Refine Assessment Plan based on stakeholder input.	02/01/2016
	Collect information.	02/19/2016
	Conduct gap analysis.	03/04/2016
	Identify steps to remediate gaps.	03/14/2016
	Design assessment results deliverable.	03/14/2016
	Draft deliverable.	03/27/2016
	Obtain peer review.	04/15/2016
	Finalize deliverable.	04/22/2016
	Identify remediation activities, as needed.	04/22/2016
	Execute remediation activities to close gaps.	04/29/2016

Deliverable 5	Result, Product, or Service	Description	Owner	Impacted Parties
	• PCMHs obtain technical assistance and training for implementation and ongoing support for EHRs.	• Technical assistance and training is made available to PMCHs to support adoption and use of EHRs.	• PCMHs • RCs • Briljent (PCMH contractor)	• IHC • CMMI

Est. Timeframe	Start: 01/01/2016	End: 12/31/2019

Milestones	Event	Target Date
	• Define information and information sources needed to assess progress toward the desired results.	• 01/08/2016
	• Define and document Assessment Plan.	• 01/22/2016
	• Seek stakeholder feedback.	• 01/25/2016
	• Refine Assessment Plan based on stakeholder input.	• 02/01/2016
	• Collect information.	• 02/19/2016
	• Conduct gap analysis.	• 03/04/2016
	• Identify steps to remediate gaps.	• 03/14/2016
	• Design assessment results deliverable.	• 03/14/2016
	• Draft deliverable.	• 03/27/2016
	• Obtain peer review.	• 04/15/2016

	• Finalize deliverable.			• 04/22/2016
	• Identify remediation activities, as needed.			• 04/22/2016
	• Execute remediation activities to close gaps.			• 04/29/2016

Deliverable 6	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• IHDE participants obtain confirmation of EHRs to assure HIE connectivity and interoperability.	• IHDE confirms connectivity interoperability (HIE enabled) with PCMH EHRs. • IHDE initiates technical specifications and linkages.	• PCMHs • Hospitals • IHDE	• Hospitals • PCMHs
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	**Event**			**Target Date**
	• Define information and information sources needed to assess progress toward the desired results.			• 01/08/16
	• Define and document Assessment Plan.			• 01/22/2016
	• Seek stakeholder feedback.			• 01/25/2016
	• Refine Assessment Plan based on stakeholder input.			• 02/01/2016
	• Collect information.			• 02/19/2016
	• Conduct analysis to identify interoperability gaps.			• 03/04/2016
	• Identify steps to remediate gaps.			• 03/14/2016
	• Design assessment results deliverable.			• 03/14/2016
	• Draft deliverable.			• 03/27/2016
	• Obtain peer review.			• 04/15/2016
	• Finalize deliverable.			• 04/18/2016
	• Identify remediation activities, as needed.			• 04/29/2016
	• Execute remediation activities to close gaps.			• 05/16/2016

Deliverable 7	Result, Product, or Service	Description	Owner	Impacted Parties
	• PCMHs adopt and use EHRs for data exchange with IHDE.	• By Model Test Year 3, Q4, 165 PCMHs obtain and deploy certified EHRs that enable them to send, receive, find, and use a common data set. • Identify the universe of PCMHs and the quarterly status of ERH development, adoption, and certification. • Capture the type of EHRs in use, as well as MU level and certification status. • Capture the number of PCMH members and the number of members who have EHRs.	• IHDE • RCs • PCMHs	• IHC • CMMI • Briljent (PCMH contractor)
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	Event			Target Date
	• Define information and information sources needed to assess progress toward the desired results (e.g., designated PCMHs with certified EHRs, EHRs in process, and without EHRs, and number of PCMH members who have an EHR). • Define and document Assessment Plan for quarterly monitoring of progress. • Seek stakeholder feedback. • Refine Assessment Plan based on stakeholder input. • Collect PCMH information each quarter. • Conduct analysis to identify gaps. • Identify steps to remediate gaps.			• 01/11/2016 • 01/15/2016 • 01/25/2016 • 02/05/2016 • 02/19/2016 • 02/29/2016 • 03/14/2016

	• Design assessment results deliverable.			• 03/28/2016
	• Draft deliverable.			• 04/04/2016
	• Obtain peer review.			• 04/15/2016
	• Finalize deliverable.			• 04/22/2016
	• Identify remediation activities, as needed.			• 05/06/2016
	• Execute remediation activities to close gaps.			• 05/20/2016

Deliverable 8	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Hospitals adopt and use EHRs capable of exchanging data with IHDE.	• By Model Test Year 3, Q4, 21 hospitals obtain and deploy EHRs that enable them to send, receive, find, and use a common data set. • Identify the universe of hospitals and the quarterly status of EHR development and adoption.	• Hospitals	• IHC • CMMI
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	**Event**			**Target Date**
	• Define information and information sources needed to assess progress toward the desired results (e.g., quarterly list of hospitals with certified EHRs, EHRs in process, and without EHRs).			• 01/08/2016
	• Define and document Assessment Plan for quarterly monitoring of progress.			• 01/22/2016
	• Seek stakeholder feedback.			• 01/25/2016
	• Refine Assessment Plan based on stakeholder input.			• 02/01/2016
	• Collect hospital information each quarter.			• 02/19/2016
	• Identify steps to remediate gaps.			• 03/04/2016
	• Design assessment results deliverable.			• 03/14/2016
	• Draft deliverable.			• 03/21/2016
	• Obtain peer review.			• 03/27/2016

	• Finalize deliverable.			• 04/15/2016
	• Identify remediation activities, as needed.			• 04/22/2016
	• Execute remediation activities to close gaps.			• 04/22/2016

Deliverable 9	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• PCMHs contract with IHDE.	• By Model Test Year 3, Q4, 165 PCMHs have contracts with IHDE to enable data exchange. • Identify PCHMs contracting with the IHDE. • Identify PCMHs by volume of executed transactions within the IHDE.	• IHDE • PCMHs	• HIT • CMMI

Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019
Milestones	**Event**			**Target Date**
	• Define information and information sources needed to assess progress toward the desired results.			• 01/08/2016
	• Define and document plan for quarterly monitoring.			• 01/22/2016
	• Seek stakeholder feedback.			• 01/25/2016
	• Refine monitoring plan based on stakeholder input.			• 02/01/2016
	• Collect IHDE PCMH contracting information each quarter.			• 02/19/2016
	• Design quarterly monitoring deliverable.			• 03/04/2016
	• Draft deliverable.			• 03/14/2016
	• Obtain peer review.			• 03/21/2016
	• Finalize deliverable design.			• 03/27/2016
	• Conduct quarterly monitoring.			• 04/15/2016
	• Issue quarterly deliverable comparing progress to quarterly goals.			• 04/22/2016
	• Identify remediation activities, as needed.			• 04/29/2016
	• Execute remediation activities to close gaps.			• 05/20/2016

Deliverable 10	Result, Product, or Service	Description	Owner	Impacted Parties
	• Hospitals contract with IHDE.	• By Model Test Year 3, Q4, 21 hospitals have contracts with IHDE to enable data exchange with PCMHs. • Identify hospitals contracting with the IHDE. • Identify hospitals by volume of executed transactions with the IHDE.	• IHDE	• IHC • CMMI
Est. Timeframe	**Start**: 01/01/2016			**End**: 12/31/2019

Milestones	Event	Target Date
	• Define information and information sources needed to assess progress toward the desired results.	• 01/08/2016
	• Consult with IHDE and IDHW to determine funding.	• 01/22/2016
	• Assist IHDE in designing draft deliverables, providing support and consultation.	• 01/25/2016
	• Define and document plan for quarterly monitoring.	• 02/01/2016
	• Seek stakeholder feedback.	• 02/19/2016
	• Refine monitoring plan based on stakeholder input.	• 03/04/2016
	• Collect IHDE hospital contracting information each quarter.	• 03/14/2016
	• Design quarterly monitoring deliverable.	• 03/14/2016
	• Draft deliverable.	• 03/27/2016
	• Obtain peer review.	• 04/15/2016
	• Finalize deliverable design.	• 04/18/2016
	• Conduct quarterly monitoring.	• 04/29/2016
	• Issue quarterly deliverable comparing progress to quarterly goals.	• 05/16/2016
	• Identify remediation activities, as needed.	• 05/23/2016
	• Execute remediation activities to close gaps.	• 05/30/2016

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	Likelihood	Seriousness	Potential Mitigation
	1. State lacks resources to support data collection and reporting.	L	L	• Hire additional resources or outsource collection and reporting activities.
	2. Statewide HIT contractors not in place by selected deadlines.	L	M	• HIT workgroup monitoring of selection process and vendor progress.
	3. Statewide agreement on technology standards cannot be reached.	M	M	• IHC makes decisions on standards with assistance of the HIT workgroup.
	4. Statewide HIT connections not in place by selected deadlines.	L	M	• HIT Workgroup will monitor of timeline for selection process.
	5. Anticipated data sources unavailable/inadequate to meet reporting needs.	L	M	• Seek alternative data sources.
	6. PCMHs/IHDE lack resources to support data collection and reporting.	L	M	• Hire additional resources or outsource collection and reporting activities.
Assumptions	• Adequate funding is available to support this project. • Supportive business, clinical, cultural, and regulatory environments are achieved. • ONC will deliver national standards for consideration. • Project governance will be in place to guide adoption of technical standards and/or resolve roadblocks. • Core technical standards to support interoperability will be adopted statewide. • PCMHs and hospitals will attain adequate technical advice and training to support implementation of EHRs. • EHRs will be certified to assure connectivity and interoperability.			

Dependencies and Constraints	Dependencies: • Goal 1: Transform primary care practices across the state into PCMHs. This must precede Goal 2. • Goal 3: Establish seven RCs to support the integration of each PCMH with the broader Medical/Health Neighborhood – this must occur, either prior to, or at the start of Goal 2 activities. • Goal 5: Build a statewide system for collecting, analyzing, and reporting quality and outcome data at the PCMH, regional, and state levels. Constraints: • Funding. • Availability of TA Contractor time. • Willingness and speed at which PCMHs and hospitals adopt and use certified EHRs. • Ability to resolve significant technology standardization to support interoperability.

Project Reporting and Scope Changes

Changes to scope must be reflected at the Workgroup Charter level as approved by the IHC after review by SHIP team.

Version Information

Authors	David Shadick	Date	10/21/2015
Reviewers	Casey Moyer	Date	10/22/2015

Final Acceptance

Name/Signature	Title	Date	Approved via Email
Cynthia York	SHIP Administrator	11/23/2015	☒
Katie Falls	Mercer Lead	11/23/2015	☒