



HEALTHCARE INNOVATION STEERING COMMITTEE

HEALTH INFORMATION TECHNOLOGY (HIT) BRIEFING

DECEMBER 11, 2014

Roderick L. Bremby
Commissioner, Department of Social Services
HIT Council, Co-Chair

Briefing Outline

- SIM HIT Plan Overview – 20 Minutes
 - ▣ Review HIT Plan components by function
- Level Set Using Analogy – 5 Minutes
- Discuss Conceptual Readiness – 10 Minutes
 - ▣ Logic Model
- Next Steps – HIT Council Function – 10 Minutes
- Q & A

Objectives

- To review SIM HIT plan components
- To demystify plan technology – Analogize A Journey to Well-being
- To discuss next steps in the evolution of the plan.

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HIT Plan Technical Components

- # *CareAnalyzer*® (DST Healthcare Solutions)
- # HIT Strategic Plan
- # APCD – All Payers Claims Database
- **Consent Registry -**
- **Disease Registries -**
- Crowd Sourcing- method of engaging large groups to contribute to an outcome
- # EMPI - enterprise Master Patient Index (Nextgate)
- **Personal Health Record – MyChart (Epic)**
- # Provider Directory- (NextGate)
- # Direct Messaging/Admission, Discharge, Transfer - Secure Exchange
- **Edge Servers/Indexing/eCQM (e Clinical Quality Measures)**
- Electronic Health Records Service as Software Model

Current assets in process or production

SIM HIT Plan - Proposed initiatives

- HIT Governance Structure
- Consent Registry
- Disease Registries
- eCQMs reporting engine using edge servers
- Alert/Notification Engine
- Personal Health Record

HIT Governance

- Starting on October 15, 2014 a set of six-planning meetings with a focus on the following:
 - ▣ Create a HIT vision statement for our state
 - ▣ Identify common HIT goals
 - ▣ Identify and support an enterprise built on an interoperability framework
 - ▣ Operationalize across-agency governance structure that builds upon and ties the various initiatives that have been undertaken in the last 4-years with respect to health and human services.

SIM HIT Plan Budget

SIM HIT Budget - Request Grant & Bond Funding		State	Federal
Personnel (5.5 FTE)	Research Associate 2		2,245,269
Travel/Supplies	Travel (Instate & NE Region/Mileage)		80,000
	Printing/Publishing educational materials		12,000
	Computers and software		10,000
	Office Supplies		6,000
	Subtotal		108,000
Procurement/Contractor Cost	BEST Hosting EMPI and PD		480,000
	Care Analyzer		700,000
	HIT Strategic Plan		200,000
	APCD		540,000
	Consent Registry	900,000	1,100,000
	Disease Registries		2,200,000
	Crowd Sourcing		360,000
	EMPI-Nextgate		208,600
	Provider Directory- NextGate		225,000
	Direct Messaging/ADT - Secure Exchange		450,000
	Edge Servers/Indexing/eCQM	900,000	1,000,000
	EHRs SAAS Model		735,000
	Subtotal		8,198,600
Indirect			233,727
Grand Total		1,800,000	10,769,596

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A Journey to Well-being



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Input/Resources

Activities

HIT Council
Other SIM workgroups
Meetings with Stakeholders

Outputs

Short-term
Long-term Outcomes

Current Assets (in process/production)

Provider Directory
Enterprise Master Patient Index
Direct Health Information Service Provider
All Payers Claims Database
Integrated Eligibility System
CareAnalyzer® (risk stratification tool used by Medicaid Medical ASO)

Proposed Assets

eQMs reporting engine
Consent Registry
Disease Registries
Alert/notification Engine
Personal Health Record

HIT Interventions

Person-level

Personal Health Records/Patient portal to provide patient access to EHRs (Use Blue Button)
Self-management programs
Use of mobile technology

System level

Identifying High-risk population using LACE Index/care analyzer
Predicting readmissions using disease specific algorithms
Monitoring system health through Performance Measures
Data mining to identify patterns

Provider Level

Alert Notification
Community Support Resources
Medication Reconciliation
Care Coordination - Use of secure messaging for document transport (Direct message)

Outputs

Increased capacity to process data
Increased capacity to analyze integrated data
Use of Standards for exchange of information
Use of standard terminologies and vocabularies
Harmonized systems and procedures

Outcomes

Published Results based on the domains and quality measures selected to demonstrate value. For example:

- Reduction in Hospital readmission
- Reduction in maternal depression
- Increased Diabetes control
- Enhanced rate of age-appropriate screenings

Impact

Improvement in targeted HP 2020 population health indicators
Lower per capita costs
Improved care experience

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HIT Council Function

- Representatives
- Meeting frequency
- Charter
- How the work will be performed
- Recommendations to the SIM Steering Committee

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