Health IT Plan: Supplemental Guide for Model Test

This guide and workbook attachments are intended to supplement the SIM Round 2 Model Test Awardee Operational Plan Guidance. The guide is separated into two major sections to assist awardees in (1) identifying the necessary health information technology (HIT) to support successful implementation of the Operational Plan; and (2) identifying and completing domains of the Health Information Technology component of the Operational Plan.

Health IT to Support Other Components of the SIM Operational Plan

As a part of the Model Test implementation and operation, awardees should consider optimizing Health IT (HIT) to support the collection of information needed for the vision, goals, and objectives as stated in the Awardee's Operational Plan, including:

- Identifying and addressing the HIT needs for the administration and requirements of the SIM awardee; and
- Utilizing and enhancing HIT for the state's health care delivery transformation and payment reform.

Many components of the Operational Plan will rely on HIT in the design and implementation. The Aims and Drivers for Improvement, including the primary and secondary drivers for achieving the aim(s), is directly tied to a state's HIT capacity. Value-based health care delivery and payment methodology transformation will need to address commercial as well as Medicaid payers, and each is dependent on and demands HIT and data infrastructure to define the baseline and operationalize the plans. Therefore, it is important that HIT expertise and considerations are integrated within the stakeholder engagement processes for the design and implementation. Alignment is necessary to assure the technical, policy and operational requirements are in place to support the timelines, data collection and exchange of information required to provide the information that the awardee and stakeholders need for their decision making and to operationalize the plans.

Health Care Delivery and Payment Transformation Models: Health IT Considerations

In the development of innovative health care delivery and payment transformation models, awardees should address how health-IT infrastructure will be leveraged or developed to: (1) provide data and analytical capability to support provider practices and other relevant organizations with improving the coordination and delivery of care; (2) exchange clinical information on a real time basis; and (3) improve the health of the population.

Relevant ***optional*** illustrative templates are included that can assist the awardee in the Supplemental Guide: Health Information Technology Plan Workbooks, in both Word and Excel spreadsheet format. They also will help the awardee in identifying questions that may need to be answered in order to meet the vision and goals of the Model Test, and to facilitate the state's ongoing management and oversight**.**

Driver Diagram: Health IT support to achieve state-wide health transformation

Awardees are expected to identify key care delivery transformation and payment reform elements and supportive strategies to achieve health care transformation aims using the Driver Diagram logic model format, shown below for reference (see *Tab 1:* Round 2 Model Test Awardee Operational Plan Templates):

Aim: What are you trying to improve, by how much, and by when?	**Primary Driver:** What are the major categories of effort that will help achieve the aim(s)? (Note: may impact multiple aims)	**Secondary Driver:** What specific activities will be undertaken to help achieve the primary driver? (Note: may impact multiple aims)	**Metric:** What data will be used to track progress (how much and by when)?
1.	1.a	1.a.1	1.a.1
		1.a.2	1.a.2
	1.b	1.b.1	1.b.1
		1.b.2	1.b.2
2.	2.a	2.a.1	2.a.1
		2.a.2	2.a.2
	2.b	2.b.1	2.b.1
		2.b.1	2.b.2

The aims of SIM-supported delivery system and payment reforms – better care, smarter spending, and healthier people – depend on data. That data can be supported by HIT infrastructure, policies and business operations.

The Health IT Support for Data/Information for Driver Diagram (Workbook Tab 1) expands upon the Operational Plan Driver Diagram development guidance to consider adequate data and HIT infrastructure to support the primary and secondary drivers.

Awardees should address the following:

- Who needs the data that will be used to track progress (the provider to deliver the care, the state to oversee the care, etc.)?
- What HIT is needed to support the data collection, retention, aggregation, analysis and/or dissemination?
- What changes are needed (technical, technical assistance (TA), policy or business operations, etc.)?
- What policy levers can be applied to make the desired changes?
- What challenges does the state face in making desired changes?

Workbook Templates	Table	Workbook Tab
Health IT Support for Data/Information for Driver Diagram	Table 1	Tab 1

Domains of a Health Information Technology Plan

Through the Health Information Technology (HIT) section of the Operational Plan, the awardee should describe the state's IT strategy to support the health of the entire population as part of the health care transformation efforts; state regulatory and policy levers available and any federal waiver or state plan amendment requirements and their timing to enable key strategies for delivery system and payment transformation; support quality and performance measures developed or adopted and monitored in the model; plans to align with other federal, state, regional and local investments in IT; and how the implementation, maintenance and operation of infrastructure will be organizationally and financially sustained.

As explained in the SIM Round 2 Model Test Awardee Operational Plan Guidance section on Health Information Technology, awardees must provide detailed descriptions of Health IT plans in five (5) domains. The first domain is "rationale," in which the awardee would address how the specific HIT elements and/or programs, in combination, will achieve state-wide health transformation. The rationale is addressed through the incorporation of HIT into the Model Test driver diagram (Table 1 above).

The remaining four domains of the Health IT section of the Operational Plan follow.

A. Governance

The governance domain should describe how state leadership will direct the planning and oversight of HIT implementation. The following sections provide considerations and ***optional*** templates to describe planned HIT governance.

Organizational Structure and Decision-making Authority related to Health IT

Effective and efficient leadership and management require an organizational structure that ensures that HIT is explicitly addressed during the policy, financial and operational decision-making process.

Awardees should consider:

- The organizational structure related to HIT-related positions, including appointed positions, hired staff, contractors and advisors; and
- How the HIT organizational structure is incorporated into the overall organizational chart. If the decision-makers for HIT are different, consider including several diagrams.

Workbook Templates	Table	Workbook Tab
Diagram(s) of Organizational Structure(s) related to Health IT	Table 2	Tab 10
Health IT Related Positions	Table 3	Tab 6
Description of How Health IT Organizational Structure(s) Incorporated into Overall Organizational Chart	Table 4	Tab 10

Health IT Organizational Capacity

Related to HIT, awardees should consider:

- Staffing resources and roles;
- Project management, including budget; and
- Governance structure, including: (1) mechanisms to coordinate private and public HIT efforts, (2) integration or alignment with existing HIT legislative and executive authority, and (3) recruitment and training of staff/contractors related to HIT.

Workbook Templates	Table	Workbook Tab
Health IT Organizational Capacity –Staffing	Table 5	Tab 6
Health IT Organizational Capacity –Project Management		Tab 11
Relationship of Health IT Project Management to Overall SIM Project Management	Table 6	
Health IT by SIM Component/Project Implementation Gantt chart	Table 7	
Health IT Organizational Capacity –Project Management Budget Support	Table 8	Tab 4
Mechanisms to Coordinate Private and Public Health IT Efforts and Alignment with Health IT Legislative/Executive Authority	Table 9	Tab 12

Health IT Stakeholder Engagement

States may use their unique role as a stakeholder convener to accelerate statewide HIT adoption and capabilities.

Awardees should consider:

- The inclusion of federal, state, local and tribal governments, physical health, behavioral health (BH), and public health (PH) care providers/systems, commercial payers/purchasers, community-based and long term support (LTPAC/LTSS) providers, regional HIE(s)/HIO(s) (*if applicable*), consumers, and local Regional Extension Centers;
- The process for stakeholder engagement; and
- How the HIT priorities/requests of specific stakeholders will be addressed.

Workbook Templates	Table	Workbook Tab
Health IT Stakeholder Engagement	Table 10	Tab 6
Health IT Stakeholder Engagement Process	Table 11	Tab 6
Health IT Stakeholder Priorities/Requests	Table 12	Tab 6

Leveraging Existing Assets to Align with Federally-funded Programs and State Enterprise IT Systems

Health IT is needed for collecting, securing, and providing the necessary Medicaid, private payer and/or Medicare data for the purposes of operations and evaluation. This data must be shared in such a manner that the providers can deliver the care, the state can oversee the SIM initiative, patients/consumers can use the information to engage, and CMS can perform federal oversight and evaluation. As referenced in terms and conditions, awardees will be required to provide data to the federal evaluators. In order for the awardee to leverage the existing assets to support the Model Test requirements, the assets need to be known.

Awardees should consider what infrastructure needs to be available to provide the following:

- Data for all patients covered by the SIM program (public and commercial), including baseline and historical data for three years prior to the Project Period;
- An identifier for those affected by the SIM program, regardless of payer, as well as sufficient data to identify a comparison group;
- Capacity to provide CMS and its contractor(s) with identifying and contact information for beneficiaries who receive services under the model;
- Capacity to collect data from various data sources;
- Legal (statutory/regulatory) mechanisms, authorities, and/or agreements are in place to ensure timely delivery of data;

- Capacities to receive, retain, aggregate, analyze, translate data into actionable information and disseminate to appropriate parties the actionable information; and
- Capability to support program integrity efforts.

In addition to complying with the federal evaluation requirements, these data will allow awardees to support state-led evaluation, management and program integrity. This section will help the awardee identify the current capabilities and the gaps that may need to be addressed to support the SIM initiative(s). Not all elements will be relevant to every awardee.

Medicaid is core component of the SIM Model Test in each state; thus, Medicaid-funded HIT is a critical asset that may be leveraged. Awardees should consider the relationship of SIM-related HIT to the Medicaid State Enterprise IT Systems, including MITA, MMIS, and HITECH infrastructure.

Workbook Templates	Table	Workbook Tab
Current State of Health IT for the Key Care Delivery Transformation and Payment Reform SIM Commitments	Table 13	Tab 7
Relationship of SIM related Health IT to MITA/Medicaid/HITECH and State Enterprise IT Systems	Table 14	Tab 13

Leveraging and Expanding Existing Public/Private Health Information Exchanges

Public/private health information exchanges (HIEs), including those operated by ACOs, provide a potential mechanism for the exchange of clinical, administrative and claims data. Awardees should consider how the state will incorporate and expand HIEs in the state to support the Model Test.

Workbook Templates	Table	Workbook Tab
Role and Expansion of Public/Private HIEs	Table 15	Tab 13

B. Policy

Policy Levers

Awardees should consider potential policy and regulatory levers that can be used to enhance the optimization of standards-based HIT to support the SIM initiative(s) of the state. There is ***no expectation*** that all elements will be completed by the awardee or that all elements will be relevant to every state.

Workbook Templates	Table	Workbook Tab
Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments	Table 16	Tab 8

1115 Medicaid Waivers

In most states, the transformation of the health care service delivery and/or payment reform requires a change to how Medicaid operates in the state through an 1115 Medicaid waiver or State Plan Amendment. Many 1115 Medicaid waivers include specific HIT parameters and funding.

Awardees should consider:

- The key HIT components of the 1115 waiver that are relevant to the SIM Model Test (both direct HIT components and other components that require HIT for support); and
- The organizational relationship of the SIM HIT components to the 1115 waiver components.

Workbook Templates	Table	Workbook Tab
Waiver Process/Approval for Medicaid Health IT Component	Table 17	Tab 9

SIM Health IT Alignment with Other State, Federal and External Health IT Efforts

In this evolving period of HIT expansion and transformation, multiple state HIT initiatives are occurring simultaneously through Medicaid and/or Medicare Meaningful Use programs, ONC-funded grants, and other state, federal or external funding. Identification of applicable existing HIT initiatives occurring within the state and how they are aligning SIM HIT efforts is important to avoid duplication of effort and/or funding, as well as creating an infrastructure that can be – and is – reused.

Awardees should consider:

- Identifying existing related state HIT initiatives;
- Efforts to coordinate with and build upon existing HIT initiatives; and
- Coordinating funding to assure the state will not fund duplicative activities, or supplant current federal or state funding.

Workbook Templates	Table	Workbook Tab
SIM Health IT Alignment with other State, Federal and External Health IT Efforts	Table 18	Tab 9

Methods to Improve Transparency and Encourage Innovative Uses of Data

To build trust, which is critical for success, the state, private purchasers, managed care organizations, health systems, providers and consumers/patients need timely access to relevant information. Health IT is an important platform for much of that information access. Trust is enhanced when both the process and the information is transparent.

Relatedly, to meet the needs of the state, providers, health systems, managed care organizations and consumers, the efficient and effective use and reuse of data is imperative. The collection and sharing of data is critical to the implementation, evaluation and sustainability of the SIM initiative.

Awardees should address:

- Methods to improve transparency; and
- Methods to encourage innovative uses of data.

Workbook Templates	Table	Workbook Tab
State Methods to Improve Transparency	Table 19	Tab 15
State Methods to Encourage Innovative Uses of Data	Table 20	Tab 15

Promotion of Patient Engagement and Shared-Decision Making

When awardees plan to promote patient engagement and shared-decision making in support of the overall goals, awardees should consider:

- Information to be shared;
- The design of the HIT "tool";
- Whether the focus is at the individual or population level;
- Whether implementation is by a provider, managed care organization and/or state; and
- Cost implication for the patient/consumer, if any.

Workbook Templates	Table	Workbook Tab
Patient Engagement and Shared-Decision Making	Table 21	Tab 15

Multi-payer Strategies to Enable and Expand the Use of Health IT

The SIM Model Test supports the implementation of multi-payer service delivery and payment transformation. Therefore, HIT strategies to support the transformation initiatives need to address strategies across the multiple payers.

Workbook Templates	Table	Workbook Tab
Multi-payer Strategies to enable and Expand Use of Health IT	Table 22	Tab 15

C. Infrastructure

The awardee should consider the HIT infrastructure that will be needed to support the SIM Model Test. The templates provided are ***optional*** and there is ***no expectation*** that all elements will be completed by the awardee or that all elements will be relevant to every state.

Analytical Tools, Data-Driven, Evidence-Based Approaches, Tele-health and Remote Patient Monitoring

Awardees should consider how the state will implement analytical tools and use data-driven, evidence-based approaches to coordinate and improve care. Awardees should address plans to utilize tele-health and perform remote patient monitoring to increase access to care and the timeliness of care.

Workbook Templates	Table	Workbook Tab
State Implementation of Health-IT Tools to Coordinate Care	Table 23	Tab 15
Tele-health and Remote Patient Monitoring	Table 24	Tab 15

Plans to Use Standards-based Health IT to Enable Electronic Quality Reporting

To support awardee efforts to align quality measures across all payers in the state and reduce the administrative and reporting burden to providers in the state, adequate HIT is required at multiple levels, including the provider, care delivery, managed care organization and public/private purchaser. In addition, the SIM requires awardees to provide quantifiable measures for regularly monitoring the impact of the Model Test, including the effectiveness of the policy and regulatory levers on the three key outcomes of (1) strengthening population health; (2) transforming the health care delivery system; and (3) decreasing per capita health care spending.

As described in the SIM metrics guidance, CMMI recommends awardees track and monitor the following areas: (1) hospital readmission rates, (2) emergency department visits, (3) patient experience, (4) diabetes care, (5) tobacco use, (6) obesity, (7) total cost of care per member per month and (8) behavioral health. Sufficient HIT capacity will be required collection, retention, aggregation, analysis and dissemination of those measures selected by the awardee.

Awardees should consider e-measurement capacity of the state related to reporting, results and dashboard.

Workbook Templates	Table	Workbook Tab
e-Measurement Capacity	Table 25	Tab 2

Public Health IT Systems Integration and Electronic Data to Drive Quality Improvement at the Point of Care

Awardees should consider:

- The integration of the state's public HIT systems (state and local), such as clinical registry systems) as a part of the SIM initiatives;

- Interfaces between public HIT systems and the appropriate providers, including connectivity to an HIE;
- Health IT to support electronic data to drive quality improvement at the point of care, and
- Health IT performance metrics.

Workbook Templates	Table	Workbook Tab
Public Health IT Systems Integration	Table 26	Tab 2
Percentage of Provider Organizations Enabled for HIE Core Measure	Table 27	Tab 2

Health IT to Support Fraud and Abuse Prevention, Detection and Correction

Awardees should have the HIT capability to support processes to prevent, detect and correct fraud and abuse within their SIM initiative, including guarding against new fraud and abuse exposures introduced under new payment models, to drive quality of care at the point of care. Awardees should address HIT to support fraud and abuse prevention, detection and corrections.

Workbook Templates	Table	Workbook Tab
Health IT to Support Fraud and Abuse Prevention, Detection and Corrections	Table 28	Tab 2

D. Technical Assistance

TA to Providers

Awardees should consider technical assistance to providers related to HIT, including identifying the targeted provider groups that will receive assistance and the services to be provided to the targeted provider groups. Awardees should address, if applicable, extending resources to providers ineligible for Meaningful Use (MU) incentive payments.

Workbook Templates	Table	Workbook Tab
State Health IT TA to Providers	Table 29	Tab 5
Non-eligible MU Providers	Table 30	Tab 5