Health Information Technology Council Meeting

October 16, 2015

Meeting Agenda

Agenda Item	Presenter	Timing (Minutes)	Action
1. Introductions	Commissioner Bremby	5	Discuss
2. Public Comments	Commissioner Bremby	5	Discuss
3. Minutes Approval	Commissioner Bremby	5	**Approve**
4. HIT Charter Update	Commissioner Bremby	15	**Approve**
5. Update on Design Team Activity	Michelle Moratti	15	Discuss
6. SIM Overall Update	Michelle Moratti	30	Discuss
7. HIT Council Progress to Date	Michelle Moratti	30	Discuss
8. Responses to Questions Submitted	Commissioner Bremby	10	Discuss
9. Next Steps	Commissioner Bremby	5	Discuss

Objective of Discussion

4. HIT Charter Update **15 min**

Final Discussion for Approval of Charter

Charter: HIT Council (1/3)

HEALTH INFORMATION TECHNOLOGY (HIT) COUNCIL

Charter

This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for HIT requirements[1] and technology components in support of SIM goals, in accordance with the recommendations of the Quality, Practice Transformation, and Equity & Access work groups. This work group will review current and proposed technologies cited in the SIM Model Test Proposal[2] or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scalable, adaptable, and based on national standards.

Key questions this work group needs to answer

Access

What are the HIT requirements to support recommendations of the Equity & Access Council to guard against under-service or patient selection?

Connectivity and Exchange

The following questions should be answered in accordance with the recommendations of the Practice Transformation Task Force. The HIT Council should coordinate with the Task Force regarding issues of implementation.

1. What are the HIT requirements to support and implement recommendations of the Practice Transformation Task Force?
2. How will HIT support information exchange across providers?
3. What are the HIT requirements to implement and pilot test short-term[3] information exchange leveraging existing technology asset: Direct Messaging, ADT-SES?
4. What are the HIT requirements to leverage existing core procurement and implement and pilot test a Consent Registry-Nextgate?
5. What are the HIT requirements and recommended solution(s) to implement and pilot test 1-3 Disease Registries-Nextgate?
6. What are the HIT requirements for procuring Mobile Medical Applications for care management using crowd sourcing?
7. What are the HIT requirements to leverage the existing technology asset: EHR-SAAS hosted by BEST?
8. How will proposed technologies align with existing technologies used by Advanced Networks and FQHCs to avoid redundancies and duplication of efforts?
9. What is the process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal?
10. What measures need to be taken to ensure that the HIT requirements are secure and provide patient protection in accordance with Health Insurance Portability and Accountability Act?
11. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?

Quality

The following questions should be answered in accordance with the recommendations of the Quality Council. The HIT Council should coordinate with the Council regarding issues of implementation.

1. What are the HIT requirements to support and implement the recommendations of the Quality Council?

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[1] Requirements include infrastructure, capabilities, functionality, data interactions, data security, selection criteria and process, implementation

[2] Connecticut SIM Model Test Proposal – Amendment 03 – 4/30/2015 – Budget Narrative – Health Information Technology – pg. 25 & Project Narrative – pgs. 26-31

[3] The long-term solution for information exchange is the state-wide HIE which will be implemented via the HIT Advisory Council pursuant to Public Act 15-146.

Charter: HIT Council (2/3)

2. What are the HIT requirements to implement the quality measures/metrics recommended by the Quality Council for adoption to measure provider performance with regard to targeted health conditions & prevention goals?
3. What are the HIT requirement to implement quality measures/metrics that are claims-based? Clinically-based? Which have priority? What is the frequency with which these metrics will aggregated?
4. What are the potential and recommended data sources for these quality measures?
5. How will measures be attributed to data, aggregated, stored, accessed and reported?
6. What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
7. What are the HIT requirements and recommended approach to leverage the existing technology asset: licensing agreement-Zato for edge server indexing for eCQMs?
8. What are the HIT requirements and recommended approach to leverage the existing technology asset: Provider Directory-Nextgate hosted by BEST?
9. What are the HIT requirements and recommended approach to leverage the existing technology asset: eMPI-Nextgate hosted by BEST?
10. How will the technology solution(s) be pilot tested? Is there a short-term and long-term solution?
11. What are the HIT requirements to support cross-payer analytics and the common performance scorecard?
12. What are the SIM MQJSSP HIT requirements to link/integrate Medicaid data with the APCD for claims-based quality measures?
13. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQJSSP?
14. How will the quality measure data be stored, organized, aggregated, accessed, and reported? Who will have access to the data?
15. Are there HIT requirements for the common care experience survey?

Roles and Responsibilities

1. Develops and recommends SIM HIT Council charter to the Healthcare Innovation Steering Committee, with input from the Quality, Practice Transformation, and Equity & Access work groups
2. Establishes ad hoc task forces to investigate specific technical, functional and data exchange topics
3. Discusses options and makes a recommendation using majority consensus[4]
4. Members communicate HIT Council progress back to constituents and bring forward their ideas and issues
5. Works collaboratively with the other SIM work groups in an iterative and inclusive manner to develop, collect and share information needed to provide an aligned HIT solution and will work hard to limit and/or reduce any unnecessary duplication from other SIM work groups
6. Monitors progress and makes adjustments to stay within the SIM timeline – pre and post SIM HIT solution implementation
7. Makes recommendations to the Healthcare Innovation Steering Committee
8. Comes to HIT Council meetings prepared, by reviewing the materials in advance
9. Escalates issues, questions and concerns that cannot be resolved by the HIT Council as a group to the Healthcare Innovation Steering Committee
10. Establishes an executive team that includes the co-chairs and three members from the HIT Council representing the major stakeholder groups (Consumers, Payers and Providers). The non-co-chair members will be included in the agenda prep calls to assist in agenda development and identify any issues brought forth by council members.

Guiding Principles

1. Advocate for HIT solutions that are scalable and meet existing standards that are available and feasible
2. Comply with SIM's conflict of interest protocol, currently in draft status
3. HIT is a tool to support or supplement care delivery and the collection of necessary data but is not, nor should be the end goal
4. Lead a fair and competitive due diligence process

[4] If necessary the council will follow a majority voting process, assuming a quorum (one co-chair and at least 50% of the members are present).

Charter: HIT Council (3/3)

5. Conduct a competitive bidding process in selecting HIT vendors
6. Be the advocate for the role you are representing

Scope - range and boundaries of the responsibilities of the HIT Council

In-Scope

1. Review of the current and proposed technologies cited in the SIM grant to understand capabilities and uses for Test Model
2. Work collaboratively and actively support two way communications with the other SIM workgroups and councils to develop the HIT design.
3. High level schema of HIT solution
4. SIM HIT solution implementation approach and roadmap
5. Recommendations for technologies to support the SIM initiatives
6. Participation with the SIM HIT Steering Committee and other SIM work groups and councils

Out-of-Scope

1. Personal Health Record technology and Patient Portal (from original grant proposal)
2. Development of policies and procedures tied to recommended technologies
3. Underservice measures and associated technology will be monitored by MAPOC and Medicaid

Objective of Discussion

5. Update on Design Team Activity **15 min**

Update on Technology Pilot Oversight Design Team kickoff meeting

Update on Long Term Solution Design Team kickoff meeting

Preliminary Meeting Dates

The Technology Pilot Oversight and Long Term Solution Design Teams will meet bi-weekly, during alternate weeks, over the next 3-4 months.

WORKSTREAM/ACTIVITY	October				November					December				January			
	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25
Technology Pilot Oversight Design Group Meetings (Proposed)																	
Long Term Solution Design Group Meetings (Proposed)																	
HIT Council Meeting		16					20				18						
Healthcare Innovation Steering Committee (HISC)						12				10							

Note: We are still in the process of scheduling the kickoff Long Term Solution Design Group Meeting.

TPO Design Team: Topics Discussed

On October 1, the Technology Pilot Oversight Design Team held its first meeting in which it kicked off a variety of topics.

Topics Discussed

- Provided feedback on the Design Team Charter
- Discussed a high-level roadmap to completion and preliminary target dates
- Outlined the goals of the pilot
- Continued discussion on metrics to be used in pilot

Participants

- Anthony Dias
- Sheryl Turney
- Pat Checko (sitting in for Tiffany Donelson
- Jessica DeFlumer-Trapp
- Amanda Skinner
- Dr. Minakshi Tikoo
- Brenda Shipley
- Michelle Moratti
- Ian Goldsweig

TPO Design Team: Charter

Charter

This design group will be responsible for the oversight and development of piloting an initial HIT solution that tests a small subset of quality metrics as defined by the HIT Council, including the design and execution of the initial pilot. This design group will also examine what level of effort would be necessary to deploy the selected vendor's technology more broadly. It will develop updates and share its findings with the HIT Council as appropriate as well as develop recommendations for consideration by the HIT council.

Key questions this design team needs to answer

1. What are the criteria for a successful pilot?
2. What are the appropriate test scenarios?
3. What is the process for creating the test patients? Who will do the work? Who will validate that the data are accurate and complete?
4. What is the data access / interface process with the selected vendor?
5. Where are the metric calculations performed?
6. What level of interoperability can be achieved?
7. Does the solution provide the necessary security and patient confidentiality requirements in accordance with Health Insurance Portability and Accountability Act??
8. Who will verify the output from the selected vendor? What will be the process?
9. In what way will other Work Groups be participating in the pilot to validate the process?
10. What are the minimum set of measures that the pilot will be dealing with?
11. What is the process to encourage end-users and pilot participants to participate in a pilot with the selected vendor?
12. What will it cost to get providers in a position where they can operate with the system?
13. What will be the long-term cost for those providers if the selected vendors technology is chosen for the long-term solution?
14. What is the frequency with which these metrics will be aggregated and reported to whom?
15. What are the criteria necessary to evaluate the success of the pilot?

TPO Design Team: Roadmap to Completion

To meet the suggested timeline of the pilot requires a fast-paced calendar and objectives over the next 3 – 4 months.

Preliminary Roadmap

Ground work for Pilot (Month 1) Oct.

- Define pilot goals
- Determine methodology
- Finalize measure sets
- Define criteria for success
- Develop test calendar
- Define test scenarios
- Identify issue management process

Launch Data Collection (Month 2) Nov.

- Identify patients and data needed for pilot
- Determine who will collect the data
- Define how data will interface with Zato
- Verify what the data will look like

Conduct Pilot Assessment (Months 2 - 4) Nov. – Jan. 2016

- Conduct each round of testing
- Identify risks/issues in the pilot
- Identify process vs. technology considerations
- Refine testing for each round

Recommendations for HIT Council Approval (Month 4) Jan. 2016

- Assess findings
- Determine costs/resources to implement (if necessary)
- Finalize recommendations for HIT Council approval
- Develop roadmap for implementation

Final timeline to be determined pending completion of the council/work group template

TPO Design Team: Goals of the Pilot

The pilot will help prove whether the technology will meet the HIT programmatic needs in the short term.

Goal

To test the selected vendor's technology solutions to accurately collect clinical data from pilot participants' EHRs in an automated way so that quality measures based on clinical data can be used by payers in value-based payment arrangements

Part of the Design Teams' responsibility is to determine how this goal will be accomplished

Note: Funding for the pilot is as of yet undetermined and a review of the budget and presentation to the HIT Council is planned.

TPO Design Team: Metrics

The Design Team discussed whether the selected metrics to examine will enable the pilot to test the limits and flexibility of the Zato technology.

Metrics for Pilot

Metric
 **Controlled Hypertension**
 **Uncontrolled Diabetes with A1C Greater than 9**

Key Questions Still to Explore

- Do these metrics allow us to test the limits of the technology?
- Are these measures sufficient or do we need to dig deeper and also look at equity metrics, such as race, ethnicity, age, gender, etc.?
- Are there additional metrics to be used in the pilot?

TPO Design Team: Next Steps

Next Steps

- Begin to develop preliminary criteria to be used to evaluate the effectiveness of the technology
- Start drafting test scenarios to better understand how Zato gathers/stores its data

LTS Design Team: Topics to be Discussed

The Long Term Solution Design Team will have its kickoff meeting later this month.

Topics to be Discussed

- Provide feedback on the Design Team Charter
- Discuss a high-level roadmap to completion and preliminary target dates
- Outline the goals of the design team
- Further discussion on template/process for information exchange with the other work groups

Participants

- Michael Hunt
- Ludwig Johnson
- Pat Checko
- Victor Villagra
- Mike Miller
- Mark Raymond
- Dr. Minakshi Tikoo
- Brenda Shipley
- Michelle Moratti
- Ian Goldsweig

Objective of Discussion

6. SIM Overall update **30 min**

Discussion on the current state of the SIM initiative

Vision

Establish a whole-person-centered healthcare system that:

- improves population health;
- eliminates health inequities;
- ensures superior access, quality, and care experience;
- empowers individuals to actively participate in their healthcare; and
- improves affordability by reducing healthcare costs

Model Test Hypothesis for SIM Targeted Initiatives

High percentage of patients in value-based payment arrangements

MQISSP
Medicare SSP
Commercial SSP

+

+

Resources to develop advanced primary care and organization-wide capabilities

- Advanced Medical Home Program
&
- Community & Clinical Integration Program (CCIP)

=

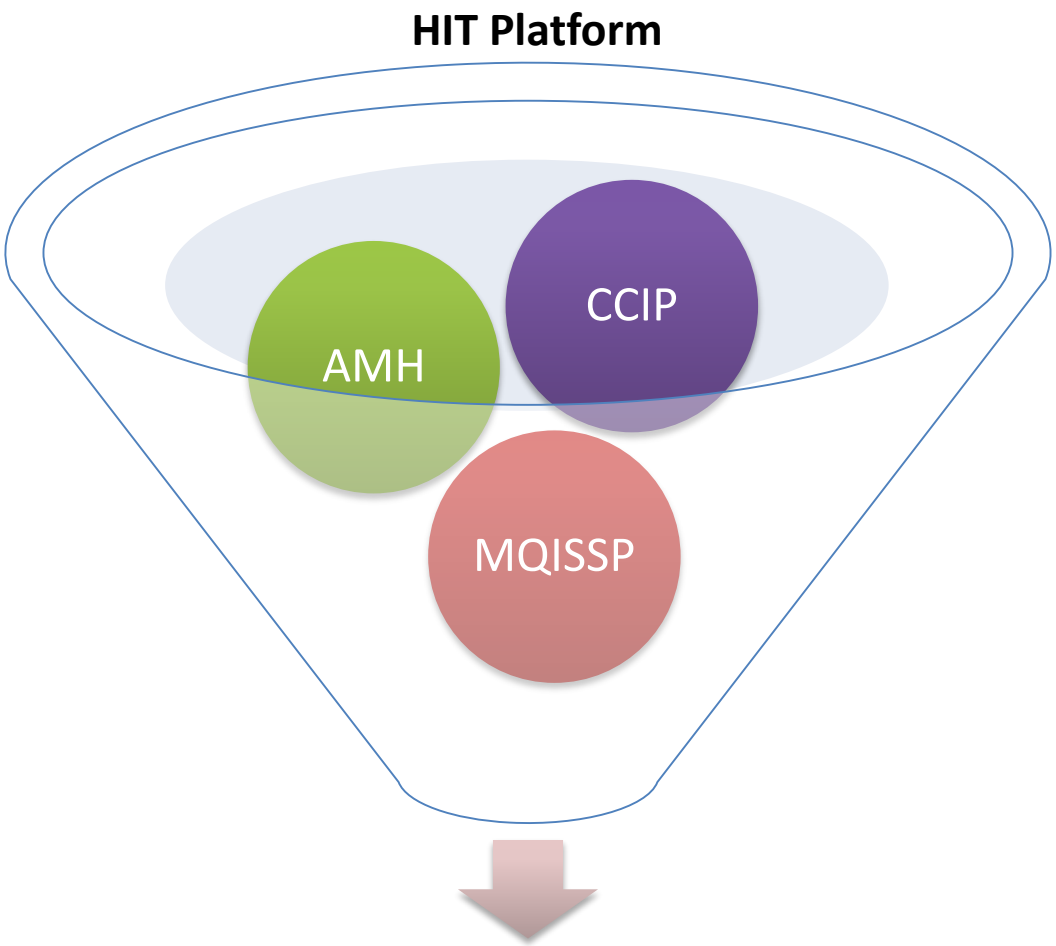
Accelerate improvement on population health goals of better quality and affordability

MQISSP is the Medicaid Quality Improvement and Shared Savings Program

SIM Councils

	Health Information Technology Council	Practice Transformation Taskforce	Quality Council	Equity & Access Council
Charter	• Develop recommendations for HIT requirements for SIM • Goals: Access, Connectivity & Information Exchange, Quality Measure Production	• Propose standards for Advanced Medical Home (AMH) designation • Propose standards for the Clinical & Community Integration Program (CCIP)	• Propose common, multi-payer quality measure set • Promote the adoption of common quality measures • Design/implement common provider scorecard (?) • Propose measures for specialists, hospitals (?)	• Recommend methods to ensure appropriate service, and limit risk of patient selection and under-service • Plan to ensure at-risk and underserved populations benefit from reforms
Completed Activities	• High level review of solutions for quality measure production: APCD & edge-server ZATO	• Established standards for Advanced Medical Home designation (3/15)	• Completed 2 out of 3 phases of quality measure selection	• Developed draft report of methods to limit risk of patient selection and under-service
Activities in Progress	• Detailed review of edge-server solution for producing quality measures that rely on clinical data	• Seeking comment on the standards/criteria for the Clinical & Community Integration Program (CCIP) (10/15)	• 3rd phase of quality measure selection •Development of quality measure alignment plan	• Feedback on report from Steering Committee, Care Management Committee • Revise report • Seek public comment
Future Activities	• Oversee implementation of HIT solution for producing quality measures • Design tech solutions for other SIM program needs	• Obtain feedback from Care Management Committee & Steering Committee • Oversee implementation of CCIP & AMH programs • Recommend program adjustments as needed	• Deliberate a common scorecard • Finalize the core and supplemental measure sets • Issuing a report for public comment	• Develop recommendations that address gaps or disparities in healthcare access or outcomes within the context of SIM
Meeting Frequency	Monthly → Bimonthly (1/16)	Monthly → Quarterly (11/15)	Monthly → Quarterly (1/16)	Monthly → Quarterly (7/15)

SIM Care Delivery and Payment Components



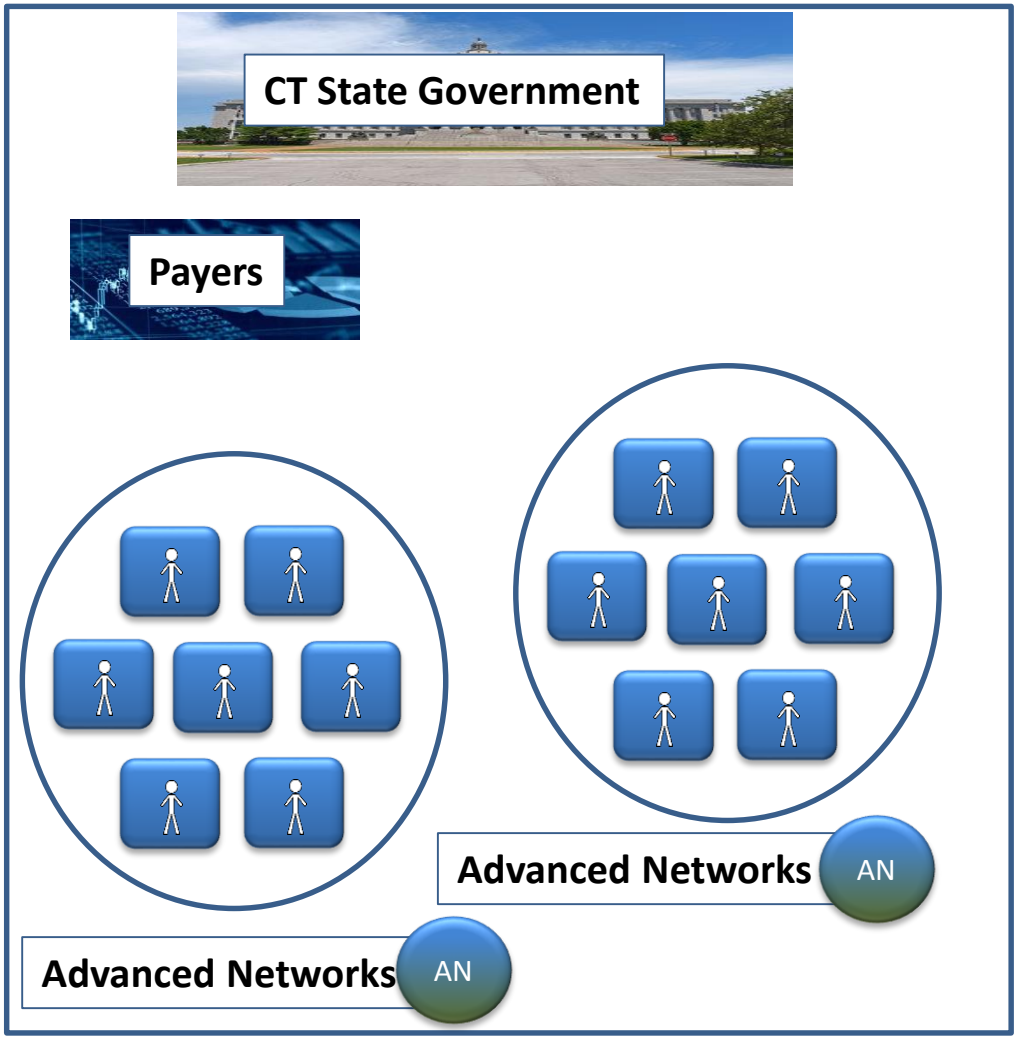
- **What is the goal of each delivery component?**
- **What are the activities needed to reach these goals?**
- **How will we know we are successful in obtaining these goals?**

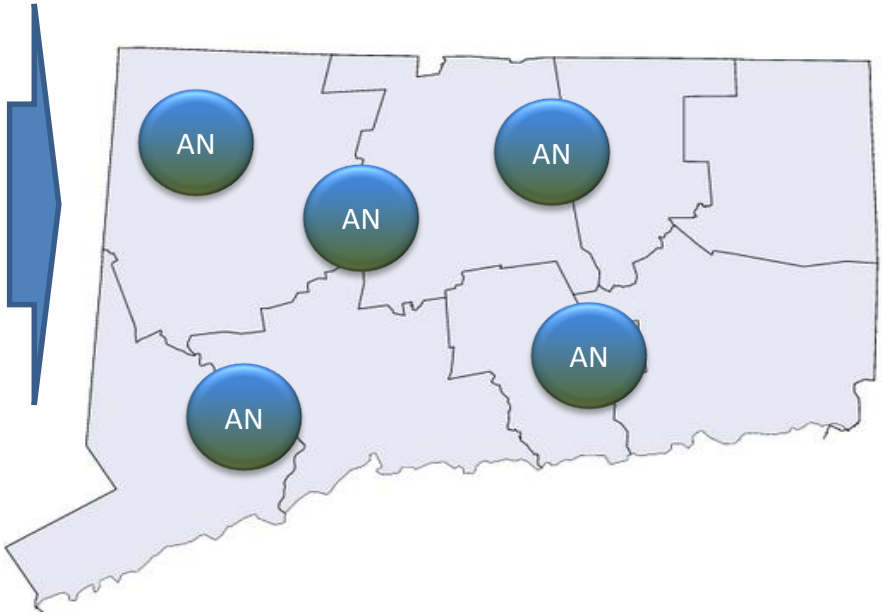
Questions for HIT Council

- Where are HIT components needed to support and implement the recommendations of the other work groups?
- What are the HIT requirements to leverage existing technology?
- What are the reporting requirements needed?
- How will we define success? What are the datasets needed to develop an efficient HIT platform?

Overview of SIM Programs

Healthcare Community



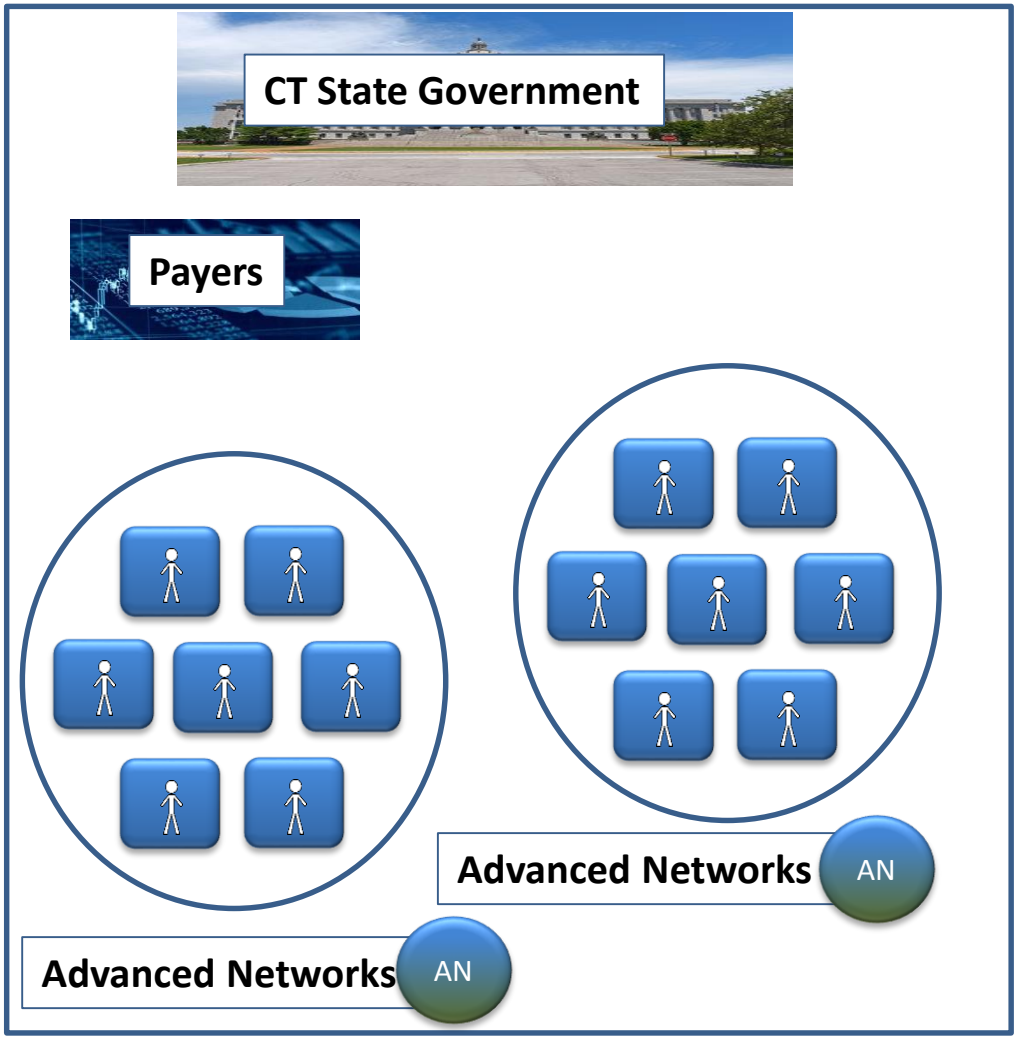


Primary care practice Patient AN Advanced Networks

Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer

Overview of SIM Programs

Healthcare Community



Primary care practice Patient AN Advanced Networks

Select SIM Programs

1. Building Capabilities of Advanced Networks (PTTF)
   - AMH standards
   - CCIP Standards
2. Producing Quality Measures for Value-Based Payment
3. Launching Medicaid Quality Improvement and Shared Savings Program (MQISSP)
4. Plan for Population Health

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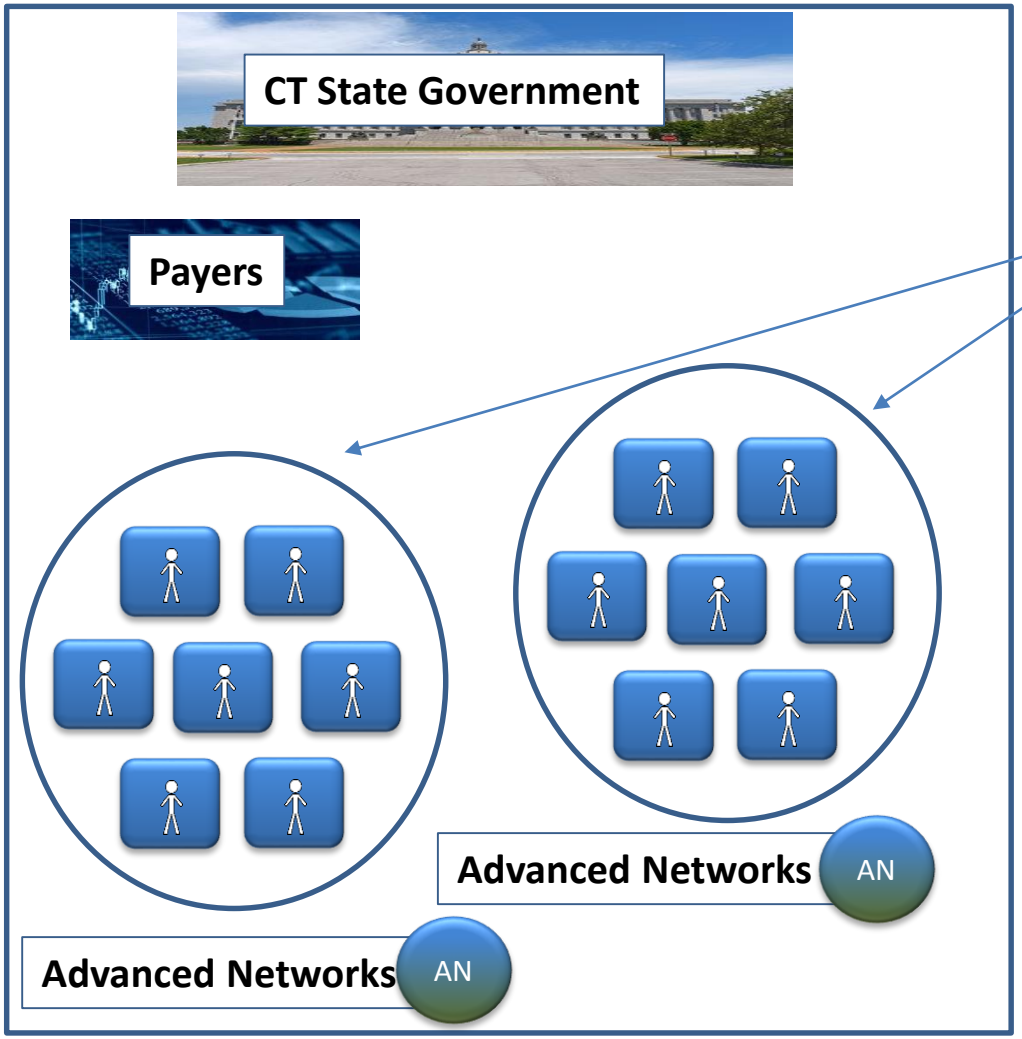
Overview of SIM Programs

Healthcare Community



1. <u>Building Capabilities</u> of Advanced Networks (PTTF)
   - Advanced Medical Home (AMH) standards
   - Community and Clinical Integration Program (CCIP) Standards

Primary care practice | Patient | AN Advanced Networks

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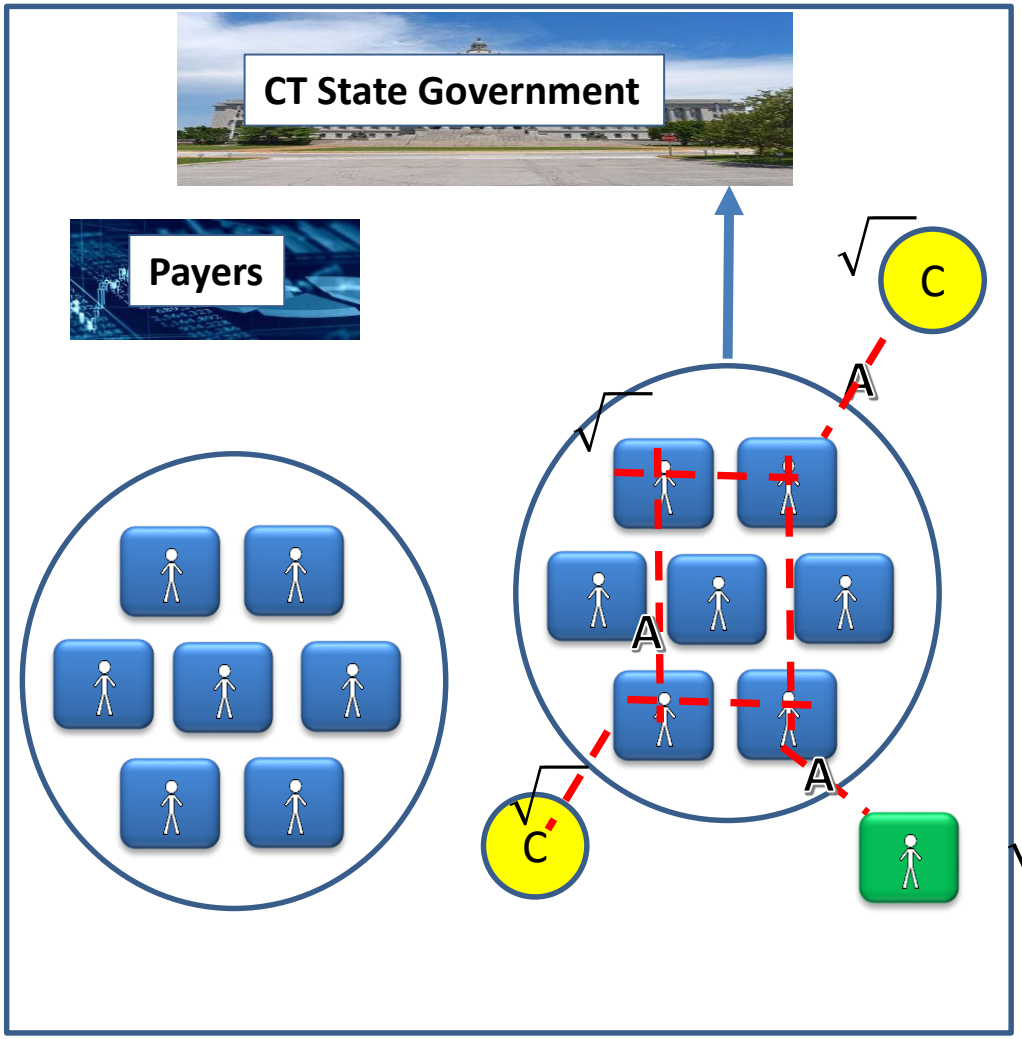
Overview of SIM Programs

Healthcare Community



Select SIM Programs

1. **Building Capabilities of Advanced Networks (PTTF)**
   - **Advanced Medical Home (AMH) standards**
   - **Community and Clinical Integration Program (CCIP) Standards**

Network: Build the ability to share information, in the context of a care plan, across clinical/non clinical providers

Data: Define, index and share data between clinical and nonclinical providers

Applications: Functionality that enables collaboration and shared management of patients (e.g. care management)

Primary care practice | Patient | AN Advanced Networks | Other Clinical Providers | C Community Organizations

Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer

Overview of SIM Programs

Select SIM Programs

1. **Building Capabilities of Advanced Networks (PTTF)**
   - **AMH standards**
   - **CCIP Standards**

Key Open Questions

Network: Build the ability to share information, in the context of a care plan, across clinical/non clinical providers

What organizations need to be "networked"? At what capacity? In what manner?

Data: Define, index and share data between clinical and nonclinical providers

What data needs to be acquired to coordinate care delivery and care management between clinical and nonclinical providers?

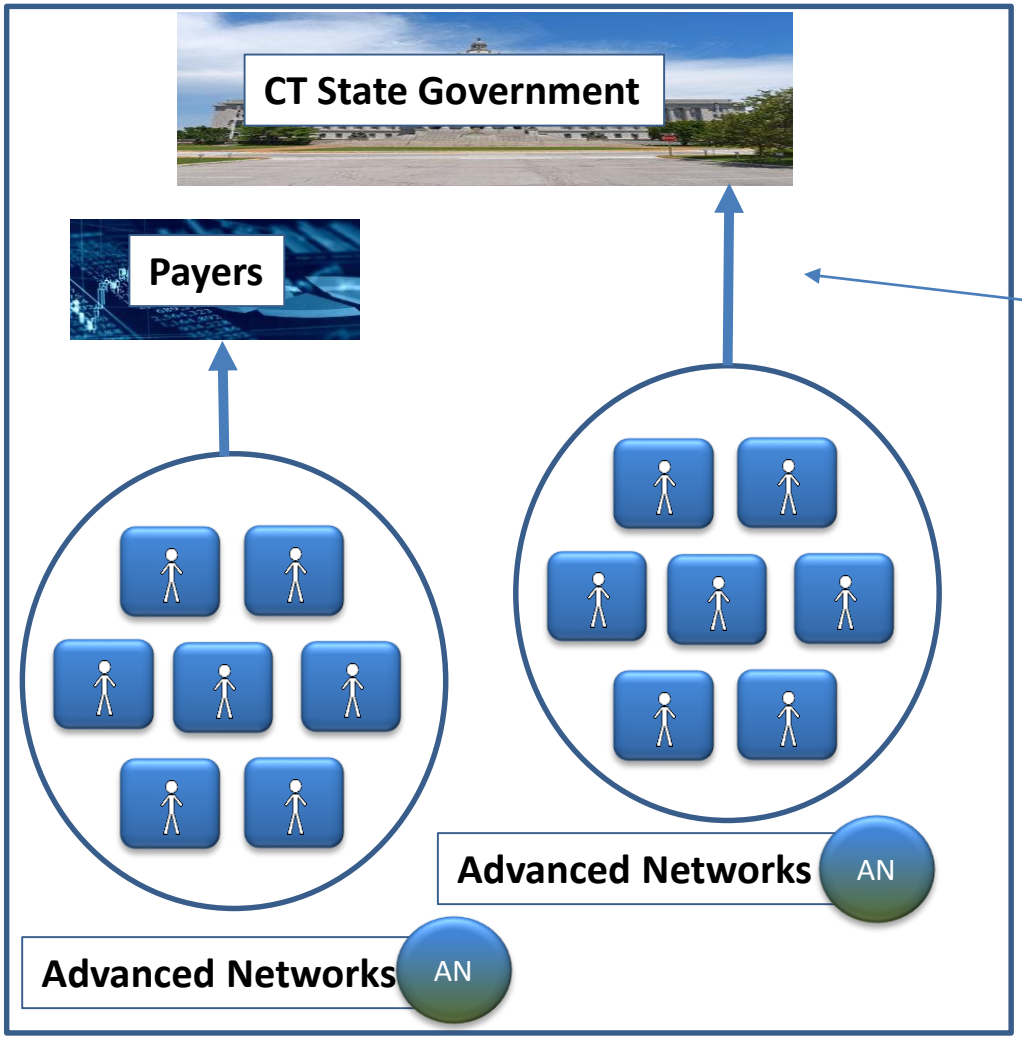
Applications: Functionality that enables collaboration and shared management of patients (e.g. care management)

What application functionality needs to be acquired to coordinate care delivery and care management between clinical and nonclinical providers?

Note: AMH pilot participants will not be part of the model test.

Overview of SIM Programs

Healthcare Community




Primary care practice


Patient

Advanced Networks

Select SIM Programs

1. Building Capabilities of Advanced Networks (PTTF)
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Quality Measure Alignment

Goals outlined in the test grant:

1. Core quality measurement set for primary care, select specialists, and hospitals

Current focus of Quality Council

2. Common cross-payer measure of care experience tied to value based payment

3. Common provider scorecard?

Outcomes Measures

Today:

Health Plan → *Claims Data*

Process Measures

(E.g., Diabetes foot exam, well-care visits, medication adherence)

National consensus to move towards outcomes:

Health Plan → *Claims Data*

Health Plan → *EHR Data*

Process & Outcome Measures

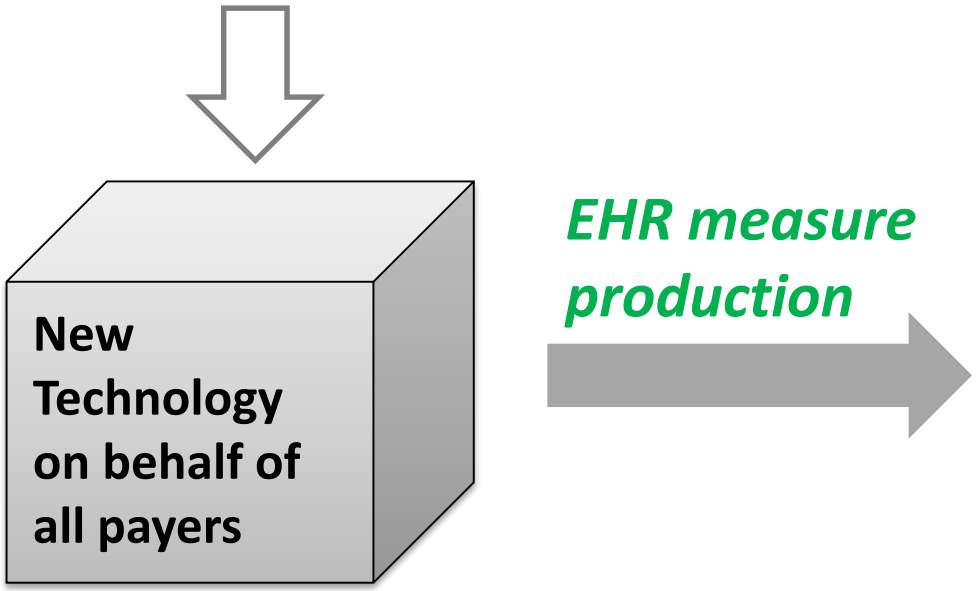
(E.g., diabetes A1C control, blood pressure control, depression remission)

Core Measure Set

Payers currently produce claims based measure
State proposes to produce

- EHR based measures

SIM Funded HIT



Provisional Core Quality Measure Set 10-6-15

Consumer Experience Measure	NQF	ACO
PCMH – CAHPS measure	0005	

Care coordination/patient safety	NQF	ACO
Plan all-cause readmission	1768	
All-cause unplanned admissions for patients with DM		36
Asthma in younger adults admission rate	0283	
Asthma admission rate(child)	0728	
Emergency Department Usage per 1000		
Documentation of current medications in the medical record	0419	39
Annual monitoring for persistent medications (roll-up)	2371	
Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		

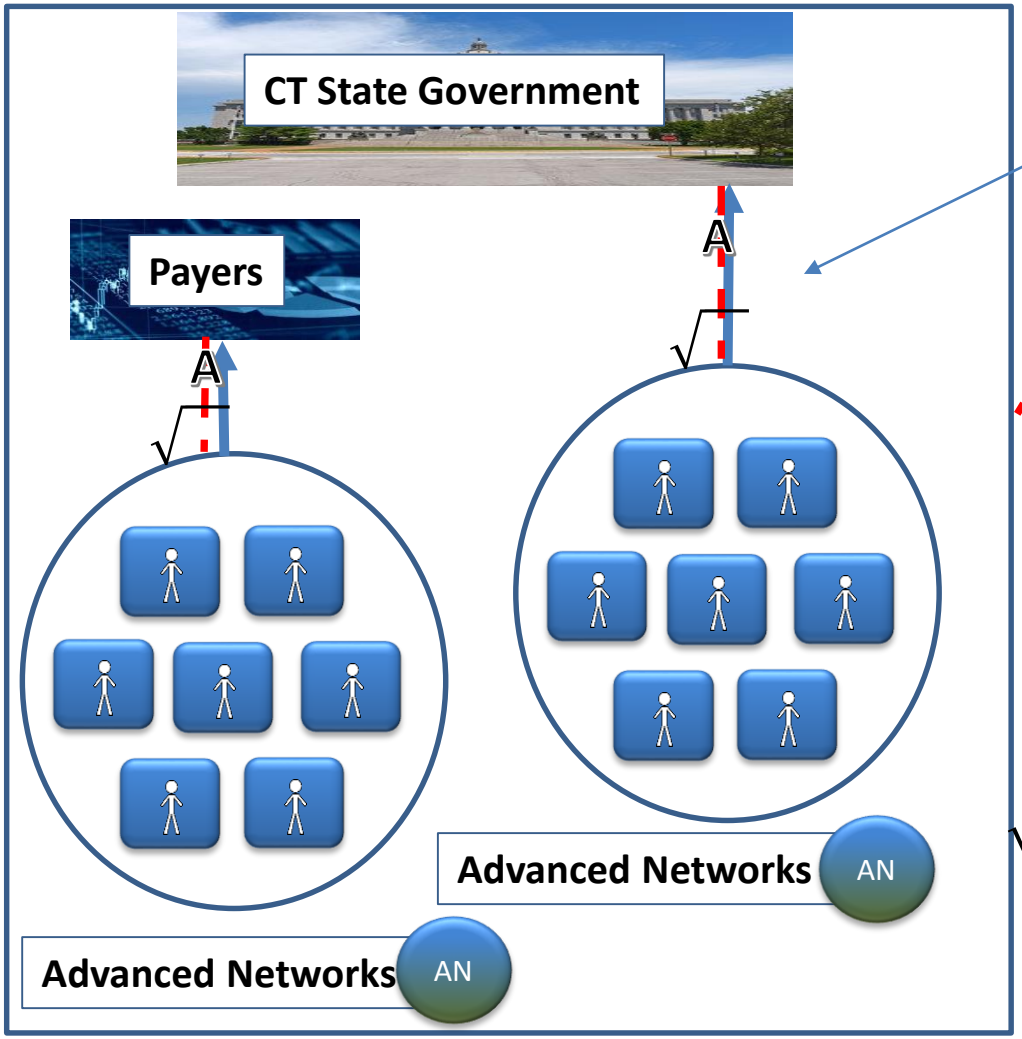
Prevention Measure	NQF	ACO
Breast cancer screening	2372	20
Cervical cancer screening	0032	
Chlamydia screening in women	0033	
Colorectal cancer screening	0034	19
Adolescent female immunizations HPV	1959	
Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	
Preventative care and screening: BMI screening and follow up	0421	16
Developmental screening in the first three years of life	1448	
Well-child visits in the first 15 months of life	1392	
Well-child visits in the third, fourth, fifth and sixth years of life	1516	
Adolescent well-care visits		
Tobacco use screening and cessation intervention	0028	17
Prenatal Care & Postpartum care	1517	
Frequency of Ongoing Prenatal Care (FPC)	1391	
Oral health: Primary Caries Prevention	~~1419~~	
Screening for clinical depression and follow-up plan	0418	18
Oral Evaluation, Dental Services (Medicaid only)	2517	
Behavioral health screening (pediatric, Medicaid only, custom measure)		

Acute & Chronic Care Measure	NQF	ACO
Medication management for people with asthma	1799	
Asthma Medication Ratio	1800	
DM: Hemoglobin A1c Poor Control (>9%)	0059	27
DM: HbA1c Screening (interim measure until NQF 0059 is stood up)	0057	
DM: Diabetes eye exam	0055	41
DM: Diabetes foot exam	0056	
DM: Diabetes: medical attention for nephropathy	0062	
HTN: Controlling high blood pressure	0018	28
Use of imaging studies for low back pain	0052	
Avoidance of antibiotic treatment in adults with acute bronchitis	0058	
Appr. treatment for children with upper respiratory infection	0069	
Cardiac strss img: Testing in asymptomatic low risk patients	0672	

Behavioral Health Measure	NQF	ACO
Follow-up care for children prescribed ADHD medication	0108	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)		
Depression Remission at 12 Twelve Months	0710	40
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	1365	
Unhealthy Alcohol Use – Screening		

Overview of SIM Programs

Healthcare Community



Primary care practice Patient AN Advanced Networks

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Select SIM Programs

2. Producing Quality Measures for Value-Based Payment

Network: Build the ability of providers to report to the State and payers performance against quality metrics

A

Data: Define the data and algorithms required to calculate metrics or identify already calculated metrics to gather that meet standards

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Applications: Acquire or create the application functionality (or require advanced network to acquire or create) required to calculate and report metrics

Overview of SIM Programs

Select SIM Programs

2. Producing Quality Measures for Value-Based Payment

Network: Build the ability of providers to report to the State and payers performance against quality metric

Data: Define the data and algorithms required to calculate metrics or identify already calculated metrics to gather

Applications: Acquire or create the application functionality (or require advanced network to acquire or create) required to calculate and report metrics

Key Open Questions

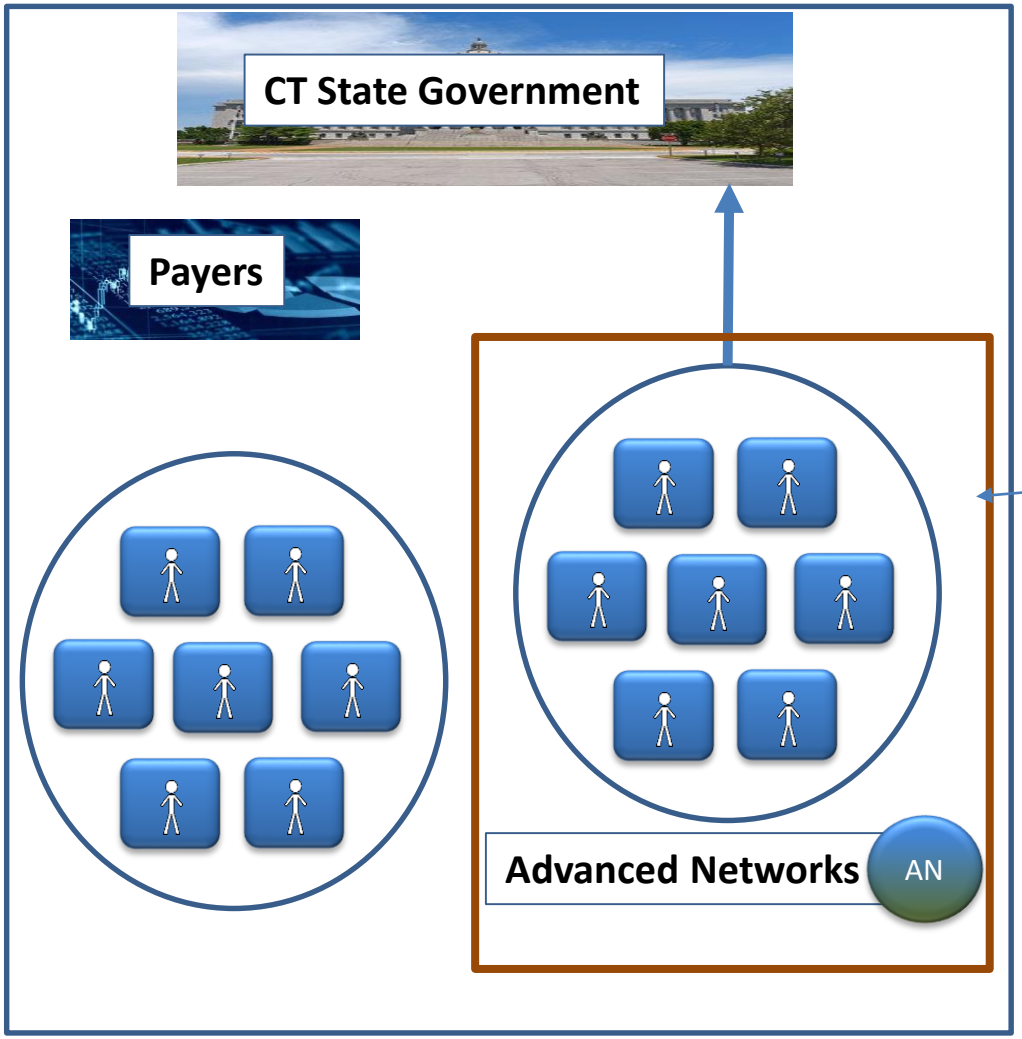
What organizations (providers and payers) need to be "networked" to produce quality measures? At what capacity? In what manner to enable metric calculation and reporting?

What data or calculated metrics needs to be shared to enable performance measurement and reporting?

What application functionality needs to be acquired to enable calculation, reporting and feedback?

Overview of SIM Programs

Healthcare Community



Select SIM Programs

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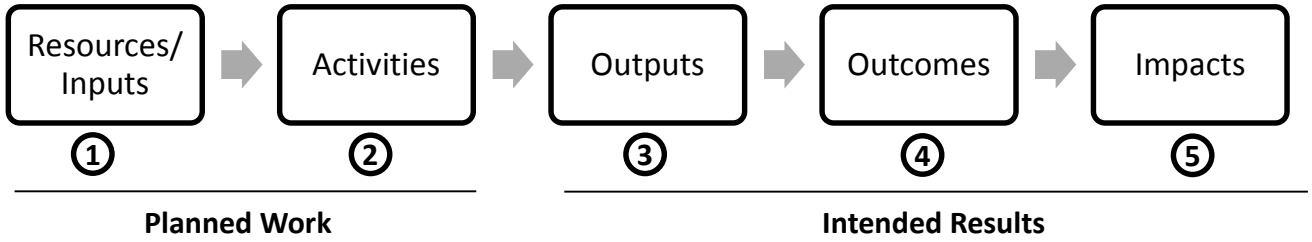
Template of Logic Model

A logic model will also help the HIT Council develop a road map that describes the sequence of related events to help build the HIT platform.

Logic Model Framework



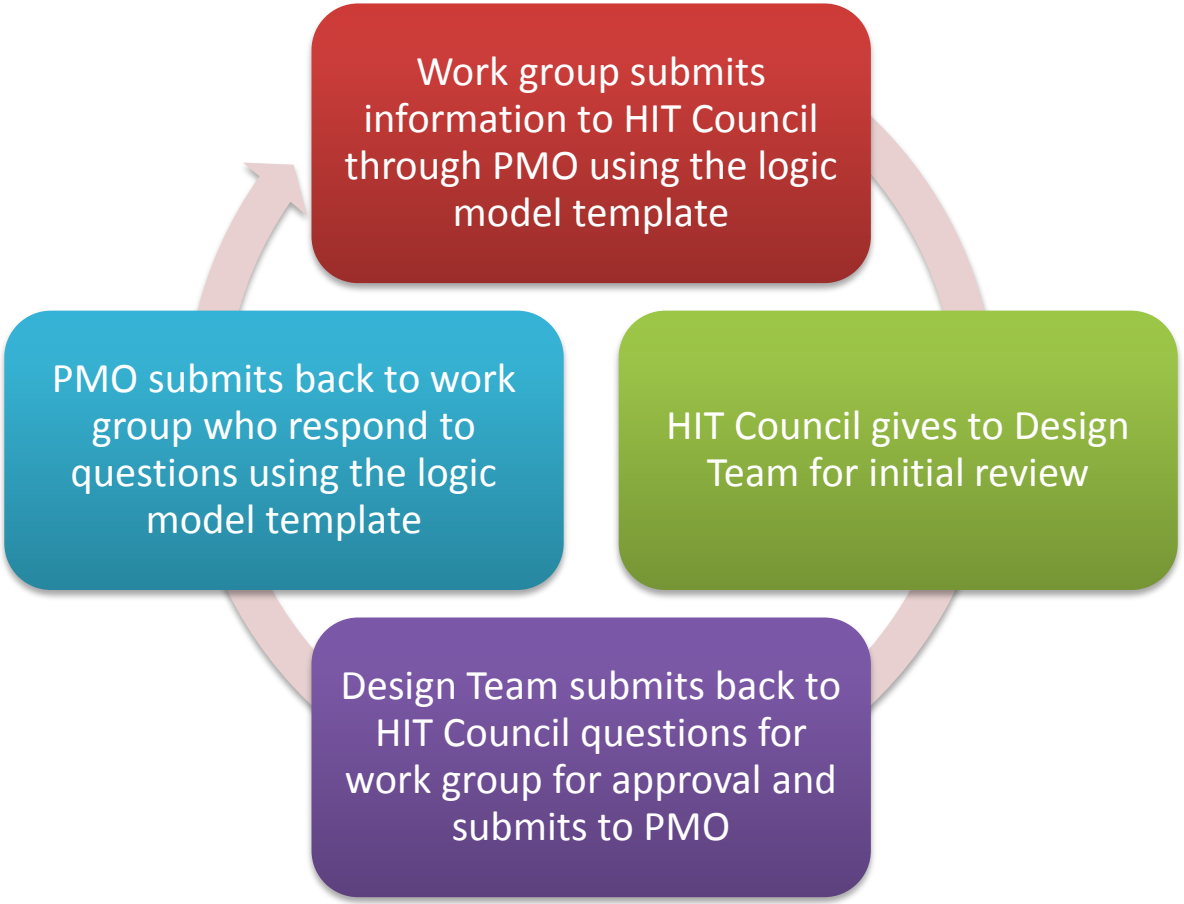
Proposed Logic Model Template

	Resources/ Inputs	Activities	Outputs	Outcomes	Impacts
	In order to accomplish our set of activities we will need the following:	**In order to address our problem or asset we will conduct the following activities:**	**We expect that once completed or under way these activities will produce the following evidence of service delivery:**	**We expect that if completed or ongoing these activities will lead to the following changes in 1–3 then 4–6 years:**	**We expect that if completed these activities will lead to the following changes in 7–10 years:**
Illustrative Example	Personal Health Record	Personal Health Records/Patient portal to provide access to EHRs	Increased capacity to process data	Continuity of care or individuals released from DOC to community-based providers	Improvement in targeted HP 2020 population health indicators

Iterative Process of Design

Developing a high level HIT programmatic platform will be an iterative process with the other work groups and the HIT Council in order to ensure all questions are answered and the right HIT platform is developed.

Process of Design



Information Exchange Time Frame

Setting dates for responses and feedback between the HIT Council and other work groups will help set expectations and drive the HIT Council's work plan.

Proposed Logic Model Template

Resources/ Inputs	Activities	Outputs	Outcomes	Impacts
In order to accomplish our set of activities we will need the following:	**In order to address our problem or asset we will conduct the following activities:**	**We expect that once completed or under way these activities will produce the following evidence of service delivery:**	**We expect that if completed or ongoing these activities will lead to the following changes in 1–3 then 4–6 years:**	**We expect that if completed these activities will lead to the following changes in 7–10 years:**
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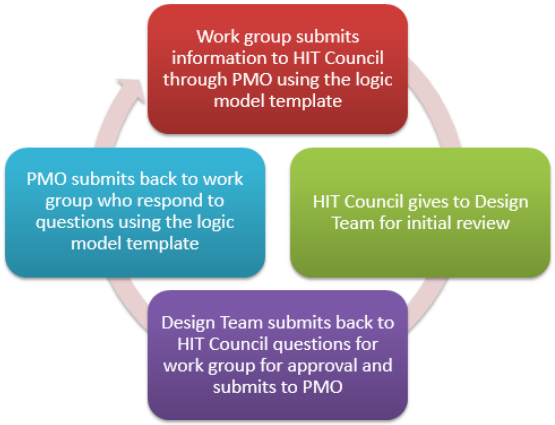
Process of Design



Potential Time Frame

Work Groups submit information using template (1st iteration)

Work Groups submit responses to questions using template (2nd iteration)

Work Groups submit responses to questions using template (3rd iteration)

October 30, 2015 → **November 20, 2015** → **December 4, 2015** → **December 18, 2015** → **January 8, 2016** → **TBD: January 2016**

HIT Council reviews and submits questions back to work groups (1st iteration)

HIT Council reviews responses and submits questions back to work groups (2nd iteration)

HIT Council begins developing high-level roadmap based on Work Group HIT solution requests

Overall HIT Council timeline to be revisited based on new timing requirements from Work Group information.

Objective of Discussion

7. HIT Council Progress to Date **30 min**

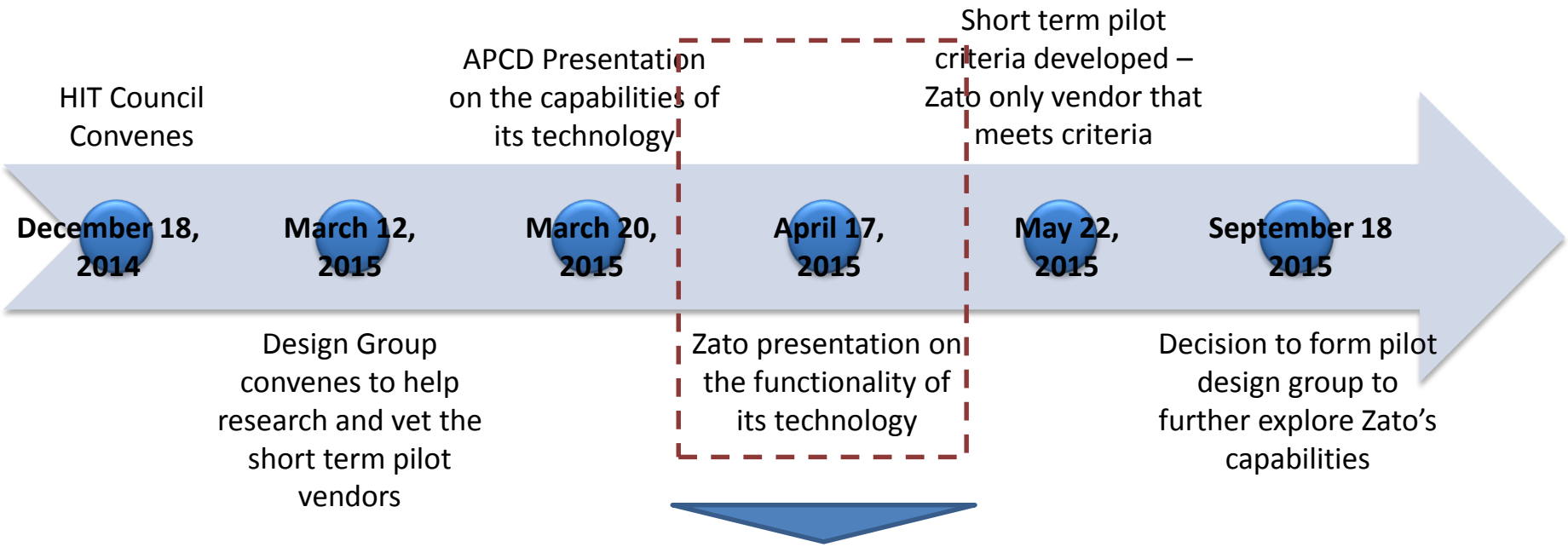
Review of the selection process for the short term pilot

Executive Summary

- HIT Council recommended a two-staged approach to designing the HIT solutions for the SIM project: A short term pilot and a long term solution
- Because of the limited timeframe, budget considerations and constraints on resources for a short term pilot, the HIT Council looked at in-house vendors resulting in two vendors selected for additional information: APCD and Zato
- The HIT selection criteria consisted of a two-tiered approach, in which Zato was the only vendor that met requirements of the first tier: Timing and Functionality
- Zato also provided upside as a technology currently being used by the State and would enable the State to leverage this relationship and have a technology that is both broad based and state-wide

Timeline of Events

The decision to select Zato as the vendor for the short term pilot is a process that has occurred over the last 10 months.



There were several questions that continue to remain unanswered by Zato that may be explained in a pilot

HIT Solutions: Two-Staged Approach

The HIT Council developed a two-stage approach to implement the HIT technology that addressed the tight timeline, limited dollars and the need for a technical "win."

Two-Staged Approach

1. **Short Term Pilot:** Pilot and implement a subset of clinical measures for 2016 with limited analytic capabilities

2. **Long Term Solution:** Implement full clinical measure set with bidirectional analytic capabilities

Although a short term technology will be implemented in 2016, the HIT Council will continue to pursue alternatives in the long run that can run with a full measure set

The RFP process in the State of Connecticut is quite long and in order to implement a technology with limited capabilities by 2016, HIT Council looked at in-house vendors. Budget considerations and constraints on resources also were factors in initially looking at in-house vendors.

Quality Measures and Reporting Design Group

The design group was formed to provide feedback to the HIT Council, the Quality Council and the current vendors regarding the need for IT and functional requirements, and in particular, recommending to HIT Council a technology for the short-term.

Design Group Highlights

- Drafted questions to vendors to gain more knowledge on potential vendors
- Reviewed Inter-council memorandum and identified questions for the QC and vendors
- Reviewed vendor responses and presented summaries to HIT Council
- Brought follow up questions to HIT Council
- Created draft selection criteria for HIT Council review
- Requested approval from HIT Council to proceed with vendor analysis

In-House Vendors

The HIT Council and the Design Group talked to several other SIM recipients about their solution and aimed to pilot a technology that was available and would fit the requirements, in the end deciding on two technologies to more closely examine: APCD and Zato.

Connecticut APCD Resources

- Standard database and analytics tools solution
- The purpose of APCD is to create "… health care information relating to safety, quality, cost effectiveness, access and efficiency for all levels of health care in Connecticut"
- APCD will include data from commercial carriers, PBMs, CT State Employee Insurance, Medicaid and Medicare enrollees for the residents of CT
- The database will contain historical data (≥ 3 years) and then monthly additions starting from August, 2015
- Public users will only have access to de-identified data through a strict data governance and approval process

ZATO

- Edge server technology meets CMS requirements for data sharing for Health Information Exchanges
- Reads data that are stored within an EHR application, other database application, file system application, or Website, each of which is a data silo, and creates normalized indexes of the data that are maintained by each application
- The indices contain PHI (normalized) and can be encrypted in transit and at rest
- All data stays behind a firewall
- Uses a proof of concept methodology
- Platform applications and analytics are in-house developed
- Can be bundled with PopHealth

Multiple HIT Uses for Edge Processing Interoperability

In addition to its operability, there are also multiple HIT uses for Zato's technology.

1. API enables interfacing with and seamless feeding of data to other applications such as the open source PopHealth MU reporting application.
2. Extracts clinical concepts required for existing MU reporting and new reporting standards and provides a secure remote link back to source medical records without moving the data.
3. Flexible re-use of extracted clinical concepts for reporting quality of care measures, cost effectiveness, re-admission information, and other healthcare information stored in one or more EHR systems and other data silos in one or multiple hospitals, nursing homes, and medical testing organizations.
4. Provides a secure remote link in real time to the clinical note to provide alerts for documentation/clinical deficiencies as well as a unified view across the ACO of multiple points of care.
5. Extracts key clinical concepts from inpatient records for purposes of automated ICD-9 coding (with a path to ICD-10), SNOMED awareness, DRG coding, and Clinical Documentation Improvement. Accesses to key clinical facts in real time during a hospitalization provides a dashboard for accurate decision-making and real-time quality alerts.
6. Accountability reporting to achieve full reimbursement to states for Medicaid services provided to state residents, where the data needed for the analysis may be stored in multiple silos and CMS reimbursement policies might change from time to time for various cohort groups.
7. Productive and accurate analysis for claims verification and auditing.
8. Meaningful use at the point of care: real time access to current inpatient and outpatient patient-specific records throughout a region, across multiple data silos, fulfills a primary goal of health information exchange: access to patient medications, allergies, diagnoses, and recent clinical encounters is cost effective in routine care, and critical for emergency care.

HIT Short Term Pilot Tiered Selection Criteria (1/2)

The HIT Council followed a tiered approach in selecting the vendor for the short term pilot.

Tier	Description
First Tier	Vendor must be able to be operational by January 2016 and meet the functionality requirements as determined by the HIT Council and HISC
Second Tier	Evaluates the risks and cost burden for the SIM Stakeholders

In order to be considered for selections, the Vendor must first meet the requirements of the First Tier before it can be considered for the Second Tier and the short term pilot technology.

HIT Short Term Pilot Tiered Selection Criteria (2/2)

As part of the tiered approach, four criteria were reviewed.

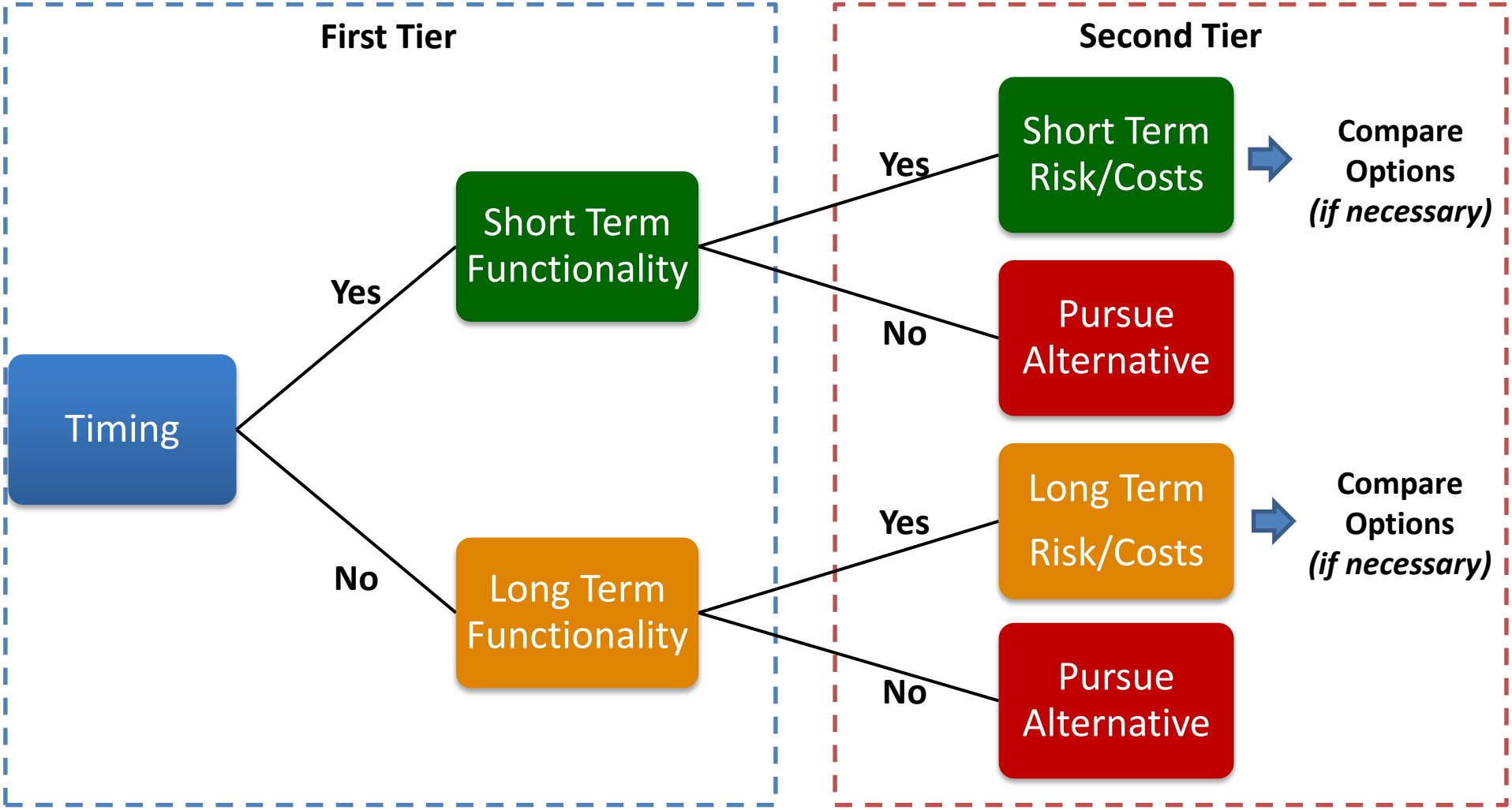
	Criteria	Requirements
First Tier	Timing	• Installed and operational by January 2016 to captures baseline metrics – consider for short term pilot and long term solution • Installed and operational after January 2016 - consider for long term solution only
	Functionality	• Meets 2016 requirements (approved by HISC) – consider for short term pilot

Second Tier	Risks	• Contains questions for the vendor to determining the level of risk for:
		  • Providers
		  • Payers
		  • Consumers
		  • Vendors

	Cost	• Contains questions for the vendor to determine the cost and resource burden for:
		  • Providers
		  • Payers
		  • SIM

Evaluation Process

The Council followed a decision tree process in evaluating the feasibility of each vendor. In order to be selected for the short term pilot, the vendor had to meet all the requirements in the first tier before moving to the second tier.



Evaluation Criteria: Second Tier (1/2)

Should the vendors meet the criteria of the first tier, the second tier questions assessed the risks and costs associated with operability of the potential vendor for different stakeholders.

Stakeholder	Risks	Cost/Resource Burden
Payers	• Can the solution designate attributed population by plan? By member and by plan and plan sponsor? • Is the audit application accurate?	• What is the cost to install and support the solution? • What technical and analytical skills are needed? • Are the costs in line with the expected benefits for participation? Are the costs clearly defined?
Providers	• What level of interoperability can be achieved? All data? Quality measures? Not enough for SIM? • Will the care providers need to change online documentation process to collect the data for the solution?	• Are the costs in line with the expected benefits for participation? Are the costs clearly defined? • Does the provider have the skills and resource to support the solution?
Consumer	• What is the level of patient data exposure outside of the EHR? • What safeguards are in place to maintain patient confidentiality? • Will there be a need to use a consent registry to record consumer authorization?	

Evaluation Criteria: Second Tier (2/2)

Stakeholder	Risks	Cost/Resource Burden
SIM PMO / State	• What assurances are documented that solution meets the SIM requirements? • Will the PMO have the right number and types of skills needed to manage the solution? Infrastructure, end user issues? • What is the risk that payers decide not to participate? Providers? • Are the processes and procedures in place to manage the solution vendor and the user sites?	• What is the cost to install and support the solution at the SIM site?
Vendor/ Technology	• Does the vendor have a track record in healthcare? • Does the vendor/product have a track record for the proposed solution? • How well does their data normalization meet our requirements? • What audit capabilities are provided to assure accurate data aggregation? • What is the financial viability of the vendor? • Does the vendor have sufficient technical and support resources? Does the solution have additional functionality that we can use in future years? Will they customize the solution for our needs?	• What additional costs do they anticipate for this initiative? Is it within the SIM budget?

Quality Metrics Proposed for Short Term Pilot

Two metrics are currently selected to be measured as part of the process to determine the flexibility of the technology in the short term: Controlled Hypertension and Uncontrolled Diabetes with AIC Greater than 9.

Metrics for Pilot

Metric	Description
 **Controlled Hypertension**	*Measures the effectiveness of the care and management of patients diagnosed with hypertension*
 **Uncontrolled Diabetes with A1C Greater than 9**	*Measures the percentage of patients aged 18 through 75 years with type 1 or type 2 diabetes mellitus that had a most recent hemoglobin A1c (HbA1c) greater than 9 percent*

Source: www.hrsa.gov.

Selection Process: First Tier

Zato was the only proposed vendor that met the first tier requirements.

	APCD Connecticut APCD Resources	Zato
Timing	• Will not be production-ready by January 2016 • Access to Medicaid data may require legislation and delay	• Purchased and installed for Non-SIM use • Solution will be production-ready by January 2016
Functionality	• Uses claims data and the quality measures to test require clinical (non-claims) data • Cannot give out identified data, which is essential for attribution • Measuring hypertension would require more additional, complex coding	• Offers a robust tool set capable of connecting and reading data from any source including EHRs, measures files, and the APCD • Has the ability to measure both metrics currently proposed in the pilot

Second Tier: Zato

The HIT Council then measured both the costs and risk associated with using Zato as the short term pilot.

Provides upside to cost reduction in a pilot…

Costs	
The State of Connecticut has expressed wishes to have a vendor that will be enterprise wide for the state – Zato is a technology that is currently contracted with DSS in Connecticut	✓
DSS's current relationship with Zato can be leveraged by using the technology and piloting it at a lower cost	✓

While also imposing some uncertainties that may be better examined in a pilot…

Risks	
Although it has been implemented in government agencies, Zato is not a proven entity in healthcare	?
A pilot will help better explain some outstanding questions	?

Questions to Address

It is believed that a pilot will help address several unanswered questions with Zato's technology.

- What type of interoperability can be achieved with Zato's technology?
- What will the output look like and how will it be presented to the end-user?
- How accurately can Zato's technology collect the data?
- What is contained in the index assuming the two measures proposed for the pilot?

Objective of Discussion

8. Responses to Questions Submitted **10 min**

Brief on Council member questions

Responses to Council Member Questions

Council members have sent several questions over the last few weeks regarding the design teams, and in particular the Technology Pilot Oversight Design Team.

1. **Is the Technology Pilot Oversight Design Team overseeing pieces of the pilot as we had discussed?** The Technology Pilot Oversight Design Team will work to test the selected vendor's technology solutions to accurately collect and capture electronic quality measures in an automated way from participating SIM organizations. It is also currently in the process of developing preliminary criteria needed to evaluate the success of the pilot.
2. **Has there been a demo by Zato of their Springfield project?** No, there has not been a demo for Zato at this time. We are still working with Zato to determine if/when a demo is feasible.
3. **Do we have an updated set of quality measures for data capture from the SIM Quality Committee? Do we have a final set of quality measures for the pilot component of the process and does the steering committee have to approve these?** The Quality Council will not have a final set of quality measures until sometime in January. However, they do have an updated set of measures as of October 7 (*see appendix*). The Technology Pilot Oversight Design Team is also further exploring, with help from the HIT Council, whether the previously discussed metrics allow us to test the limits of the technology. (see slide TPO Design Team: Metrics)
4. **Moving forward, how will we discuss the pilot project outside of the pilot planning?** Any final recommendations and questions that come out of the Technology Pilot Oversight Design Team's meetings will need to come back to the HIT Council for discussion and approval. Updates will also be regularly provided on the progress of each design team at each HIT Council meeting.
5. **Can a council member serve on either design team if their employer is submitting an RFP? What if the RFP is for helping identify selected pilot participants as opposed to potential technologies?** As previously discussed, it was decided by the HIT Council that it would not be appropriate for members of provider organizations to serve on the Design Teams if the provider organizations respond to RFPs for submitting a technology for a potential HIT Solution. However, provisional appointments can be made pending confirmation of the organization in design teams' RFP process.

Objective of Discussion

9. Next Steps 5 min

- Reach out to work groups to begin information exchange process
- Continue bi-weekly design team meetings
- Others?

Appendix

Provisional Quality Measure Set

Consumer Experience Measure	NQF	ACO
PCMH – CAHPS measure	0005	

Care coordination/patient safety	NQF	ACO
Plan all-cause readmission	1768	
Asthma admission rate(child)	0728	
Emergency Department Usage per 1000		
Documentation of current medications in the medical record	0419	39
Annual monitoring for persistent medications (roll-up)	2371	
Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		
Asthma in younger adults admission rate	0283	
All-cause unplanned admissions for patients with DM		36

Prevention Measure	NQF	ACO
Breast cancer screening	2372	20
Cervical cancer screening	0032	
Chlamydia screening in women	0033	
Colorectal cancer screening	0034	19
Adolescent female immunizations HPV	1959	
Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	
Preventative care and screening: BMI screening and follow up	0421	16
Developmental screening in the first three years of life	1448	
Well-child visits in the first 15 months of life	1392	
Well-child visits in the third, fourth, fifth and sixth years of life	1516	
Adolescent well-care visits		
Tobacco use screening and cessation intervention	0028	17
Prenatal Care & Postpartum care	1517	
Frequency of Ongoing Prenatal Care (FPC)	1391	
Oral health: Primary Caries Prevention	~~1419~~	
Screening for clinical depression and follow-up plan	0418	18
Oral Evaluation, Dental Services (Medicaid only)	2517	
Behavioral health screening (pediatric, Medicaid only, custom measure)		

Acute & Chronic Care Measure	NQF	ACO
Medication management for people with asthma	1799	
Asthma Medication Ratio	1800	
DM: Hemoglobin A1c Poor Control (>9%)	0059	27
DM: HbA1c Screening (possible interim measure until NQF 0059 is available)	0057	
DM: Diabetes eye exam	0055	41
DM: Diabetes foot exam	0056	
DM: Diabetes: medical attention for nephropathy	0062	
HTN: Controlling high blood pressure	0018	28
Use of imaging studies for low back pain	0052	
Avoidance of antibiotic treatment in adults with acute bronchitis	0058	
Appr. treatment for children with upper respiratory infection	0069	
Cardiac strss img: Testing in asymptomatic low risk patients	0672	

Behavioral Health Measure	NQF	ACO
Follow-up care for children prescribed ADHD medication	0108	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)		
Depression Remission at 12 Twelve Months	0710	40
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	1365	
Unhealthy Alcohol Use – Screening		