



# Nevada State Innovation Model (SIM)

HIT Taskforce  
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Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy

# AGENDA

- Introductions
- Review of Problem Statements
- SIM HIT Solution
  - Purpose
  - Discussion Points
- HIT Plan Domains
  - Requirements
  - Nevada Content
  - Discussion Points
- Closing Discussion

# PROBLEM STATEMENTS

- A robust statewide Health Information Exchange (HIE) is needed to promote sharing of accurate and complete data at the point of care
- A method to measure population health and population health improvement is needed
- Greater adoption of Electronic Health Record (EHR)s by providers
- Not all provider types are eligible for Medicaid EHR incentive payments

# PROBLEM STATEMENTS

- Providers need a centralized, user-friendly method to access patient data that is payer neutral
- Moving to value-based reimbursement requires the availability of provider performance data available to the provider and payer

# PROBLEM STATEMENTS

- Value-based reimbursement calls for outcomes data that is typically not represented in the claims file and can be accessed/identified without regard to who paid the claim
- Unrealized opportunities exist to improve patient engagement and shared decision making through the use of HIT
- There are opportunities to create public dashboards regarding health status of Nevadans and certain key health metrics

# SIM HIT Solution

# SIM HIT SOLUTION

- Goal: To use the SIM efforts to foster greater HIT and data infrastructure and development in Nevada
- Increased adoption, implementation and meaningful use of EHRs
- Establish the availability and use of direct messaging to all providers
- Support the Regional Extension Center (REC)

# SIM HIT SOLUTION

- Encourage growth and contribution to statewide HIE
- Explore regulatory authority to make HIE opt-out vs. opt-in for sharing
- Develop patient portal to promote patient engagement and shared decision making
- Create centralized provider portal
  - Concise patient profiles
  - Provider population health metric dashboard
  - Actionable alerts to bridge care gaps and support value based purchasing (VBP) initiative

# PROMOTE EHR ADOPTION, IMPLEMENTATION, AND USE

- Purpose: To increase the transition to electronic records and facilitate the electronic sharing of health information
- Discussion Points
  - *How can REC activities be supplemented to promote EHR adoption?*
  - *Barriers from the provider group suggests costs and expensive interfaces are problematic.*

# DIRECT MESSAGING FOR ALL PROVIDERS

- Purpose: To provide a basic mechanism for providers who may not have an EHR system to exchange patient information with other providers.
- Discussion Points
  - *How easy/difficult is it to obtain a direct messaging address?*
  - *Is there a need to promote awareness of this option?*
- Priority and Timeline

# PROMOTE STATEWIDE HIE

- Purpose: To increase the use and utilization of a statewide HIE to provide better information at the point of care
- Discussion Points
  - *What are the fiscal and operational barriers to participation today? And what strategies could be developed to address barriers?*
  - *Are there closed systems or regional HIEs today? If so, need to identify and obtain statistics on them*

# PROMOTE STATEWIDE HIE

- Discussion Points (continued)
  - *Should consideration be made to moving NV to an opt-out for vs. an opt-in HIE sharing model?*
  - *Is there a sustainability plan of an HIE publicly available?*
  - *Need concrete and documented statistics on percentage of providers represented in HIEs and the estimated percentage of patient records contained within HIEs*
- Priority and Timeline

# DEVELOP AN ALL PAYER CLAIMS DATABASE (APCD)

- Purpose: To assist in measuring population health, quality, and transparency. An All Payer Claims Data Base (APCD) could supplement data used for public reporting and payment reform
- Discussion Points:
  - *Will the data set include all submitted or final disposition of claims?*
  - *Will the data include any fiscal information?*

# DEVELOP AN ALL PAYER CLAIMS DATABASE

- Discussion Points: (continued)
  - *Would DHHS be the keeper of the APCD?*
  - *Infrastructure needed will be heavy*
    - *Master Patient Index to match patient data across all payers and data sources*
    - *Reference files (e.g. claims, clinical, demographic, sister agency data, etc.)*
    - *Health Insurance Portability and Accountability Act (HIPAA) compliant privacy and security*
  - *Release an Request for Information (RFI) to shape final scope of the APCD*
  - *Request for Proposal(RFP) for design, development and implementation of APCD*
  - *What authority is needed to develop and mandate compliance?*
- Priority and Timeline

# DEVELOP POPULATION HEALTH MANAGEMENT AND ANALYTICS TOOL

- *Purpose: Measure, track and publish population health metrics and improvement at a provider, payer and population level*
- **Discussion Points**
  - *DHHS maintain responsibility of tool*
  - *Initial data sources: Claims/All Payer Claims Database + HIE + State Registries*
  - *Integrate in additional data sources*

# DEVELOP POPULATION HEALTH MANAGEMENT AND ANALYTICS TOOL

- Discussion Points (Continued)
  - *Population Health Analytics Tool sitting on top of data sources*
  - *Serving data for administrative reporting, provider portal and patient portal*
  - *May alert providers/patients to treatment gaps or educational opportunities*

# DEVELOP POPULATION HEALTH MANAGEMENT AND ANALYTICS TOOL

- *Challenges: Enterprise Master Patient Index, security, privacy, ownership, participation, data comparability/normalization, etc.*
- Priority and Timeline

# PROVIDER PORTAL

- *Purpose: Create a portal for providers to view their patient's comprehensive health care history and the provider's population health metrics*
- **Discussion Points**
  - *Population health vendor will develop provider portal*
  - *Provide population health measures for physician's attributed patients*
  - *Push alerts and care gaps to provider*
  - *Will be multi-payer but may roll out incrementally*
  - *Suggest inclusion as part of population health analytics tool RFI/RFP*
- **Timeline and Priority**

# PATIENT PORTAL

- *Purpose: To promote patient engagement in their health care decisions and promote health literacy.*
- **Discussion Points**
  - *Population health vendor will develop patient portal*
  - *Will include portable patient health record*
  - *Prevention and wellness topics*
  - *Landing page customized to patient's diagnosis codes and with relevant educational materials*
  - *Pushes alerts about gaps in care*
  - *Scope of requirements will be influenced by the population health tool RFI and included in RFP*
- **Timeline and Priority**

# HIT PLAN REQUIREMENT

- Required component of the SHSIP
- Draft Due to CMS 11/30/2015
- Required Domains of the HIT Plan
  - Governance
  - Policy
  - Infrastructure
  - Technical Assistance

# HIT GOVERNANCE

- Components Discussion Points:
  - Organizational structure and decision making authority related to SIM HIT
    - *DHHS staff would constitute governance structure*
  - Organizational capacity
    - *Multi-Payer Collaboration (MPC) will provide support to DHHS agenda*
  - Stakeholder engagement
    - *HIT Stakeholder engagement*
      - *Committee under the MPC?*
      - *Stand alone advisers to DHHS?*
  - Leveraging existing assets
    - *Leveraging existing assets*
      - *Statewide HIE*

# HIT POLICY AND REGULATORY LEVERS

- Alignment with other HIT efforts
- Methods to improve transparency
- Promotion of patient engagement and shared decision making
- Multi-payer strategies

# HIT POLICY AND REGULATORY LEVERS

- Discussion Points
  - *Existing HIT Efforts*
    - *Statewide HIE*
    - *Regional Extension Center*
    - *Public Health registries*
    - *Hospital provider data reporting*
  - *Improve Transparency*
    - *Tool/dashboards for public access*
  - *Patient Engagement*
    - *Patient portal*
  - *Multi-payer Strategy*
    - *Multi-payer collaborative*
    - *APCD*

# INFRASTRUCTURE

- Analytical tools, data-driven, evidence-based approaches, telehealth access and remote monitoring
- Plans to use standards based health IT to enable electronic quality reporting
- Integration of DPBH electronic data to drive quality and improvement at the point of care
- HIT to support fraud and abuse prevention, detection and correction

# INFRASTRUCTURE

- Discussion Points
  - *Population health analytics tool*
  - *Increase number of telemedicine presentation sites and utilization*
  - *Utilization of the Quality Reporting Document Architecture (QRDA) for quality reporting*
  - *Link public health data and registries with an HIE which will feed the provider portal and patient profiles*
  - *The APCD will combine provider data across multiple payers which can be used to facilitate detection of fraud and abuse patterns*

# TECHNICAL ASSISTANCE

- Provide technical assistance on HIT matters to providers
- Focus on providers not eligible for meaningful use incentive payments
- Discussion Points
  - *Promote and support an REC efforts*
  - *Develop a technical assistance resource center for providers desiring to achieve meaningful use, connect with a statewide HIE, or otherwise share patient records electronically*

# POPULATION HEALTH MEASUREMENT – INTERIM APPROACH

- *Interim Approach - the strategy for measuring population health prior to availability of an analytics tool with access to all patient level data*
- Aggregate existing quality/outcome metrics and other data points
  - Reported manually from each payer to central entity
  - Supplemented by existing state registries

# POPULATION HEALTH MEASUREMENT – INTERIM APPROACH

- Phase I: Highly Manual
  - Payer submit outcomes data to administrator
  - Administrator aggregates data and normalizes based on payer covered lives
  - Omits uninsured/self-paid claims
- Phase II: Some Automation
  - Provider or Payer submits QDRA III to payer who contributes electronically to clinical repository
  - Programmers create basic queries against data
- Phase III: Long Term Solution

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*Prepared by Myers and Stauffer*

# POPULATION HEALTH MEASUREMENT - LONG TERM APPROACH

- *Long Term Approach - the strategy for developing a tool to measure population health and conduct robust data analytics across multiple payers and data sets.*
- After sustainable funding identified:
  - Release Request for Information (RFI)
  - Refine and Finalize Design
  - Release Request for Proposal (RFP)
  - Develop, Design, and Implement (DDI) Solution

# DATA ASSET INVENTORY

- *Data asset inventory- A review of data available and/or desired for inclusion in the population health information management tool*
- Checkpoint on complete data from key payers
  - Medicaid/CHIP
  - PEBP
  - Indian Health Services
  - Culinary Health Fund
- Gap identification
- Strategy for closing gaps

# DEFINE BUSINESS NEEDS

- *Define business needs – the process of identifying the goals and objectives related to how data will be used to measure and influence population health.*
- Provide a population health analytics tool to measure population health and population health improvement
- Incorporate information and data from other sources that are not historically considered to be medical in nature
- Present useful information at an aggregate level as well as payer, provider and possibly patient level along with a public view

# DEVELOP CONCEPTUAL MODEL

- *Develop conceptual model – identification of the inputs, outputs, data sources, and data uses. The conceptual model will influence the RFI and RFP process.*
- **Clinical Inputs**
  - HIE: hospital, physician/clinic, dental, pharmacy, laboratory, school-based clinics, Department of Corrections (DOC), Department of Juvenile Justice (DJJ)
  - Clinical registries
  - EHRs
  - Clinical Claims Database (CCD) of case management records from payers
- **Administrative inputs**
  - Payer claims

# DEVELOP CONCEPTUAL MODEL

- Reference Information
  - Patient
  - Provider
  - State Demographics – Zip, County, Population, Income, Etc.
  - Codes – International Classification of Diseases (ICD), Current Procedural Terminology (CPT), Health and Care Professions Council (HCPC), American Dental Association (ADA), Diagnostic and Statistical Manual (DSM), National Drug Code (NDC)

# DEVELOP CONCEPTUAL MODEL

- Other Inputs
  - Public Assistance Programs: SNAP, TANF, WIC and other programs
  - Department of Education (DOE): Attendance; Scores/Grades
  - DJJ and DOC Encounters
  - Foster Care/Adoption Assistance Flags
- Identify Outputs and Usage
  - Administration and oversight of Nevada's population health improvement
  - Public reporting on progress and reporting
  - Source for provider and patient portal

# NEXT STEPS

- Define formats and standards to transmit clinical metrics for interim approach
- Identify sustainable funding to move to long term solution
- Develop RFI and ultimately RFP
- Implement long term solution

# Reference Slides

Provider

Administrator

Patient

Public

Views

# Analytics Tool

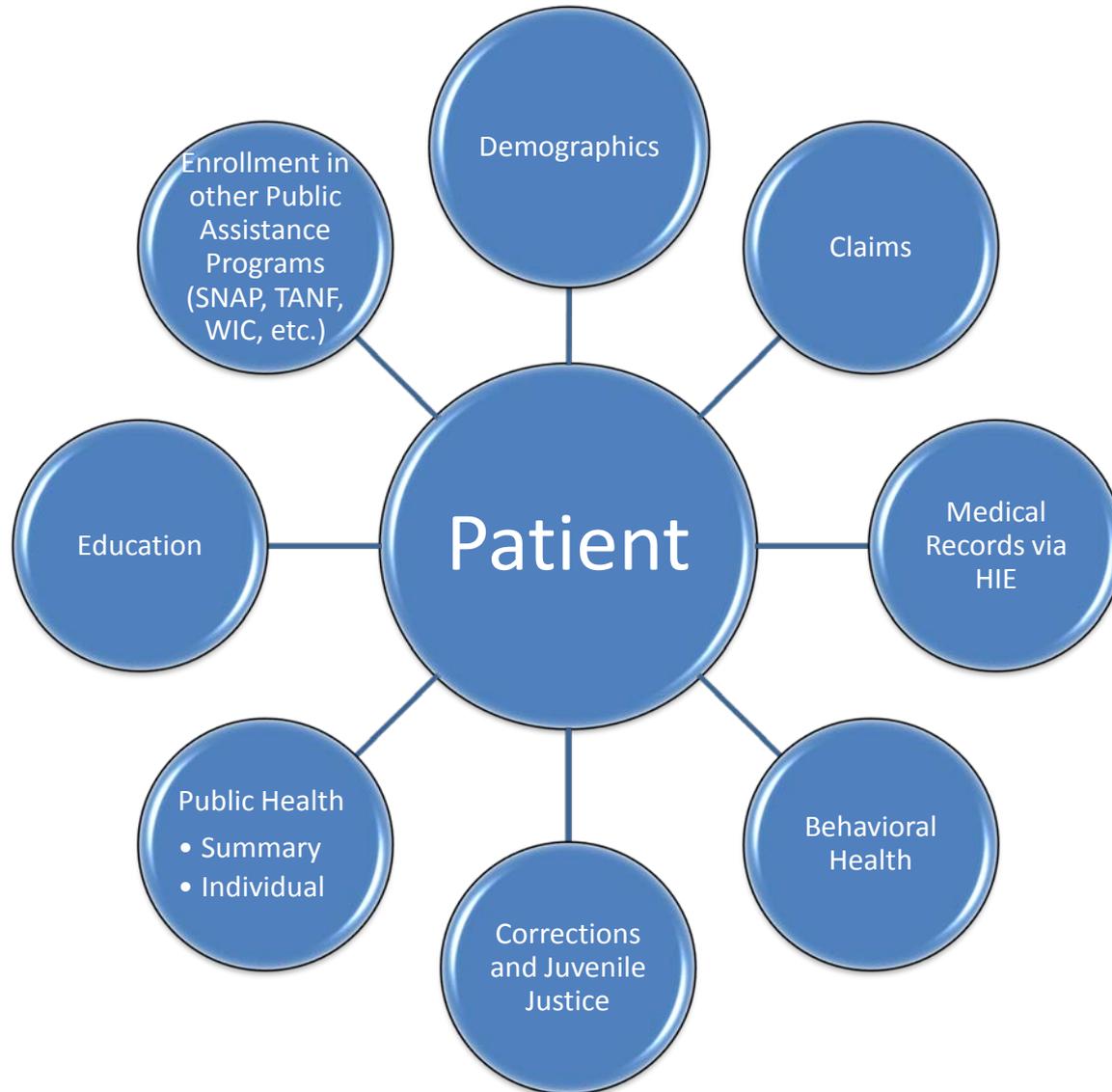
Clinical

Administrative

Other

Reference

# Population Health Analytics Tool



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*Prepared by Myers and Stauffer*

# GLOSSARY OF TERMS

<i>ADA</i> – American Dental Association	<i>HIT</i> – Health Information Technology
<i>APCD</i> – All Payers Claim Data	<i>HIPAA</i> - <i>Health Insurance Portability and Accountability Act</i>
<i>CCD</i> – Clinical Claims Database	<i>ICD</i> - International Classification of Diseases
<i>CPT</i> – Current Procedural Terminology	<i>MPC</i> – Multi-Payer Collaborative
<i>DHHS</i> – Department of Health and Human Services	<i>NDC</i> – National Drug Code
<i>DJJ</i> – Department of Juvenile Justice	<i>NGA</i> – National Governor’s Association
<i>DOC</i> – Department of Corrections	<i>QRDA</i> - Quality Reporting Document Architecture
<i>DOE</i> – Department of Education	<i>REC</i> – Regional Extension Center
<i>DSM</i> – Diagnostic and Statistical Manual	<i>RFI</i> – Request for Information
<i>EHR</i> – Electronic Health Record	<i>RFP</i> – Request for Proposal
<i>HCPC</i> - Health and Care Professions Council	<i>SIM</i> – State Innovation Model
<i>HIE</i> – Health Information Exchange	<i>VBP</i> – Value-Based Purchasing