Health Information Technology Task Force
Meeting Notes

Date:	***June 24, 2015***	**Location:**	*9075 West Diablo Drive* *Las Vegas, NV* *Suite 250*
Time:	*1:00 – 3:00 pm (PT)*	**Call-In #:**	*(888) 363-4735*
Facilitator:	*Jerry Dubberly*	**PIN Code:**	*1329143*

Purpose: Establish taskforce priorities and establish the strategy that will be utilized to collect and measure population health metrics.

Mr. Greenway updated the group on the HIT questionnaire. Since the previous meeting, one additional response was received and two more responses are pending. The latest submission was from the Division of Child and Family Services. They have case management information on aging, disability, and early intervention populations. Their data cannot be accessed from an external source. The data they have can be manipulated with SQL and SAS.

Jerry Dubberly explained how the numerator and denominator for a sample diabetes-related performance measurement would require specific data elements from various records. The presentation illustrated to the HIT Task Force the need for a well thought out HIT infrastructure, and how that infrastructure supports health care reform and value-based payments.

Mr. Greenway used claims data to analyze diabetes diagnoses and found that the black population has about 1/3 the number of diabetes-related tests as the white population. [It should be noted that according to population health statistics, the black population has a higher prevalence of diabetes than whites]. Mr. Greenway also noticed there were payer discrepancies on the number of tests and payments.

Jerry Dubberly indicated that according to CMS, the HIT solution will take time. CMS recently provided updated guidance for the state HIT plan.

Mr. Greenway posed a question about working with performance measurement exclusions and what the criteria might be for those exclusions. Jerry Dubberly indicated different aspects will have little different look back periods and recommended the Clinical Outcomes and Quality Workgroup address the question.

Mr. Greenway will be conducting a few more analyses and will present more data tables.

Jan Prentice indicated that other Divisions are collecting different data on different disease states. DHCFP will be having conversations with those other Divisions to take an inventory of available data. For example the Health Division has a Diabetes Task Force.

Mr. Greenway recommended identifying gaps in data once the inventory is completed.

Jerry Dubberly shared with the group that CMS stated that there will be a starting point and an ideal down the line model to achieve. Identifying the infrastructure today is important. The group should ask the question, where are we today and what is the roadmap to get us there?

Jerry Dubberly also stated that there has been a fair amount of discussion about migratory workers and how does that impact the calculation provided in the example or skew the results of the measurement?

Mr. Greenway indicated that there is a pair code in his data that indicates migratory status.

Jerry Dubberly reminded the group that they should be considering where the data lives, how it is stored, who has access to the data, and how that information will be pushed out to those treating patients in a timely manner.

Jerry Dubberly mentioned that after the plan is submitted and the State is moving forward, there needs to be consideration of other grant funds if no Round 3 funding is available. The State could potentially issue a Request for Information (RFI) from health data IT experts. The funding sources and sustainability of the plan is important, which reinforces that the group needs to identify current activities and how those can be leveraged.

Chris Bosse stated that physicians will need the information presented to them and "use" is a critical word. The access needs to be very user friendly and should be one source for all payers for provider to truly use the information.

Jerry Dubberly and Jan Prentice recommended the group review New York's dashboard, which is in a test phase.

Dave Stewart recommended an IBM product and offered to have Dr. Grundy offer to speak to the group. Dr. Grundy has been active in SIM Grant activities with CMS.

Jerry Dubberly mentioned that many companies offer solutions to the front end of the analysis. The real challenge is the back end and explained the challenge of being able to move forward with getting complete data from multiple payers.