SIM Workgroup Meeting
HIT Taskforce
July 27, 2015 Meeting Notes

Date:	**July 27, 2015**	**Location:**	4150 Technology Way, Room 303 Carson City, NV
Time:	8:00 am – 10:00 am (PT)	**Call-In #:**	Dial In# 888-363-4735
Facilitator:	Jerry Dubberly	**Access Code:**	1329143

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

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Ms. Sisco offered a welcome and introductions were made. Deb inquired if the attendees has signed a charter and asked that if they hadn't already, to please sign one and return.

Update since the last time the group met:
DHHS met with the deputy attorney general regarding data communications within agencies. They have made it through some of the barriers. The sharing of information from CHIA data and DHHS databases have been completed. Effective October 1, 2015 procedural and reporting changes go into effect.
Jerry Dubberly presented the slide deck with explanations and the group discussed the information.

Previously discussed was the ability to take one metric, and flesh it out if we were going to run the data through CHIA. MSLC provided coding for the measures – to produce a couple of reports. How many diabetics were having tests – this will not be the ideal – because this is inpatient, the idea is to look at outpatient, but we can show their ability to generate reports if they had the data – this is the type of the reports to produce.

Discussions were had regarding how the data gets to where it needs to be in order to process it.

- CHIA data came out of legislation to collect hospital data – transparency website to collect data
- Legislative approval would be needed if there was a mandate that all providers provide data
- Some states have all payer claims database.
- May be able to get non-patient specific data at practice level.
- ONC and CMS have de-identified reports now
- How do you support small/medium size offices in sending the data now that they have the capability? It's a staffing/resource issue to walk them through how to get the data out. Financial costs apply too. Office redesigns - To work in a more technical environment. Financial barriers with costs from $50-60k but costs are coming down.
- Health Insight has the ability to "alert upon discharge" – only funding is through the 1305 grant
- Jerry suggested that in Phase 1 claims data is used to get those measures since there isn't an all payer claims database. In the beginning look at something that doesn't have PHI associated with it. We gather information from Amerigroup, FFS Medicaid, Anthem. How many of your diabetics had a Hemoglobin A1C in the last six months? These are measures that don't require an actual value of lab test; etc. That would be Phase 1. Work on admin measures that are more

operational/administrative in nature. Crawl, walk, run approach. Then as HIE grows and starting to get robust; we will have enough participation to actually use HIE data to get complete picture.

Jerry informed the group about his calls with Oregon and Colorado regarding their HIE.
Oregon talked that the efforts began before SIM, developing CCOs – somewhat like a combined MCO/ACO model. Then they used SIM to share data with multiple entities, convened stakeholders, figured out what they currently had. Adopted direct messaging, Clinical Quality Measure Registry. It was done only for Medicaid; they are not looking to do that for all payers.
Colorado relayed that an all payer database seemed to help. They track provider performance and outcomes. They used MPI to uniquely identify individuals.

Next steps for the group were discussed.

- Inquire other payers; who has what data, is it available and coordinate the accumulation of all.
- HIPAA certified, who gets access to what and why is not a single answer. Security issues, can get complicated quick.
- Ownership- would it include audits, how that data is maintained and who runs the audits, authorizes passwords, dollars gets involved. Function of credentialing within payer system, is that a proxy, or are there weaknesses to that?