

HIT Task Force June 4, 2015 Meeting #2

SUMMARY OF DATA ASSET INVENTORY QUESTIONNAIRE RESULTS

OVERVIEW

Questionnaire Results.

Where do we stand?

What do we do?

Discuss the skills on the task force and the areas each group will assist.

QUESTIONNAIRE RESULTS — MAY 26: 6 RESPONSES

Source name	Please provide a summary of the type of data or subject area for this source?	Can this data be queried directly from external sources or do you need to produce an extract?
DHCFP eDW	Includes Medicaid claims data for both fee-for service and managed care encounters. Also includes information on Medicaid clients and providers.	Both can be supported
UB04 IP OP ASC Claims Data	All hospital and ASC claims data	Outside users (non-CHIA) would receive an extract. The extract is a fixed format ASCII text file.
NEIPS EHR Attestation Data	Provider attestation data associated with the Medicaid Electronic Health Records Incentive Program	Extract is available
DHCFP Decision Support System (DSS) Advantage Suite	Medicaid FFS claims, eligibility, provider, budget, check cleared, Payments non claims financial, admissions and episodes. Admissions and episodes are enhancement built from claims data.	Outside sources would receive an extract
DSS Archive	Medicaid FFS claims, eligibility, check cleared	Outside sources would receive an extract
J-SURS	Medicaid FFS claims, eligibility, provider, and recipient information	Outside sources would receive an extract
HealthEMS System	Prehospital ePCR	No - Proprietary
UNITY	Child Welfare data including Child Protective Services, Foster Care, Adoptions, Independent Living. Juvenile Justice	Both
Avatar	Children's Mental Health Data - Case management and Fiscal	Produce Extract

QUESTIONNAIRE RESULTS

DATA INCLUDE

- Hospital and ASC Claims
- Medicaid Claims, Eligibility & Incentive Program
- Child Welfare & Services, Mental Health
- Juvenile Justice
- Pre-Hospital EMS

ACCESS

All through 'extract' except Pre-Hospital EMS

QUESTIONNAIRE RESULTS

DATA STILL NEEDED

- Clinical Data
- Physician Visits
- Skilled Nursing / Long Term Care
- Urgent Care Centers

FIELDS NEEDED

- Patient Tracking Number
- Patient Demographics
- Treatment parameters (admit type, discharge status, readmission flag...)
- Diagnoses, Procedures, and Pharmacy Prescriptions
- Facility Treated along with dates of treatment

QUESTIONAIRE — WHAT ARE WE LOOKING FOR?

MISSION

Increase quality of and access to healthcare without increasing costs.

VISION

Design and implement a healthcare plan that is patient-centered, and value-driven (based on outcomes).

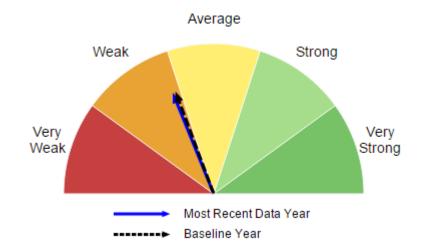
IMPLEMENTATION

Holistic approach beginning with prevention and wellness programs. Followed by exploration and analysis of high cost high volume areas such as chronic illness, mental health, and super-users. Finally, track quality by linking practices to outcomes.

WHERE DO WE STAND?

http://nhqrnet.ahrq.gov/inhqrdr/Nevada/dashboard/

HEALTHCARE QUALITY IN NEVADA COMPARED TO THE NATION



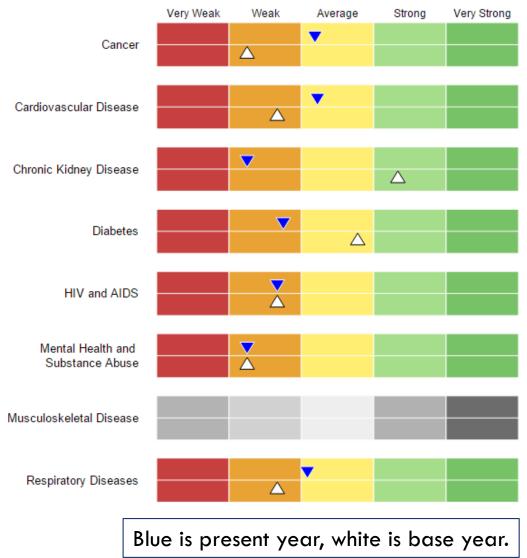
WHERE DO WE STAND?

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POOR QUALITY OF CARE LEADS TO HIGH COSTS THROUGH RE-ADMISSIONS, COMPLICATIONS, AND INCREASED CHRONIC ILLNESSES THROUGH A LACK OF PREVENTATIVE CARE



Diseases & Conditions



WHAT DO WE DO?

- 1. Finish investigating what data sets are available and what fields they have.
- 2. Discuss what gaps remain and what can be done about them.
- 3. Find out the national standards (codes, diseases, disparities...) for patientcentered, value-driven health care.
- 4. Find out the national practices for implementing these standards
- payments based on best practices by facility
- Tracking patients through full event of care (hospital shares data with follow-up care)
- Adjusting payments over the long haul based on ongoing outcome studies.

3. Apply to Nevada what makes sense.

DISCUSSION

What role will each participant on the HIT task force play?