



Nevada State Innovation Model (SIM)

HIT Taskforce
September 28, 2015

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

DHHS, DHCFP - Nevada State Innovation Model (SIM) Project

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

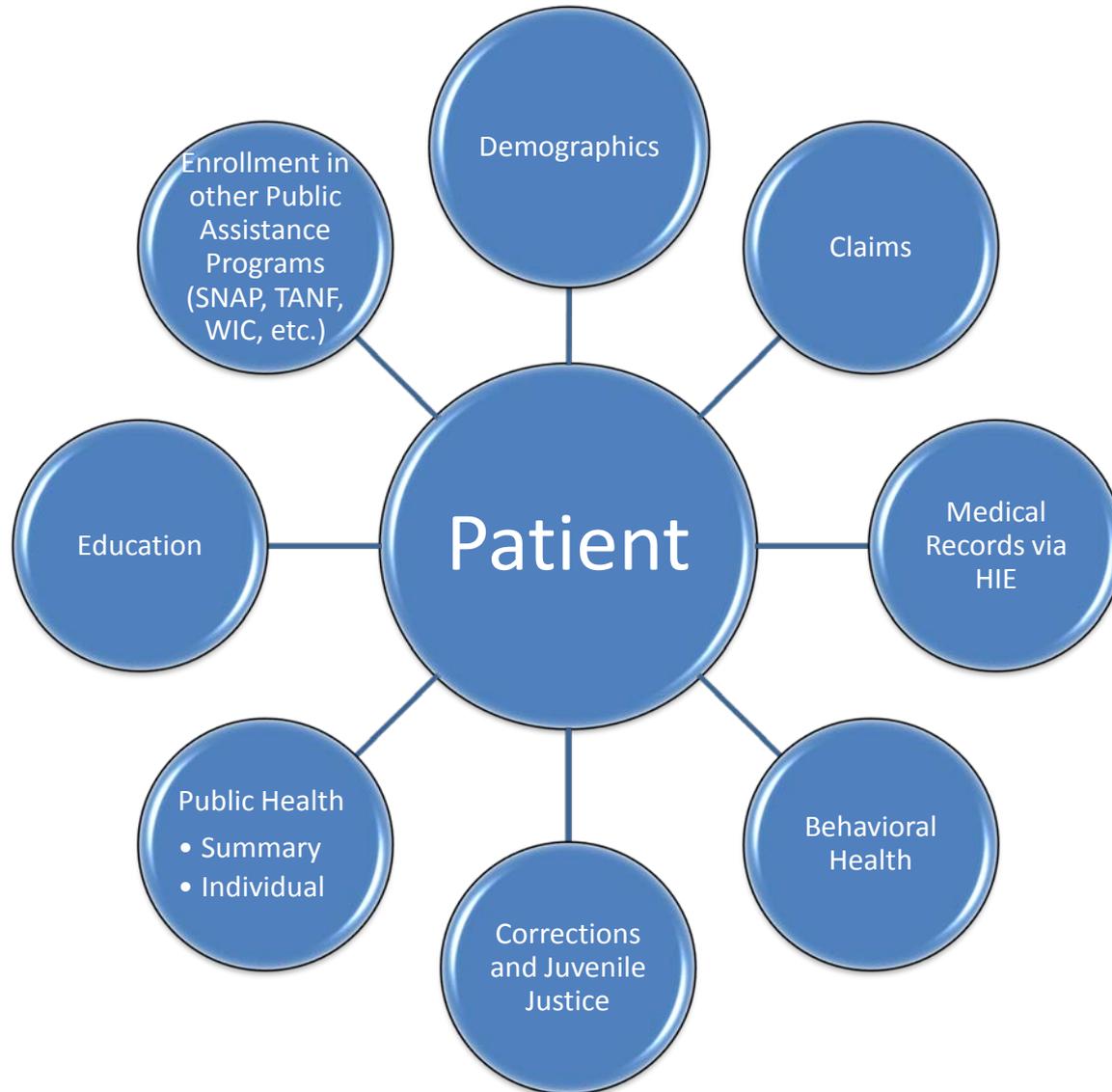
Clinical

Administrative

Other

Reference

Population Health Analytics Tool



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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