



Nevada State Innovation Model (SIM)

HIT Taskforce

July 27, 2015

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

Agenda

- Introductions
- CHIA/DHSS Data Discussions and Approach
- Update on Diabetes Report
- Other State's Approach
- Interim Approach
- Review of Long Term Approach
 - Gaps in Data Asset Inventory
 - Summary of Business Needs
 - Conceptual Model
 - Ownership and Governance
 - Wrap-Up/Next Steps
- Wrap Up and Next Steps

CHIA/DHHS Data Discussions and Approach

Deb Sisco

Update on Diabetes Report

Joseph Greenway

Other States' HIT Experience

Oregon

- Background
 - Legislative mandate for transformation prior to SIM
 - Had an existing all payer claims database (APCD)
 - SIM served to accelerate transformation efforts
 - Developed Coordinated Care Organizations (CCO)
- Need
 - Integrate and share data with multiple entities

Oregon

- Approach
 - Convene stakeholders to collaborate on solution
 - Connect existing series of community HIEs
 - Adopt direct messaging as floor for sharing data
 - Developed clinical quality measure registry for Medicaid using QRDA III
 - Includes aggregate data only – no patient level data
 - No current plans for an all payer *clinical* registry
 - Leverage existing state registries

Oregon

- Implemented an Emergency Department alert system (EDIE)
 - Users pay a fee to access
 - Three year pilot
- Working to implement a patient profiling system (PreManage) for providers as well
- Conference call and demonstration held with EDIE and PreManage vendor

Colorado

- Enhance existing centralized data hub that integrates clinical and claims information under the Comprehensive Primary Care initiative (CPCi)
- Existing all payer claims database
- Pull information from HIE
- Leverage existing clinical/quality measures

Colorado

- Track provider and state level performance
- Will create provider dashboards
- Create payer and provider benchmarking information
- Leveraged existing Master Patient Index tool
- Independent Authority created to procure and own the SIM HIT proposed technology

Interim Approach

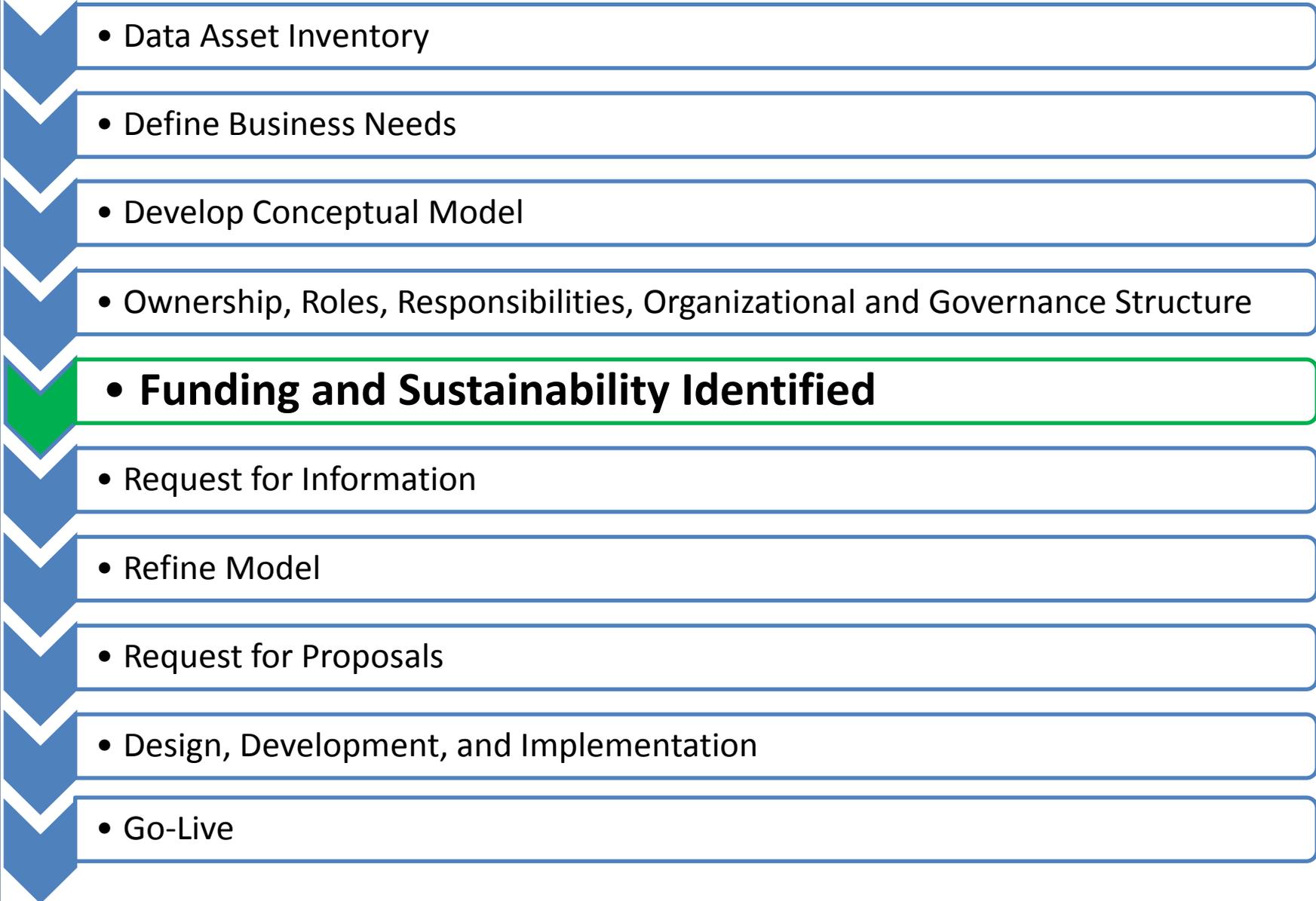
Interim Approach

- *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

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

Long Term Approach



- Data Asset Inventory

- Define Business Needs

- Develop Conceptual Model

- Ownership, Roles, Responsibilities, Organizational and Governance Structure

- **Funding and Sustainability Identified**

- Request for Information

- Refine Model

- Request for Proposals

- Design, Development, and Implementation

- Go-Live

Data Asset Inventory

- Checkpoint on complete data from key payers
 - Medicaid/CHIP
 - PEBP
 - Indian Health Services
 - Culinary Health Fund
- Gap identification
- Strategy for closing gaps

Business Needs

- 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 at a payer, provider and possibly patient level along with a public view.

Conceptual Model

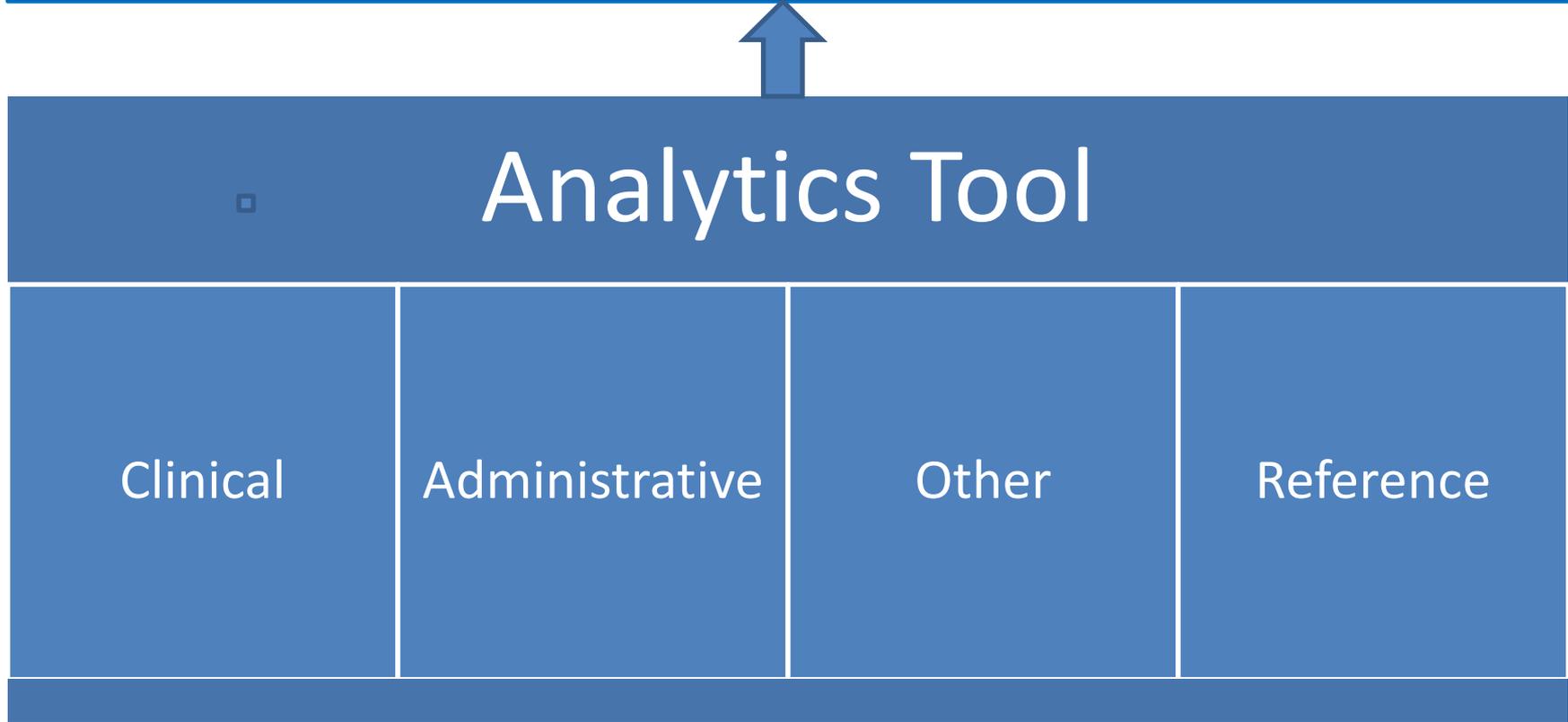
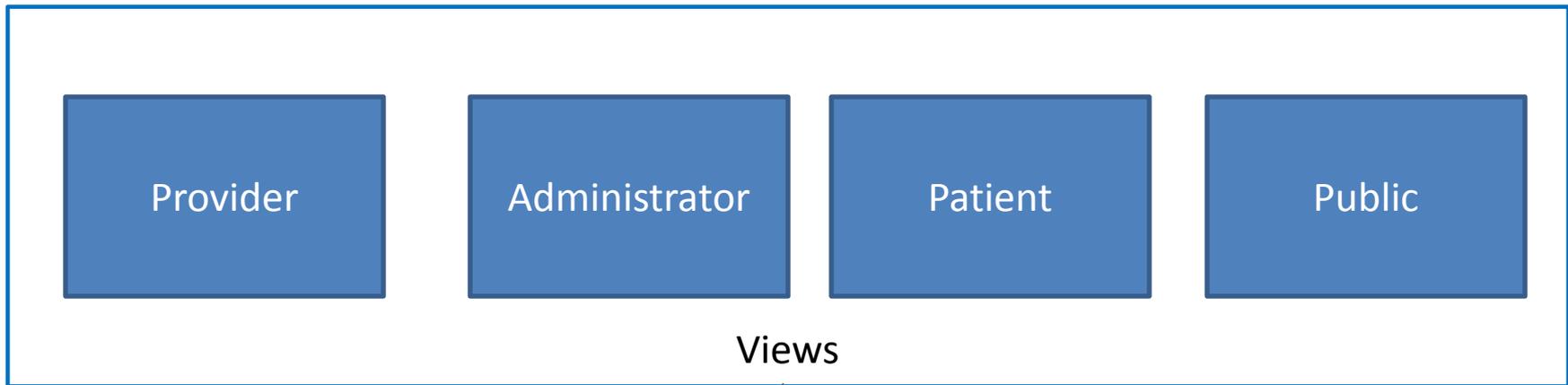
- Clinical Inputs
 - HIE: Hospital, Physician/Clinic, Dental, Pharmacy, Laboratory, School-based clinics, DOC, DJJ
 - Clinical Registries
 - Electronic Health Records
 - CCD of Case Management Records from Payers
- Administrative Inputs
 - Payer Claims

Conceptual Model

- Reference Information
 - Patient
 - Provider
 - State Demographics – Zip, County, Population, Income, Etc.
 - Codes – ICD, CPT, HCPC, ADA, DSM, NDC

Conceptual Model

- Other Inputs
 - Public Assistance Programs: SNAP, TANF, WIC
 - Department of Education: Attendance; Scores/Grades
 - DJJ and DOC Encounters
 - Foster Care/Adoption Assistance Flags



Considerations

- Sources of Data
- Data Validation
- Flow of Data
- Method of Transmission
- Security Measures
- Access to Data
- Outputs

Ownership and Governance

- Who will procure the system?
- Where does the data reside?
- Who has access and performs the analytics?
- What is the data governance structure and how are data governance issues handled?

Discussion