

Commonwealth of Kentucky  
Cabinet for Health and Family Services (CHFS)  
Office of Health Policy (OHP)



**State Innovation Model (SIM) Model Design**  
**HIT Infrastructure Workgroup**

**October 23, 2015**  
**9:00 AM – 11:30 AM**

## Meeting Agenda

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- 9:00 AM – 9:10 AM**
- 9:10 AM – 9:30 AM**
- 9:30 AM – 10:15 AM**
- Break*
*10:15 AM - 10:30 AM*
- 10:30 AM – 10:50 AM**
- -
- 10:50 AM – 11:25 AM**
- 11:25 AM – 11:30 AM**

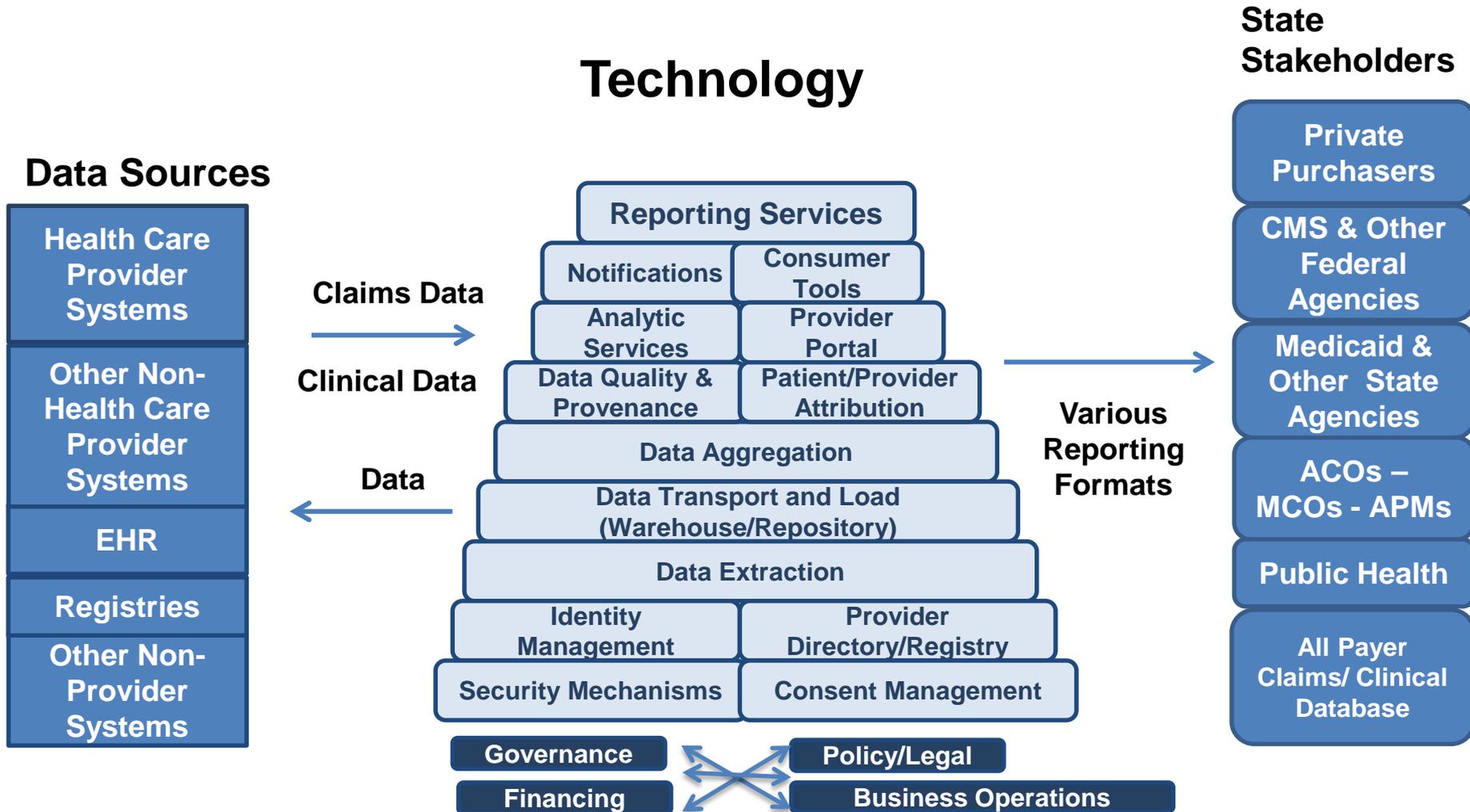
# **Welcome and Introductions**

# **Review ONC Vision for Value-based HIT Architecture**

# Health IT Stack for Value-based Payment Models and the Learning Health System



The Office of the National Coordinator (ONC) for Health Information Technology has developed a technology framework for value-based health care transformation.



# **HIT Infrastructure Needed to Support SIM Reform Initiatives**

# HIT Infrastructure Used in SIM Testing States

SIM testing states have laid out different HIT priorities in an effort to support their proposed reform initiatives.

State	HIT Infrastructure
	<ul style="list-style-type: none"> <li>• <b>All-Payer Claims Database Plus (APCD+)</b> <ul style="list-style-type: none"> <li>– Claims data from Medicare, Medicaid, and private payers</li> <li>– Used to support new payment mechanisms, profile provider patient panels, create patient registries and measure quality</li> </ul> </li> <li>• <b>State Health Alliance for Records Exchange (SHARE)</b> <ul style="list-style-type: none"> <li>– Allows for secure electronic exchange of medical information among providers</li> </ul> </li> <li>• <b>Advanced Health Information Network (AHIN)</b> <ul style="list-style-type: none"> <li>– Provides desktop online access to patient eligibility and electronic claims information</li> </ul> </li> <li>• <b>Broadband Technology Opportunities Program (BTOP)</b> <ul style="list-style-type: none"> <li>– Designed to increase broadband capacity at 474 health care, higher education, public safety, and research entities</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• <b>HIE</b></li> <li>• <b>Shared care coordination solution</b> <ul style="list-style-type: none"> <li>– Multi-payer initiative aggregating Admitting/Discharge/Transfer (ADT) data</li> <li>– Used to calculate gaps in care, patient risk scores, and patient priority indexes</li> <li>– Primarily based on data from MMIS</li> <li>– End goal is public/private partnership governance structure</li> </ul> </li> <li>• <b>Provider Portal</b> <ul style="list-style-type: none"> <li>– Single sign-on capability for providers to connect all SIM-related provider interfaces                             <ul style="list-style-type: none"> <li>◦ Share coordination solution, episode and PCMH reports</li> </ul> </li> </ul> </li> </ul>

## HIT Infrastructure Used in SIM Testing States (Continued)

SIM testing states have laid out different HIT priorities in an effort to support their proposed reform initiatives.

State	HIT Infrastructure
	<ul style="list-style-type: none"> <li>• <b>Enterprise Data Warehouse (EDW)</b> <ul style="list-style-type: none"> <li>– Data from across the Health and Human Services (HHS) program spectrum, including Medicaid eligibility and claims, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF)</li> <li>– Link to statewide HIE</li> </ul> </li> <li>• <b>Advanced Analytic Tools</b> <ul style="list-style-type: none"> <li>– Several tools will need to be integrated with the EDW to product actionable information                             <ul style="list-style-type: none"> <li>◦ Analytics engine</li> <li>◦ Report creation and data visualization</li> <li>◦ Provider portal</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Iowa Health Information Network (IHIN)</b> <ul style="list-style-type: none"> <li>– Statewide HIE infrastructure</li> </ul> </li> <li>• <b>Statewide EHR</b></li> <li>• <b>Broadband Extension Project</b> <ul style="list-style-type: none"> <li>– Will enable the electronic exchange of health information</li> <li>– Upgrades to network services at over 200 healthcare facilitates are planned</li> </ul> </li> <li>• <b>Connection with Immunization Registry and Public Health</b></li> </ul>

# Kentucky HIT Infrastructure Needs

What HIT infrastructure needs to be in place from a payer, provider, and state (as a facilitator) perspective in order to support each SIM reform initiative?

## Patient Centered Medical Home (PCMH)

Functionality	Payer	Provider	State	Functionality	Payer	Provider	State
Contract administration	X			Performance measurement and analytics	X		X
Provider enrollment	X			Contract management (payment for value)	X		
Member enrollment	X			Quality measurement	X		X
Enrollment – attributions	X			Provider reporting	X		
Member eligibility	X			Initiative reporting			X
Payment functionality	X			Cost reconciliation	X		X
Provide clinical information		X		Consumer engagement / activation	X	X	
Provide non-clinical data (e.g., device data)		X		Personal health monitoring	X	X	
Capture claims information	X		X	Virtual health / virtual medicine	X	X	X
Data aggregation	X		X	Lifestyle-based analytics	X	X	
Care & case coordination (includes communication)	X	X	X	Transmission of clinical information		X	X
Population and value-based analytics	X		X				

## Kentucky HIT Infrastructure Needs (Continued)

What HIT infrastructure needs to be in place from a payer, provider, and state (as a facilitator) perspective in order to support each SIM reform initiative?

### Accountable Care Organization (ACO)

Functionality	Payer	Provider	State	Functionality	Payer	Provider	State
Contract administration	X	X		Performance measurement and analytics	X		X
Provider enrollment	X	X		Contract management (payment for value)	X		
Member enrollment	X	X		Quality measurement	X		X
Enrollment – attributions	X	X		Provider reporting	X		
Member eligibility	X			Initiative reporting			X
Payment functionality	X			Cost reconciliation	X		
Provide clinical information		X		Consumer engagement / activation	X	X	
Provide non-clinical data (e.g., device data)		X		Personal health monitoring	X	X	
Capture claims information	X		X	Virtual health / virtual medicine	X	X	X
Data aggregation	X		X	Lifestyle-based analytics	X	X	
Care & case coordination (includes communication)	X	X	X	Transmission of clinical information		X	X
Population and value-based analytics	X		X				

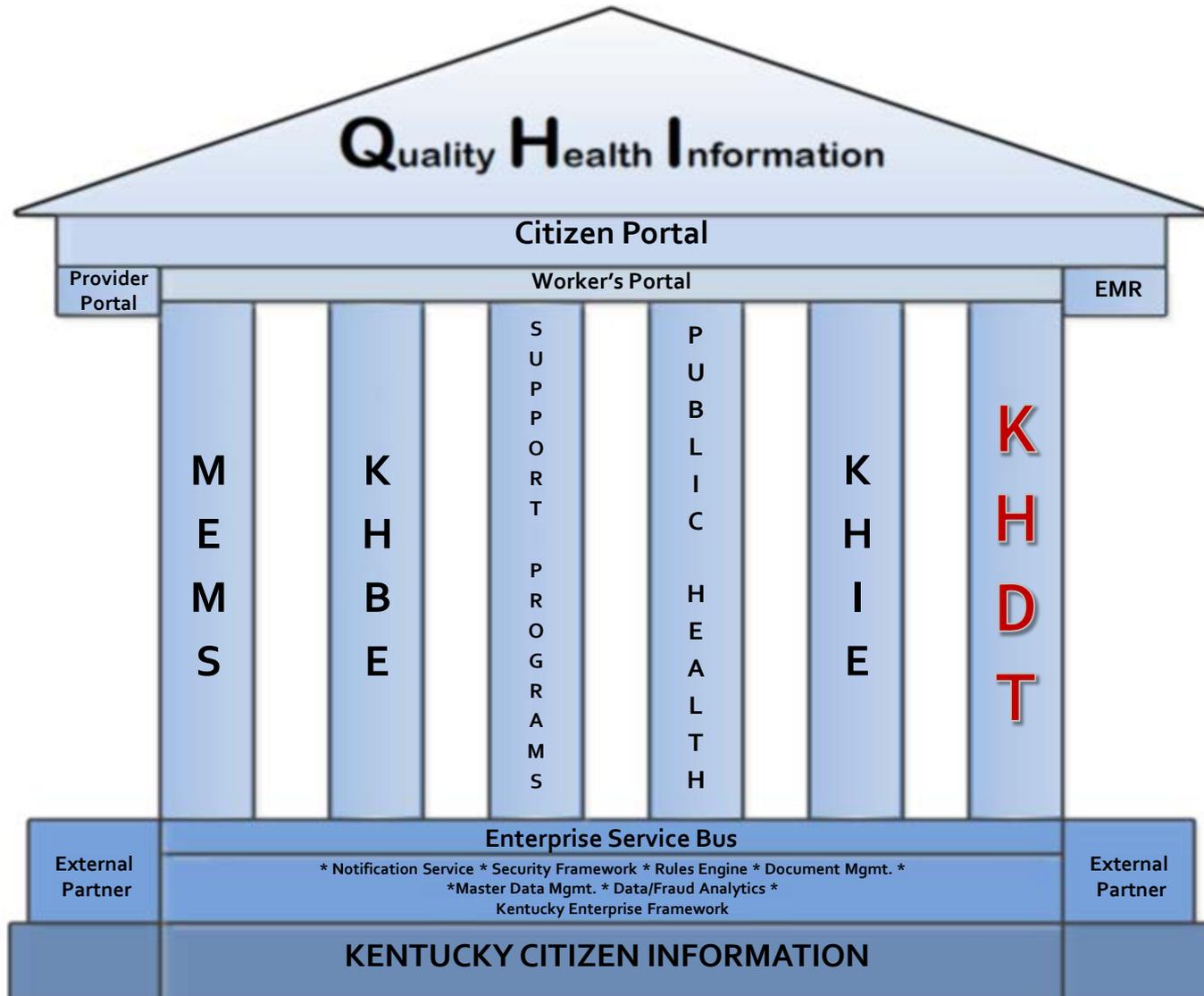
## Kentucky HIT Infrastructure Needs (Continued)

What HIT infrastructure needs to be in place from a payer, provider, and state (as a facilitator) perspective in order to support each SIM reform initiative?

### Episode of Care (EOC)

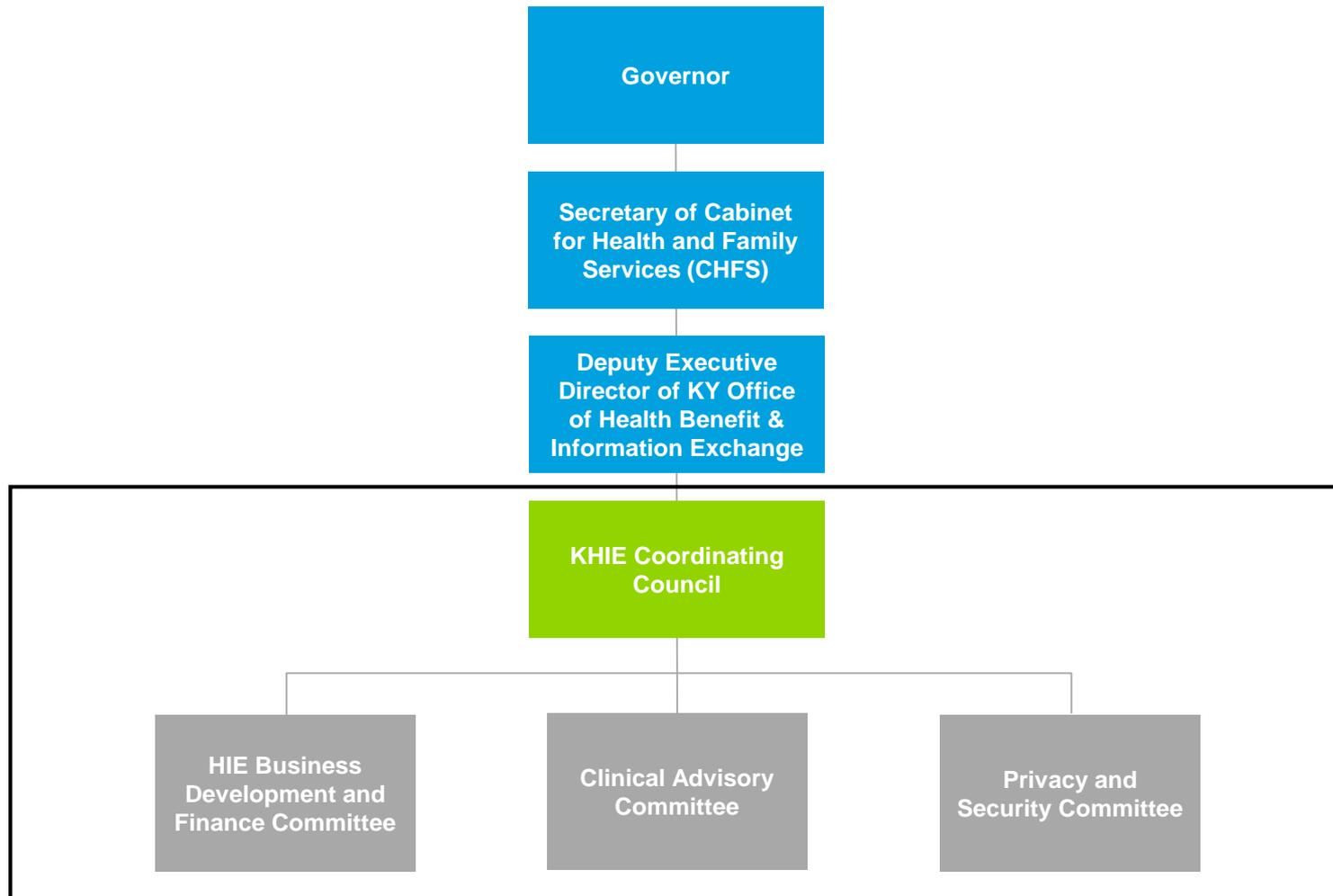
Functionality	Payer	Provider	State	Functionality	Payer	Provider	State
Contract administration	X	X		Performance measurement and analytics	X		X
Provider enrollment	X	X		Contract management (payment for value)	X		
Member enrollment				Quality measurement	X		X
Enrollment – attributions	X			Provider reporting	X		
Member eligibility				Initiative reporting			X
Payment functionality	X			Cost reconciliation	X	X	
Capture clinical information	X	X	X	Consumer engagement / activation			
Capture non-clinical data (e.g., device data)	X	X	X	Personal health monitoring	X	X	
Capture claims information	X		X	Virtual health / virtual medicine	X	X	X
Data aggregation	X		X	Lifestyle-based analytics	X	X	
Care & case coordination (includes communication)	X	X	X	Transmission of clinical information		X	X
Population and value-based analytics	X		X				

# **HIT Governance in Context of SIM**



# Current KHIE Governance Structure

The current KHIE governance structure is led by a Coordinating Council, which is responsible for working with and overseeing three subcommittees.



# Current KHIE Governance Structure

Below is a description of the key responsibilities of the Kentucky Health Information Exchange Coordinating Council (KY-HIECC) and each of its three subcommittees.

## KY-HIECC

- Twenty-three (23) member CHFS advisory council, created to advise and assist the KY Office of Health Benefit & Information Exchange (KOHBE) to advance statewide health information exchange
- Assists KOHBE to develop a State HIE (health information exchange) Strategic and Operational Plan
- Monitors implementation of HIE in the Commonwealth, the effectiveness and relevance of policies and procedures, and recommends strategies for advancing provider adoption and meaningful use

## HIE Privacy & Security

- Six (6) to ten (10) member committee that assists KOHBE and KY-HIECC to develop, update and prioritize privacy and security recommendations that identify and harmonize federal and state legal and policy requirements to enable electronic health information exchange
- Assists KOHBE and KY-HIECC to develop model trust/data sharing agreement and to continue to refine the agreement thereafter
- Coordinates development of patient consent/opt-in & opt-out guidelines, including patient education and related authorization forms

## HIE Business Development and Finance Committee

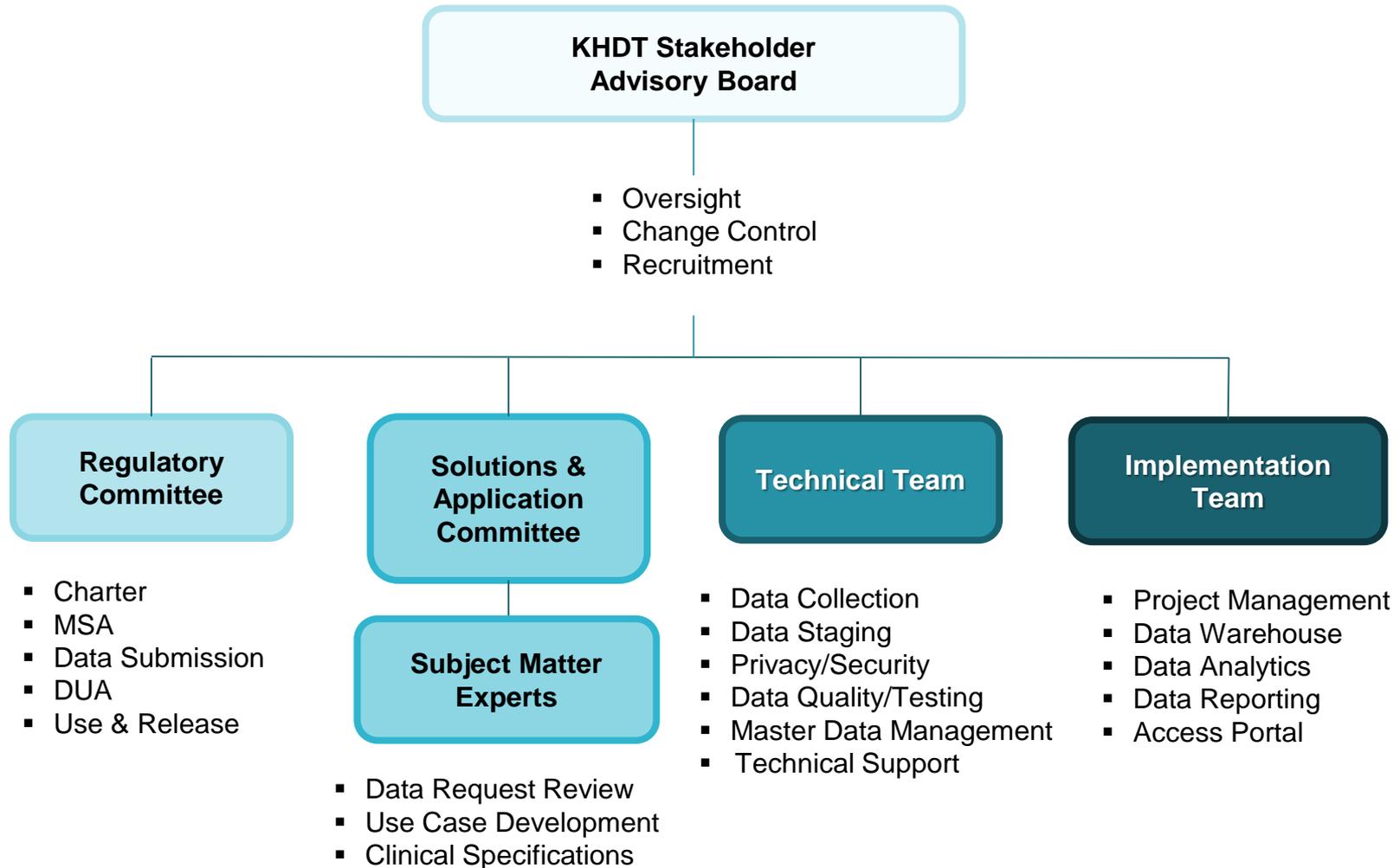
- Six (6) to ten (10) member committee that assists the KOHBE and KY-HIECC to coordinate statewide roll-out of KHIE and monitor usage to achieve critical mass among users
- Assists with development of a business plan that includes costs and revenue projections
- Researches and recommends public/private funding mechanisms, and a plan for sustainability
- Recommends operating policies and procedures to enable and foster connectivity that supports interstate, intra-state exchange and connectivity to the NHIN

## Clinical Advisory Committee

- Six (6) to ten (10) member committee that assists KOHBE and KY-HIECC by evaluating the utilization of the Kentucky Health Information Exchange and making recommendations to improve the functionality for clinicians.
- Involve providers in determining the information they receive through the KHIE and the functionality that is needed to support their practices, including workflow, advanced clinical decision support and care management tools as a service of the HIE.
- Coordinate and collaborate with key provider entities to include local health departments, hospitals, FQHCs, rural health clinics as well as individual provider organizations.
- Support and facilitate the development and implementation of an ongoing clinical quality improvement process to improve patient health outcomes and population health.
- Support and facilitate the development and implementation of an ongoing clinical quality improvement process to include: Patient health outcomes/population health, measures of patient identification, measures of chronic disease states, measures of high volume disease states, and Electronic Clinical Quality Measures (eCQMs) submitted to Medicaid via provider electronic medical records

# Proposed Kentucky Health Data Trust (KHDT) Governance Structure

The planned governance structure for the KHDT initiative will be led by a stakeholder advisory board, which will be responsible for overseeing the activities of four subcommittees.



# Proposed Composition of KHDT Stakeholder Advisory Board

The KHDT Stakeholder Advisory Board will be comprised of a multi-disciplinary group of both CHFS and external stakeholders.

## KHDT Stakeholder Advisory Board

### CHFS Contributing Departments

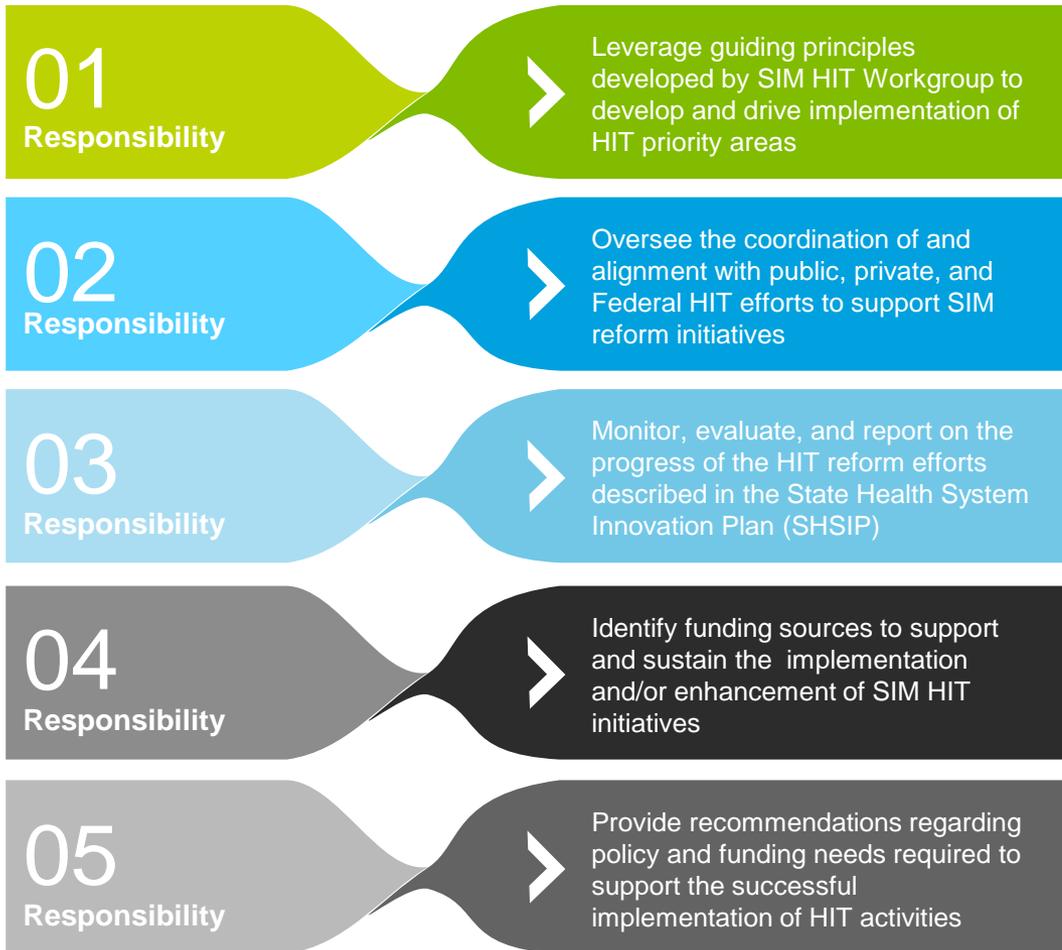
- Medicaid
- Vital Statistics/Public Health
- Health Policy
- Kynect/KHIE
- Insurance Department
- Office of Inspector General
- Mental Health
- OATS
- Academic Researchers

### Appointed Members

- Health Insurance Industry Representative
- Healthcare/Hospital Provider
- Industry Association
- Self-Insured Employer
- Small Employer w/ Fully-Insured Coverage Product
- Healthcare Consumer Organization
- Health Data – Privacy & Security SME
- Carrier/Carrier Association
- Consumer Advocate

# HIT Governance List of Responsibilities

The SIM HIT governance group will have a distinct set of responsibilities that will be critical to the successful implementation of Kentucky's SIM reform initiatives.



## Other Governance Responsibilities

- What other responsibilities should fall within the HIT governance structure?
  - Responsibility 1
  - Responsibility 2

# Key Questions for HIT Governance

The Kentucky SIM team is seeking stakeholder feedback on the following questions related to the HIT governance group.

**1**

How should decision-making authority be handled in the context of HIT governance?

**2**

What key positions should sit within the HIT governance structure (e.g., privacy and security, data management, data governance, etc.)

**3**

How should HIT governance fit within the overall SIM governance structure?

**4**

What mechanisms can be established to coordinate Federal, state, and private HIT efforts currently going on in Kentucky?

**5**

What regulatory and/or statutory efforts are needed to support the HIT governance design?

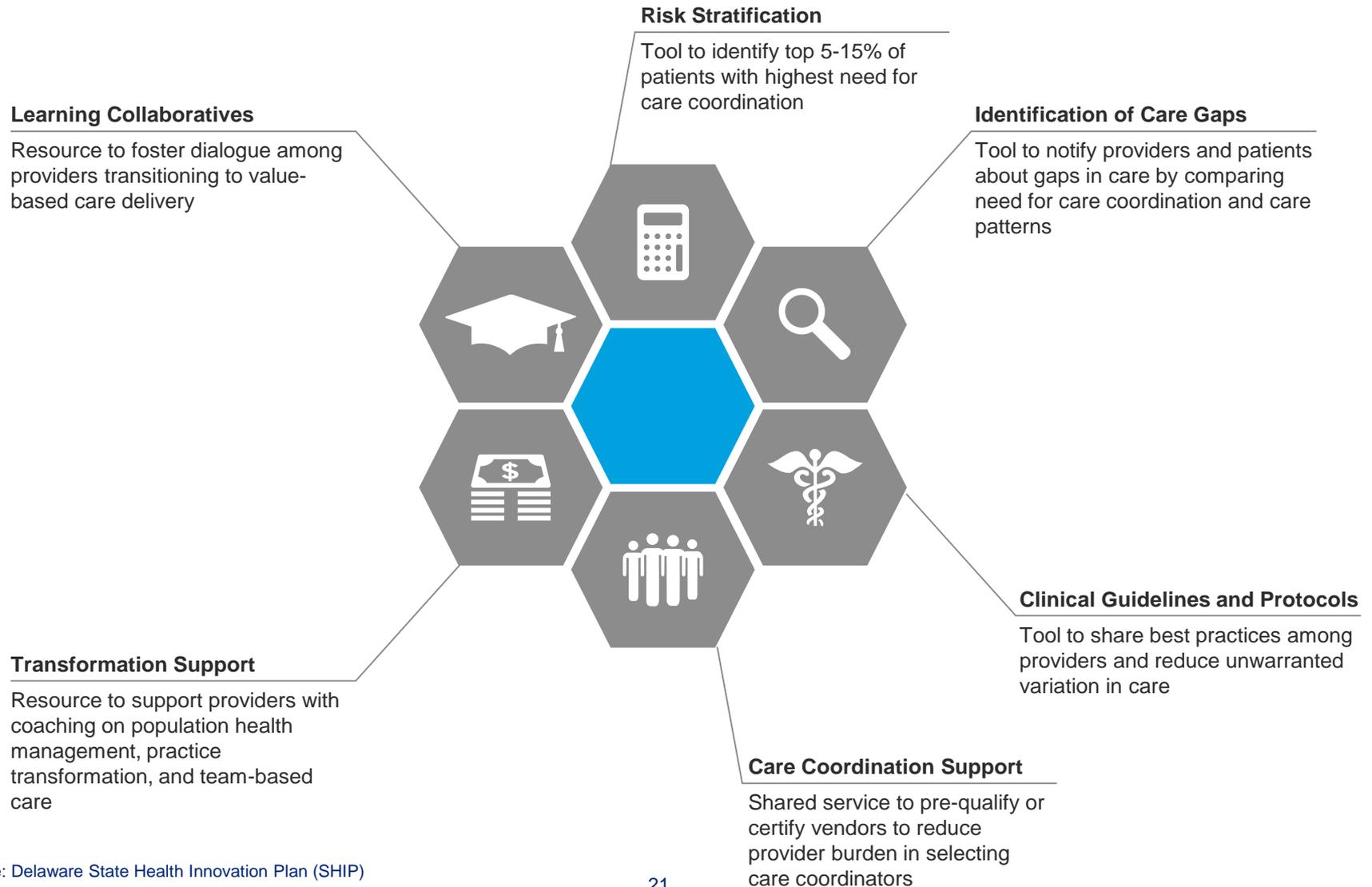
**6**

Which categories of stakeholders need to be involved in HIT governance structure?

# Practice Transformation

# Delaware Provider Support Strategy

Based on stakeholder feedback, Delaware recognized the need for a shared set of tools and programs to support providers moving down the path of value-based care.



# Minnesota Practice Transformation Strategy

Minnesota is focusing on provider education, building out infrastructure in underserved areas, and expanding workforce capacity in its practice transformation strategy.



**Learning Collaboratives**

Statewide learning collaboratives will help to facilitate the sharing of best practices throughout Minnesota



**Short-term Learning Communities**

Temporary, intensive learning experiences funded through community grants



**Practice Facilitation**

Intensive, internal coaching with a practice facilitator selected through state RFP process



**Practice Transformation Grants**

Financial aid to small and rural providers



**Health Care Homes**

Expanding health care homes to underserved areas



**Behavioral Health Homes**

Implementation of behavioral health homes to coordinate primary care and behavioral health services for individuals with serious mental illnesses



**Support Emerging Workforce Activities**

Start-up grants to integrate new providers into care delivery teams

**Practice Transformation**  
**UK REC**

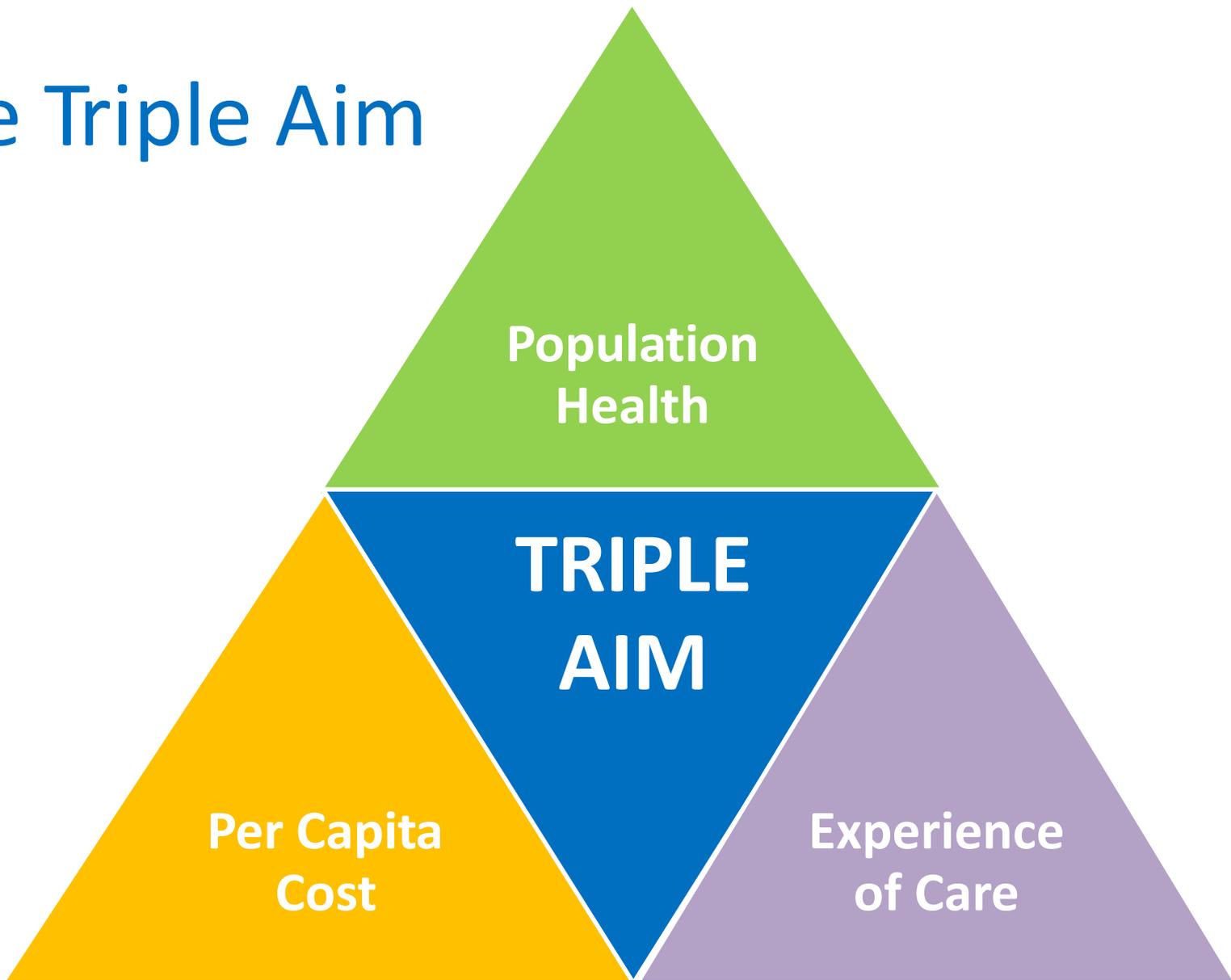
# SIM HIT Workgroup: Practice Transformation

**Stefanie Strinko, MBA, PMP, CPHIMS, PCMH CCE**  
Project Management Officer  
Kentucky REC

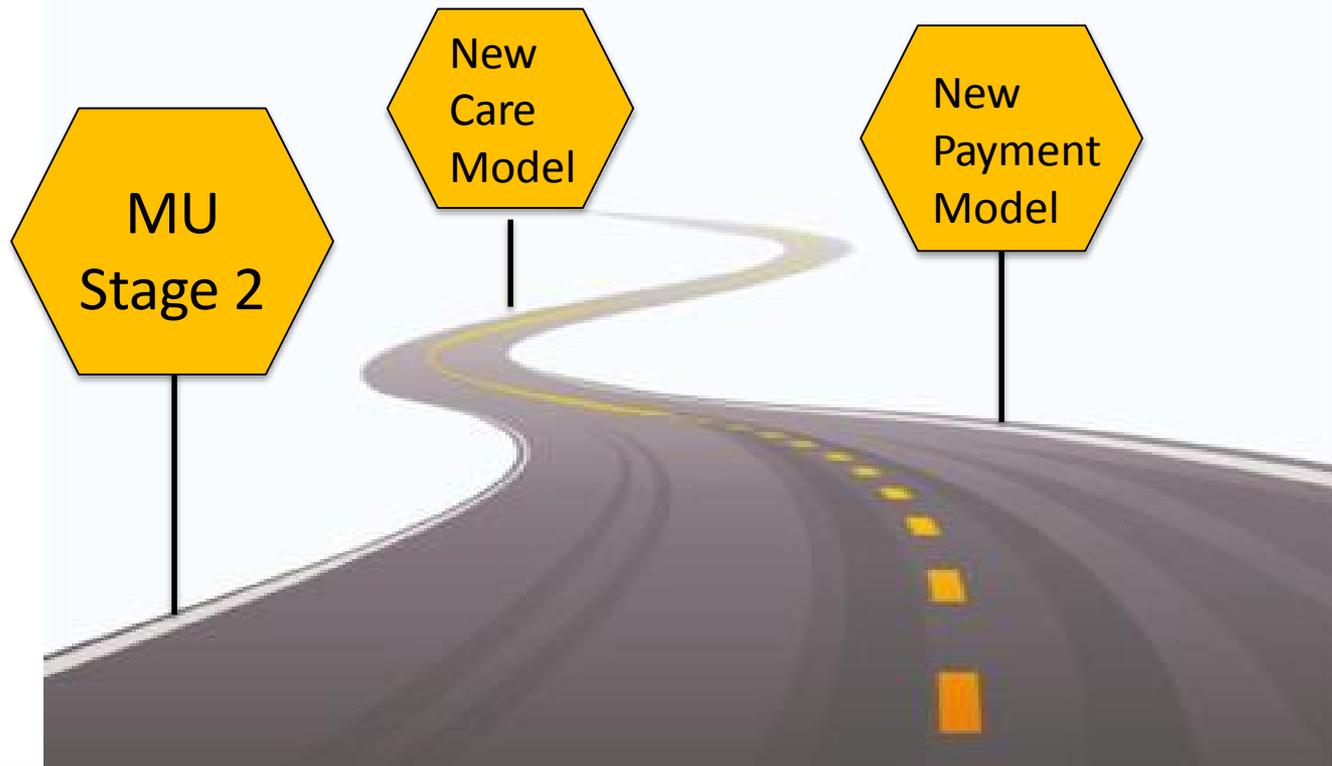
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# The Triple Aim



# How Do We Get There From Here?



# Drivers of Practice Transformation



# Meaningful Use Overlap

- PCMH reinforces incentives to use HIT
  - facilitated by EHR, registries, HIE
- MU practices well-prepared for PCMH
- MU language embedded in PCMH Standards



# The Meaningful Use-PCMH Bridge

- Meaningful Use Backbone
  - All elements are included in PCMH
- PCMH Recognition

Recognition Levels	Required Points
Level 1	35 – 59 points
Level 2	60 -84 points
Level 3	85 – 100 points



# Modified Stage 2/PCMH Crosswalk

Objective	Modified Stage 2	PCMH Factor
Protect PHI	Conduct or review security analysis and incorporate in risk management process	6G: 2
Clinical Decision Support	Implement 5 CDS interventions + drug/drug and drug/allergy checking	3E: 1-6 4D: 3
CPOE	60% of Medication	4D: 2
	30% Lab	5A: 7
	30% Radiology	5A: 8
eRx	eRx for more than 50%	4D: 1
Health Information Exchange/ToC	10% sent electronically	N/A
Education Resources	Use EHR to identify and provide education resources to more than 10%	4E: 1
Rx Reconciliation	Medication reconciliation at more than 50% of ToC	4C: 1
Patient Electronic Access	Provide patients with ability to VDT their health info more than 50%	1C: 1
	At least one patient VDT (2015/2016)	N/A
	More than 5% actually accessing (2017)	1C: 2
Secure Messages	Capability to send and receive enabled (2015)	N/A
	Sent to at least one patient (2016)	N/A
	Sent to at least 5% of patients(2017)	1C: 4
<b>Public Health Reporting (2015 Stage 1 pick 1/Stage 2 pick 2: 2016 all pick 2)</b>		
Immunizations	Demonstrate active engagement with a public health agency	6G: 7
Syndromic Surveillance	Demonstrate active engagement with a public health agency	6G: 3
Specialized Registry	Demonstrate active engagement with a public health agency	6G: 5

# Redundant, Duplicative or Topped out Measures

Redundant, Duplicative or Topped out Measures		
Demographics	Record demographics for more than 80%	3A: 1-5
Vital signs	Record vital signs for more than 80%	3B: 3-7
Smoking status	Record smoking status for more than 80%	3B: 8
Clinical Summaries	Provide summaries for 50% of office visits within 1 business day	1C: 3
Labs	Incorporate lab results for more than 55%	5A: 9
Patient List	Generate patient list by specific condition	3D: 1-3
Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 10% of patients with 2 or more office visits in the last 2 yrs.	6G: 10
Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals	5B: 7
	At least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR	N/A
Progress Notes	Enter an electronic progress note for more than 30% of patient	3B: 11
Imaging Results	More than 10% of imaging results are accessible through EHR	5A: 10
Family History	Record family health history for more than 20%	3B: 10

# Kentucky REC's Healthcare Transformation Survival Seminars

## Topics

- Meaningful Use
- Value-Based Payment Models
- HIPAA Privacy & Security
- Patient-Centered Medical Home
- Kentucky Health Information Exchange

## Dates/Locations

- November 6 – Morehead
- November 20 – Somerset
- December 2 – Lexington
- December 11 – Paducah

**REGISTER TODAY:**  
<http://bit.ly/kyrec>

# Connect with Kentucky REC!

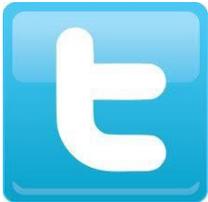
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**Practice Transformation**  
**NeKY RHIO**

**NeKY  
RHIO**

Northeast Kentucky  
Regional Health  
Information Organization

# **SIM Health IT Workgroup**

## **October 23, 2015**

Andrew C. Bledsoe, MBA, CHPS, PCMH CCE, CHTS-PW  
Executive Director, Northeast KY RHIO

# Humble Beginnings

- Brainchild of Dr. Elizabeth Regan
- Informal Steering/Advisory Committee
- Achieved 501c3 Status in 2008
- Initial HIE participants in 2010
- REC work began in 2011

# Initial Funding

- First grant in 2010 – ARRA
- First HRSA grant in 2011 (RHITND)
- State grants/contracts sub-recipient
- Second HRSA grant in 2013 (RHITWF)
- Third HRSA grant in 2015 (Outreach)

# Consultation Services

## **MEANINGFUL USE**

Consultation for Eligible Professionals (EP) and Eligible Hospitals (EH), Gap analysis, audit preparations, and attestation assistance.

## **PATIENT CENTERED MEDICAL HOME**

PCMH recognition protocol along with PCMH training for individuals and groups.

## **HIPAA SECURITY**

HIPAA Security risks and vulnerability assessments, policy review and support, immediate and continuous updates, and audit log review assistance.

# Consultation Services

## **BILLING AND CODING**

Special pricing for ICD-10 academies, optimization of billing through chart audits and billing relief during employee absences.

## **HEALTH WORKFORCE**

Health IT workforce training program including e-learning, internship/project, and an AHIMA credentialing exam.

## **GROUP PURCHASING ORGANIZATION**

Group purchasing organization (GPO) includes special pricing on medical supplies, office supplies, etc.

# IT Service and Support

## **IT SUPPORT SERVICES – ON-SITE AND REMOTE**

Troubleshoot, repair, install, configure, and maintain hardware and software systems (computers, servers, printers, scanners, networking equipment, wireless systems, SQL/databases, etc.)

Top rated antivirus product and protection (firewall configuration and central management of proactive protection against malware, viruses, and zero-day attacks)

Backup and recovery protocol (server network configuration, patch management, log monitoring, central management of software updates, etc.)

HIPAA Security (audit preparedness, digital data destruction meeting DOD standards, encryption, log monitoring, training and focused solutions)

# NeKY RHIO Staff



HIPAA Privacy and Security | Meaningful Use | Patient Centered Medical Home | Billing and Coding; ICD-10  
Information Technology | Group Purchasing Organization (GPO) | Workforce Development Training

# Questions?

Andrew C. Bledsoe, MBA, CHPS, PCMH CCE, CHTS-PW

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606-356-2721

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A top-down view of a wooden desk with various items: a blood pressure cuff and gauge on the left, a stethoscope on the top right, a smartphone on the bottom left, a laptop in the center, and a notebook with a pen on the bottom right.

# NeKY RHIO

Northeast Kentucky Regional Health Information Organization

Assisting healthcare providers and patients with  
the use of technology and connectivity to improve  
the health of our communities.

**Next Steps**

## Next Steps for the Draft HIT Plan

The first draft of the HIT Plan will be posted on the SIM website on November 13<sup>th</sup>. Stakeholders will have the opportunity to provide feedback on the draft plan during the November 18<sup>th</sup> workgroup meeting. Feedback will then be incorporated prior to submitting it to CMS for review at the end of November.



### November 2015

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30 ★				

 Post draft HIT Plan on SIM website

 Review draft HIT Plan with stakeholders

 Deliverable: Draft HIT Plan due to CMS