

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



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

May 21, 2015
9:30 AM – 12:30 PM

Agenda

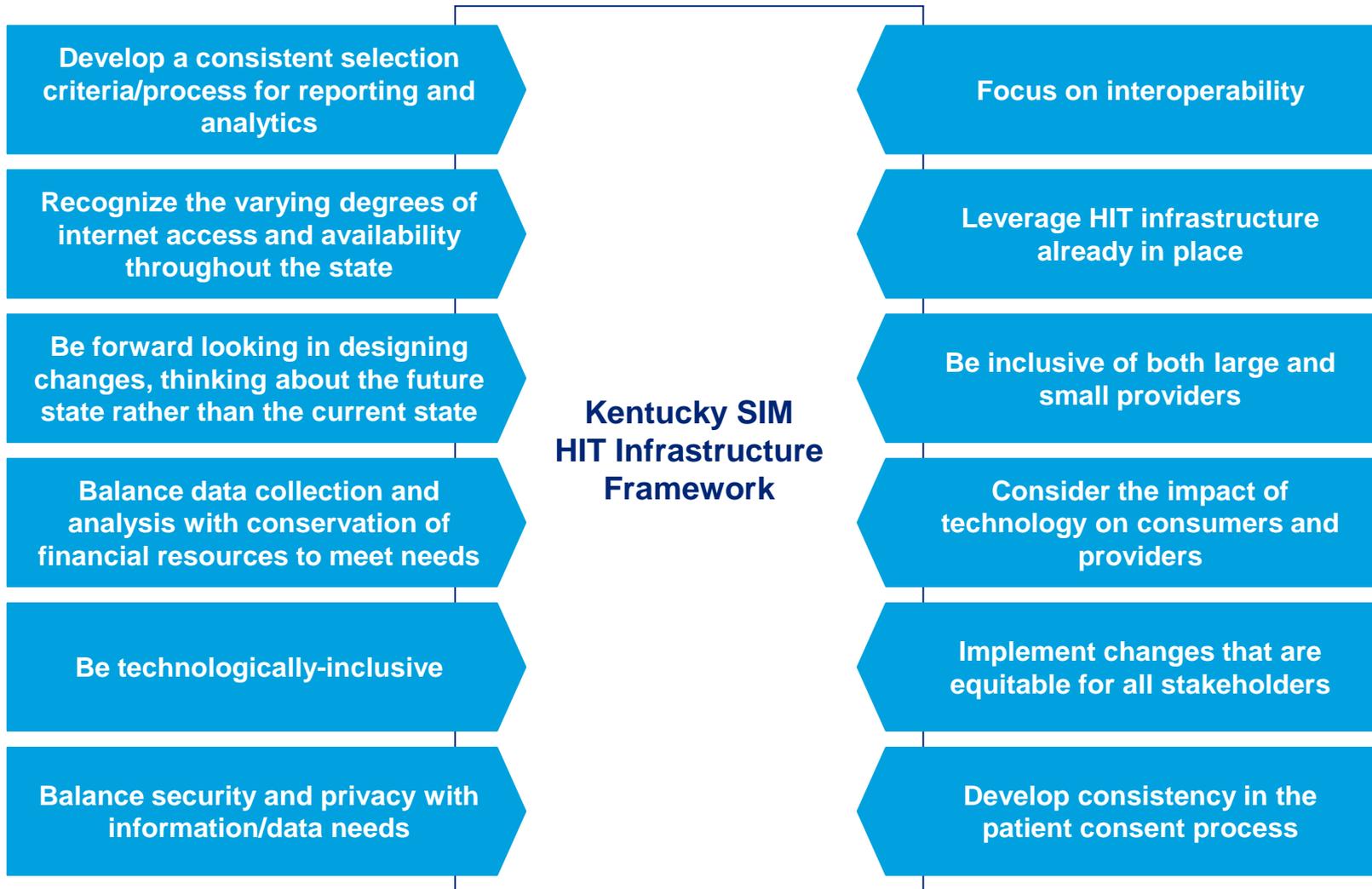
- **Welcome and Introductions** 9:30 – 9:40 AM
 - **Review Guiding Principles and Strategies from April** 9:40 – 9:50 AM
 - **Review CMS' SIM HIT Checklist** 9:50 – 10:00 AM
 - **Discuss Other SIM States' HIT Strategies and their Applicability to Kentucky** 10:00 – 10:40 AM
 - *Break* 10:40 – 10:50 AM
 - **Discuss Strategies for Reducing Administrative Burden Through the Use of HIT** 10:50 – 11:30 AM
 - **Review Current Status of the PHIP** 11:30 – 11:50 AM
 - **Brainstorm How HIT Can be Used to Improve Population Health in the Context of the PHIP** 11:50 AM – 12:25 PM
 - **Outline Next Steps** 12:25 – 12:30 PM
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Welcome and Introductions

Review Guiding Principles and Factors for Expanding HIT

Guiding Principles in Expanding HIT Infrastructure

The following guiding principles were developed by the HIT Infrastructure workgroup in April. For the purposes of today’s activity, we will explore how the HIT strategies of other SIM states align with these principles.

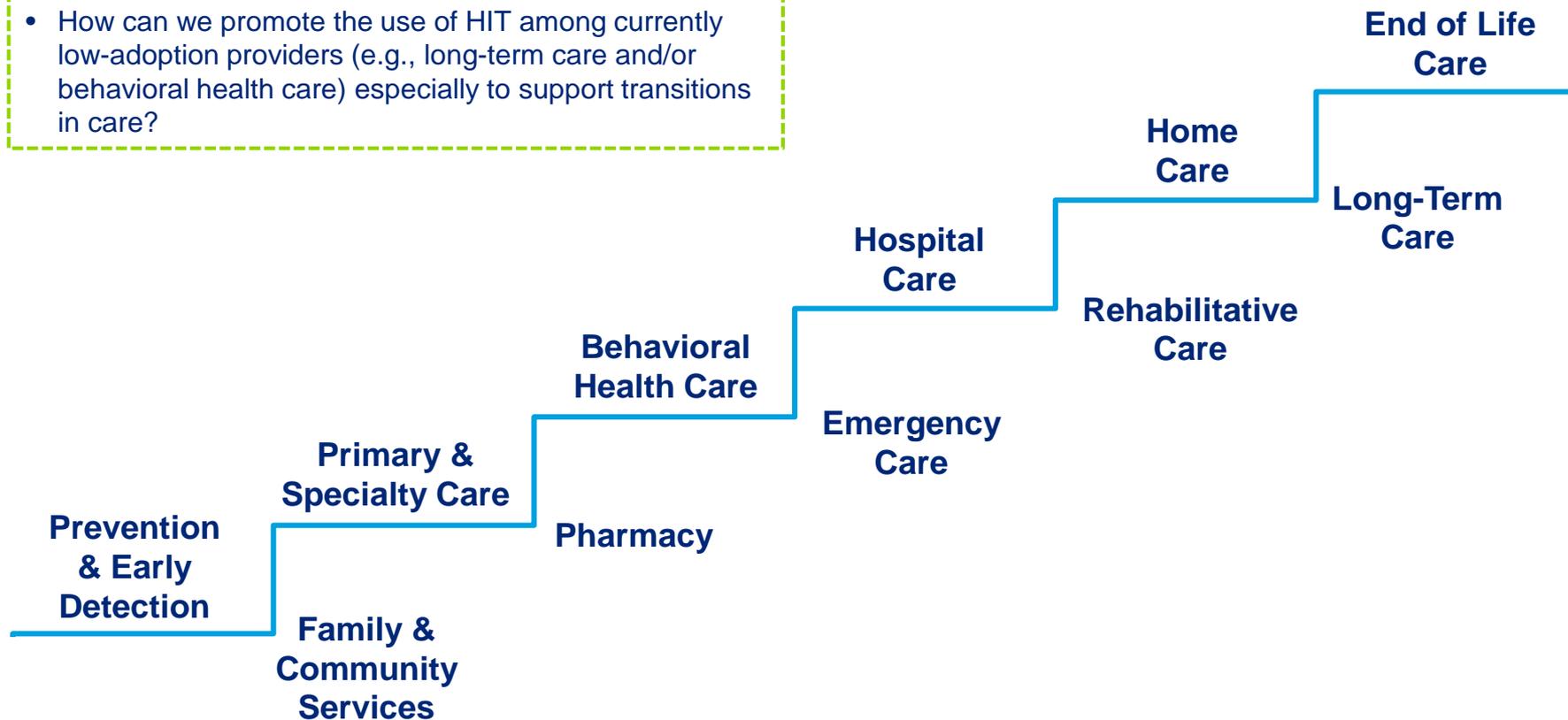


Recap: Factors for Expanding HIT Along the Delivery System Continuum



In the April workgroup, we discussed how each level of the delivery system continuum has different stakeholders and needs in terms of leveraging HIT and/or expanding HIT infrastructure, and how the potential HIT strategies developed in SIM for each level of this continuum should consider these individual factors.

- How can we promote the use of HIT among currently low-adoption providers (e.g., long-term care and/or behavioral health care) especially to support transitions in care?



Output: Strategies for Expanding HIT Along the Delivery System Continuum



The following list of potential strategies for driving HIT changes across the delivery system continuum were developed by the HIT Infrastructure workgroup in April.

Strategies for Driving HIT Changes Across the Care Continuum	
Improve Existing Infrastructure	Increase and Expand
<ul style="list-style-type: none">• Inventory early detection, screenings, and prevention data• Better coordinate across payers on the continuum• Assign an owner for collecting social determinant data• Balance consumer management of health care using HIT• Understand technology implications across the care continuum• Determine the most important data points at each stage of the continuum• Balance patient-reported data	<ul style="list-style-type: none">• Increase the use of wearables in prevention data collection and compliance• Coordinate immunization data with schools• Implement telehealth across the care continuum, not just in rural areas• Empower consumers by bringing technology to them• Increase HIT support for navigating the health care system• Increase the connection between prevention and primary care

Review CMS' HIT Checklist

SIM Round Two Model Design HIT Plan Checklist

At its in-person convening of Round Two SIM states, CMS and ONC released a checklist to support the development of the HIT Plan as part of the overall State Health System Innovation Plan. The checklist provides a strategic set of questions to assure the HIT focus areas have been identified and addressed individually and within the context of the overall Model Design.



- How the specified health IT elements and/or programs, in combination, will achieve state-wide health transformation



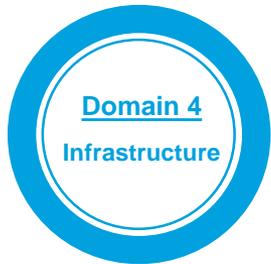
- Describe how state leadership will direct the planning and oversight of implementation
- Supply a comprehensive plan to implement infrastructure to support the Model Test that leverages existing assets and aligns with federally-funded programs and state enterprise IT systems
- Explain how the governance structure will incorporate and expand existing public/private health information exchanges, including those operated by ACOs



- Describe policy and regulatory levers that will be used to accelerate standards-based HIT adoption to improve care across the state
- Describe methods to improve transparency and encourage innovative uses of data; offer a plan for promotion of patient engagement and shared-decision making; and propose multi-payer strategies to enable and expand the use of health information technology

SIM Round Two Model Design HIT Plan Checklist (Continued)

At its in-person convening of Round Two SIM states, CMS and ONC released a checklist to support the development of the HIT Plan as part of the overall State Health System Innovation Plan. The checklist provides a strategic set of questions to assure the HIT focus areas have been identified and addressed individually and within the context of the overall Model Design.



- Describe how the state will implement analytical tools and use data-driven, evidence-based approaches to coordinate and improve care across the state
- Plan to utilize telehealth and perform remote patient monitoring to increase access to care and the timeliness of care
- Plan to use standards-based health IT to enable electronic quality reporting
- Explain how public health IT systems (such as clinical registry systems) will be integrated; and describe how support of electronic data will drive quality improvement at the point of care



- Define how the state will provide technical assistance to providers and identify targeted provider groups that will receive assistance and what services will be delivered
- Identify how the state intends to extend resources to providers ineligible for Meaningful Use incentive payments, if applicable

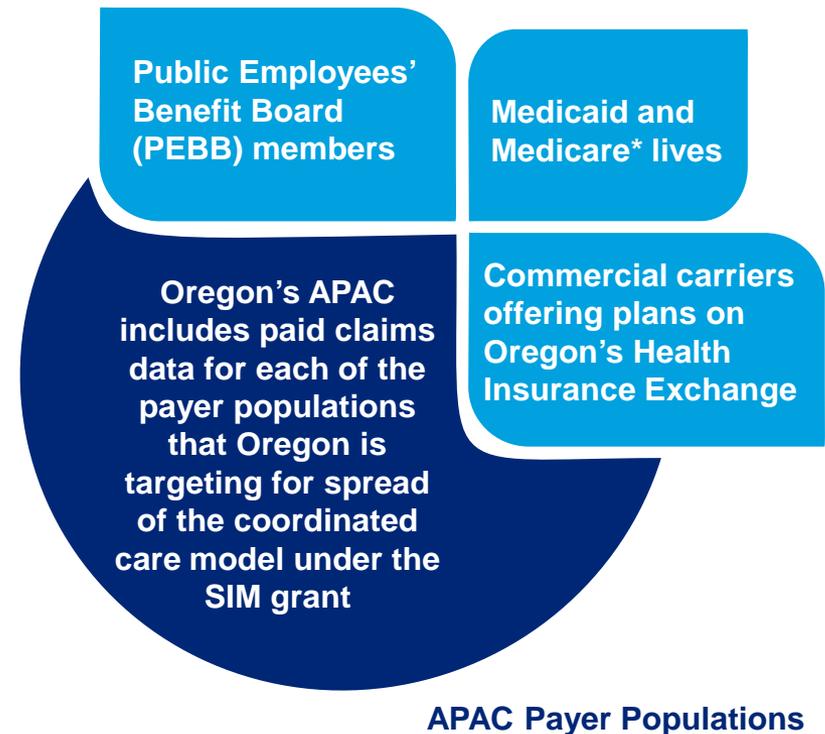
**Discuss Other SIM States' HIT
Strategies and their Applicability
to Kentucky**

Oregon’s Approach to and Mechanisms for Data Collection

Established through SIM Round One Model Test funding, a central tenant of Oregon’s SIM HIT strategy is an integrated dataset, or its All Payer All Claims (APAC) database, which is used for monitoring expenditures and utilization across payers, and for assessing spread of the coordinated care model.

APAC Overview

- Oregon’s APAC is comprised of medical and pharmacy claims, and information from the member eligibility and provider files, as collected from health insurance payers for residents of Oregon.
- All carriers and licensed third-party administrators with at least 5,000 covered lives are required to report to APAC on a quarterly basis.
- It includes fully-insured, self-insured, Medicare managed care, and Medicaid data, and the state is pursuing Medicare fee-for-service data.
- The APAC excludes lines of business not currently required to be reported, such as carriers fewer than 5,000 lives, TRICARE, the Federal Employee Health Benefits program, uninsured and self-pay, stand-alone dental, vision, or prescription plans, medical care not included in the statutory definition of health insurance (e.g., Indian Health Service), and other forms of insurance, such as workers’ compensation or medical liability auto insurance.



Oregon’s APAC data feeds directly into key analytic products that help propel and monitor improvements in care delivery, including a quarterly multi-payer dashboard with cost, quality and utilization data, hot-spotting tools, and reports on geographic variation in cost and quality, and similar analyses.

Other Components of Oregon's SIM HIT Operational Plan

In addition to collecting all-payer all-claims data, Oregon's SIM HIT contains multiple other features that support the state's Coordinated Care Organizations (CCO).

State-level provider directory

- Viewed as a building block to identifying to whom, by whom, and where care is delivered to support exchange of patient information and analysis of aggregated data
- Envisions a directory that leverages the common credentialing solution can use real-time practitioner data to create further efficiencies and support
- Will support are coordination, data aggregation and analytics, performance improvement efforts, and health information exchange needs
- Expected to be implemented in January 2016,

State-level clinical quality metrics registry

- Designed to collect and aggregate key clinical quality data, develop benchmarks and other quality improvement reporting, collect and calculate CCO clinical incentive metrics and meet federal requirements for Meaningful Use payments to providers.
- Provides Health plans and CCOs with state infrastructure to meet reporting requirements to OHA and collected clinical data for their members for analytics/quality improvement.
- Expected to be implemented in January 2016

Emergency Department Information Exchange (EDIE)

- Implemented in summer 2014 in partnership with the Oregon Health Leadership Council and Oregon hospitals and health systems
- Alerts emergency department clinicians in real time when a patient who has been a high utilizer of emergency department services registers in their emergency department
- Reduces duplicative services and assists clinicians in directing high utilizers to the appropriate care setting
- All of Oregon's hospitals have engaged with this project

An Update on Vermont’s SIM HIT Strategy

After the conclusion of Year One of SIM Round One, Vermont reported its HIT and health information exchange (HIE) activities, progress, and plans for Year Two of its Model Test grant.



Vermont’s SIM HIT/HIE Activities

SIM Year One Proposed	SIM Year One Progress	SIM Year Two Proposed
<ul style="list-style-type: none"> Expand connectivity of providers to the HIE Design HIT solutions to support the payment models being implemented Pilot a telemedicine program Integrate claims and clinical data to support new payment models 	<ul style="list-style-type: none"> Invested in an event notification system to support transitions of care Connected ACO analytics vendors to Vermont’s HIE Improved and standardized data quality in electronic medical records systems for the state’s Designated Mental Health Agencies and Specialized Service Agencies Identified gaps in data systems in both acute and non-acute providers Designed a Uniform Transfer Protocol to support transitions of care 	<ul style="list-style-type: none"> Continue implementation of solutions begun in year one Develop and implement a data gap remediation plan Develop and begin to implement a data integration solution Update the state’s HIT Plan Develop a telehealth plan and launch a telehealth pilot program

Other Components of Vermont's SIM HIT Operational Plan

Vermont highlights two large investments in the state's HIT infrastructure that are furthering the payment and delivery system reform efforts designed under SIM.



- This project was developed collaboratively by Vermont's three ACOs: OneCare, CHAC, and Healthfirst.
- The purpose of this project is to develop and implement a population-based infrastructure within the Vermont HIE and to further align this infrastructure with the emphasis of national and Vermont health care reform on collaborative, clinically integrated providers held accountable for the cost and quality of health care delivered to the populations they serve.
- This project consists of:
 - The development of technological gateways between Vermont's HIE and each of the ACO's analytics vendors
 - The development of an Event Notification System
 - A gap analysis of Shared Savings Program quality measures
 - Customer Support

- This project was developed collaboratively by Vermont's Designated and Specialized Agencies (DA/SSA) and long-term services and support (LTSS) providers as well as their advocacy organizations.
- The purpose of the project is to use integrated efforts and technology to enable: data quality, enhanced reporting, population and individual health management and improvement, and connectivity to the state-wide HIE for many of Vermont's essential community providers.
- This project accomplishes the following:
 - Engages in data quality improvement for the state's DA/SSA data and build a data repository
 - Updates and/or conducts disability and LTSS provider information technology gap analyses and develops a remediation budget
 - Plans for a Uniform Transfer Protocol between providers engaged in transitions of care



Relevance to Kentucky

What elements of these successful SIM HIT strategies are applicable to Kentucky and features we should consider as part of the Model Design?

Brainstorm Activity

Strategies for Reducing Administrative Burden Through the Use of HIT

How can we use HIT to reduce the administrative burdens on providers?

While the overarching goal of SIM is to create multi-payer models that work towards improving health, improving care, and decreasing costs, it is important that these models do not create new administrative burdens on providers and hospitals. As a workgroup, we can brainstorm ways to use HIT to help reduce these administrative burdens, which will serve as strategies to follow as the Model Design period unfolds.



Leveraging HIT has been an important strategy for reducing reliance on manual chart review, decreasing staff burden, and eliminating redundancies in quality-reporting tasks.

Potential Challenges

- Varying sophistication of HIT amongst providers
- Disconnects between HIT systems and quality reporting
- Integration of quality reporting into established features of EHRs
- Expense of implementing new technology
- Balancing a desire to be responsive to increasing reporting requirements while working within the limitations of resources available to meet demands

Potential Quality Strategies

- Prioritizing measures
- Requiring providers to review only a sampling of charts each quarter
- Allowing providers to drop measures that reach 100 percent
- Less frequent adjustments to definitions and new measures

Potential HIT Strategies

- Integrating digital and web-based technologies into compliance and audit workflows
- All patient care documentation is captured and tracked automatically via the HIE platform

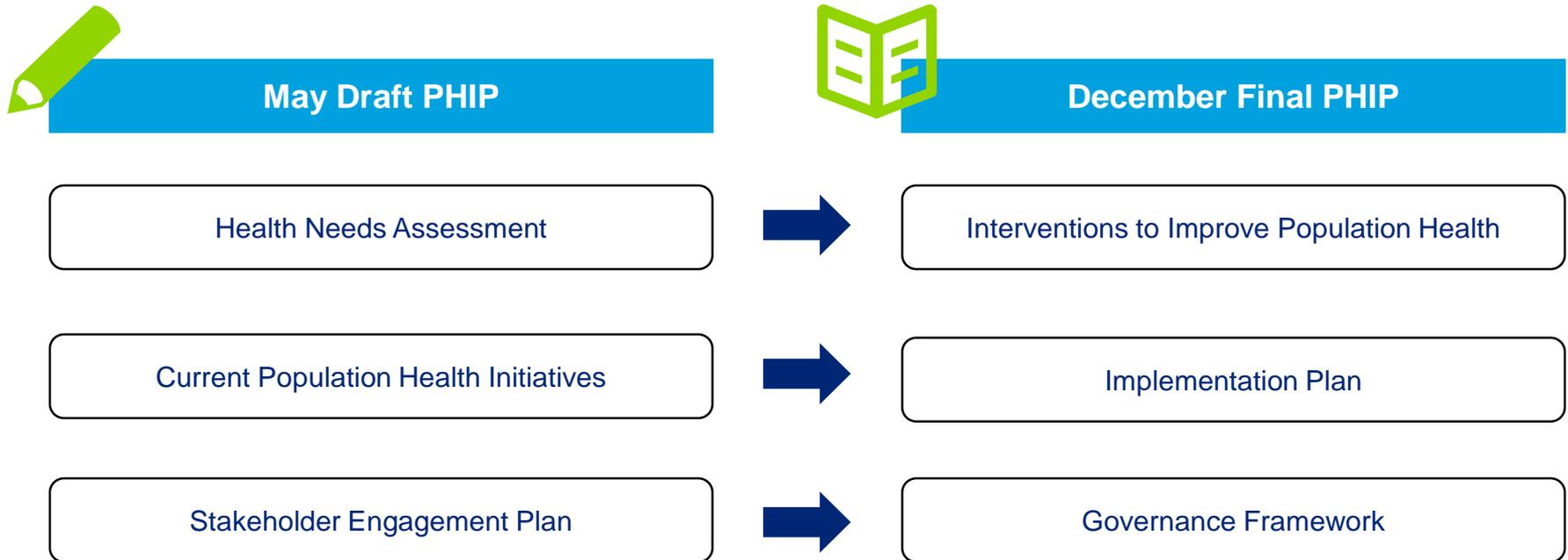
Others?

Using HIT to Improve Population Health in the Context of the PHIP

PHIP Status Update and Process Overview

CMS has created a project structure that promotes crafting the Population Health Improvement Plan (PHIP) **prior** to developing payment and service delivery reforms with a **first draft due on May 29, 2015**.

PHIP Development Process:



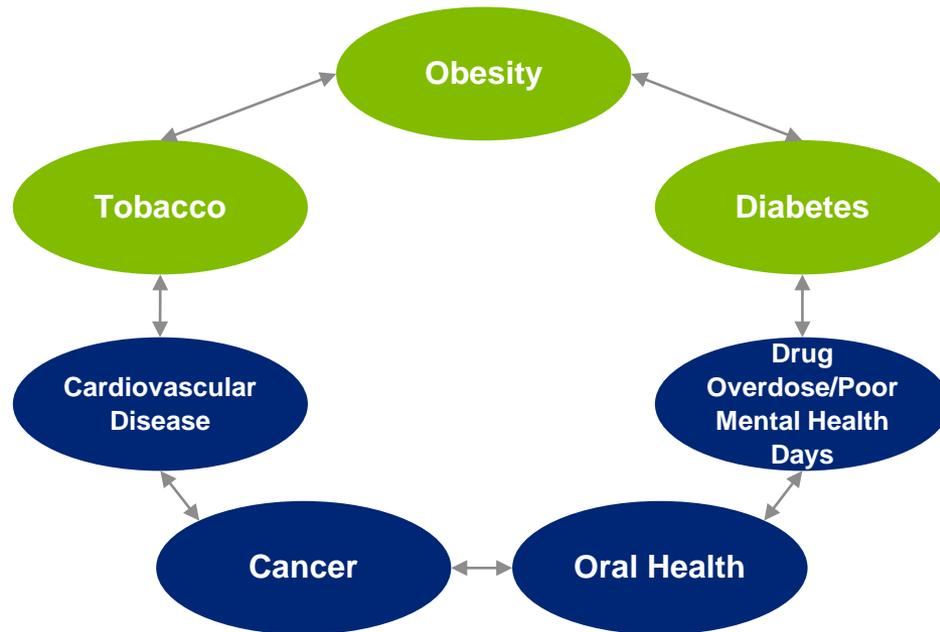
The **May draft of the PHIP** will serve as a **checkpoint** on the unique population health needs that Kentucky is facing, and as a **mechanism to solicit stakeholder input** throughout the remainder of the Model Design process on how to **design payment and service delivery reforms** around these population health needs.

PHIP Section 1: Health Needs Assessment

The draft PHIP contains a health needs assessment for the three CMS/CDC prescribed population health focus areas, plus the additional four focus areas added to promote the PHIP’s alignment with and as an extension of **kyhealthnow**.

Health Needs Assessment Outline

- The PHIP draft provides an **initial assessment** of the **gaps in access to care and the health status disparities** that Kentucky seeks to address in the delivery system transformation initiatives designed over the course of the Model Design period.
- For each of the seven population health focus areas, the PHIP describes the current state and its impact on the Commonwealth and its populations, focusing specifically on:
 - **The prevalence of the condition**
 - **The disproportionate populations at risk**
 - **The economic impact**



- CMS/CDC & kyhealthnow Focus Areas
- Other kyhealthnow Focus Areas

PHIP Section 2: Current Health Initiatives

The second section of the PHIP focuses on describing major ongoing population health-focused initiatives to improve both health outcomes and risk-factors related behavior. While the connection between the PHIP and **kyhealthnow** is inherent throughout, the PHIP describes the work being done in other areas and how stakeholders are playing multiple roles in each.

kyhealthnow

- **kyhealthnow** established seven health goals for the Commonwealth, along with a number of specific strategies to help achieve these goals through 2019.
- These strategies will be implemented through executive and legislative actions and public-private partnerships.
- In addition, an **Oversight Team** was established to monitor and provide oversight of the administration’s efforts to meet the kyhealthnow goals and carry out the strategies needed to achieve these goals, which is attached to CHFS.
- The PHIP is using **kyhealthnow** and its goals as its framework to develop new payment and delivery system reforms that work towards reaching each identified goal and a new governance process to provide long term monitoring and oversight.

ER “Super-Utilizer” Initiative

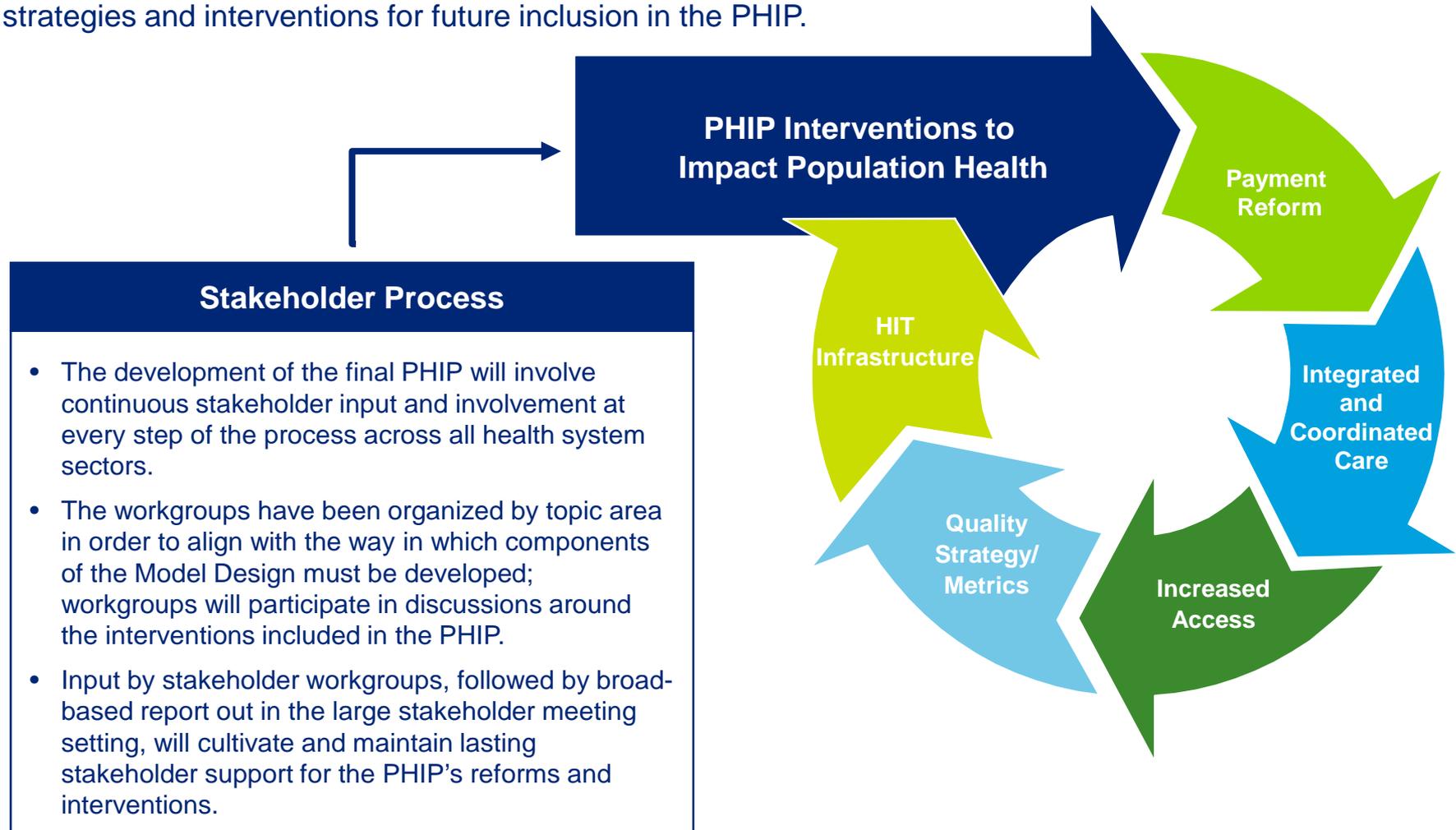
- Kentucky was awarded participation in a National Governor’s Association (NGA) Policy Academy to address **emergency department (ED) super-utilization** in July 2013 and expanded the program statewide in August 2014.
- **Phase I** of the project focused on evaluating, recommending, and implementing models that efficiently navigate patients, focusing on decreasing emergency room super-utilization.
- **16 hospital sites** participated in Phase I of the project, and these sites are already seeing success, including active partner engagement and the development of new tools to monitor super-utilization data.
- The **Kentucky Department for Public Health (DPH)** provides assistance to these hospital sites through workgroup conference calls, data analysis, and specific technical expertise.

Unbridled Health

- The Coordinated Chronic Disease Prevention and Health Promotion Plan, or **Unbridled Health**, was completed in August 2013 through the work of more than an 80 member steering committee, a committee that continues to meet on an annual basis to identify synergies around the key initiatives included in the plan.
- **Unbridled Health** provides a framework in which organizations and individuals can unite as one powerful force to reduce the significant chronic disease burden in our state.
- **The framework** includes policy, systems and environmental changes that support healthy choices; expanded access to health screenings and self-management programs; strong linkages among community networks; and research data that are used as a catalyst for change.

PHIP Section 3: Stakeholder Engagement

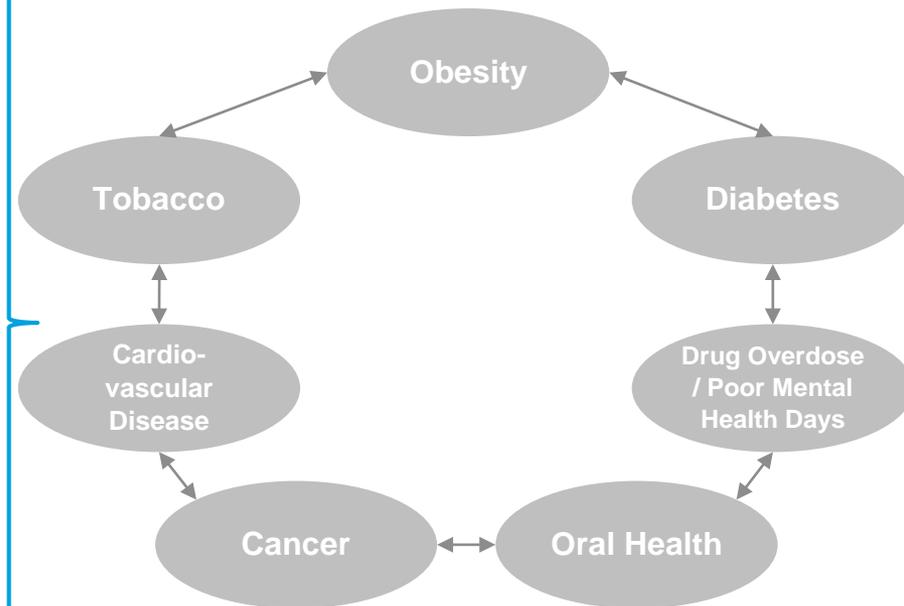
Throughout the Model Design period, CHFS will use a robust, iterative process with internal and external stakeholders to craft the components of the Model Design, the first component being the PHIP. The team has developed a formal stakeholder engagement approach that will be used to develop the strategies and interventions for future inclusion in the PHIP.



PHIP Section 4: Interventions to Improve Population Health

Using the health needs assessment and population health focus areas of kyhealthnow, stakeholders will develop interventions to improve population health in the context of the SIM workgroups and their topic areas over the course of the Model Design process.

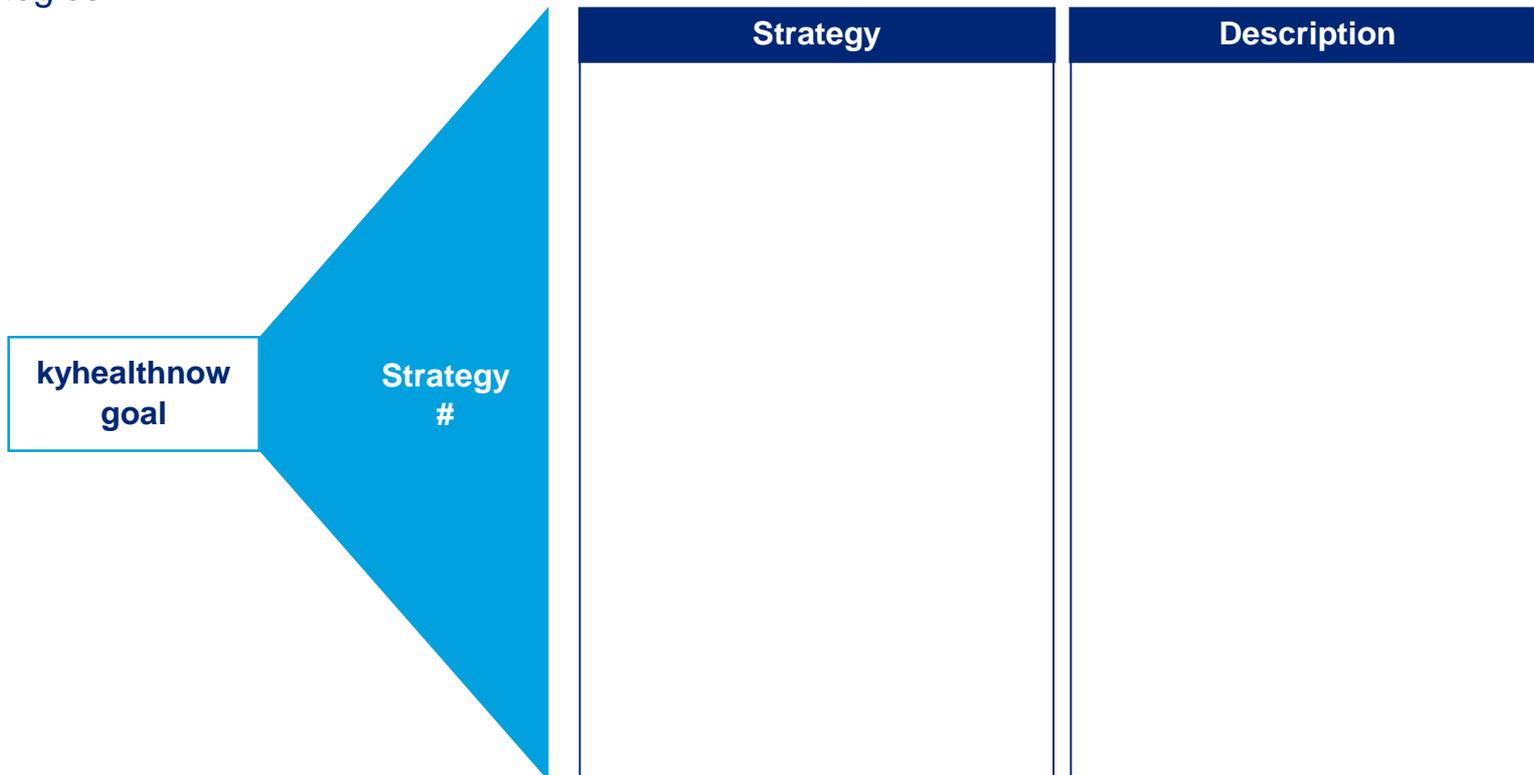
- 1 Service Delivery Model Options
- 2 Payment Methodologies
- 3 Policy and Regulatory Levers
- 4 Workforce Needs Assessment
- 5 Health Information Technology



These categories of interventions to improve population health and how they apply to the seven focus areas are not comprehensive and lend themselves to expansion, refinement, and discussion with all SIM stakeholders.

PHIP Section 4: A Closer Look

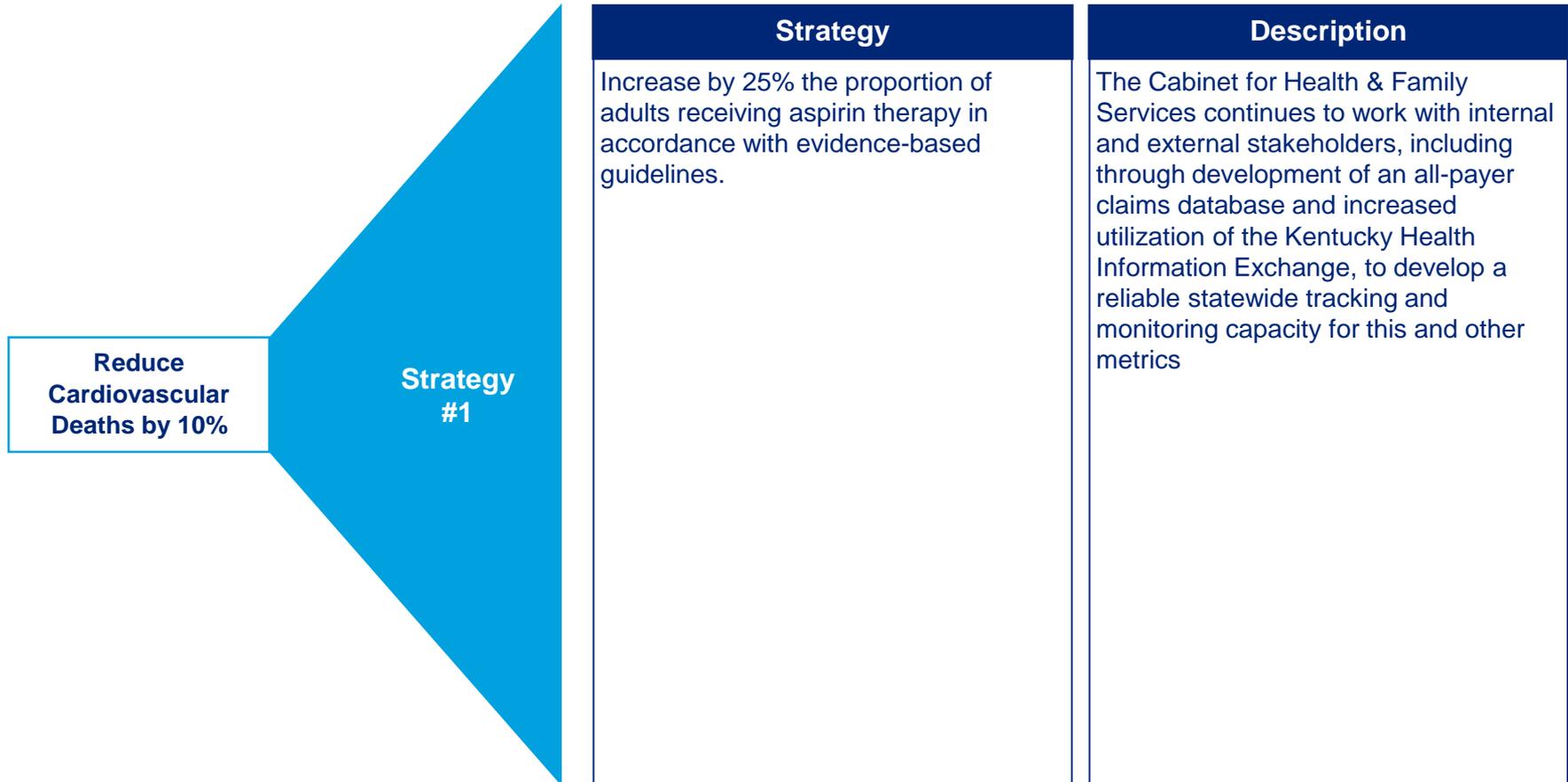
Within the seven kyhealthnow focus areas that the PHIP seeks to address, there are 51 associated strategies to help achieve these population health goals over the next five years. For the purposes of the PHIP, we will explore a subset of these strategies as they relate to HIT to determine which strategies can be impacted by HIT, or which potential HIT investments/improvements would have the most effect on the strategies.



The goal of this workgroup activity is to develop a set of key themes to designing an HIT strategy that works towards achieving the kyhealthnow, and therefore the PHIP, population health goals for inclusion in the draft PHIP due at the end of May.

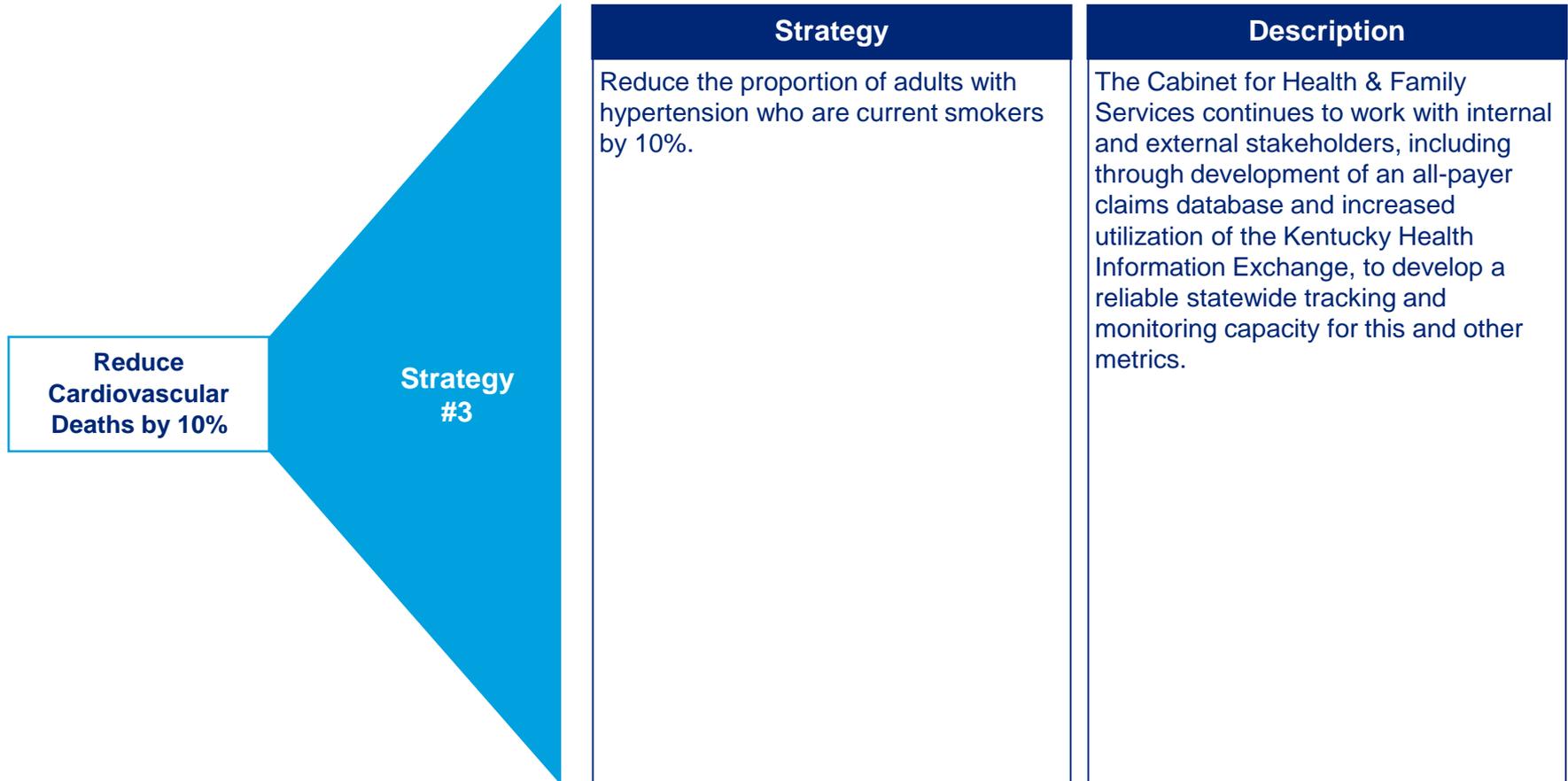
PHIP Strategies Discussion

How could a statewide HIT strategy impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

How could a statewide HIT strategy impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

How could a statewide HIT strategy impact this kyhealthnow strategy?

Reduce Deaths from Drug Overdose by 25% and Reduce by 25% the Average Number of Poor Mental Health Days of Kentuckians



Strategy	Description
<p>Double the number of individuals receiving substance abuse treatment by the end of 2015.</p>	<p>In 2014, more than 13,000 individuals in the Medicaid program received substance abuse treatment services, which is a newly covered essential health benefit pursuant to the Affordable Care Act as of January 1, 2014. (KY Department for Medicaid claims data; 2015). * Data from Community Mental Health Centers, who serve both uninsured and Medicaid-eligible individuals, indicates that for the first half of FY2015 (July – December, 2014) there were 2,847 individuals who received substance abuse services, which was a 39% increase from the same period in the prior year. (KY Department for Behavioral Health, Developmental and Intellectual Disabilities, 2015) The Cabinet for Health & Family Services continues to partner with internal and external stakeholders, including through development of an all-payer claims database and increased use of the Kentucky Health Information Exchange, to develop a reliable statewide metric to measure substance abuse treatment utilization.</p>

Next Steps

Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

June 2015

M	T	W	T	F
1	2	3	4	5
8	9 *Rescheduled	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Calendar Legend

Workgroup Meeting

Stakeholder Meeting

Next Steps

- The June full stakeholder meeting that was scheduled for **Wednesday, June 3, 2015** has been **rescheduled**. It will now take place on **Tuesday, June 9, 2015 from 1 – 4 PM** at the Kentucky Historical Society - 100 W Broadway Street in Frankfort, KY.
- Mark your calendars! The next HIT Infrastructure workgroup will be held on **June 18, 2015**.

Workgroup	June Date	June Time	June Location
Payment Reform	Tuesday, June 16 th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Tuesday, June 16 th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Increased Access	Wednesday, June 17 th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Quality Strategy / Metrics	Wednesday, June 17 th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
HIT Infrastructure	Thursday, June 18 th	9:30AM to 12:30PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
 - This website contains a HIT Infrastructure workgroup section that will contain meeting presentations, outputs, and additional resources.
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

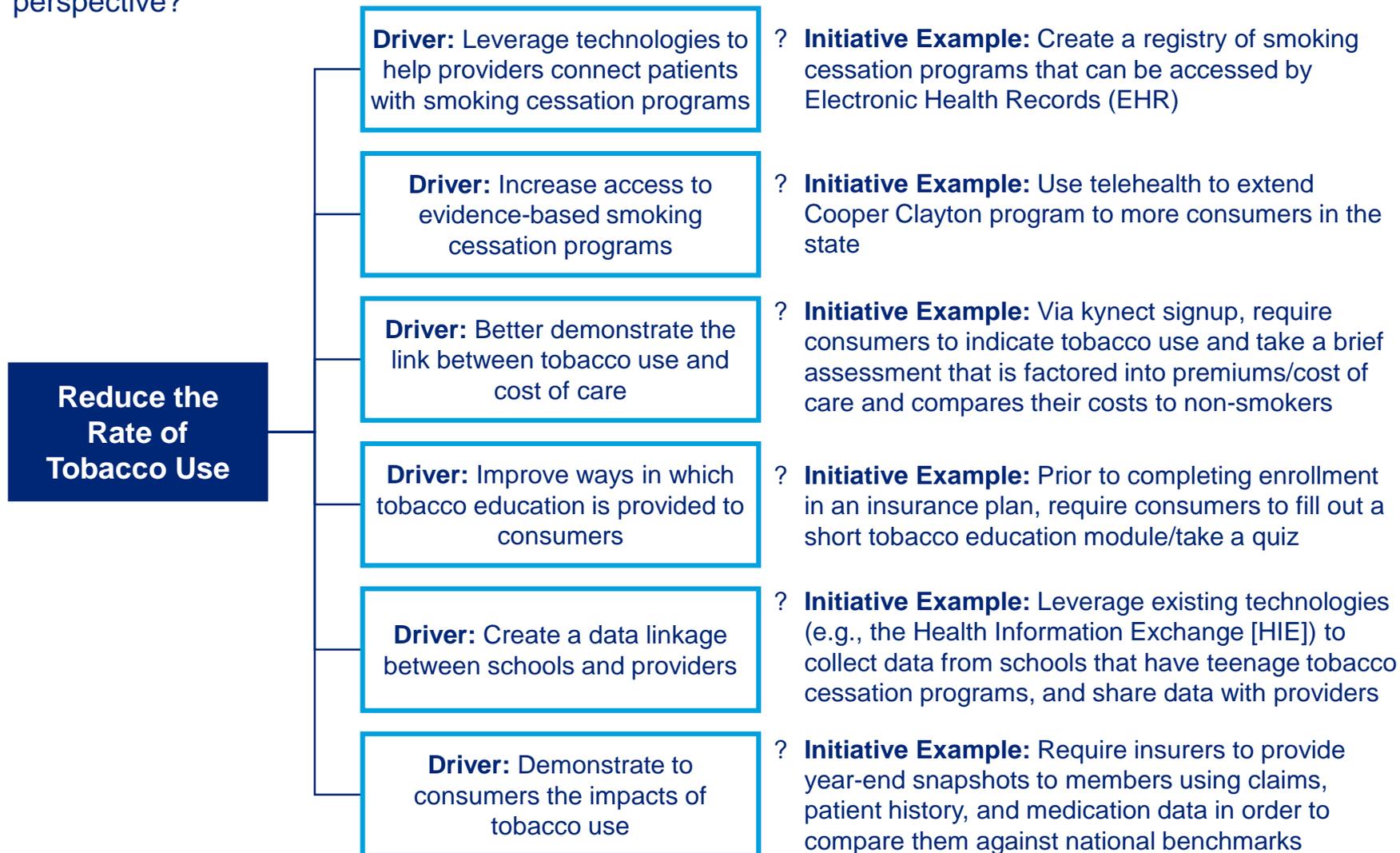
Thank you!

Q&A

Appendix

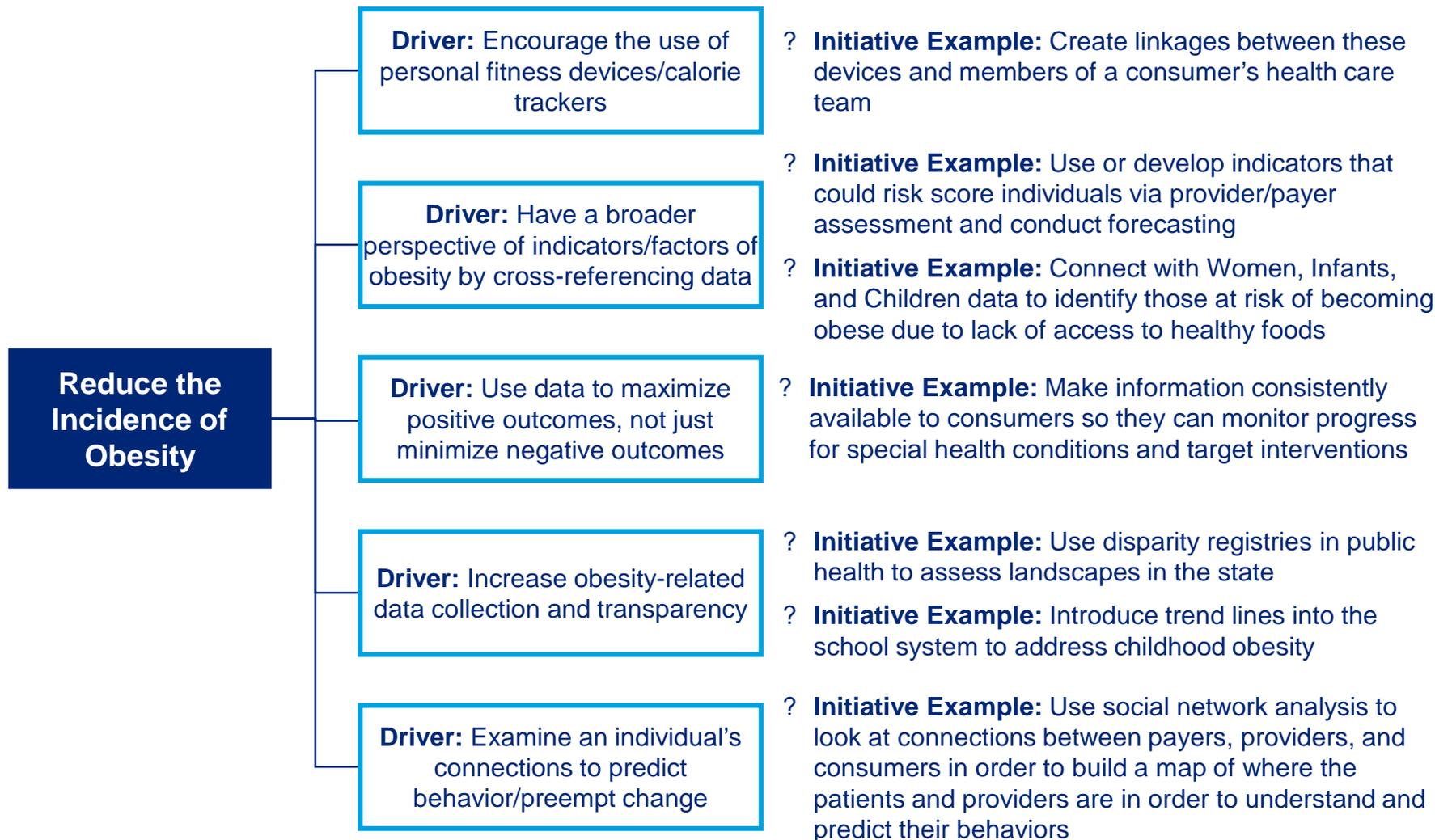
HIT Infrastructure Driver Diagram – Tobacco Use

What are the current barriers to reducing tobacco use in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a HIT Infrastructure perspective?



HIT Infrastructure Driver Diagram – Obesity

What are the current barriers to reducing the incidence of obesity in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a HIT Infrastructure perspective?



HIT Infrastructure Driver Diagram – Diabetes

What are the current barriers to reducing the incidence of diabetes in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a HIT Infrastructure perspective?

