

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



HIT Infrastructure Workgroup members provided comments on ONC's HIT stack at the October 23, 2015 workgroup meeting.

HIT Infrastructure Workgroup Meeting Notes

- Overall, the components represented in the HIT stack are appropriate; however a few things are missing:
 - A mechanism for standardization in sharing information should be included
 - Health language standards should be included
 - These health language standards have recently been released by ONC
- Several additional data sources should be included in the HIT stack:
 - Patient-reported data
 - All Payer Claims Database (APCD)
 - Wellness data
- Data aggregation is represented as being centralized in the HIT stack, but it is often decentralized
- The stack should more clearly define “patient reporting”
- A Master Patient Index (MPI) is needed to adequately track patient health and progress
- A mechanism for tracking patient interactions is needed (e.g., CRM)

Kentucky HIT Infrastructure Needs - PCMH

HIT Infrastructure Workgroup members recommended changes to the HIT infrastructure needed to support each reform initiative at the October 23, 2015 workgroup meeting.

| Functionality | Payer | Provider | State | Patient | Functionality | Payer | Provider | State | Patient |
|---|-------|----------|-------|---------|--|-------|----------|-------|---------|
| Contract administration | X | | | | Performance measurement and analytics | X | X | X | |
| Provider enrollment | X | | | | Contract management (payment for value) | X | | | |
| Member enrollment | X | | | | Quality measurement | X | X | X | |
| Enrollment – attributions | X | | | | Provider reporting | X | 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 | | X |
| Capture claims information | X | | X | | Virtual health / virtual medicine | X | X | X | |
| Data aggregation | X | 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 | X | | CRM tool | X | X | X | |
| Data normalization/activation | X | | X | | Provider portal | X | | X | |
| Member portal | X | | | X | Consumer incentives/awards | X | | X | X |
| Process improvement | X | X | X | | Prescription writing and filling (i.e., consumer compliance) | | X | | |

Stakeholder feedback from October 23rd Workgroup meeting

Kentucky HIT Infrastructure Needs - ACO

HIT Infrastructure Workgroup members recommended changes to the HIT infrastructure needed to support each reform initiative at the October 23, 2015 workgroup meeting.

| Functionality | Payer | Provider | State | Patient | Functionality | Payer | Provider | State | Patient |
|---|-------|----------|-------|---------|--|-------|----------|-------|---------|
| Contract administration | X | X | | | Performance measurement and analytics | X | X | X | |
| Provider enrollment | X | X | | | Contract management (payment for value) | X | | | |
| Member enrollment | X | X | | | Quality measurement | X | X | X | |
| Enrollment – attributions | X | X | | | Provider reporting | X | X | | |
| Member eligibility | X | | | | Initiative reporting | | | X | |
| Payment functionality | X | | | | Cost reconciliation | X | | | |
| Provide clinical information | | X | | X | Consumer engagement / activation | X | X | | |
| Provide non-clinical data (e.g., device data) | | X | | X | Personal health monitoring | X | X | | X |
| Capture claims information | X | | X | | Virtual health / virtual medicine | X | X | X | |
| Data aggregation | X | 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 | X | | CRM tool | X | X | X | |
| Data normalization/activation | X | | X | | Provider portal | X | | X | |
| Member portal | X | | | X | Consumer incentives/awards | X | | X | X |
| Process improvement | X | X | X | | Prescription writing and filling (i.e., consumer compliance) | | X | | |

Kentucky HIT Infrastructure Needs - EOC

HIT Infrastructure Workgroup members recommended changes to the HIT infrastructure needed to support each reform initiative at the October 23, 2015 workgroup meeting.

| Functionality | Payer | Provider | State | Patient | Functionality | Payer | Provider | State | Patient |
|---|-------|----------|-------|---------|--|-------|----------|-------|---------|
| Contract administration | X | X | | | Performance measurement and analytics | X | X | X | |
| Provider enrollment | X | X | | | Contract management (payment for value) | X | | | |
| Member enrollment | | | | | Quality measurement | X | X | X | |
| Enrollment – attributions | X | | | | Provider reporting | X | X | | |
| Member eligibility | | | | | Initiative reporting | | | X | |
| Payment functionality | X | | | | Cost reconciliation | X | X | | |
| Capture clinical information | X | X | X | X | Consumer engagement / activation | | | | |
| Capture non-clinical data (e.g., device data) | X | X | X | X | Personal health monitoring | X | 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 | X | | CRM tool | X | X | X | |
| Data normalization/activation | X | | X | | Provider portal | X | | X | |
| Member portal | X | | | X | Consumer incentives/awards | X | | X | X |
| Process improvement | X | X | X | | Prescription writing and filling (i.e., consumer compliance) | | X | | |

Stakeholder feedback from October 23rd Workgroup meeting