



Charter Overview

Workgroup: Health Information Technology (HIT) Infrastructure

Date of Charter: 3/30/2015

Deliverable: HIT Plan

Background

The Center for Medicare and Medicaid Innovation (CMMI) established the SIM initiative to help drive improvements in service delivery and payment reform. As part of these goals, CMMI understands the importance of a solid technology foundation upon which to build a better health care system. Building on the successes of current health information technology (HIT) initiatives such as the Health Information Exchange (HIE) and the Health Benefits Exchange (HBE), the SIM initiative provides an opportunity to create a statewide HIT strategy to drive change and innovation in Kentucky's health care system.

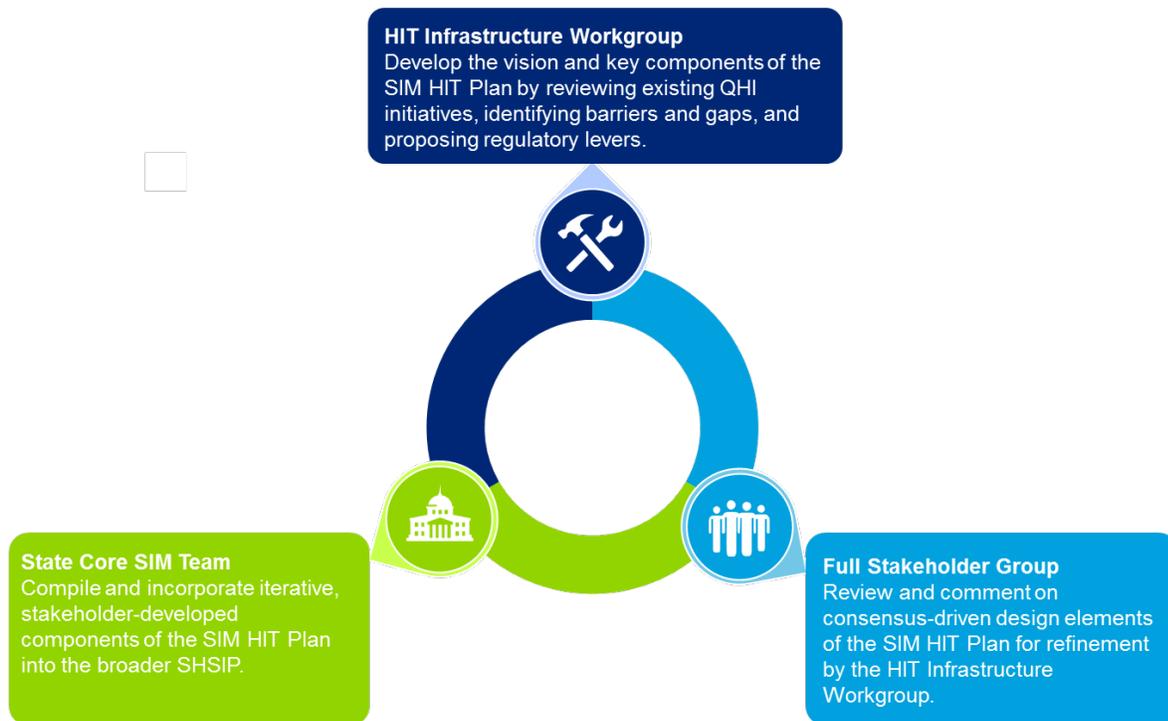
Mission Statement

The HIT Infrastructure Workgroup has been formed to establish a vision for using HIT to advance Kentucky's SIM Model Design. In doing so, the workgroup will develop a HIT Plan that provides the data and analytical capability needed to support provider organizations, improve care coordination and delivery, and facilitate the real time exchange of clinical data in order to improve population health. The HIT Plan will be developed as a component of the Commonwealth's State Health System Innovation Plan (SHSIP) and will leverage the quality health initiative (QHI) in place in Kentucky while incorporating concepts and themes from the Population Health Improvement Plan (PHIP).

Approach

The HIT Infrastructure Workgroup will take a consensus-based approach to leveraging the elements of Kentucky's QHI initiative to develop new recommendations for key components of the HIT Plan as part of the SIM Model Design. The workgroup will begin by assessing current initiatives underway in Kentucky and reaching consensus on how the SIM HIT Plan can coordinate with and/or build upon them. The workgroup will then identify barriers to improved care coordination, data exchange, and consumer participation, and propose regulatory requirements for inclusion in the SIM HIT Plan to address these gaps.

Taking a consensus-based approach to developing components of the SIM HIT Plan will promote broad stakeholder input and inclusion, and allow for an iterative review and comment process. This approach will also contain a continuous feedback loop between the workgroup, the full stakeholder group, and the State. Specifically, as the SIM HIT Plan is developed and refined, each point of consensus reached by the workgroup will be presented to the full stakeholder group on a monthly basis and reviewed by the State's Core SIM Team for inclusion in the final SHSIP.



Proposed Workgroup Topics

The HIT Infrastructure Workgroup will cover a variety of different topics during its assessment and design of the SIM HIT Plan, including but not limited to:

1. Kentucky Quality Health Information (QHI) Alignment
 - a. How can we leverage the Medicaid Enterprise Management System (MEMS), the Kentucky Health Benefit Exchange (HBE), the All-Payer Claims Database (APCD), the Kentucky Health Information Exchange (KHIE) and its interoperability grant application, and/or other technology investments to support SIM initiatives?
2. Telehealth and Telemonitoring Programs
 - a. How can we use these techniques to increase access to care across the state?
 - b. What regulatory issues around telehealth will allow for collaboration between multiple provider types and allow for both to bill for services?
3. Governance and Decision-Making Best Practices
 - a. How will we resolve conflicts over data ownership, information sharing, and exchange between public and private stakeholders?
 - b. How do we address privacy issues related to behavioral health data?
 - c. How can we make the life of providers simpler as it relates to HIT, e.g. reduce administrative burdens?
 - d. How can we measure the effectiveness of EHRs in physician office settings in improving patient care?
4. Review of Federal IT Resource Investments

- a. What Federal IT Resource investments have been made in Kentucky that can be used as a foundation for the HIT Plan?
- 5. Expanding Coordination Across the Care Continuum
 - a. How can we develop targeted interventions to support the use of interoperable, Office of the National Coordinator (ONC)-certified health IT adoption?
 - b. How can we promote the use of HIT among long-term care and behavioral health providers, especially to support transitions in care and to reduce potentially preventable readmissions?
 - c. How can we address provider concerns that their systems don't have capacity to support value based care? Should we provide training and/or support, considering their analytical needs?
 - d. How can we develop a HIT strategy that recognizes that providers are at various stages of HIT adoption?
 - e. How can we use HIT to ease communication between providers and patients and enable a comprehensive understanding about a patients' plan of care?
 - f. How can we improve transparency and access to resources about services, costs, etc. for the consumer? How can we provide public cost and quality data?
- 6. Collecting population health data
 - a. How to use dashboards to capture and help monitor performance on metrics?
 - b. How can we send public health statistics and information, e.g. BMI, pre-diabetes information, health risk assessments, etc. through HIE and EMRs?
 - c. How can we develop a platform in the state to leverage population health data that is currently reported to the CDC?

Timeline

Task	2015									
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	
	Workgroup Sessions									
Phase 1: Assess Current Landscape and Discuss Key Topics <ul style="list-style-type: none"> • Review workgroup charter • Conduct as-is review of current initiatives in Kentucky • Conduct driver diagram/goal setting exercise • Discuss key topics related to integrated and coordinated care: <ul style="list-style-type: none"> • Kentucky QHI alignment • Telehealth and telemonitoring programs • Governance and decision-making best practices • Review of federal IT resource investments • Expanding coordination across the care continuum • Patient engagement and transparency • Collecting population health data 										
Phase 2: Design HIT Plan <ul style="list-style-type: none"> • Develop straw person outline for HIT Plan • Reach consensus on HIT Plan 										
Phase 3: Review HIT Plan <ul style="list-style-type: none"> • Review draft HIT Plan • Incorporate workgroup feedback into HIT Plan 										★

HIT Plan Draft Due
★ Final Workgroup Meeting