

Population Health and Care Management: Data and Health IT Foundational Components and Technical Capabilities

ACH HIT/HIE TA Session
May 15, 2018

Agenda

- Summary of recent ACH TA Sessions
 - Methods of HIE
 - Population Health and Care Management Functions
- Back to Basics: Thinking through the Health IT/Health Information Exchange Infrastructure in the Context of Use Cases:
 - Foundational Elements
 - Technical capabilities

Purpose

This informational TA session will:

1. Provide a refresher on recent TA sessions on HIE and Population Health/Care Management

2. Use a couple of Use Cases to highlight:
 - (i) the need for certain Foundational Elements to be in place for health information exchange; and
 - (ii) how needed technical capabilities are dependent on the Use Case

3. Describe how Data Systems and Sources will vary depending on the Use Case for Population Health/ Care Management

Methods of HIE: March 20th ACH TA Session -- Refresher

- Multiple methods of *Clinical HIE* in WA:
 - **OHP**: Designated statewide health information exchange organization
 - **CMT**: EDIE/PreManage
 - **Local Exchange**: (i) between providers using the same HIT/EHR system (e.g., within an IDS) or (ii) between providers that do not share an HIT/EHR system but exchange information using Direct Secure Messaging (DSM))
 - **Regional Exchange Organizations**: E.g., Medical Information Network-North Sound, Inland NW HIE, Reliance e-Health Collaborative
 - **Nationwide exchanges**: Sequoia Project (e-Health Exchange and Carequality) and CommonWell Health Alliance Initiatives

Population Health and Care Management

April 15th ACH TA Session -- Refresher

Care Management & Population Health Systems Capabilities/ Functions

Data / Systems	Care Management	Population Health
	Creates a Library of Users and Display Active Population	
<p>Accessing and Aggregating data (e.g., acute care hospital, physician, BH (MH and SUD), LTC, community based/SDOH, medication data (e.g., controlled substances)):</p> <p>Using Multiple Data Sources. E.g.:</p> <p>Clinical: OHP/HIE OHP/CDR EHRs EDIE/PreManage</p> <p>Registries (e.g., PDMP)</p> <p>Claims</p>	<p>Creates risk grouping</p> <p>Empanelment providers</p> <p>Assignment of care teams</p> <p>Assigns tasks to care team members (based on roles)</p> <p>Supports development of shared , team-based care plan</p> <p>Tracks progress by team member and flags incomplete work</p> <p>Supports care coordination across medical neighborhood & community resources</p> <p>Event notification</p> <p>Identifies gaps in care</p>	<p>Provides Reporting & Insights</p> <p>Supports Performance reporting drill downs to panels & individuals (performance to panel)</p> <p>Permits Comparative performance & identifies variation across providers/settings/ACHs</p> <p>Supports evaluation of program impact (core measures, drivers)</p> <p>Creates predictive information & anticipatory guidance</p>

Getting Back to Basics

Foundational HIE Elements & Technical Capabilities

Technical Capabilities

Analytics Services

Reporting Services

Expenditure Reporting

Utilization Reporting

Data Quality & Risk Adjustmer

Quality Measure Reporting

Data Extraction

Data Aggregation & Transformation

Patient Identity Management

Provider Directory & Attribution

Security & Privacy

Consent Management

Foundational Elements

Business Case / Use Case

Assess and Understand Community Assets

Identify and Align Policy/Program Requirements

Legal Agreements

Governance

Financing

Getting Back to Basics

Applying the **Foundational Elements** to **Sample Use Cases***

The following slides use a couple of sample Use Cases to illustrate how to identify the HIT/HIE functions and some of the information systems that could be supported/used for these Use Cases. Other Use Cases could be developed and other HIT/HIE functions and systems could be supported/used.

Foundational HIE Elements & Technical Capabilities

Technical Capabilities

Analytics Services	Reporting Services
Expenditure Reporting	Utilization Reporting
Data Quality & Risk Adjustmer	Quality Measure Reporting
Data Extraction	Data Aggregation & Transformation
Patient Identity Management	Provider Directory & Attribution
Security & Privacy	Consent Management

Foundational Elements

Business Case / Use Case	Assess and Understand Community Assets
Identify and Align Policy/Program Requirements	Legal Agreements
Governance	Financing

Getting Back to HIT/HIE Basics: Starting with the Foundational Elements

Identify the business case / use case

Identify and align policy requirements and
program objectives and measures

Governance: Identify, convene and engage cross-
sector stakeholders (operational and data quality)

Assess and understand community assets
(technical & organizational)

Establish needed legal agreements
(Data Use /Sharing/Business Agreements)

Financing / Sustainability

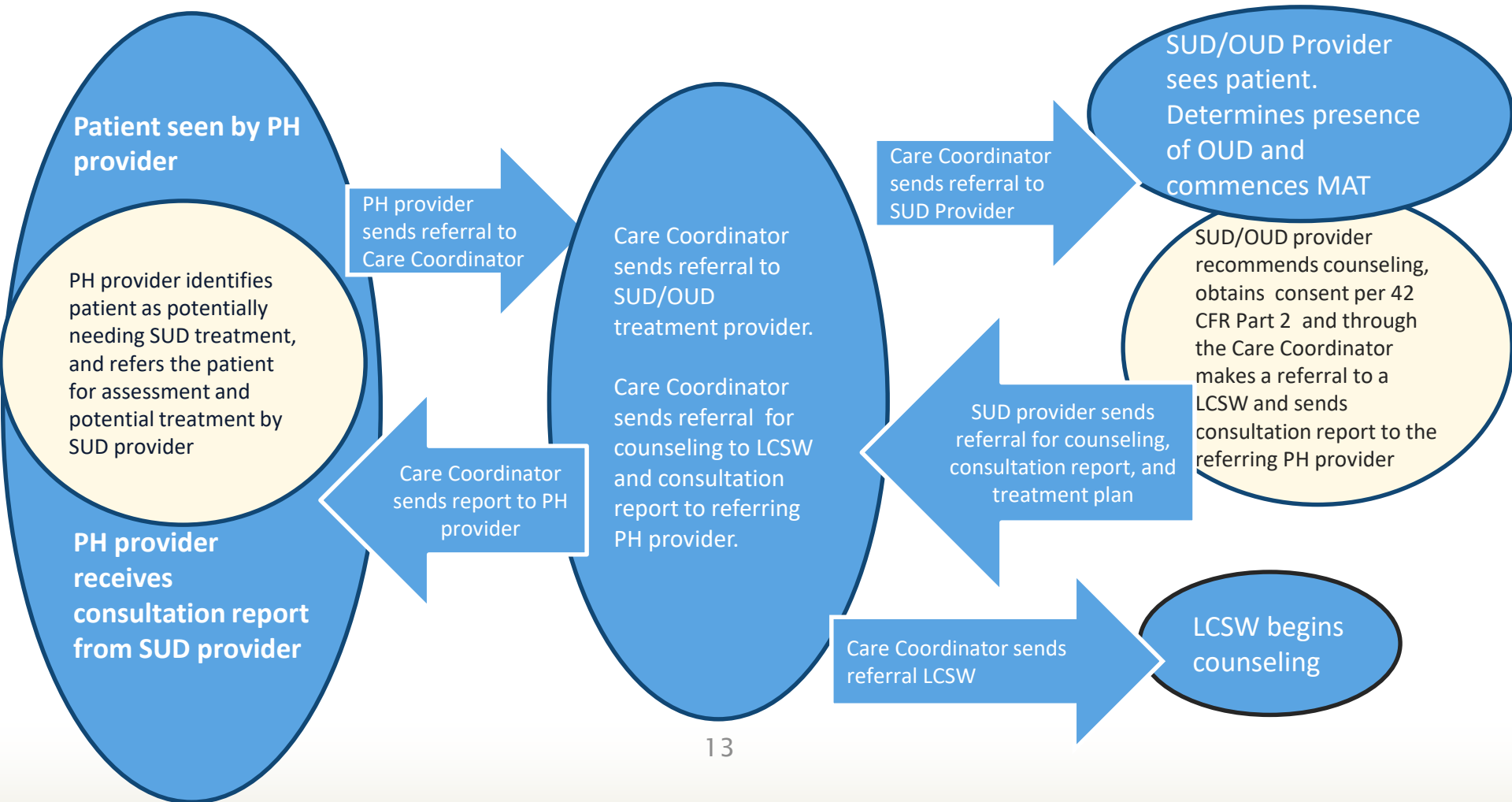
Getting Back to HIT/HIE Basics: Applying the Foundational Elements

The Business Case for Addressing Opioid Use:

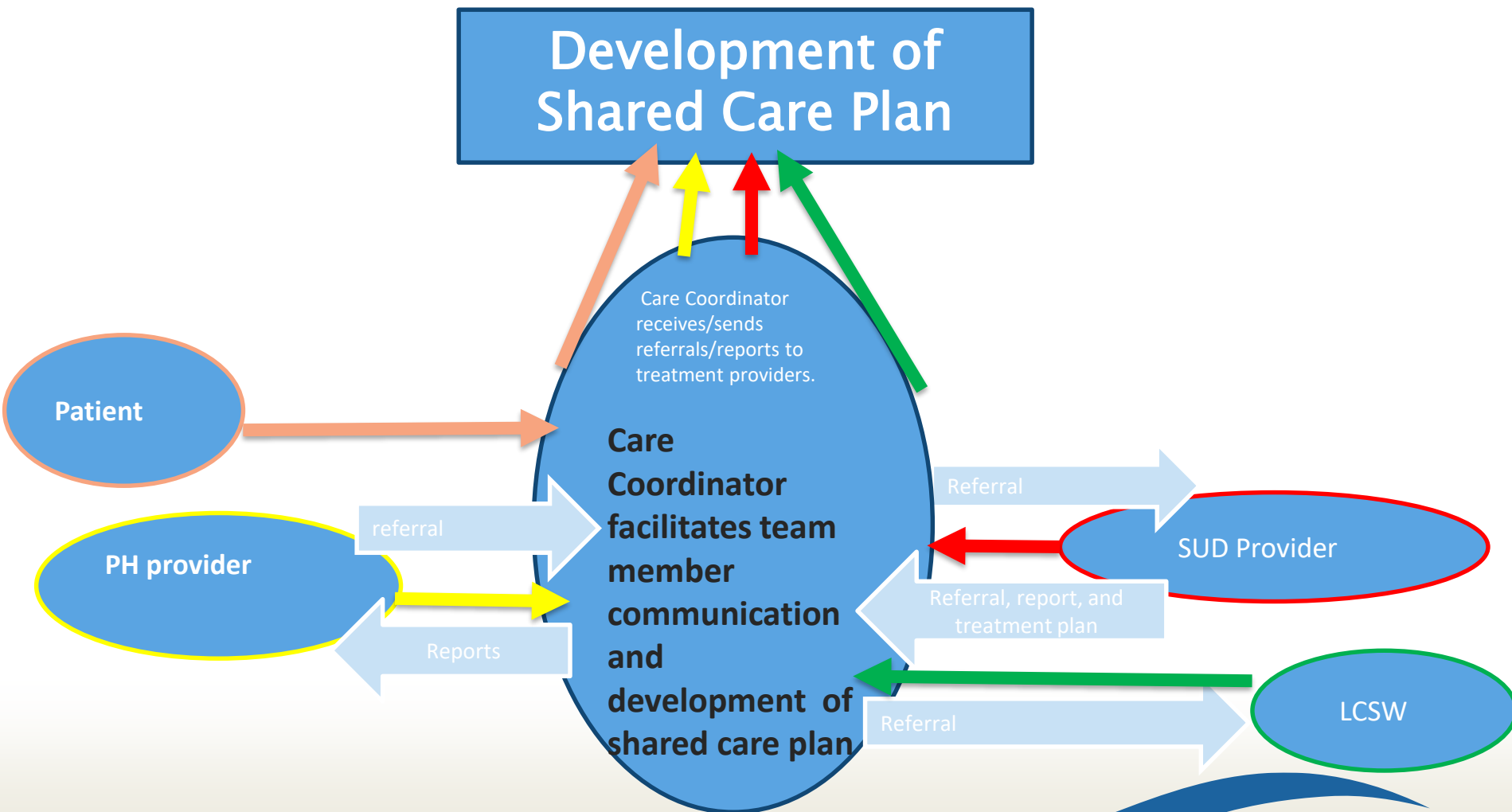
In general:

1. Interoperable HIT/HIE is needed to support information exchange at the point of care between the PH provider, Care Coordinator, SUD provider, and MH provider.
2. Providers and ACH needs to monitor the effectiveness of the Opioid Use project.

Use Case 1: Closed Loop Consultation Request



Use Case 2: Development of Shared Care Plan



Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Policy Requirements and Transformation Program Objectives/ Measures for Addressing Opioid Use

Overview:

1. Use PHMS to support caregiving, quality improvement, and evaluation
2. Use PDMP, EDIE, and EHRs
3. Increase use of PDMP and EHR interoperability
4. Use data to monitor and evaluate
5. Apply/use metrics to assess

Identify and Align Policy Requirements and Program Objectives and Measures

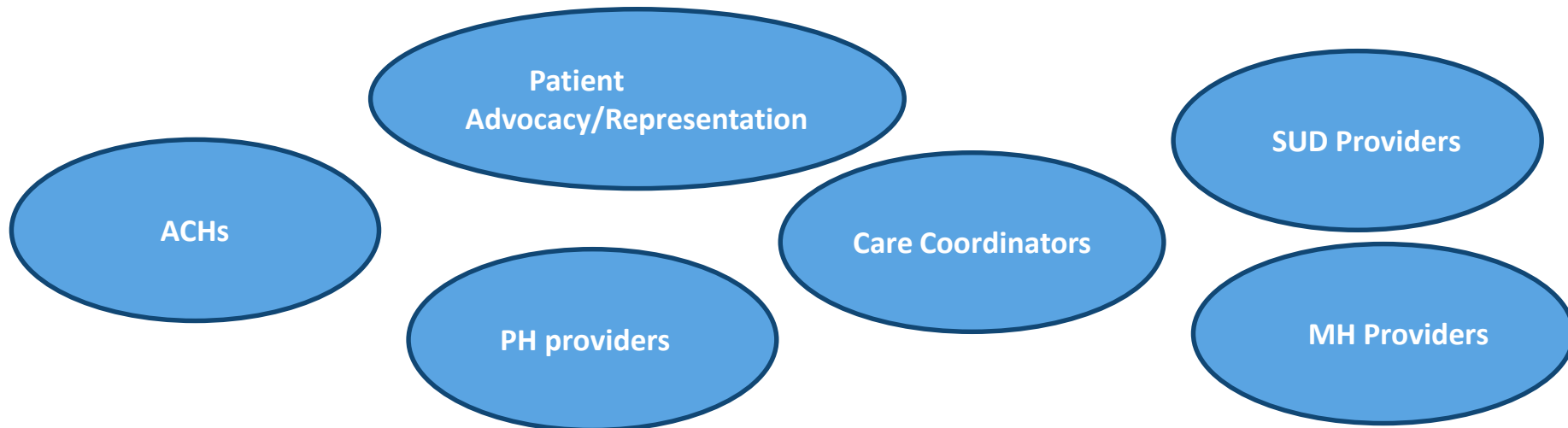
<p>Policy Requirements</p> <p>Summary: ACH projects support at the point of care:</p> <ul style="list-style-type: none"> - Use PHMS for caregiving, QI and evaluation. - Use PDMP, EDIE, and EHRs. - Increase use of PDMP and interoperability. - Use data monitor and evaluate. 	<p>“Population Health Management Systems/HIT: Adoption of technology with the capability to support identification of persons at high-risk for opioid overdose, notifications to health care providers of opioid overdose events, monitoring of prescribing practices, and implementation of quality improvement processes; a plan to build enhancements in EHRs and other systems to support clinical decisions in accordance with guidelines; an assessment of the current level of use of the Prescription Drug Monitoring Program (PDMP) and the Emergency Department Information Exchange; and strategies to increase use of PDMP and interoperability with EHRs. Overall...,develop a plan to use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.” [Source: Transformation Toolkit]</p> <p>PH provider referral to SUD/ODU provider (via Care Coordinator) subject to HIPAA SUD/ODU provider information to Care Coordinator, PH and MH provider subject 42 CFR Part 2</p>
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<p>Transformation Program Objectives/ Measures:</p> <p>Summary: ACH projects plan for how to monitor and evaluate the OUD project and use metrics</p>	<p>[Source: Transformation Toolkit]</p> <ol style="list-style-type: none"> 1. Comprehensive strategy addressing prevention, treatment, overdose prevention, and recovery supports aimed at supporting whole-person health. 2. Identify the system supports that need to be activated to support...development of shared care plans/communications between the treatment team of physical/mental health and SUD providers. 3. Roles and responsibilities of key organizational and PH, MH, and SUD providers <p>Metrics (some):</p> <ol style="list-style-type: none"> 1. Number and locations of MH and SUD providers delivering acute care and recovery services to people with OUDs. 2. Number and list of community partnerships. For each include list of members and roles, including the identification of partners through which MAT is accessible. 3. Number of health care organizations w/ EHRs/other systems newly put in place that.... Link to PDMP 4. Substance Use Disorder Treatment Penetration (Opioid)
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Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Governance: Identify, convene and engage cross-sector stakeholders.

For our sample OUD Use Case, stakeholders are:



Other Stakeholders: HCA, OHP

**Examples of other stakeholders not included in the Use Case: social service/
housing/supported employment providers, corrections**

Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Governance: Identify, convene and engage cross-sector stakeholders

- **Governance topics include:**
 - What role does each stakeholder play in: preventing and treating opioid misuse/abuse, preventing overdose, and supporting long-term stabilization/whole-person care?
 - What data does each stakeholder have and need: (i) at the point of care and (ii) to monitor effectiveness?
 - Under what conditions can data be shared and with whom?
 - How are data quality requirements identified and monitored, and how are data quality issues addressed?
 - How is data shared between stakeholders determined accurate? How are corrections and updates made?
 - Who is responsible for managing data sharing and ensuring data quality (including managing shared care plans)?

Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Assess and understand community assets (technical & organizational)

In the context of the sample OUD Use Case:

- What services are provided by targeted providers?
- What are the service delivery priorities of targeted providers? And how is progress towards priorities measured/monitored/evaluated?
- What organizational policies support/hinder HIE?
- What HIT/HIE tools are used, by which providers, and for what purposes?
Which vendors (by provider type) are in your community?
- What HIT/HIE tools are needed, by which providers, and for what purposes (e.g., alerts and notifications, summary repositories, query capabilities, analytics on summary repositories)?
- What HIT/HIE needs can be shared across multiple ACHs?
- What are the barriers to the use of HIT and exchange of information?

Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Establish Legal Agreements:

- What Business and Data Sharing and Use Agreements are needed (between whom and for what purposes)?
 - How will compliance with HIPAA and 42 CFR Part 2 be ensured?
 - What is the purpose of data sharing and use (e.g., treatment, payment, operations, public health reporting, research)?
 - How will security requirements be addressed?
- What HIT/HIE requirements need to be included as part of these agreements/contracts (e.g., in terms of data use and quality, security requirements, breach notifications)
- How will Business and Data Sharing/ Use Agreements and contracts be monitored and enforced?

Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Financing

- What gaps in HIT/HIE tools need to be filled to support the Use Case?
- What gaps are shared across ACHs?
- What funding source(s) will be used to fill gaps?
 - Is there a need for a statewide solution? If so:
 - Is the state addressing the gap?
 - Can funds be pooled across ACHs to address the gap?
 - Does the Use Case lend itself to shared HIT investments within the ACH region?
 - Can the need for/use of HIT/HIE be incented as part of the Use Case?

Getting Back to Basics

Identifying **Applicable Technical** Capabilities to Sample Use Cases*

The following slides use a couple of sample Use Cases to illustrate how to identify the HIT/HIE functions and some of the information systems that could be supported/used for these Use Cases. Other Use Cases could be developed and other HIT/HIE functions and systems could be supported/used.

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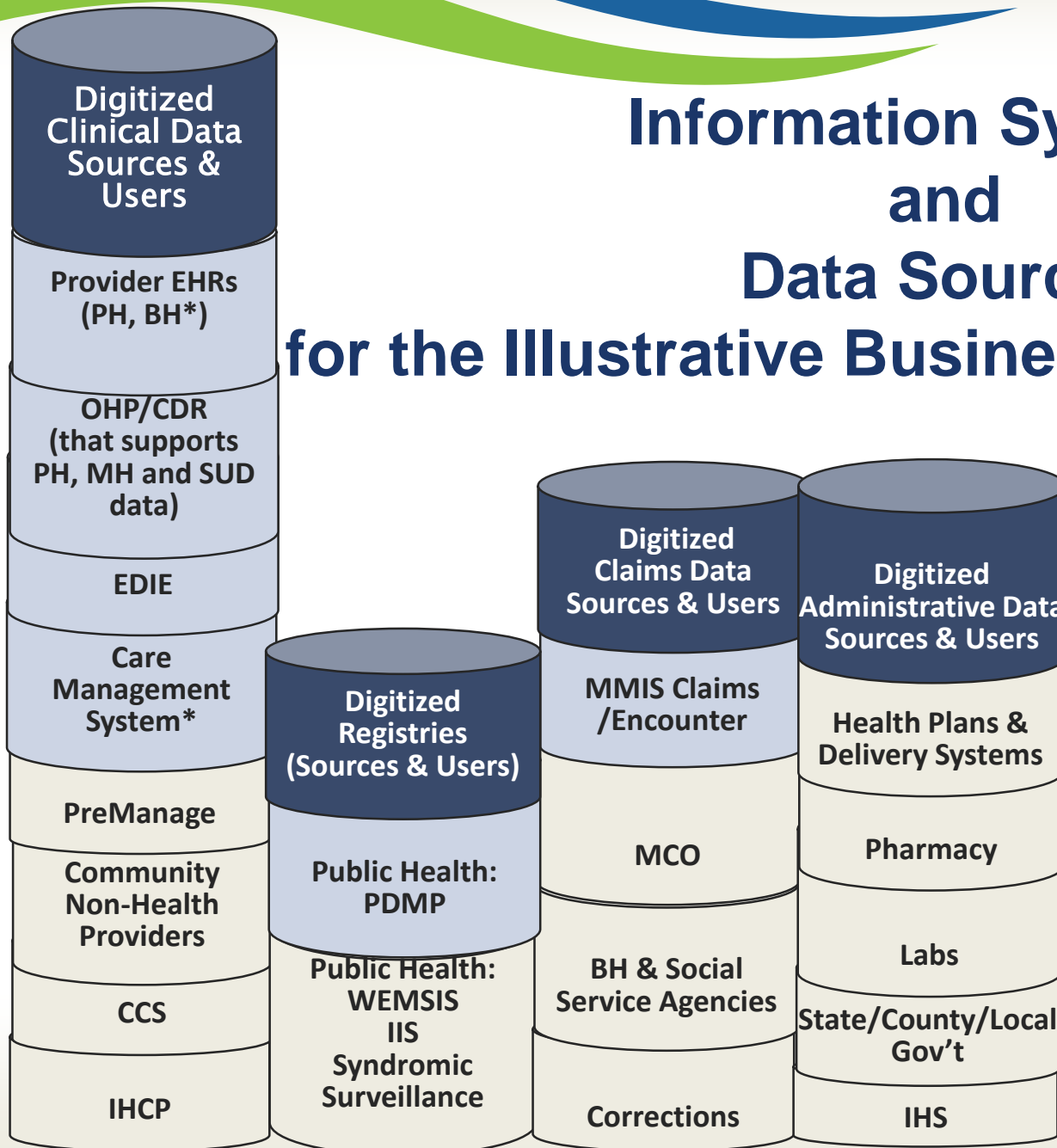
Technical Capabilities: Data Sources and PHMS

- The specific HIT/HIE Technical Capabilities that will be needed will depend on the Use Case
- The Use Case will determine the:
 - data needs; and
 - data sources and Population Health Management Systems (PHMSs) that can be usefully leveraged
- The Use Case will shape data needs for the following services:

- Analytics Services
- Expenditure Reporting
- Data Quality & Risk Adjustment
- Data Extraction

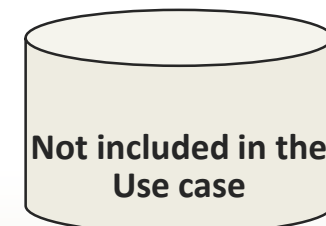
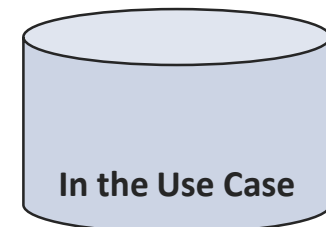
- Reporting Services
- Utilization Reporting
- Data Aggregation & Transformation

Information Systems and Data Sources for the Illustrative Business and Use Cases



Note: This is a notional representation. A full analysis of the Use Case and data needs is needed

* = a gap in needed information systems



Technical Capabilities: Privacy

- The specific Privacy Capabilities that will be needed depend on the Use Case
- In the illustrative Use Cases, one invokes HIPAA and the other invokes 42 CFR Part 2
- The exchange of all health information is subject to HIPAA
- The exchange of Mental Health and STI information are subject to greater protections in state law

HIPAA

HIPAA generally permits disclosure of protected health information for certain purposes without patient authorization, including Treatment, Payment and Operations

Technical Capabilities: Privacy (continued)

The exchange of SUD data (may) invoke 42 CFR Part 2.

42 CFR Part 2

Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders can disclose such records. Part 2 Programs are federally assisted programs.

In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure

Technical Capabilities: Consent Management

Implementation of 42 CFR Part 2 effectively requires HIT/HIE systems with additional capabilities (compared to systems used to exchange physical health and mental health information)

42 CFR Part 2:

- effectively requires segregation of SUD information (that is subject to these requirements) until the individual consents to sharing the SUD information and identifies the individuals/entities with whom information can be shared;
- places limits on re-disclosure; and
- requires the ability to account for disclosures

Technical Capabilities: Consent Management

- HCA is:
 - Developing educational resources regarding 42 CFR Part 2
 - Developing a standard consent form that could be used in either paper or electronic environments
 - Planning to pilot the consent form
 - Exploring consent management models/solutions for the electronic exchange of information subject to 42 CFR Part 2.

Technical Capabilities: Security

- Use of state data and data sources are subject to OCIO review, oversight, and standards
- OCIO sets standards for securing IT assets:
<https://ocio.wa.gov/policy/securing-information-technology-assets-standards>
- Ensure HIT solutions address, and document how they address:

ePHI encryption (at rest and in transit)	User account management	Passwords and authentication
Auditing and accounting of access	Role and user-based account control	Emergency and break- the-glass access
Physical and network security	Backup and recovery	Threat detection and incident response

Technical Capabilities: Patient Identity Management & Provider Directory & Attribution

- Many of the Information Systems and Data Sources use different patient and provider identifiers.
- Use of different patient and provider identifiers creates challenges with:
 - accurate patient and provider identification across systems/data sources; and
 - Patient/provider attribution
- HCA will start obtaining input from stakeholders on the patient and provider identifiers used across programs, and whether and if so, how to address the challenges of multiple identifiers (Health IT Operational Plan Tasks 07-001 and 08-003)

Technical Capabilities: Data, Aggregation, Analytics, and Reporting

Data Extraction, Data Aggregation & Transformation Analytics Services, Reporting Services, Expenditure Reporting, Utilization Reporting, Data Quality & Risk Adjustment, Quality Measure Reporting

- Data access (person vs. population level vs. provider level) is a function of the authority. Legal agreements must be in place to access data at the designated level(s)
- For purposes of the illustrative Use Cases:
 - A Provider Network could construct patient/provider level QMs to track performance of providers within their network
 - A care coordinator (with needed DUSA in place) could track patient-level progress by team members and be aware of incomplete work
 - An ACH may be able to:
 - Receive rapid cycle monitoring reports to support evaluation of regional projects
 - Provide feedback to participating providers on population metrics for Medicaid enrollees in their region with an OUD with an identified SUD service need who received at least one qualifying service through out the year

Measures/Metrics for the Use Case

- Percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year.

<https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/cross-system/DSHS-RDA-Medicaid-SUD-treatment-penetration.pdf>

- Percentage of Medicaid enrollees with a SUD treatment need who received SUD treatment in the measurement year. Separate reporting by age groups: 12-17 years and 18-64 years.

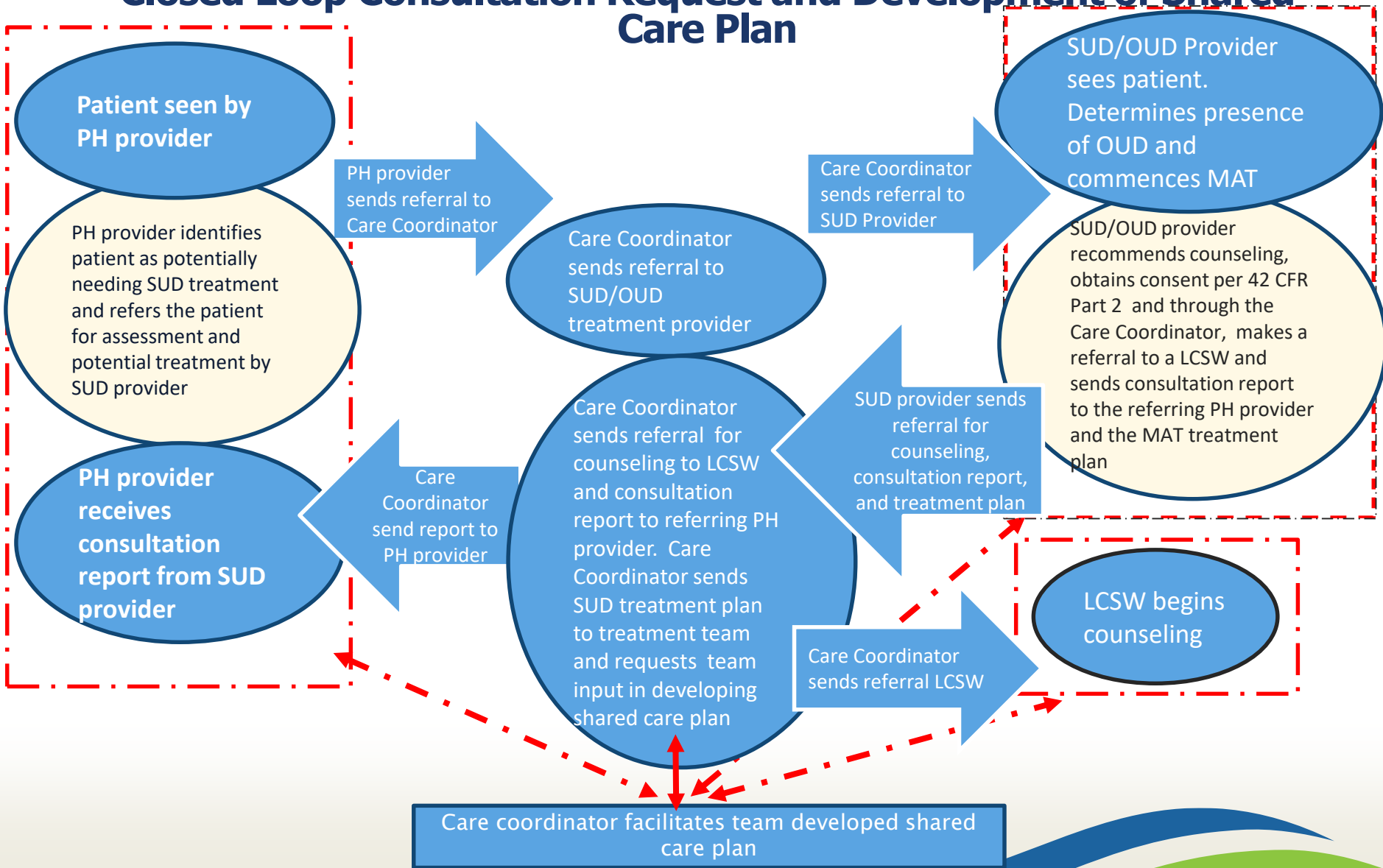
<https://www.hca.wa.gov/assets/program/project-toolkit-approved.pdf>

- Provider One is the source of record for Pay for Performance metrics

Attachments

- Complete Use Case
- Description of Needed Care Management System
- WA Data Source and Systems

Use Cases 1 and 2: Closed Loop Consultation Request and Development of Shared Care Plan



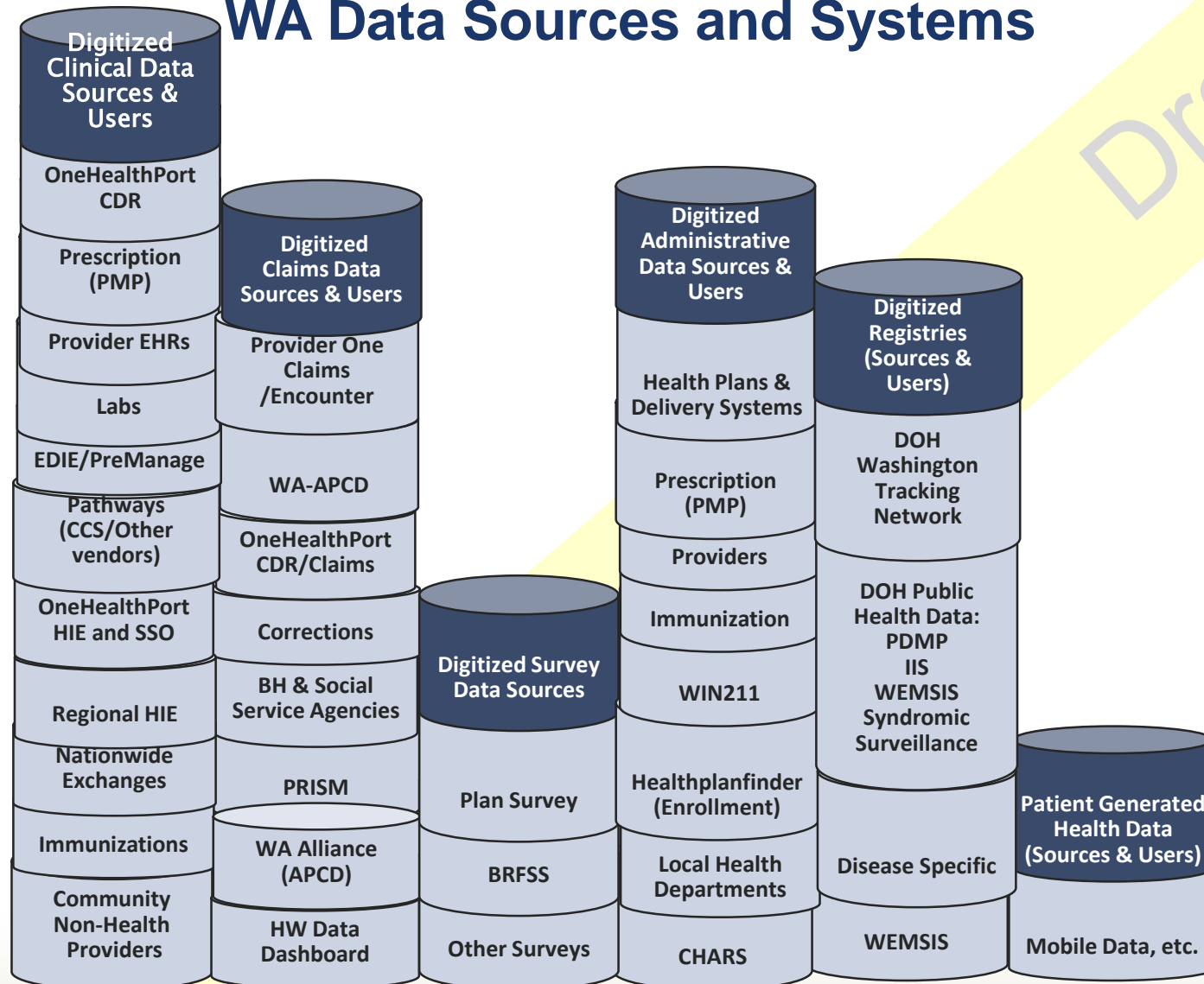
Getting Back to HIT/HIE Basics: Applying the Foundational Elements

Information Systems and Data Sources:

*Needed Care Management Systems

- Creates a Library of Users and Display Active Population
- Risk grouping
- Empanelment provider
- Assignment of care teams
- Assign tasks to care team members (based on roles)
- Development of shared care plan
- Track progress by team member and be aware of incomplete work
- Care coordination across medical neighborhood & community resources
- Event notification
- Gaps in care

WA Data Sources and Systems



Draft
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