Rhode Island HIT Gap Analysis

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Introduction

The Rhode Island Executive Office of Health and Human Services (EOHHS) is developing a single statewide Health Information Technology (HIT) Roadmap and Implementation Plan to promote alignment among stakeholders and guide future investments in HIT. This roadmap is being developed in cooperation with stakeholders across state agencies and community partners and will reflect the needs and opportunities to improve healthcare services and quality, lower costs, reduce provider burden, and better serve the people of Rhode Island.

EOHSS has contracted with Briljent to support the development of the HIT Roadmap and Implementation Plan. As part of this process, Briljent completed a Current State HIT Assessment and a Stakeholder Assessment to better understand the current landscape of HIT investments across Rhode Island, and to collect initial stakeholder input on needs, gaps, and priorities for the HIT Roadmap. That work serves as the foundation for this gap analysis.

During the stakeholder assessment, many stakeholders expressed a desire to link HIT initiatives and strategies with a broader vision of health systems transformation. Stakeholders asked for more clarity around what the state was hoping to accomplish and greater transparency and alignment of governance and coordinating structures to help ensure investments in HIT were efficient and effective.

Methodology

Briljent conducted multiple stakeholder engagement activities and conducted a literature scan of Rhode Island initiatives to inform the HIT Gap Analysis. The following stakeholder engagement activities informed the current state and identified potential gaps that need to be addressed to meet Rhode Island strategic priorities.

- **Stakeholder Interviews** – The stakeholder interview process provided the background information on current needs, priorities, and challenges that need to be addressed by the statewide HIT Roadmap and Implementation Plan. Interviews were conducted with 67 individuals across various state agencies and programs, as well as with 72 individuals from 35 Rhode Island community partner organizations.

- **Literature Scan** – The interviews and literature scan captured the summary information about existing HIT investments across the state, while describing the policy landscape and regulatory drivers that may affect or influence HIT activities.

- **Industry Scan and Analysis** – Briljent conducted an industry scan and analysis using industry frameworks to identify potential gaps for Rhode Island to consider in the priorities and action planning to support the state's broader healthcare goals.

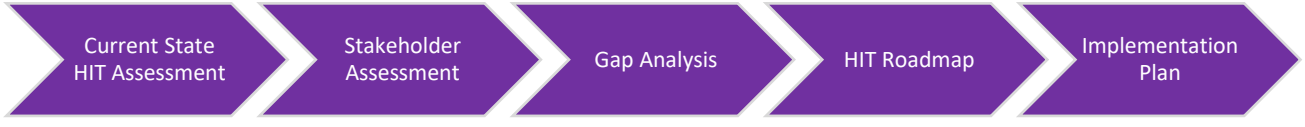


Figure 1: Statewide HIT Roadmap development process

Rhode Island Heath Visions

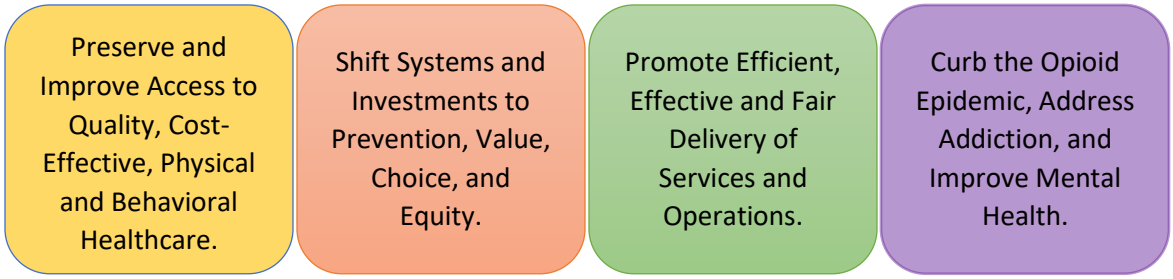
During the initial stakeholder engagement efforts, many people articulated a desire for HIT efforts to be aligned with, and in support of, broader health policy objectives. To that end, the Gap Analysis identifies 1) EOHHS's vision and strategic priorities and 2) the "Health in Rhode Island" long-term vision developed through a public/private partnership of representatives across the health sector for the Statewide HIT Roadmap alignment. The identified gaps are linked to the goals and priorities of these combined statewide health policy efforts.

EOHHS Vision

Shift spending from high-cost, treatment-focused services to lower-cost community-based, prevention-focused services; align payment models to achieve these goals; focus on social determinants to improve health and elevate families from poverty; continue strengthening agency performance.

EOHHS Strategic Priorities

EOHHS has developed four key strategic priorities to align efforts and focus work.



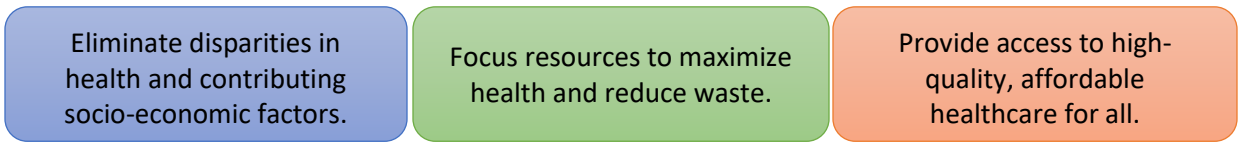
Health in Rhode Island: A Long-Term Vision

As further background to the conversation about overarching strategic planning for RI's health and healthcare system, a public/private partnership, led by the Rhode Island Foundation, recently developed a framework focused on long-term health planning. This framework includes the following vision, goals, and guiding principles:

Rhode Island is the healthiest state in the nation. All Rhode Islanders:

- Have the opportunity to be in optimal health.
- Live, work, learn, and play in healthy communities.
- Have access to high-quality and affordable healthcare.

Health in Rhode Island: Goals



Health in Rhode Island Guiding Principles

- Providing equal access to the highest quality health care for all Rhode Islanders is essential.
- Achieving health outcomes requires addressing social determinants.
- Focus on the long term and address root causes of inequality.

- Public-private partnerships are necessary to change the system.
- Collect and use actionable data wisely to drive and improve outcomes.
- Prioritize areas with the greatest opportunities.
- Invest in evidence-based programs, sustain efforts that are working, and garner best practices from initiatives in other states to inform our efforts.

EOHHS and Health in Rhode Island Linked Goals

The implementation of this framework is still under development, but stakeholders strongly desire a coordinated approach to achieving goals. The gap analysis and recommendations offer opportunities to align HIT priorities with these emerging efforts through coordinated governance and ongoing stakeholder engagement.

Linked Goals	Health in Rhode Island Goals	EOHHS Strategic Priorities
Access and cost	Eliminate disparities in health and contributing socio-economic factors.	Shift Systems and Investments to Prevention, Value, Choice, and Equity
Health systems transformation	Provide access to high-quality, affordable healthcare for all.	Preserve and Improve Access to Quality, Cost-Effective, Physical and Behavioral Healthcare
Opioid/ behavioral health		Curb the Opioid Epidemic, Address Addiction, and Improve Mental Health
Efficient state operations	Focus resources to maximize health and reduce waste.	Promote Efficient, Effective and Fair Delivery of Services and Operations

Table 1: Linked Goals and Priorities of EOHHS and Health in Rhode Island

Post-Analysis Note Regarding COVID-19

Briljent conducted the Current State Assessment and Stakeholder Assessment in late 2019 and early 2020, prior to the United States' COVID-19 outbreak. As the outbreak is occurring, new opportunities and challenges are developing. Public health infrastructure and technology may become a greater focus area, as well as the emergency and disaster preparedness approach. Additional needs for telehealth are emerging, including policy, regulatory, and technology dimensions. The final statewide HIT roadmap will make room for the necessary flexibility to incorporate the changes that arise out of the COVID-19 crisis. The statewide planning and governance strategies identified for development will support this ongoing work.

Gap Analysis

This gap analysis identifies the major focus areas of need to support the state's overarching health and healthcare goals and to address the community's documented perspective on what's needed to reach those goals. Each overarching category is summarized with key information on the current state and the gaps identified through the stakeholder assessment. The gaps are key insights informing the recommendations for EOHHS and stakeholders to consider for prioritizing in the HIT Roadmap. The major areas identified include:

- **Technology** – State and community technology investments supporting health priorities.
- **Health System Transformation** - Health reform efforts advancing value-based care, improve health outcomes, and control the growth of cost.
- **Policy Alignment** – Coordination and consistency between policies, program requirements, technology capabilities and identified stakeholder needs.
- **Coordination** – Clear communication and decision-making about statewide HIT planning, investments, and roles.

Linkage to Strategic Priorities

For each major category, the color-coded boxes serve as indicators illustrating current alignment with the EOHHS's identified priorities.

Focus Areas

Technology

Rhode Island has made significant investments in HIT and HIE, including the statewide HIE, CurrentCare, and other services provided by RIQI such as Care Management Alerts and Dashboards. Additional HIT investments include the Quality Reporting System (QRS), HealthFacts RI and others are being led by the state. Stakeholders are broadly supportive of continuing to invest in core HIE services and there is strong interest in exploring the feasibility of statewide identity services, such as a master patient index, provider directory, and patient-provider attribution service, and single sign-on across systems.

Highlighted Topics:

- CurrentCare
- Other HIE Services
- Core Shared Services
- eReferrals for Social Determinants of Health (SDOH)
- QRS
- Security improvements
- PDMP

CurrentCare

CurrentCare, the statewide HIE operated by RIQI, supports the exchange of crucial clinical information across the state. Authorized users can access information through the CurrentCare Viewer or, with many Electronic Health Records (EHRs), through a direct integration with their existing HIT system. Patients and consumers can also access their CurrentCare records through a patient portal and can set up proxy access.

Current State	Gaps
- RIQI has made substantial progress in enrolling providers and building infrastructure to support CurrentCare; approximately 50% of Rhode Island residents have opted in and are enrolled in CurrentCare. - There is strong interest in building on Current Care's existing foundation and expanding/ improving core services and usability. - There is strong general stakeholder support of RIQI among those who know of RIQI and its services. - The HIT survey shows moderate awareness and usage of various CurrentCare services, including almost 40% of physicians who are somewhat or very familiar with the CurrentCare Viewer, 30% who are aware of CurrentCare being integrated within an EHR, and over 25% who are aware of CurrentCare's Hospital Alerts.	- The HIE consent law is a significant barrier to the growth and effective use of CurrentCare, and there is strong stakeholder support to change to an opt-out consent model. - Currentcare functionality is meeting some stakeholder needs, yet there were numerous stakeholders that discussed the need for more robust functionality including increasing the amount of information available and expanding the utility and usability of current platform. - There is greater need for transparency into the overall community and state oversight processes, measurement of success, and evaluation/ incorporation of stakeholder feedback into CurrentCare development and management. - Consumer facing access of CurrentCare has very little uptake.

Other RIQI HIE Services

Other HIE Services include Care Management Alerts and Dashboards, Emergency Department (ED) Smart Notifications, PDMP integration with EHRs, and other services developed at RIQI in coordination or collaboration with the state.

Current State	Gaps
- There is strong adoption and use of HIE services, such as care management dashboards. - The state has been successfully leveraging federal funds (SIM and Medicaid/HITECH) to support the development of RIQI services that	- Stakeholders would like greater transparency around HIE services funding, as well as sustainability models and pricing. - Since there is a cost to subscribe to care management dashboards and alerts, not all providers are participating. Those that do may only subscribe to track their high-risk

address priority use cases and increase value of statewide HIE to stakeholders.	patients, which creates gaps in delivery and usage. - It still needs to be determined if ED Smart Notifications, as currently developed, are ready to be cost effectively implemented throughout the state.

Core Shared Services

Core shared services include identity management solutions and other centralized, reusable services such as a master patient index, provider directory, record locator service, centralized routing gateways, and identity validation/ authentication services. Absent centralized solutions, programs and entities must develop or acquire their own capabilities, creating duplication of efforts and, often times, leading to incomplete and inaccurate data.

Current State	Gaps
- There is strong stakeholder interest in developing centralized statewide services like provider directory (PD), master patient index (MPI), or attribution services. - Existing identity management core services infrastructure across the state are built into specific HIT systems and are not currently linked with each other, causing potential duplicative services (e.g., Master Patient Indexes for KIDSNET, Ecosystem, APCD, and RIQI). Other system directory services include provider data for APCD, Medicaid, payers, and RIQI. - Single sign-on capabilities are available at a few organizations such as Brown Medicine but not community-wide.	- Stakeholder agreement is needed to determine which core shared services should be implemented on a statewide basis, who should lead each effort, and how each will be funded and sustained. Core services include, but are not limited to: ○ Master patient/person index. ○ Provider directory and /or secure direct messaging address directory. ○ Attribution services. ○ Single sign-on/authentication service.

E-Referrals for SDOH

As the state moves towards value-based care models and an increased commitment to addressing social determinants of health needs, there is a growing demand to connect healthcare providers to social service agencies and community-based organizations. Several states and communities have developed shared infrastructure to better coordinate referrals to those agencies and improve community-wide coordination and collaboration.

Current State	Gaps
- There are early discussions underway at EOHHS to meet growing needs for e-Referral capabilities. - There are a few small targeted systems and approaches across state agencies and among community partners that are in place. - Community partners have expressed strong interested in a statewide solution and the COVID crisis is like to escalate that timeline	- Stakeholders would like a coordinated approach to SDOH identification and referral to community agencies across private and public sectors. - AEs must conduct SDOH screening and referrals resulting in their need for a prompt solution.

QRS

The Quality Reporting System (QRS) program is designed to reduce provider burden while simplifying quality reporting needs for state programs and across health plans. The program is run by EOHHS and guided by a multi-stakeholder workgroup. After a competitive RFP process, IMAT was selected as the technology vendor for the system.

Current State	Gaps
- There is strong interest in continuing to build out and use a single quality reporting repository. - There is an increasing need for alignment among payers and other stakeholders to use the system.	- Stakeholders want to clarify business cases that support QRS sustainability. - Stakeholders have varying levels of knowledge about the QRS and its many capabilities. Additionally, stakeholders need clarification on the QRS' ability to support practice improvement efforts and its relationship with RIQI.

Security

HIPAA requires healthcare entities to and maintain robust security practices to protect patient information. Meanwhile, the value of healthcare data has led to increasingly sophisticated security threats from thieves and hackers. Smaller providers and organizations with fewer resources are stretched to keep up to date with security best practices and to deploy adequate technology to address these threats.

Current State	Gaps
- Individual organizations are responsible for staying up to date on security best practices and ensuring their systems are safe and secure.	- Stakeholders could greatly benefit from some formal workgroups or convening opportunities to discuss security practices, current threats, and opportunities to collaborate on security practices.

PDMP Improvements

A Prescription Drug Monitoring Program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide public health authorities and prescribers with timely information about prescribing and patient behaviors that contribute to the opioid epidemic. PDMPs continue to be among the most promising state-level interventions to improve opioid prescribing practices, inform clinical care, and protect patients at risk. PDMP's primary use is for treatment and clinical decision support and opioid surveillance.

Note: Rhode Island must meet Medicaid qualified PDMP technical, reporting, and integration requirements by 2023.

Current State	Gaps
- RI's PDMP allows authorized users to view information regarding individuals' prescription drug history with respect to controlled substances in Schedules II, III, IV, and V. - All licensed pharmacies, including mail-order pharmacies that deliver to Rhode Island residents, are required to report dispensed medications to the PDMP within 24 hours, and that data is held and accessible for at least 12 months. - RI's PDMP includes the name, location, contact information, and medical license number of each authorized user who prescribed a controlled substance that was dispensed in Rhode Island. - RI's PDMP is beginning to facilitate the integration of prescription drug histories within the PDMP into the workflow of	- RI's PDMP does not currently meet the qualified PDMP requirements. - The PDMP has multiple gaps in information, policies, procedures, data, integration, and capabilities that must be addressed to meet the ideal future state from today's current PDMP capabilities. - EHR integrations would be more useful if they could display PDMP alerts or show other state PDMP data on the patients. - Some pharmacies need to reduce the lag time in sending data to the PDMP. - Stakeholders would prefer prescriber utilization data (in the aggregate) at provider, practice, facility, and organization levels for administrative oversight and internal improvement efforts.

authorized users through EHR integration, including integrations that provide information through innovative and targeted methods with the intent of improving the ability to diagnose and prevent opioid use disorder (i.e. not just in the prescribing workflow). - All prescribers who hold a controlled substance registration (CSR) must check the PDMP per statute and regulations. - Opioid Treatment Programs are required to check RIDOH's Prescription Monitoring Program for each new admission. - RIDOH uses PDMP data for opioid surveillance activities from Appriss and hospital data systems and then manually integrated and analyzed. - No health plans, including Medicaid have access to PDMP data either for individual look up purposes or aggregated data sets for utilization review.	- RI Medicaid currently does not have access to PDMP data for individual use or provider drug utilization review. - Prior authorization processes are challenging and could benefit from access to PDMP portal access. - Manager Care Organization (MCO) programs, such as case management, medication therapy management, and pharmacy lock-in programs, could benefit from PDMP access to inform a broader view of patient-controlled substance dispensed history

Technology Recommendations: These recommendations were created by Briljent consultants, based on stakeholder input. The recommendations have been used to develop the strategic and tactics in the Roadmap.

1. Identify what HIE services support which HIT Roadmap objectives.
2. Determine the specific scopes of HIT technology systems to better determine funding streams, help strengthen governance oversight, and more clearly raise awareness for leadership and stakeholders. More specifically, identify what is within the scope of the HIT Roadmap, and how to coordinate with other state HIT systems (e.g., MMIS, Public Health Registries, etc.).
3. Ensure that all HIT vendor deliverables are tied to Roadmap objectives
4. Ensure RIQI's state-funded priorities are aligned with and support of the statewide HIT Roadmap.
5. Design an ongoing collaborative governance process to allow the state and key stakeholders to determine which technical services could be used to support statewide needs (e.g., treatment and clinical decision support, reporting, data aggregation and integration to additional data systems).
6. Continue to assess the needs and develop a recommendation for shared infrastructure services and/or technical functions that can be established and reused for current and future health priorities.
7. Assess and align security efforts across state agencies and community partners and create a working group focused on security needs under the statewide governance model.

8. Evaluate data to identify what can be done to close data gaps and improve data quality by monitoring and utilizing emerging standards improving data availability, quality, and use.
9. Improve PDMP features and usability in current views and integrated systems, striving for efficient and flexible updates improving PDMP usability by integrating into provider workflow and features across small and large health systems.
10. Improve PDMP data reporting, data quality, and scale available data elements from available sources.
11. Expand access to PDMP data for broader health uses and flexibility of data systems for repeatable configurations.
12. Expand reported medications data to the PDMP from controlled substances to all medications to improve insights into opioid prescribing practices, deaths, and broader medication insights through focused questions creating a learning health system.
13. Improve PDMP usability, sustainability, and flexibility of EHR/HIE integrations.
14. Maximize use of interstate PDMP hubs for out of state data.
15. Identify roles and responsibilities of integrated data sources and reusable, shared technology services across public and private stakeholders.

Health System Transformation

Rhode Island has a made significant progress in health reform and has prioritized continuing efforts to advance value-based care, improve health outcomes, and control the growth of costs. For example, through the State Innovation Model (SIM), Rhode Island worked on programs to increase behavioral health access and better integrate physical and behavioral health, and invested in efforts to better address health inequities and the social determinants of health. At the same time, Rhode Island Medicaid pursued value-based care through the development of its Accountable Entities (AEs) program.

Highlighted Topics:

- BH Information Sharing
- Transitions of Care
- Data to support value-based care arrangements
- Patient Engagement

BH Information Sharing

The state has prioritized integrating physical and behavioral healthcare and improving access to and quality of behavioral health services. Due to state and federal laws regulating information sharing, as well as considerations around stigma and trauma, substantial challenges for sharing behavioral health information persist.

Current State	Gaps
- CurrentCare has the capability to segment and appropriately shared 42 CFR Part 2 substance use treatment information. - There is emerging work at EOHHS to align the state's interpretation of the state mental health law related to information sharing. - BHDDH is investing in HIT planning and systems to improve access and sharing of key client information and outcome data.	- Behavioral health data is not consistently shared even when the proper protections are in place. For example, psychiatric hospitals are not sharing admission, discharge, and transfer (ADT) data with RIQI to be used as part of the care management dashboards. - Providers/AEs lack data necessary to manage care. - Behavioral health providers lack resources to invest in advanced HIT to segment and appropriately share information with ease. - Stakeholders need to be better educated about allowable information sharing for behavioral health (including OUD/SUD) under existing laws and regulations. - The state needs to provide a consistent legal interpretation of the state mental health law and 42 CFR Part 2. -

Transitions of Care

Transitions of Care (ToC) are the movement of patients between health care practitioners, settings, and home as their conditions and care needs change. ToCs must include the sharing of concise patient medical information amongst providers to reduce provider burden and build trust between patients and the healthcare team. Effective coordinated transitions between different healthcare facilities and providers are needed to keep patients safe and improve quality of care.

Current State	Gaps
- Stakeholders are addressing a RIDOH directive to develop a streamlined recommendation for sharing information from hospitals to community providers and non-hospital facilities, and vice versa. - RIDOH requires use of a specific Continuity of Care form with particular data elements for transferring patients from hospitals to non-hospital facilities. - Multiple requirements for Promoting Interoperability (aka Meaningful Use), performance improvement, and compliance require different data elements sent for transitions of care coordination and follow up.	- Multiple documents (up to 4) are sent to community providers upon ED and hospital admission discharge of their patient, including lengthy documents sometimes over 70 pages, with inconsistent data elements in varying order. - Hospitals do not send a single consolidated and concise form to community providers when a patient is discharged from the ED or hospital. This is due to multiple regulatory requirements, technical challenges, and internal processes. - Providers and facilities receiving the discharge documents have different levels of technical system maturity to receive electronic discharge documents for follow up care. - Inconsistent reports cause increasing provider burden. - The community has not yet leveraged central, reusable HIT tools such as Single Sign On, HIE portal, and alerts to improve efficiency and consistency of information sharing for transitions of care. - Data senders and receivers are both challenged with unclear information needs, inconsistent discharge document data elements, and varying time intervals requirements. - Hospitals find it difficult to identify a patient's primary care team and provider if the patient does not identify one.

Data Needs for Value-Based Care Arrangements

The growth of value-based care arrangements has led to increasing need to combine claims, clinical, and social determinants of health data for care management, cost containment, and population health management/ risk stratification efforts. Providers in value-based care contracts typically receive some pieces of information from contracted health plans.

Current State	Gaps
- There are varying levels of information sharing for value-based care arrangements - There is no systematic ability to aggregate claims, clinical, and SDOH data at the provider and organization levels. - There is significant variation between payers in how they currently share information with providers, including variation within payers based on business lines.	- Stakeholders identified a need to link claims clinical, and SDOH data at the point of care to support value-based care payment models. - Based on current state law, HealthFacts RI data (the state's All Payer Claims Database) cannot be combined with clinical data for operational practice/patient-level improvement efforts. - Providers receive information from health plans in different formats with varying levels of granularity for provider/practice improvement needs.

Patient Access and Engagement

Patient access to their health information is a crucial part of helping to empower patients in managing their health and healthcare needs.

Current State	Gaps
- Patients increasingly have access to some health information through patient portals and tools like CurrentCare For Me. - Health systems are making some investments in patient engagement tools and HIT to support strategic objectives, improve access, and respond to consumer demands. - Not all information is shared through patient portals and the burden is particularly heavy on patients with chronic conditions or multiple health issues. Patients still have to carry around physical files to ensure information is available for providers, pharmacists, and other care team members.	- Patient portal usage is still not widespread and current approaches do not meet patients' needs to have information accessible in one place. - Information sharing practices should support patient care needs and reduce patient, while also respecting patient privacy and being sensitive to potential stigma of certain records. - Patient can lack awareness of some existing tools and statewide HIT efforts. - Along with increased access to health records, some patients need access to educational resources to support effective use and decision-making.

- Lack of information exchange sometimes leads to duplicative testing and other unnecessary care - Patient privacy and security of information is a strong concern among some stakeholders	- New federal regulations such as the Office of the National Coordinator (ONC) CURES Act and CMS Interoperability final rules have significant implications for promoting patient access to data held by a variety of healthcare stakeholders, including providers, health plans, and EOHHS

Health Systems Transformation Recommendations: These recommendations were created by Briljent consultants, based on stakeholder input. The recommendations have been used to develop the strategic and tactics in the Roadmap.

1. Assess, address, improve, and align the understanding of when and how behavioral health information can be shared.
2. Identify processes for sharing psychiatric hospital ADT data in the implementation plan.
3. Identify the specific data that providers and Accountable Entities lack in order to sufficiently manage care. Create a plan for improving access to needed data.
4. Create a dedicated staff position at RIDOH to manage the implementation of the TOC recommendations including managing stakeholder workgroups efforts to implement identified community solutions and keep them aligned to HIT Roadmap objectives.
5. Include near-term, mid-term, and long-term ToC technical improvements, process improvements, and community solutions in the HIT Roadmap Implementation Plan for progress monitoring.
6. Continue to align other ToC use cases between hospitals, non-hospital facilities, community providers, and patients/caregivers.
7. Related to ToC work, continue to align RIDOH regulations, such as discharge planning regulations). Periodically review new or relevant regulations for alignment and identify action plans for addressing misaligned regulations.
8. Continue interagency alignment efforts to support communication and coordination on these regulatory and policy issues.
9. Stay informed on national policy alignment or impacts.
10. Clarify the roles and responsibilities among technology organizations and systems. Include an inventory of current and planned technical capabilities in the HIT Roadmap. Roles and responsibilities should identify data sources, data intermediaries, analytics solutions, and/or reporting mechanisms. Assess the feasibility of combining existing claims and clinical data systems (e.g., HealthFacts RI, QRS, and RIQI) for health transformation needs.
11. Communicate to providers the differences, alignment, and integration of these systems for maximum reuse and understanding.

Policy Alignment

HIT is widely seen as an enabler for broader health systems work, and the alignment of policies, programs, and technology is crucial. State policies and technology may also be influenced by evolving federal law and policies.

Highlighted Topics:

- Federal Policy Alignment
- State and Cross-State Policy Alignment

Federal Policy Alignment

Federal policy for HIT and data sharing has been a significant influencer in the healthcare space and continues to develop rapidly in response to legislation and technology advances. In addition, ONC and CMS continue to leverage Medicaid as a vehicle for funding and policy changes. Aligning state technology work with the changing federal landscape requires ongoing monitoring and evaluation.

Current State	Gaps
- Rhode Island is working to understand the 21st Century Cures Act HIT provisions: TEFCA, information blocking, and provider directory access. - The final CMS Interoperability and Patient Access Rule will have significant impacts to patient access, hospital and MCO data sharing requirements, and state MMIS requirements	- Staff need sufficient time and a standardized process for monitoring federal policy changes, determining impact on state HIT operations, and commenting on proposed rules. - Community partners would benefit from communication and impact analysis approach to change federal policies.

State and Cross-State Policy Alignment

Many state programs have different policies with the potential to impact HIT needs, technology solutions, and planning efforts. A structured process to evaluate potential HIT impacts of existing and proposed projects and initiatives can assist the state in developing a more organized and cohesive approach to technology adoption. Along with federal and state policy alignment, there is a significant opportunity to align with policies and efforts of other states, especially those with significant overlaps of Rhode Island healthcare stakeholders.

Current State	Gaps
- There is informal alignment of state efforts related to laws, regulations, and programs with HIT impact.	- There are frequent knowledge gaps about HIT policies throughout EOHHS agencies, resulting in the development of misaligned policies and programs. - There is no internal process or assigned governance responsibilities for identifying laws,

- There is misalignment of polices and programmatic efforts, due to lack of HIT policy knowledge and/or initiatives - There is informal alignment of state efforts related to laws, regulations, and programs with HIT impact with neighboring states and across the New England region.	regulations, and programs with HIT impact and ensuring alignment with existing efforts.

Policy Recommendations: These recommendations were created by Briljent consultants, based on stakeholder input. The recommendations have been used to develop the strategic and tactics in the Roadmap.

1. Develop a structured process for evaluating new programs and policies for technology and HIT needs and impacts.
2. Monitor Federal policy landscape and incorporate changes into policies and programs where needed.
3. Advocate for Federal policy changes needed to support statewide HIT efforts.
4. Coordinate with other states where necessary to support cross-border data exchange and technology initiatives.

Coordination

Coordination, governance, and centralized planning of HIT efforts is needed to maximize investments, promote reusability, and ensure stakeholders are aligned. A public-private governance entity will help align, coordinate, and inform statewide efforts, and an internal state alignment team will help coordinate state agency work with broader statewide initiatives. Clear communication about efforts and initiatives is also needed.

Highlighted Topics:

- Sustainable Technology Funding
- Governance, Oversight, and Coordination
- HIT Project Management
- Communication
- Use Case Planning

Governance, Oversight and Coordination

Governance and coordination are essential for clear decision-making and alignment of activities. Having clear governance structures with strong stakeholder engagement increases the likelihood of project success and reusability of investments. Because governance may need to exist in multiple places—for instance, within the state to oversee state-specific needs and in a public-private space to align multi-sector stakeholders—clear roles and accountability are essential for success.

Current State	Gaps
- There are many existing governance bodies both internal and public-private; informal alignment occurs through knowledgeable individuals, rather than in a fully systematic manner. - Internal coordination occurs across several groups and informal structures. - External coordination includes HIT Advisory Committee, HIE Advisory Commission, APCD data release review board, RIQI board and committees.	- The roles, responsibilities, and/or purview of each of the existing oversight groups and they relate to each other is not clear, and there is lack of clarity in decision-making and accountability for statewide HIT projects. - Stakeholders would like a clear connection between the state's existing and proposed HIT work, and the state's broader health policy. - There is a need for more formal coordination between state workgroups and agencies and community partners. - There are unclear "rules of the road" for information sharing and program participation. There is a desire for clarity around roles and responsibilities across participants.

Sustainable Technology Funding

Long-term, sustainable funding for programs, technical services, and infrastructure can come from a variety of sources. Rhode Island has leveraged multiple Federal funding opportunities, such as grants and HITECH 90/10 Federal Financial Participation (FFP). Planning and oversight are needed to support a long-term vision and the sustainable investments that will help Rhode Island reach that vision.

Current State	Gaps
- HITECH provides substantial funding for state HIT resources, including state staff, programs, and support for CurrentCare. The funding is 90% federal funds and 10% state funds, which provides significant leverage to advance work. - The HITECH program sunsets 9/30/2021, and funding for HIT and HIE funded work including QRS, the state's CurrentCare contribution, and numerous public health systems will need to be transitioned to other funding sources. - State HIT staff are also largely funded by HITECH 90/10. - Medicaid can continue to support work aligned with its core business needs through MMIS funding, which provides a 90/10 match rate on design, development, and implementation work and 75/25 match rate for ongoing operations.	- EOHHS and state budget leadership need to understand and plan the transition to sustain HITECH-funded initiatives with other Medicaid funding, including a strategy to determine what resources will be funded through MMIS and at which match rate. - EOHHS must also strategize funding for non-MMIS roadmap initiatives. - There is a need strategize acquiring additional state funds or other sources to support lower match options.

HIT Project Management

Project management allows for consolidated oversight and aligned accountability of various efforts. This, in turn, increases visibility into project progress, timelines, and opportunities for synergy and reuse in the future. Clear definition of state-led, statewide, and community HIT projects and their interactions and oversight will also support coordination and collaboration.

Current State	Gaps
- There is a lack of clear statewide project alignment, coordination, management, and oversight of Rhode Island's HIT initiatives. - HIT projects are often managed individually with some cross-agency and sector coordination.	- There is a need to formalize processes for identifying, categorizing, and overseeing HIT initiatives. - Additional resources would help manage a portfolio of state-led, statewide, and community projects to align efforts across projects, as well as across public and private sectors.

- The EOHHS HIT interagency team (including DOH and BHDDH) is working to coordinate HIT state-based efforts with support from DoIT as needed. - There is a myriad of projects/initiatives. Some are state-led, some statewide, and some community-led, with individual roadmaps and oversight.	- There is no established, formal process for selecting, sequencing, and deciding upon technology services and needs. - There is a need to identify whether HIT projects are state-specific, statewide, or community driven to support transparency and coordinated efforts.

Communication

Communicating across public and private stakeholders is an important component for stakeholder awareness and buy in, especially where stakeholders are critical to project success. In order to support ongoing project alignment and shared priorities, communication should be timely, accessible, efficient, and widely shared.

Current State	Gaps
- Most communications and approaches are initiative-specific and ad-hoc. - The stakeholder assessment identified many gaps in stakeholder awareness of current and past initiatives.	- Stakeholders would benefit from more information about the breadth of existing programs and policy objectives activities. - Developing a central website would be helpful in communicating announcements, project progress, stakeholder engagement opportunities, and transparency of where technical investments are taking place. - Ongoing stakeholder engagement should be increased in order to keep stakeholders updated about progress and allow for sufficient input on programs and processes.

Use Case Process

A use case process helps to decide upon and prioritize opportunities to advance statewide HIT. Building on a defined scope, the process provides a transparent mechanism for stakeholders and governance to evaluate new use cases and policy needs, determine technology needs, identify opportunities for reuse and alignment, and stage efforts for development and implementation.

Current State	Gaps
- There is no current defined use case approach: new work is mostly determined by available funding, stakeholder needs, and EOHHS interest rather than a planned, strategic approach.	- There should be an established process for collecting, prioritizing, and implementing new use cases that follows the Strategic Roadmap, and incorporates community interest with other considerations.

Coordination Recommendations: These recommendations were created by Briljent consultants, based on stakeholder input. The recommendations have been used to develop the strategic and tactics in the Roadmap.

1. Establish a public-private governance entity to oversee, coordinate, and align statewide HIT efforts
2. Establish an internal state alignment team to better align internal state HIT efforts and help ensure alignment of policies and technology.
3. Create an interagency group and formal process to identify federal and state policy alignment for different health priorities, assessing data and technology impact and needs.
4. Create a mechanism for ensuring regulations or programs with potential HIT impact are reviewed by the EOHHS HIT team and the appropriate governance groups for guidance and alignment.
5. Develop clear roles and responsibilities for each governance entity, community partners, and staff support team.
6. Align funding planning across agencies to maximize available funding opportunities and build on the existing technical capabilities
7. Begin transition planning to move essential HITECH-funded programs to MMIS or other funding sources.
8. Develop a framework and process to collect, evaluate, prioritize, and implement new use cases and initiatives to meet evolving stakeholder needs. Link the use case process to governance entities and the Strategic Roadmap for community buy-in and support.
9. Develop a communications strategy, including the creation of a centralized website for information about statewide HIT initiatives with regular, ongoing updates to meet project-specific communication needs.