Rhode Island HIT Steering Committee

April 14, 2021

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Agenda

Welcome and Introductions

Review of the Minutes

Reports:
    Interoperability Work Group
    Planning Sub-Committee

Discussion:
    Quality Reporting System – Community-Wide Use & Sustainability Discussion – Part 1
        (To be followed by Part 2 on Funding Options on May 12, 2021)
    Planning for Additional Steering Committee Conversations – What Systems and Use Cases are Members Interested
    in Discussing?

Next Steps and Next Meeting – Wednesday, May 12, 2021 at 5:30 pm

Public Comment

COMMITTEE REPORTS

Interoperability Subcommittee Workgroup

Working to implement CMS's new Interoperability Standards

Goals for 2021:

1. Continue to standardize data elements for inclusion in the admission notification to providers

2. Develop recommendation for educating providers about the CMS rule:

   - Value of obtaining admission, discharge and transfer notification

   - What the provider practice needs to put in place to be able to receive the messages from the hospital?

Interoperability Workgroup

Options Discussed for Educating Providers

RI Department of Health:
- Include an article in Provider Communications (such as newsletter, or other communications)
- Email Blast specific to this topic
- Letter from the Health Director- via email or mail

EOHHS:
- Letter from the Medicaid Director & the Director of the Rhode Island Department of Health (RIDOH)

Health Plans:
- Communicate to their network providers
- Incent providers to get direct address or have other endpoints to receive event notifications
- OHIC encourage health plans to educate providers

RIQI:
- Educate providers that participate in Currentcare but do not get Care management Dashboards or alerts s
- Provide webinars etc.

Professional Associations such as RI Medical Society, RIFAP, RIAAP
- Educate their memberships

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Interoperability Workgroup

Committee Recommendation Educating Providers

After a prioritization discussion, the Interoperability Work Group is recommending the following action:

1. RIDOH Director Dr. Alexander-Scott and Medicaid Director Ben Shaffer should send a joint communication to providers:

   - Informing them about the rule

   - Sharing the value of receiving real time admissions, discharge, and transfer notifications

   - Encouraging them to establish a Direct messaging address for their practice or any other method in which they can receive these messages

2. Encourage the endorsement and sharing of the communication by appropriate professional associations such as the RI Medical Society, etc.

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Provider Newsletter

Communication Plan

Professional Associations

Medicaid

PROVIDERS

Hospital – Provider Internal communication

Department of Health

Email Blast

Health Plans

Steering Committee Discussion:

1) Do you support the workgroup recommendation?

2) Do you have other or suggestions ideas?

# Quality Reporting System (QRS)

Community-Wide Use and Sustainability Discussion (Part 1)

HIT Steering Committee Meeting

April 14, 2021

Quality Reporting System Recap

▶ The State currently funds and operates the QRS through a contract with IMAT Solutions as a statewide service

  ▶ No state personnel have access to any data stored in the QRS

▶ We can leverage statewide infrastructure to reduce provider burden, create efficiencies, save money, and support many use cases
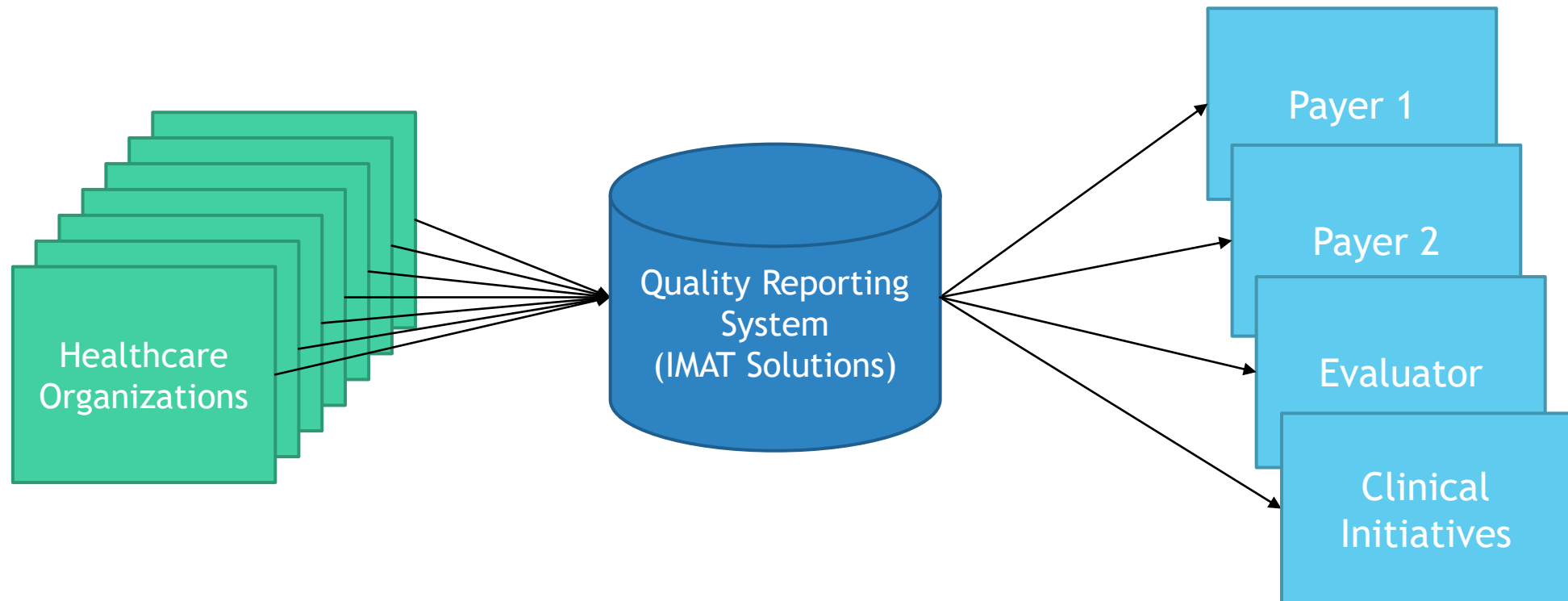
Questions to Consider

1. Which use cases as presented are most valuable to you and your organization?

2. Are there other use cases that you think it's important for the QRS to support?

3. In our May Steering Committee meeting, we will begin to discuss financing plans for October and beyond. Please begin to think about which non-Medicaid use cases your organization would plan to use, and what funding you would expect to (or be willing to) contribute.

Background & History

- In 2016-2017 as part of the State Innovation Model test grant, the state received feedback from the community that there was a desire for a statewide electronic clinical quality measurement (eCQM) system to support:
  - Selection and harmonization of statewide quality measures
  - Data collection with national standards
  - Technical infrastructure capacity (prevent duplicative systems)
  - Analytics and reporting

- Additional Background: RI had already conducted a Request for Information in 2014 and received 17 responses from private consulting and tech companies.

- We also surveyed providers in 2016. Top features desired from providers:
  - Incorporate EHR data without intervention
  - One-on-one technical assistance
  - Lists of non-compliant patients
  - Calculate variety of measures
  - Risk adjustment
  - Share back at provider & practice level

- All this informed our eventual Request for Proposals that resulted in the QRS.

Comparing QRS and CurrentCare Functions

Quality Reporting System

▶ Calculates a variety of quality measures to meet user needs

▶ Transforms and standardizes clinical data from multiple sources without provider intervention

▶ Provides a transparent patient-level view for numerator and denominator in each quality measure

▶ Provides aggregate-level views available for multiple sites, ACOs, etc. to compare performance

▶ Includes no individual patient record access; only view data via measures

CurrentCare (HIE)

▶ Integrates individual level patient data across provider systems

▶ Creates a longitudinal patient record for both providers and patients

▶ Provides access to comprehensive clinical data at the point of care

▶ Allows care coordination

▶ Leverages HIE interfaces and data for public health reporting

▶ Includes individual patient record access; no population-based ad-hoc reporting

Current QRS Use Cases

▶ The Medicaid Accountable Entity (AE) program is in the process of building interfaces from AE primary care sites to QRS to contribute clinical data for electronic clinical quality measurement for all patients.

▶ RIDOH is leveraging QRS to quickly and efficiently share COVID-19 vaccination data from RI's Child and Adult Immunizations Registry (RICAIR) with each health plan (on their members) to support vaccine outreach efforts. RIDOH will expand to other immunizations for quality measurement as well.

▶ Individual state- and nonprofit-funded quality improvement initiatives are planning to make use of QRS infrastructure:

  ▶ RIDOH's Care, Community, and Equity program

  ▶ Care Transformation Collaborative for Community Health Teams

  ▶ Upstream for reproductive health

Possible Use Cases

Healthcare Provider Organizations

- One interface that supports all health plan requirements for clinical data sourcing
- Able to contribute data to CurrentCare (HIE) on the QRS interface, reducing multiple interfaces
- Unified and timely gaps in care reporting
- Develop capacity to link clinical and claims data for quality reporting

Health Plans & Payers

- Receive NCQA-compliant supplemental clinical data from QRS (for now non-standard, soon to be standard)
- Obtain clinical data from sources such as RICAIR that require member matching to disclose
- "Source of truth" on measures tied to payment – provider and payer see the same numbers

Multi-Site Clinical Initiatives

- Evaluate programs where data needs to be compiled from multiple sources
- Support payer-blind point-of-care quality improvement

Sustainability Changes

▶ The State Innovation Model (SIM) test grant funded the initial start-up and development.

▶ Since SIM ended, development has been funded by Medicaid.

▶ Beginning October 2021, new federal funding restrictions will come into effect that limits Medicaid's financial participation to those parts of the system that directly benefit Medicaid.

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NEXT STEPS for the
HIT STEERING COMMITTEE

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Prioritizing HIT Strategic Roadmap Initiatives

What should the Steering Committee take up next?

1. Initiatives already being addressed by a workgroup:

   - Implementation of the CMS interoperability rule and streamlining data sharing related to Transitions of Care with community providers and with post acute, long term and home health providers

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Prioritizing HIT Strategic Roadmap Initiatives

What should the Steering Committee take up next?

2. Other Systems and Areas for Focus for Prioritization:

- **E-referral for Social Determinants of Health** – Establish and coordinate the use of a statewide e-referral solution that supports care coordination and efforts to address Social Determinants of Health (SDOH), by linking healthcare and social service providers through a common platform.

- **Statewide Common Provider Directory** - A directory of health care providers and their affiliations (practice, hospital and payer), along with basic contact information. This includes "Direct" Messaging addresses, and other relevant information.

- **Linking of claims, clinical & SDOH dat**a - Establishing a system or process that supports the ability to link an individual's clinical, claims, and SDOH data

- **Single Sign On (SSO)** - Develop the capability for providers to sign into CurrentCare, Quality Reporting System, Prescription Drug Monitoring Program, hospital systems, and other systems from their own Electronic Health Record, without having to login into each system

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Prioritizing HIT Strategic Roadmap Initiatives

What should the Steering Committee take up next?

2. Other Systems and Areas for Focus for Prioritization:

- **Data Standardization/Integration of Race and Ethnicity Data** - Establish a statewide standard for capturing and reporting race and ethnicity data – and then adopt and integrate agreed-upon standards into healthcare and social service organizations data systems.

- **Expanding Access to Prescription Drug Monitoring Program Database (PDMP)** - Expand access to PDMP data through Electronic Health Record/CurrentCare integrations, connecting to other state PDMPs, and improving PDMP features and usability.

- **Consumer-focused Workgroup to Enhance Individual's Ability t Access their Own Information** - Work with consumers to determine desired strategies for accessing their own electronic health data and educate on the CMS rule around patient access.

- **New priorities? What else would you suggest?**

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