

RI HIT STEERING COMMITTEE

AGENDA

February 10, 2021

5:30 PM

Welcome and Introductions

Review of the Minutes

Review and Approval of Steering Committee Documents

Presentation and Discussion:

Projects in the Steering Committee Scope – Rhode Island Quality Institute
CMS Interoperability and Patient Access Requirements Updates

Review of Steering Committee Decision-Making Criteria

Next Steps and Next Meeting (Wednesday, March 10 at 5:30 pm)

Public Comment

RI HIT STEERING COMMITTEE MEMBERSHIP

Members:

Co-Chair: Cedric Priebe, MD

Co-Chair: Assistant Secretary Ana Novias

Stacey Aguiar

Director Nicole Alexander-Scott, MD

Dennis Bailer

Marcela Betancur

Garry Bliss

Jay Buechner

Mice Chen

Shamus Durac

Craig Elice, DDS

Carrie Bridges Feliz

Andrea Galgay

Commissioner Patrick Tighe

Zachary Gerson-Neider

Amar Gurivireddygari

David Hemendinger

Affiliation:

Lifespan

Rhode Island Executive Office of Health & Human Services

UnitedHealthcare

Rhode Island Department of Health

Project Weber Renew

Latino Policy Institute

Prospect Health Services RI

Neighborhood Health Plan of RI

Coastal Medical

Rhode Island Parent Information Network

Pediatric Dentistry Ltd.

Lifespan Community Health Services

Rhode Island Primary Care Physicians Corporation

Office of Health Insurance Commissioner

Rhode Island Foundation

Blue Cross & Blue Shield of Rhode Island

Brown Physician's Group

RI HIT STEERING COMMITTEE MEMBERSHIP

Members:

Joseph Imbimbo
Ben Isaiah
John Keimig
Phil Kahn
Jonathan Leviss, MD
Gary Ligouri
Mike Oliver
Rebecca Plonsky
Director Kathryn Power

Megan Ranney, MD
Neil Sarkar
Director Ben Shaffer
Scott Soucy
Brian Tardiff
Larry Warner
Kyle Wohlrab, MD
Pano Yeracaris, MD

Affiliation:

Tufts Health Plan
The Providence Center
Healthcentric Advisors
Care New England
Providence Community Health Centers
College of Health Sciences, University of Rhode Island
The Claflin Company
Integrated Healthcare Partners
Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Brown Emergency Medicine
Rhode Island Quality Institute
Rhode Island Medicaid
Genesis Healthcare
Rhode Island Division of Information Technology
United Way of Rhode Island
Women & Infants Hospital
Care Transformation Collaborative Rhode Island



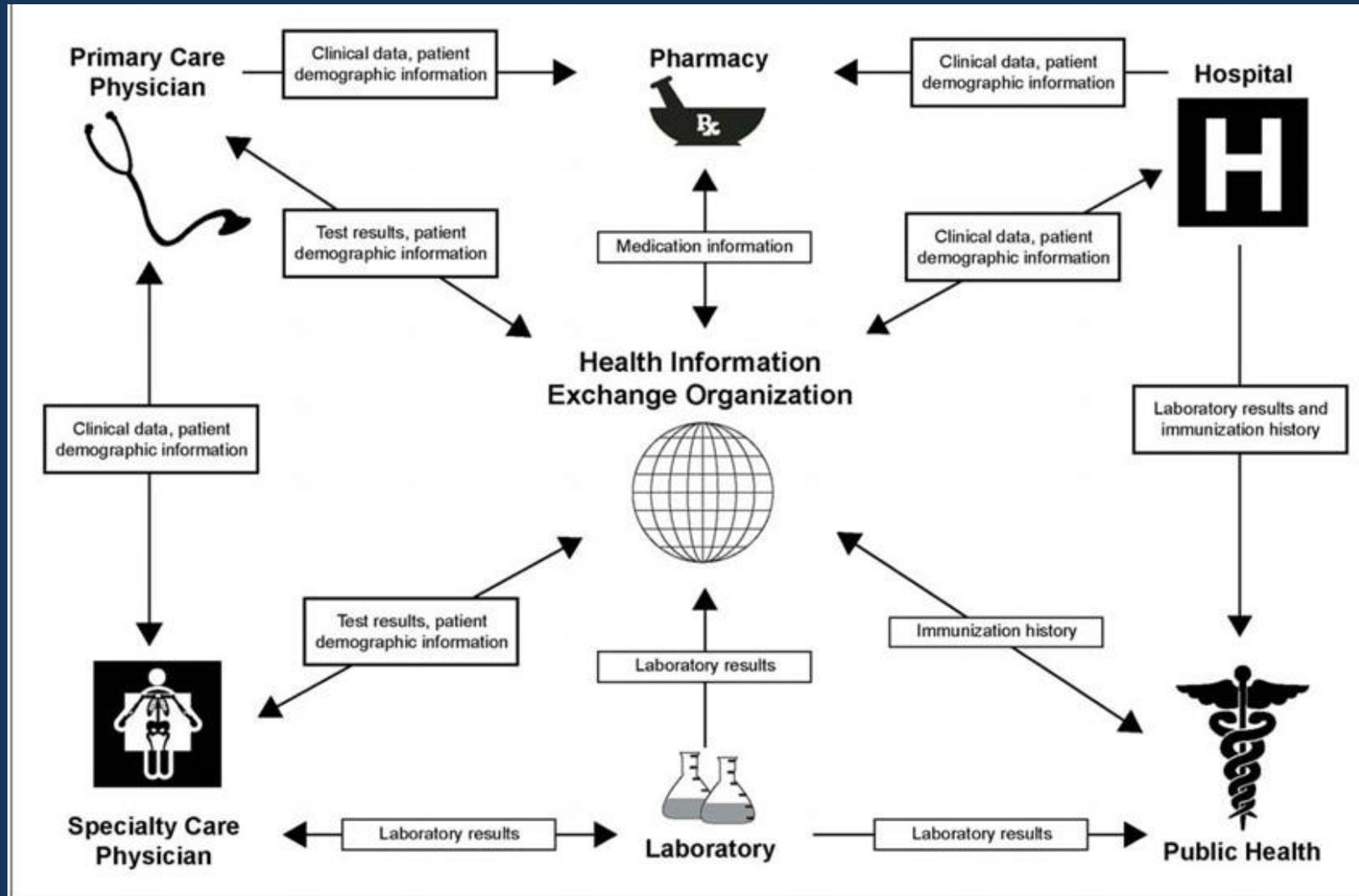
2/10/2021

Health IT Advisory Committee RIQI Overview and Update

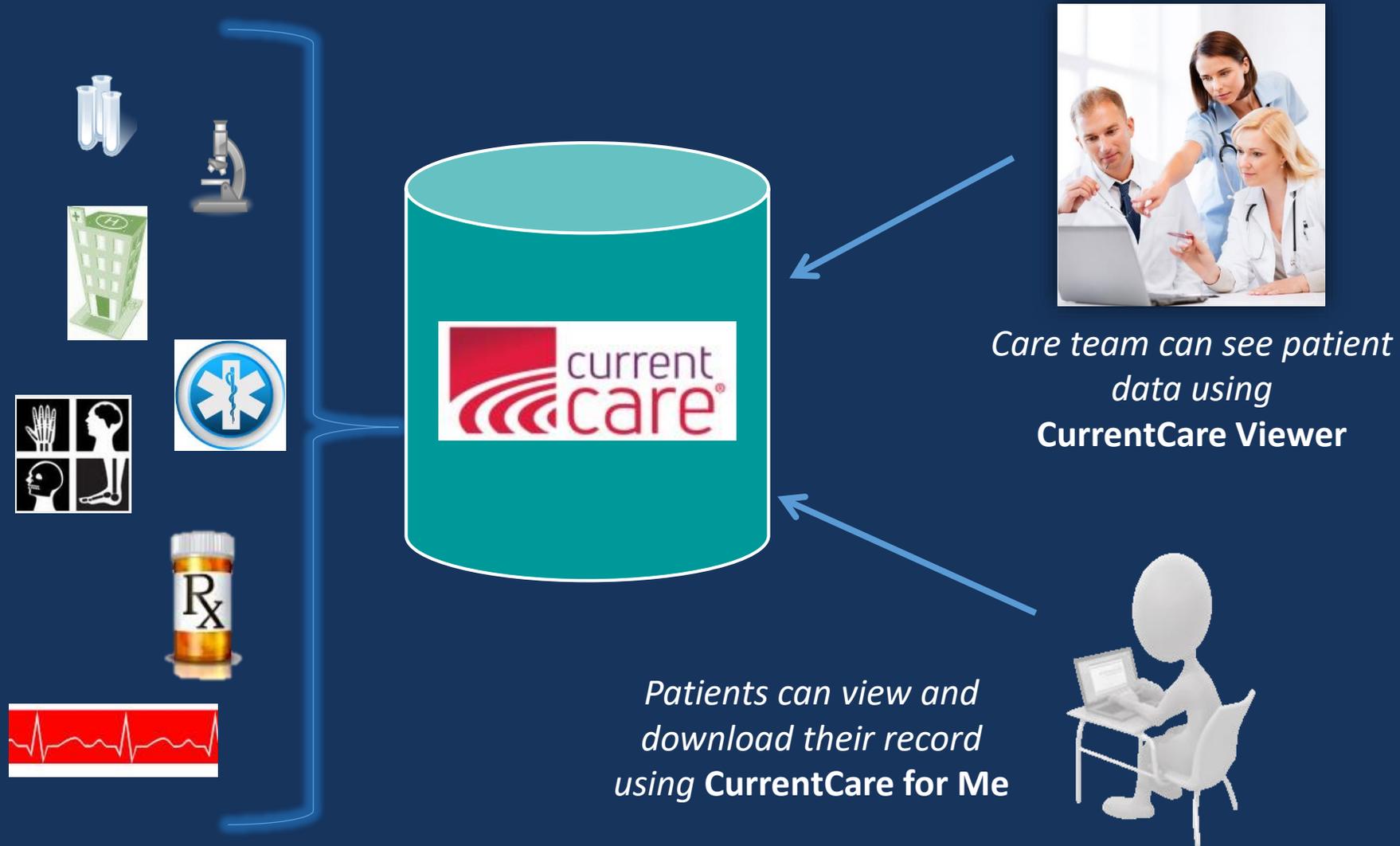
Rhode Island Quality Institute

- Rhode Island's state-wide Health Information Exchange (HIE):
CurrentCare
- Operated by RIQI
- A secure repository - protected under HIPAA and the RI Health Information Exchange Act of 2008
- Patients must enroll ("Opt-in"), over 550,000 enrolled
- Available to HIPAA-covered organizations; no cost to providers or patients

Health Information Exchange



CurrentCare Access



Electronic Health Data Sources

Over 520 data sources and 1.1M patients:

Hospitals

Labs

Imaging facilities

Pharmacies

Pharmacy benefit managers

Providers' EHRs

Urgent Care Facilities

EMS

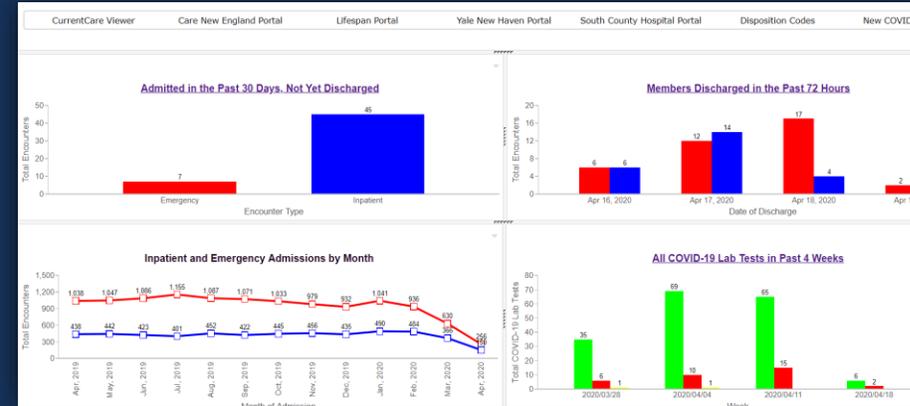
Skilled Nursing Facilities

Department of Corrections



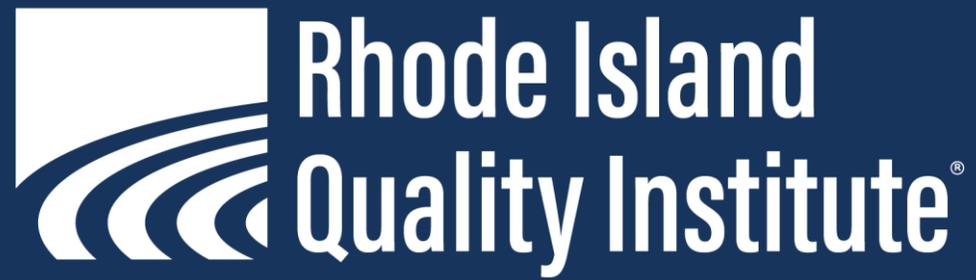
Other Programs and Services

- **Care Management Alerts and Dashboards**
 - ADT email notifications and web dashboard
 - SARS-CoV-2 Test Results and Risk
 - Medicaid AE Dashboard
- **Prescription Drug Monitoring Program (PDMP) Integration**
- **Emergency Department Smart Notifications**
- **Mental Health Bed Registry Website**



MPIID	First Name	Middle Name	Last Name	COVID-19 Risk Factors	COVID-19 Result	ResultTime	Test Source	Test Code	Test Description	Ordered By
100001	Joe		Patient	1	Positive	2020/04/10 18:36	CVSMC	94534-5	Covid-19 Result	Provider, Test
100002	Mike	A	Test	1	Positive	2020/04/16 08:05	CHARTERCARE	5099-7	Coronavirus Ab Ser-aCnc	Provider, Test
100003	Bill		Patient	3	Negative	2020/04/17 13:45	LIFESPAN	94309-2	SARS-CoV-2	Provider, Test
100004	Harry	R	Patient	0	Positive	2020/04/18 10:35	LMK	1230170102	SARS-COV-2 BY PCR	Provider, Test
100005	Mary		Test	0	Negative	2020/04/13 09:46	CVSMC	94534-5	Covid-19 Result	Provider, Test
100006	Jan	A	Sample	5	Negative	2020/04/20 15:55	CVSMC	94534-5	Covid-19 Result	Provider, Test
100007	Nancy	A	Test	2	Negative	2020/04/20 20:15	LIFESPAN	94309-2	DOH SARS-CoV-2 rRT-PCR	Provider, Test
100008	Dylan		Patient	6	Negative	2020/04/17 16:33	CARENE	Special Pathogen Result	Special Pathogen Result	Provider, Test
100009	Sam	N	Sample	5	Positive	2020/04/20 17:12	CARENE	Special Pathogen Result	Special Pathogen Result	Provider, Test
100010	Alex	A	Person	4	Negative	2020/04/19 01:05	LIFESPAN	94309-2	SARS-CoV-2	Provider, Test

Screenshots contained in this document do not contain Protected Health Information (PHI). All data presented here has been randomly generated from databases of fictitious data.



Rhode Island

Quality Institute®

CMS Interoperability and Patient Access Working Group Report-Out

INTEROPERABILITY WORKGROUP UPDATE

First CMS Requirement to be addressed by the workgroup: Admission, Discharge, and Transfer Event Notifications (*applicable April 30, 2021*):

- Requires hospitals, including psychiatric hospitals need to send electronic patient event notifications of a patient's admission or discharge and/or transfer to another healthcare facility or to another community provider or practitioner

Goal For the Committee: To share knowledge and based on the information gathered, identify any potential

- Opportunities for RI hospitals to collaborate or align their implementation efforts
- For leveraging existing infrastructure to develop and implement a statewide solution

Admission, Discharge, and Transfer Event Notification Requirements Status and Considerations: Rhode Island's Hospitals (50% response rate)

1. **Are you aware of this requirement and its impending deadline (*applicable April 30, 2021*):**
 - All are aware of the requirement and the deadline
2. **Do you have a current plans for how you will meet this requirement? If so, can you please describe your plan briefly, including any vendors you plan to/are considering using.**
 - All respondents have options or are exploring them
 - Options include:
 - Using existing Electronic Health Record (HER) capabilities or alternative solutions provided by EHR
 - Combination of using existing EHR to send messages through the EHR's own capabilities for providers that have the same EHR and direct messaging for those providers not connected to same EHR;
 - External vendor and FHIR server
 - HISP with Direct messaging
3. **Would you consider developing a statewide solution?**
 - All respondents are open to the idea of a statewide solution
 - Concern that a statewide end to end solution that meets all required event notifications **cannot** be put in place by deadline
 - Suggest a statewide approach to optimal event notification content and format - helpful to both providers and hospitals

Admission, Discharge, and Transfer Event Notification Requirements Status and Considerations: Rhode Island's Hospitals (50% response rate)

4. **Do you see a role for RIQI in helping to address this requirement, given that they are already providing some alerting via direct messaging and through their care management and alert dashboards?**
 - All respondents see a role for RIQI
 - Suggested role may differ than that of delivering the alerts because not all providers receive the dashboard or alerts or for all patients, or know who to send messages to
 - Potential role: develop a regional provider directory of Direct message protocol messages

5. **What do you see as the biggest challenge with implementing this requirement and/or want the workgroup to consider ?**
 - Up to date and consistent Direct addresses for all providers

INTEROPERABILITY WORKGROUP DISCUSSION

Challenges:

- Knowing where to send the event notification to since **not all health care providers/entities have DIRECT messaging addresses** (Direct messaging is a secure email protocol for the health care providers)
- No single directory of Direct messaging addresses. CMS requires providers to list or update their digital contact information in federal database (NPPES) but very few RI providers have done this
- The event notification should be sent to the care team/care manager, and not directly to the actual health care practitioner
- Concern regarding duplicate alerts being sent (hospital sends directly, and RIQI sends as well)
- How to notify all members of the care team not just the PCP or facility that is following up on the patient?
- Some EHRs have ability to notify other providers using the same EHR (EHR's private HIE). This leaves a gap for those that have same EHR platform
- Desire to balance the hospital's need to be compliant - and sending something that will be useful to providers without increasing provider burden

INTEROPERABILITY WORKGROUP DISCUSSION

Potential Opportunities for Alignment/Statewide Solutions: Consider short-term and long-term approaches

- Short term: Could standardize on content and format of the event notification messages being sent to providers (especially admission message)
- Mid to Long term: Create a regional provider directory of direct message addresses (potential role for RIQI);
- Long-term: Determine if existing infrastructure at RIQI could be leveraged. Could RIQI send direct messages on behalf of RI hospitals to all providers in ADT message (may be dependent on mid-term solution and the ability to know from the hospital the provider(s) to send the event notification to)
 - RIQI proposal: When receive ADT (they already get all in RI), go to NPPES to get Direct message address (unless RIQI created a directory) and send alert to all providers through direct or care management dashboards

Next Steps

- Further Discussion needed to vet these opportunities and develop recommendations to present to the Steering Committee.

RI HIT Steering Committee DECISION-MAKING PROCESS

DETERMINING CRITERIA FOR DECISION-MAKING

1. How will issues come to the committee?
 - To be submitted by members, community stakeholders, or state agency leaders to the Planning Sub-Committee for review
 - The Planning Sub-Committee will create a form to fill out (as short as possible)
2. How will the Planning Sub-Committee and then the Steering Committee make decisions?
 - The initial Governance Initiative Committee created a list of questions that could serve as the basis for criteria for the Planning Sub-Committee and Steering Committee to use.
 - The proposal was for decisions to be:
 - Approval
 - Approval with changes
 - Disapproval, or
 - Sending back to the Planning Sub-Committee for more analysis and review.

DETERMINING CRITERIA FOR DECISION-MAKING

1. How will issues come to the committee?

- Submitted by members, community stakeholders, or other state agency leaders to the Planning Sub-Committee for review

2. Decision-Making for Moving Forward – The following set of questions are available for the Steering Committee to use for the disposition of issues brought forward for their review (to be decided with a rubric).

- Is it part of the Roadmap, or does it fit in a Roadmap Strategy?
- Does the policy decision, data-sharing decision, or project help achieve the state’s healthcare goals?
- Will the technology or policy change work to meet the purpose? Is it feasible?
- Is it needed? Who does the project or decision benefit, and how much? How is the size of its impact – how many people will it serve?
- What impact does it have on the health of individual Rhode Islanders, on the quality of care provided to them, or on their patient experience?
- Under a race/ethnicity equity lens, does it benefit communities of color? Does it mitigate disparities? Are we certain that it does not increase disparities?
- Does it promote synergy? Will it particularly lead to new or increased collaboration or alignment in the community?
- Who will use the project or the data?
- What impact will it have on healthcare providers? Will it reduce (or increase) provider burden? Will it improve patient outcomes?
- What is the cost? Can we afford it? Does it lead to a return on investment, either financially or with promotion of quality care?
- Funding and sustainability. Does it qualify for matching funds, and do we have that match?
- If the state will lead the project, can the state procure the project?
- Is it time sensitive? Do we have the time we need to implement it?
- Is it duplicative – in other words, are there similar efforts underway? Is there a potential to create misalignment?
- Is this required by federal or state law or regulation? Does it have an existing governance structure? Does it require new state legislation or regulation?
- What is its complexity and the relative risk in carrying out the project or instituting the policy?

PROPOSED DECISION-MAKING PROCESS

- Decision Tree:
 - A Decision Tree sets out a format where the answer to the questions can either lead toward considering the next question or stopping
 - Yes – Moves on to the next question
 - No – Stops the process
 - No with conditions – Requires more information to determine
 - End of the tree - Steering Committee members would have a more subjective discussion about the decision

Next Steps:

Next Meeting: Wednesday, March 10, 2021

PUBLIC COMMENT