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

<table>
<thead>
<tr>
<th>Members:</th>
<th>Affiliation:</th>
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<tbody>
<tr>
<td><strong>Co-Chair: Cedric Priebe, MD</strong></td>
<td>Lifespan</td>
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<td><strong>Co-Chair: Assistant Secretary Ana Novias</strong></td>
<td>Rhode Island Executive Office of Health &amp; Human Services</td>
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<tr>
<td>Stacey Aguiar</td>
<td>UnitedHealthcare</td>
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<td>Director Nicole Alexander-Scott, MD</td>
<td>Rhode Island Department of Health</td>
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<td>Dennis Bailer</td>
<td>Project Weber Renew</td>
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<td>Marcela Betancur</td>
<td>Latino Policy Institute</td>
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<td>Garry Bliss</td>
<td>Prospect Health Services RI</td>
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<td>Jay Buechener</td>
<td>Neighborhood Health Plan of RI</td>
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<tr>
<td>Mice Chen</td>
<td>Coastal Medical</td>
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<td>Shamus Durac</td>
<td>Rhode Island Parent Information Network</td>
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<td>Craig Elice, DDS</td>
<td>Pediatric Dentistry Ltd.</td>
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<td>Carrie Bridges Feliz</td>
<td>Lifespan Community Health Services</td>
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<td>Andrea Galgay</td>
<td>Rhode Island Primary Care Physicians Corporation</td>
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<td>Commissioner Patrick Tigue</td>
<td>Office of Health Insurance Commissioner</td>
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<td>Zachary Gerson-Neider</td>
<td>Rhode Island Foundation</td>
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<td>Amar Gurivireddygari</td>
<td>Blue Cross &amp; Blue Shield of Rhode Island</td>
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<td>David Hemendinger</td>
<td>Brown Physician’s Group</td>
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# RI HIT Steering Committee Membership

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<tr>
<td>Joseph Imbimbo</td>
<td>Tufts Health Plan</td>
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<td>Ben Isaiah</td>
<td>The Providence Center</td>
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<td>John Keimig</td>
<td>Healthcentric Advisors</td>
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<td>Phil Kahn</td>
<td>Care New England</td>
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<tr>
<td>Jonathan Leviss, MD</td>
<td>Providence Community Health Centers</td>
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<tr>
<td>Gary Ligouri</td>
<td>College of Health Sciences, University of Rhode Island</td>
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<tr>
<td>Mike Oliver</td>
<td>The Claflin Company</td>
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<tr>
<td>Rebecca Plonsky</td>
<td>Integrated Healthcare Partners</td>
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<tr>
<td>Director Kathryn Power</td>
<td>Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals</td>
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<tr>
<td>Megan Ranney, MD</td>
<td>Brown Emergency Medicine</td>
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<tr>
<td>Neil Sarkar</td>
<td>Rhode Island Quality Institute</td>
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<tr>
<td>Director Ben Shaffer</td>
<td>Rhode Island Medicaid</td>
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<tr>
<td>Scott Soucy</td>
<td>Genesis Healthcare</td>
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<tr>
<td>Brian Tardiff</td>
<td>Rhode Island Division of Information Technology</td>
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<td>Larry Warner</td>
<td>United Way of Rhode Island</td>
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<td>Kyle Wohlrab, MD</td>
<td>Women &amp; Infants Hospital</td>
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<td>Pano Yeracarís, MD</td>
<td>Care Transformation Collaborative Rhode Island</td>
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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

Care team can see patient data using CurrentCare Viewer

Patients can view and download their record using CurrentCare for Me
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

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.
CMS Interoperability and Patient Access Working Group Report-Out
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
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 plan 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
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