

Rhode Island HIT Steering Committee

July 14, 2021

**RHODE
ISLAND**

Agenda

- Welcome & Introductions
- Review of the Minutes
- Discussions:
 - Prioritization Process - Making a Final Decision on 2021 Priorities
 - Race, Ethnicity and Equity Data Standardization
 - CurrentCare - Input on 2021 Priorities
- Next Steps and Next Meeting
- Public Comment

Prioritization Process



Making a Final Decision on 2021 Priorities

June Survey Results

- A total of 38% of participants voted for Linking Claims, Clinical, and SDOH Data as their top choice of greatest need to be addressed.
- Of the organizations who answered, 57% agreed to participate in the work.

Survey Comments

Members talked about the ability of this project to address the following:

- Need for transparency.
- Minimizing or eliminating duplication of effort of data extraction, aggregation and processing.
- Getting a single “picture” of patient clinical status to better close gaps in care quickly.
- Better assessing emerging risk of patients for personalized outreach.
- Providing access of data to providers who are on the front lines of patient care.
- Connecting population health risks to community-based interventions in SDOH improvement strategies
- Informing policy-making decisions and promote more upstream investments in health and well-being.

How do we tackle this initiative?

Questions to Answer:

- What are your goals?
- What are the use cases for which you need this data linked?
- Should the first step for the Steering Committee be to decide on a use case?

Next Steps:

- Review and discuss in Planning Committee
- Meet with selected stakeholders individually to discuss and understand drivers and needs

Race, Ethnicity, and Equity Data Standardization

EOHHS Existing Projects

- Medicaid's Accountable Entity
- Centers for Disease Control Grant to the Rhode Island Department of Health
- Health and Human Services USCDI V2 Focus on Sexual Orientation and Gender Identity Data (SOGI) and Social Determinants of Health Data

CDC Health Disparities Grant summary

“National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities”

Purpose: Address COVID-19-related health disparities and advance health equity by expanding state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved

4 Grant Strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved

Increase/improve data collection and reporting for populations experiencing a disproportionate burden

CDC required and recommended activities:

- Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control
- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe **outcomes by detailed race and ethnicity categories**, taking into account age and sex differences between groups
- **Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it: 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19**
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop **key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data** to inform action during a public health emergency
- Assure adequate resources for **data infrastructure and workforce** to ensure alignment with data modernization

Increase/improve data collection and reporting for populations experiencing a disproportionate burden

Rhode Island Activities for Strategy 2:

- **Using Lessons Learned to Inform Ongoing COVID Recovery** – Evaluation of COVID lessons learned to determine better data strategies, and how to work with community partners to improve our ability to diagnose inequities and their root causes.
- **Strengthening Rhode Island's Data Infrastructure** – Improving data collection at the source through training and trust-building with the community.
- **Community Capacity Empowerment to Co-Design Solutions** – Providing tools to Rhode Island communities to use their data to make health decisions and advocate for what they need: translating data into action.
- **Tying Data to Policy** – Quantitative evaluation, analysis, needs assessments, and reports to share with community partners for their use.
- **Analytics on High Quality Data to Identify Opportunities and Patterns in Health Equity** – Using data to better understand what is driving disparities, determine root causes, and provide actionable policy and recommendations.

Private Sector Activities

Questions to Answer

- What projects are happening in your organizations?
- How are you looking to improve your capture of race, ethnicity, disability, and other demographic data, like sexual orientation or gender identity?

Next Steps toward ongoing Steering Committee engagement in data standardization implementation

- What can we see as the top priorities for how the SC members can help these projects align?
- What particular insights do you see our HIT SC team having that would inform the larger projects?

CurrentCare



Input on 2021 Priorities

Background: What is a RHIO?

- A Health Information Exchange Organization is a multistakeholder organization created to facilitate a health information exchange (HIE) – the transfer of healthcare information electronically across organizations – among stakeholders of that region's healthcare system. The ultimate objective is to improve the safety, quality, and efficiency of healthcare as well as access to healthcare through the efficient application of health information technology.
- The Rhode Island Quality Institute (RIQI) is the state-designated RHIO through the RI Health Information Exchange Act of 2008.
- RIQI provides administrative and operational support to the Rhode Island HIE, CurrentCare.

Stakeholder Feedback: Health Information Exchange

Strengths	Opportunities
<ul style="list-style-type: none">• Health information data is a core foundation to stakeholders' business and operational objectives• Basic awareness of CurrentCare and other HIE services• Unique role of RIQI in community• Integrated information in EHRs and automating queries in clinical workflows by establishing processes to check CurrentCare• Care Management Dashboards critical to day-to-day operations	<ul style="list-style-type: none">• Build on core statewide services at RIQI, leveraging established interfaces and technical connections to meet additional needs• Medicaid support for AE patient dashboards• Expand alerts with other encounter events, such as skilled nursing admissions and discharges• Add additional useful information on care coordinator and care team

Stakeholder Feedback: Health Information Exchange

Needs	Barriers
<ul style="list-style-type: none">• Comprehensive health information across state for all stakeholders• Clarity on HIE services, funding, and overall efforts• Understand CurrentCare’s completeness, usability• Bi-directional interfaces and ease of portal use• Address data quality and completeness for all HIE services	<ul style="list-style-type: none">• Differing technical maturity levels with technology tools and efforts across hospitals and small providers• Confusion and misunderstanding about different HIE services• Resource availability at RIQI and confidence on success project delivery• Limited volume of patient data due to HIE consent law• Usability of CurrentCare Viewer• Cost of Care Management Dashboards and other HIE services• Delayed or discontinued implementations result in diverted stakeholder investments

Additional Stakeholder Feedback:

On the Implications for Public Health Initiatives, the Roadmap participants noted:

- Public Health Informatics Coordinator is a key role
- Stakeholder desire to link Public Health systems and registries with CurrentCare, especially KIDSNET and the Prescription Drug Monitoring Program
- Program interest in leveraging statewide HIT infrastructure but challenges with grant funding, state processes, and readiness/execution of external entities

RI HIT Roadmap: Health Systems Transformation and Quality of Care: Health Information Exchange

- Build upon and enhance CurrentCare to meet community needs
 - Pursue consent law change to opt-out model [policy alignment]
 - Develop shared expectations for functionality and usability
 - Develop performance metrics and milestones related to, user satisfaction, participation, data sharing
- Expand access to existing HIT services and explore additional services needed to support care coordination, patient safety, and value-based care

HIT Steering Committee Feedback

Questions to Answer on Use Cases and Enhancement Ideas

- What other data sharing or interoperability needs can RIQI help you solve?
- Are there specific additional types of data, providers, etc. that would be helpful in having as part of CurrentCare or other HIE services?



NEXT STEPS for the HIT STEERING COMMITTEE

Appendix

—
Background Information

RI Statewide HIT Implementation Plan : Health Information Exchange

4. Health Systems Transformation and Quality of Care

Rhode Island has been a leader in health system transformation work and has long leveraged HIT to advance those efforts. Going forward, there is a strong desire to build upon existing infrastructure and services such as CurrentCare, the Care Management Alerts and Dashboards, and the Quality Reporting System, as well as to explore high priority needs.

Health Systems Transformation and Quality of Care: Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time. For example, HIT should support behavioral health data-sharing needs between treating providers, improve efforts to address health disparities, and assist providers and patients during Transitions of Care (ToC).		
Implementation	Responsible Team	Draft Consultant Recommended Timeframe
<p>a. Leverage data improvements noted above to expand data use and sharing to support the state’s health system transformation priorities. This includes supporting team-based care among health care, behavioral health, and social service providers.</p> <p>Build upon data alignment strategies and tactics and use HIT Steering Committee to align work and identify additional HIT work to advance health system transformation efforts by doing the following:</p> <ul style="list-style-type: none"> - Use the policy lever planning process identified in Statewide Planning 2.a.iv to identify policy levers that can advance the spread and adoption of HIT and data-sharing initiatives - Use the Use Case process identified in Statewide Planning to explore additional uses case such as: <ul style="list-style-type: none"> o Align implementations of electronic health records (EHRs) o Support for behavioral health, long-term care, and other provider types excluded by the EHR Incentive Program to adopt Certified EHRs and other technology capable of recording and exchanging electronic health information o Assess community and social services provider data and technology needs 	HIT Planning Subcommittee	Near-Term
<p>b. Encourage the adoption and use of robust health information interoperability efforts by building upon current investments and enhancing CurrentCare to meet community and patient needs – and by ensuring ongoing close collaboration between the public-private governance entity and RIQI</p>		
Explore additional opportunities to expand HIE Interoperability efforts through the processes described under Statewide Planning and in coordination with the HIT Steering Committee.	HIT Steering Committee	
Obtain feedback on RHIO contract deliverables from HIT steering committee in order to assure align with community needs and input as well as with Medicaid.	State HIT Staff Team	Mid-Term
Review stakeholder feedback on CurrentCare from Stakeholder Assessment and support RIQI in addressing those concerns and build upon successes, review CurrentCare performance measures and identify areas in need of support.	State HIT Staff Team	Near-Term
Regional Health Information Organization (RHIO) should bring new use cases, high priority initiatives, and other key work to the Planning Subcommittee to assist in statewide planning efforts.	RHIO	Ongoing
<p>Advance efforts to move CurrentCare to opt-out model with appropriate community engagement and privacy safeguards</p> <ul style="list-style-type: none"> - Develop communication strategies and coordinate with community partners to educate and create awareness 	State HIT Staff Team, RHIO, HIT	Near-Term

Health Systems Transformation and Quality of Care: Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time. For example, HIT should support behavioral health data-sharing needs between treating providers, improve efforts to address health disparities, and assist providers and patients during Transitions of Care (ToC).

Implementation	Responsible Team	Draft Consultant Recommended Timeframe
<ul style="list-style-type: none"> - Determine consent development process, criteria, and oversight - Analyze what regulations would be needed to implement the new legislation 	Steering Committee	
Explore opportunities to promote the spread and adoption of CurrentCare through policy levers such as: <ul style="list-style-type: none"> - Medicaid provider requirements - Medicaid MCO contracts - AE contracts - Medicaid payment rates 	HIT Interagency Coordination Committee	Mid-Term, Ongoing
Develop new use case process overseen by HIT Steering Committee to evaluate, prioritize, and fund new CurrentCare use cases and enhancements. This process should use the use case process described under Statewide Planning.	HIT Steering Committee	Ongoing
c. Allow the effective and appropriate sharing of behavioral health information, including aligning policy interpretations and educating providers about them.		
Develop aligned EOHHS interpretation of allowable and restricted data-sharing practices for behavioral health providers based on current state and federal law. Develop technical assistance and guides based on provider feedback and needs.	HIT Interagency Coordination Committee	Near-Term
Convene working group on behavioral health information-sharing, reporting to the HIT Steering Committee, to identify key behavioral health info-sharing challenges, and develop guidance and recommendations.	HIT Steering Committee	Near-Term, Ongoing
d. Support improvements in patient care by:		
i. Expanding access to existing HIT services that support care coordination, patient safety, quality, and patient engagement		
Utilize the use case process described under Statewide Planning to prioritize and implement HIT use cases to support health system transformation efforts with the following steps: <ul style="list-style-type: none"> - Explore funding models to increase access, including expanded Medicaid support and multi-payer participation - Utilize the policy lever process described under Statewide Planning to determine what policy levels may be effective - Promote the expansion of HIT investments for health system transformation, such as: <ul style="list-style-type: none"> o Care Management Alerts (statewide) o Dashboards (statewide) o Quality Reporting System 	HIT Steering Committee	Ongoing
Leverage the Prescription Drug Monitoring Program (PDMP) Strategy and Tactics to expand access and use of PDMP data to support health transformation and public health surveillance. See Appendix B for detailed strategy and tactics.		Ongoing
ii. Improving patient ToC across care settings by streamlining information sharing and implementing community-driven recommendations		
Identify new, additional HIT RIDOH staff person to oversee the implementation of four areas of ToC improvements	RIDOH	Immediate