Rhode Island HIT Steering Committee

October 20, 2022

RHODE ISLAND

Agenda

- Welcome & Introductions

- Review of the Minutes

- Project Updates

- Discussions:

    o Addition of Alternative Payment Models to the RI All-Payer Claims Database (William Hendon, Freedman Healthcare)

    o Project Dashboard Review

- Public Comment

- Next Steps and Next Meeting

RHODE ISLAND

HIT Steering Committee: Monthly Project Status (October 2022)

Project	Scope	Vendor	Funding Period	Recent Highlight
Quality Reporting System (QRS)	State-led	IMAT Solutions	Ends SFY 2024	On-track with the DAV Certification timeline.
Community Resource Platform (CRP)	State-led	Unite Us	Ends SFY 2024	The RIDOH Family Home Visiting is doing a pilot with Blackstone Valley Community Health Care (BVCHC) to receive e-referrals.
Health Information Exchange (HIE)	Statewide	RIQI	Approved through SFY 2023	Final rule expected to go into effect in November 2022. AE attribution field going live in Viewer this month.
Demographic Data Standardization	State-led	N/A	CDC Grant Ends May 2023	EOHHS and RIDOH have signed an MOU to collaborate on this topic.
Electronic Case Reporting (eCR)	Statewide	N/A	N/A	The RIDOH staff recruitment is complete. Activities to start on November 1st.

RHODE ISLAND

HIT Steering Committee Projects

Committee's Goals

- ☐ Facilitate decision-making on state-led and state-wide projects, to create awareness by multiple groups of stakeholders about existing and new HIT initiatives, and to make policy or programmatic recommendations.
- ☐ Promote communications of decision-making and activities to the public
- ☐ Build trust (organically)
- ☐ Communicate openly, transparency
- ☐ Understand that their authority is what the group give themselves, and that their scope is what they define it to be
- ☐ Promote shared accountability
- ☐ Identify value propositions for all involved
- ☐ Report out to the health cabinet and external stakeholders
- ☐ The group can propose policy changes to the health cabinet, if applicable
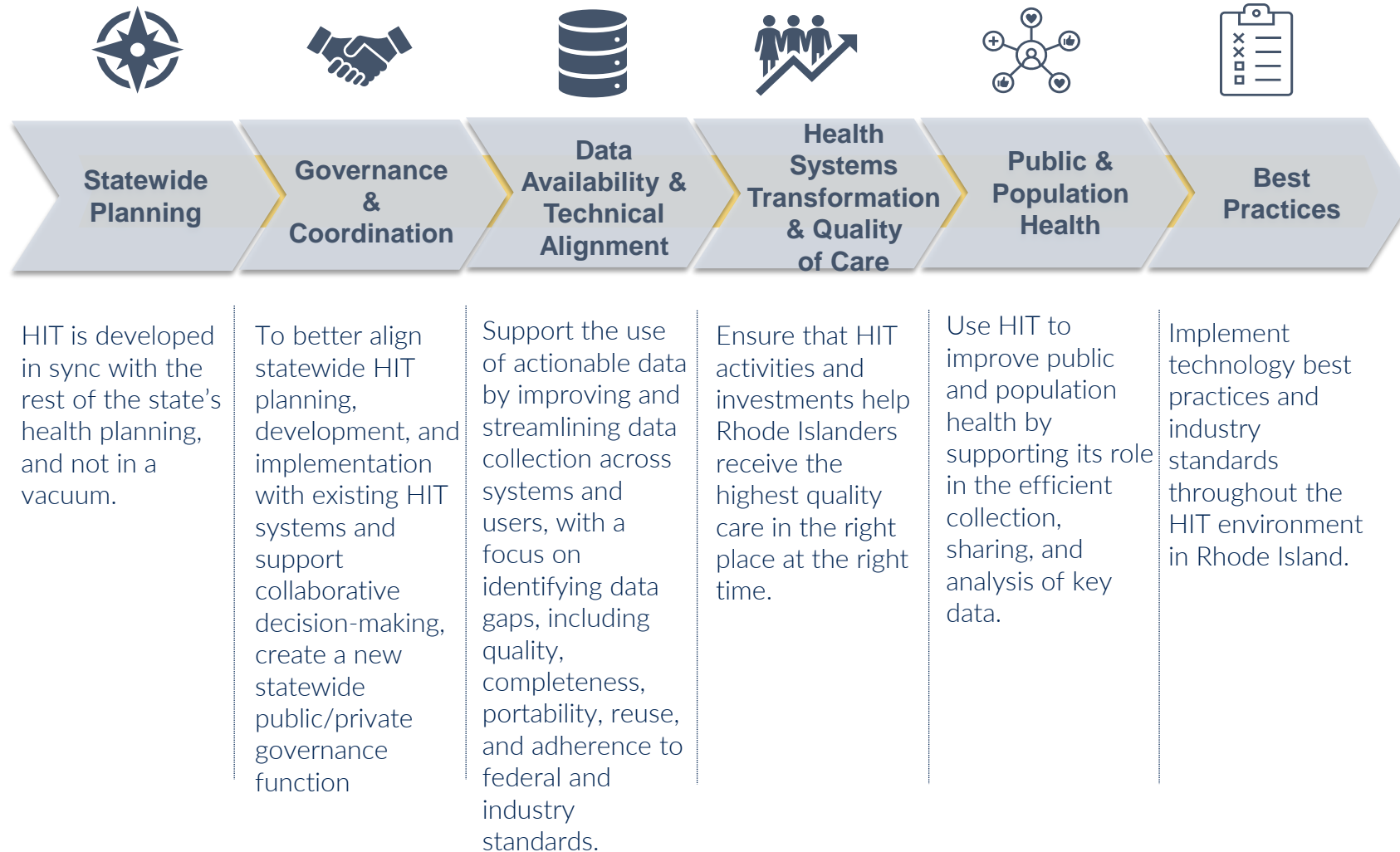- ☐ Private sector members can propose policy changes to the legislature, if they desire

Current Projects

Community Referral Platform (CRP)

Quality Reporting System (QRS)

Electronic Case Reporting (eCR)

Health Information Exchange (HIE)

Race & Ethnicity Demographic Data Standardization

Parking Lot

CMS Interoperability – Federal Regulations

Linking claims, clinical, and SDOH data

Provider Directory

UDS+ Electronic Measure Reporting

Behavioral Health Record-Sharing

Statewide HIT Roadmap - Strategies

Statewide Planning	Governance & Coordination	Data Availability & Technical Alignment	Health Systems Transformation & Quality of Care	Public & Population Health	Best Practices
HIT is developed in sync with the rest of the state's health planning, and not in a vacuum.	To better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making, create a new statewide public/private governance function	Support the use of actionable data by improving and streamlining data collection across systems and users, with a focus on identifying data gaps, including quality, completeness, portability, reuse, and adherence to federal and industry standards.	Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time.	Use HIT to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data.	Implement technology best practices and industry standards throughout the HIT environment in Rhode Island.

RHODE ISLAND

Statewide HIT Roadmap

Goals

❑ Develop a new governance and coordination process to ensure statewide alignment

❑ Adopt an e-referral system to help address social determinants of health (SDOH)

❑ Improve and enhance CurrentCare, including a new opt-out consent policy to increase use

❑ Accessing and increasing data availability and sharing, including key demographic data such as race and ethnicity needed to address health disparities

❑ Enhance behavioral health records-sharing through aligned interpretation of regulations and stakeholder convening

❑ Continue the development of the Quality Reporting System (QRS)

❑ Continue work to improve information sharing during transitions of care, such as between hospitals, primary care practices, and skilled nursing facilities

RHODE ISLAND

HIT Steering Committee: Monthly Project Status (October 2022)

Project	Scope	Vendor	Funding Period	Recent Highlight
Quality Reporting System (QRS)	State-led	IMAT Solutions	Ends SFY 2024	On-track with the DAV Certification timeline.
Community Resource Platform (CRP)	State-led	Unite Us	Ends SFY 2024	The RIDOH Family Home Visiting is doing a pilot with Blackstone Valley Community Health Care (BVCHC) to receive e-referrals.
Health Information Exchange (HIE)	Statewide	RIQI	Approved through SFY 2023	Final rule expected to go into effect in November 2022. AE attribution field going live in Viewer this month.
Demographic Data Standardization	State-led	N/A	CDC Grant Ends May 2023	EOHHS and RIDOH have signed an MOU to collaborate on this topic.
Electronic Case Reporting (eCR)	Statewide	N/A	N/A	The RIDOH staff recruitment is complete. Activities to start on November 1st.

Community Resource Platform (CRP)

Funding Source: HSTP & CMS
Funding Period: YR 2 (4/29/22)

Background: Adoption of an e-referral system to help address social determinants of health (SDOH). EOHHS issued a Request for Proposals and contracted with Unite Us in May 2021 to implement a statewide social services e-referral platform to be accessed by Accountable Entities for Medicaid beneficiaries.

Vendor: Unite Us

Project Objectives:
- Promote community health and well-being through strengthened collaboration of partners offering a wide array of services.
- Improve organizational capacity through accurate referrals and access to data on local service delivery.
- Track the outcomes of all referrals and services delivered.
- Identify gaps in services to proactively address barriers to care and increase health equity.

Key Risks
- Potential slow adoption by users

Ongoing Meetings
- UniteRI Sync (Monthly)
- UniteRI Community Information Session (Monthly)

Point of Contact
- Kash Basavappa
  (Kash.Basavappa.CTR@ohhs.ri.gov)

Recent Highlights

- August 16 - BHDDH received backload of Unite Us data (sensitive) in addition to Medicaid data being sent to the Ecosystem
- August 18 - Family Home Visiting is doing a pilot with Accountable Entity, BVCHC, to receive e-referrals through Unite Us
- Unite Us and EOHHS are continuing to work with various RIDOH programs to determine potential use cases for additional onboarding

Next Steps / Upcoming Activities

- Continue to work with individual Accountable Entities on integration timelines, barriers, next steps
- Continuing discussions with other state agencies on how best to extend the Unite Us platform for the state
- Continue to collaborate on data delivery project

Outcomes/Deliverables:

Timeline						End Date	% PHASE COMP	% COMP	OVERALL HEALTH		
Q1 22	Q2 22	Q3 22	Q4 22	Q1 23	Q2 23	4/30/23	98%	60%	SCOPE	SCHEDULE	BUDGET

Year 2 Contract Extension 4/29
EHR Integrations
Ecosystem Data Delivery
RIDOH Family Visits Referrals
Success Targets/Metrics Established –6/27
Establish new relationships with CBOs

Risks

1. Limited uptake at certain AEs without supported EHR integration
2. API not available from Unite Us - Limits integration with other potential referral feeder platforms

Quality Reporting System (QRS)

Funding Source: HSTP & CMS
Funding Period: YR3 (9/30/23)

Background: The QRS is a data aggregator from multiple sources to support quality reporting and was designed to potentially reduce the number of interfaces requested from clinical sites. The initiative is sponsored by the Executive Office of Health and Human Services for the State of Rhode Island (EOHHS-RI). IMAT Solutions was selected as the vendor for the QRS by competitive procurement and was identified as the solution to provide a single source of data to support multiple quality initiatives, including the Accountable Entity (AE) program.

Vendor: IMAT Solutions

Project Objectives:
- Provide single source of data to support multiple quality initiatives including the Accountable Entity (AE) program
- Serve as central aggregator for multiple data sources (clinical, claims, other)
- Leverage single interface for multiple reporting requirements and create efficiencies, reducing administrative burden for all parties
- Reduce need for chart reviews

Ongoing Meetings
- AE/MCO Quality Workgroup

Point of Contact
- Kash Basavappa (Kash.Basavappa.CTR@ohhs.ri.gov)
- Liv King (Olivia.King@ohhs.ri.gov)

Recent Highlights

- Data Submission log created for DAV – 16 clusters identified.
- Measures updates for 2022 nearing completion.
- Added additional exclusion criteria to new Lead Measure.
- File specifications from KIDSNET for Lead and Development Screening measures received.

Next Steps / Upcoming Activities

- Complete 2022 measure updates
- Complete Lead and Development Screening measures development
- Continue with DAV certification process
- Complete import of all immunization data from RICAIR

Outcomes/Deliverables:

Timeline						End Date	% PHASE COMP	% COMP	OVERALL HEALTH		
Q1 22	Q2 22	Q3 22	Q4 22	Q1 23	Q2 23	9/30/23	80%	50%	SCOPE	SCHEDULE	BUDGET

DAV Certification

Annual Measures Updates and New Measures

Add All RICAIR Immunization Data

CHT Flags & Dashboard Modification

QRS Website Modifications

Enhance Data Visualization Tools

RISKS

1. Availability of practice resources to perform measure validation checks
2. Quality of CCD Data from EHRs

Electronic Case Reporting (eCR)

Budget/Funding Source: CDC, CMS

Funding Period: FFY24

Background: Electronic case reporting (eCR) is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It moves data quickly, securely, and seamlessly from EHRs in healthcare facilities to state and local public health agencies. eCR is a joint effort of the Association of Public Health Laboratories, the Council of State and Territorial Epidemiologists, and CDC. These organizations play key roles in leading, implementing, and operating eCR with healthcare organizations, EHR vendors, and public health agencies. Starting January 2022, CMS requires eCR for eligible hospitals and critical access hospitals and MIPS for eligible clinicians

Project Objectives:

- Provide timely and more complete data than manual reporting and decreases the burden on both healthcare facilities and public health staff as it securely transfers patient and clinical information

Key Risks

- Lack of education and consistent approach across health care community

Ongoing Meetings

- TBD

Point of Contact

- Gavin Jogi (Gavin.Jogi.CTR@health.ri.gov)

Recent Highlights	Next Steps / Upcoming Activities
• Need for a consistent proactive approach for eCR was realized • Providers starting to implement eCR • The RIDOH staff recruitment is complete	• Planning activities include: Establishing forums for hospital, facilities, EHR vendors to discuss leveraging best practices and discuss lessons learned • Activities to start on November 1st

Outcomes/Deliverables:

TBD

RHODE ISLAND

Health Information Exchange (HIE)

Budget/Funding Source:
Multi-payer PMPM
Funding Period: SFY23

Background: The Rhode Island Quality Institute (RIQI) serves as the State's Regional Health Information Organization (RHIO), also referred to as the State Designated Entity (SDE) for Health Information Exchange (HIE). In this capacity, RIQI operates the statewide HIE, CurrentCare. Operating as a centralized statewide HIE, CurrentCare offers a longitudinal clinical viewer, called CurrentCare Viewer; bi-directional interfaces into provider EHRs; other data feeds; and an analytics environment for reporting, public health purposes, and other use cases.

Vendor: Rhode Island Quality Institute (RIQI)

Project Objectives
- Improve Interoperability
- Increase Use / Adoption
- Improve the Usability and Utility
- Leverage HIE for Public Health
- RHIO accountability and sustainability

Key Risks
- Medicaid funding is dependent on the annual State budget approval
- Provider participation is voluntary

Ongoing Meetings
- HIE Advisory Commission (Bimonthly)
- RIQI Advisory Committees (Bimonthly)

Point of Contact
- Liv King (Olivia.King@ohhs.ri.gov)

Recent Highlights

- RHIO Deliverables
  - Provider Adoption and Use
    - 192 - Organizations enrolled in CurrentCare Viewer
    - 43 - Organizations with active users (login 11+ times/month)
    - 24 - Organizations with active low usage (less than 11 times/month)
    - 125 - Organizations with zero activity (includes bi-directional interface orgs)
- Opt-Out Regulations
  - Final rule expected to go into effect in November 2022.

Outcomes/Deliverables:

Clinical Data Exchange	2022 Q1	2022 Q2
Percent of healthcare sites that log in to CC Viewer 11+ times per month	20.3%	20.1%
Number of ADT notifications sent per month	36,314	40,697
Ratio of log-ins to users of Care Management Dashboards per month	4:1	4:1
Public Health and Quality Reporting	**2022 Q1**	**2022 Q2**
Count of non-hospital lab reportable disease results sent to NEDSS through the HIE per month	1,842	1,679
Number of lab results sent to the QRS per month	209,880	200,986

Next Steps / Upcoming Activities

- Pursuing developmental disability provider data sources
- Standardized medication list going into production in CurrentCare Viewer
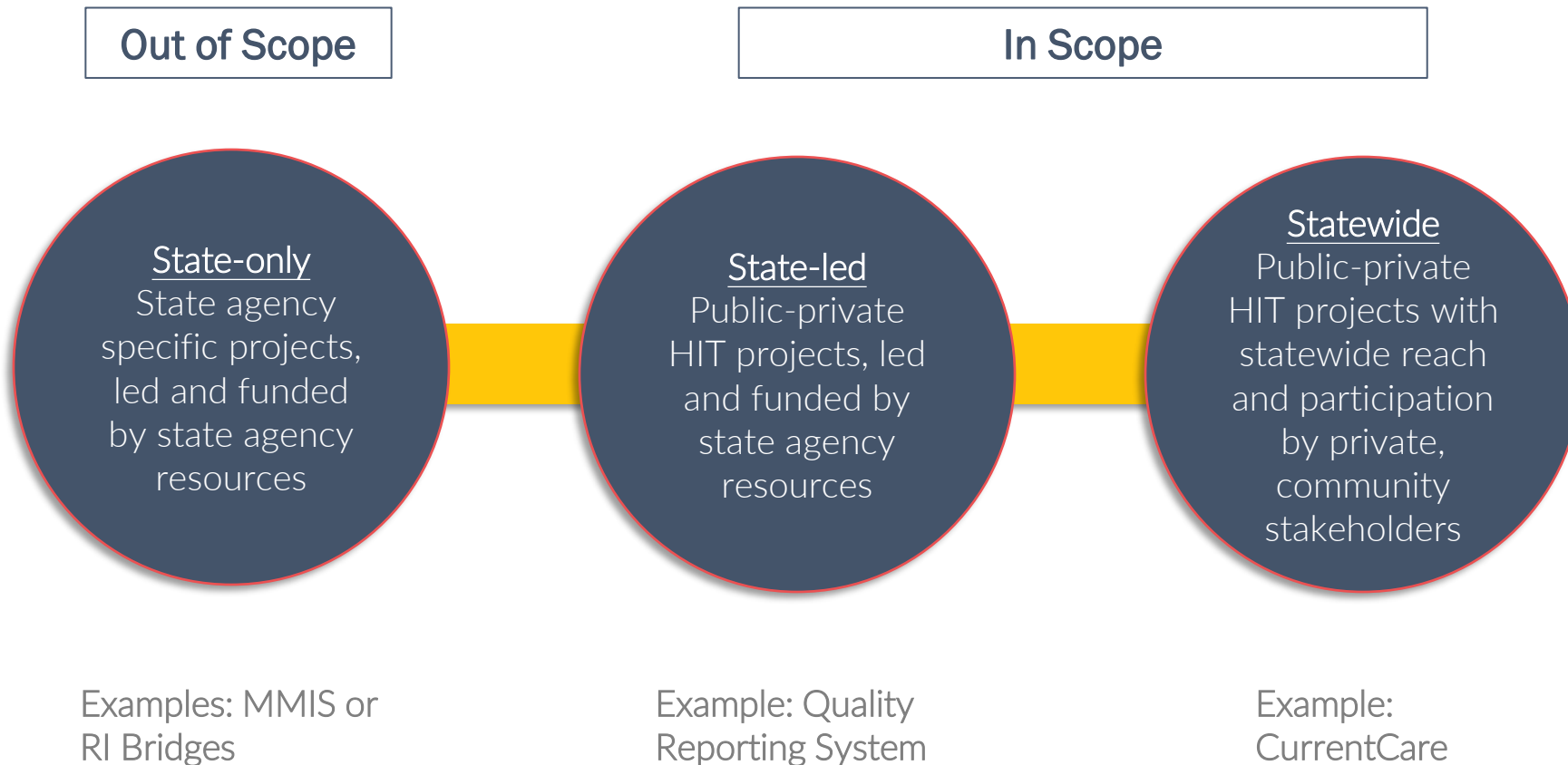- Printing Issue resolution currently being scoped

Oct 2022	% Complete	% Standardized
Problem (SNOMED-CT)	99.67%	75.86%
Medication (RXNorm)	90.16%	23.43%
Discharge Dispo. (CMS)	60.74%	97.19%
Race (CDC)	83.48%	97.19%
Ethnicity (CDC)	72.06%	99.93%
Gender (HL7)	100.0%	100.0%
Primary Language (HL7)	68.76%	0.15%
Sexual Orientation (HL7)	0.0%	0.0%

Appendix

STEERING COMMITTEE SCOPE

Out of Scope

In Scope

State-only
State agency specific projects, led and funded by state agency resources

State-led
Public-private HIT projects, led and funded by state agency resources

Statewide
Public-private HIT projects with statewide reach and participation by private, community stakeholders

Examples: MMIS or RI Bridges

Example: Quality Reporting System

Example: CurrentCare

RHODE ISLAND

State-only Initiatives
Transitions of Care (TOC)
Prescription Drug Monitoring Program (PDMP)
Behavioral Health On-Line Database (RI-BHOLD)
Medicaid Enterprise System (MES) Modernization
RI Bridges

RHODE
ISLAND

NEXT STEPS for the HIT STEERING COMMITTEE

Next Meeting: November 17th at 4:00 pm

RHODE ISLAND